

## MF Utilities India Pvt. Ltd.

103-105, Orion Business Park, Ghodbunder Road, Kapurbawdi Thane (West) - 400 610

CIN: U74120MH2013PTC242939

FATCA, CRS, ULTIMATE BENEFICIAL OWNERSHIP (UBO) AND ADDITIONAL KYC (Details and Self Certification form for Non-Individuals) Please read all the instructions carefully before filling the form Please fill in ENGLISH and in BLOCK LETTERS with black ink Distributor / MFU user to write the system UCRN Please consult your professional tax advisor for further guidance on FATCA & CRS classification generated reference number here Fields marked with (\*) are mandatory and if not filled, the form is liable for rejection \* Entity Details: (please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name) Common Account PAN Number (CAN) **Entity Name** II. \* Additional KYC information: Below 1 Lac > 10 - 25 Lac 1. Gross Annual Income Details please tick (✓) 2. Net-worth in ₹. as on (date) (not older than 1 year) Business Income Gift Royalty Ancestral Property Prize Money 3. Source of Wealth (please tick (✓) any one): Rental Income Others (please specify) Others (please specify) Business 4. Occupation (please tick (√) any one): 5. Is the entity involved/providing any of the following services please tick (</) - Foreign Exchange / Money Changer Services YES NO - Money Lending / Pawning YES NO - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO 6. Politically Exposed Person (PEP) Status\* (please tick (<) anyone): (Also applicable for authorised signatories/ I am a PEP I am related to PEP Not Applicable Promoters/ Karta/ Trustee/ Whole time Directors) \*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc Residential or Business Registered Office 7. Type of address given at KRA (please tick (✓) anyone) Residential III. \* FATCA & CRS declaration: (Please tick (✓) the appropriate tax resident declaration) Country of Incorporation Incorporation Pvt. Ltd. Company Public Ltd. Company Partnership Firm HUF Society AOP / BOI Liquidator **Entity Constitution Type** Trust Limited Liability Partnership Artificial Juridical Person Is 'Entity' a tax resident of any country other than India? YES □ NO (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below: **Identification Type** S.No **Country of Tax Residency** Tax Identification Number \* (TIN or Other, please specify) 1. 2. 3. % - In case Tax Identification Number is not available, kindly provide its functional equivalent In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc. In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here (refer 3(viii) of Part C) Part A: (to be filled by Financial Institutions or Direct Reporting NFEs) We are a Financial Insitution GIIN (Refer 1 of Part C) Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: (or) O Direct reporting NFE Name of the Sponsoring entity: (Refer 3(vii) of Part C) please tick (✓) as appropriate GIIN not available Applied For Not obtained - Non participating FI O  $\cap$ (Refer 1A of Part C) (please tick (√) as applicable) O Not required to apply for - please specify 2 digits of sub-category Part B: (please tick (✓) and fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs) (Please specify any one stock exchange where it is regularly traded) Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an 0 Name of the Stock Exchange established securities market) (Refer 2A of Part C) (Please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of the listed company Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an Subsidiary of the listed company (OR) Controlled by a Listed Company Nature of relation: established securities market) (Refer 2B of Part C) Name of the Stock Exchange Specify the nature of business and provide UBO form Is the Entity an Active NFE? Nature of Business: (Refer 2C of Part C) Please specify the sub-category of Active NFE (Mention Code - Refer 2C of Part C)

Specify the nature of business and provide UBO form

Nature of Business:

Is the Entity a Passive NFE?

(Refer 3(ii) of Part C)

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## \* Declaration for Ultimate Beneficial Ownership (UBO)

Catagory (places tick app				S EXCEPT, Pu	blicly Ira	aea Compa	iny or a r	elated entit	y of Publicly Traded C	ompany)				
Category (please tick app			7		. Dt	-le te	1		/D	£ 1	of Individuals Religious Trust			
	Private Trust / Trust created by a Will Ot						U	mincorpora	ated Association/Body					
Public Charitable Trust				,		thers				specify				
Details of Ultimate Beneficial Owners:- (Please list below each controlling person, confirming ALL countries of Tax Residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person. (Please attach additional sheets if necessary)														
Owner-documented FFI's should prov	_	•					• • •	details as n	nentioned in Form W	8 BEN E (R	efer 3(vi) o	f Part C)		
Details	UBO1					UBO2				UBO3				
PAN <sup>#</sup>														
Name of UBO														
UBO Code (Refer 3(iv) A of Part C)														
Percentage of Holding (%) <sup>\$</sup>														
Address	State :					ZIP/PIN Code : State : Country :				ZIP/PIN Code : State : Country :				
Address Type	☐ Resider☐ Registe	e	☐ Busi	ness	☐ Residence ☐ Business ☐ Registered Office				☐ Residence ☐ Business ☐ Registered Office					
Telephone	ISD STD			NUMBER			ISD STD NU			ISD	ISD STD		NUMBER	
Mobile	ISD	ISD NUMBER				ISD		NU	MBER	ISD		NUMI	BER	
Country of Tax Residency*							ı							
Tax ID <sup>%</sup>														
Tax ID Type (TIN or Other, please specify)														
If passive NFFE <sup>^</sup> , please provide bel	ow additio	nal detai	ils also.			ı				1				
Date of Birth							DD/MM/YYYY				DD/MM/YYYY			
City of Birth														
Country of Birth														
Nationality														
Gender	☐ Male		] Female	☐ Oth	ners	☐ Male	· [	] Female	☐ Others	☐ Mal	e 🗆	Female	☐ Others	
Father's Name														
Occupation	Business □Service □Professional □Agriculturist □Retired □Housewife □Student □Doctor □Private Sector □Public Sector □Forex Dealer □Government □ Others					□ Business □ Service □ Professional □ Agriculturist □ Retired □ Housewife □ Student □ Doctor □ Private Sector □ Public Sector □ Forex Dealer □ Government □ Others □ □				□ Business □ Service □ Professional □ Agriculturist □ Retired □ Housewife □ Student □ Doctor □ Private Sector □ Public Sector □ Forex Dealer □ Government □ Others □ □				
Occupation Type	☐ Service ☐ Others			☐ Busine	ess	☐ Service ☐ Others			☐ Business	☐ Service			☐ Business	
# - If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.  * - To include US, where controlling person is a US citizen or green card holder  % - In case Tax Identification Number is not available, kindly provide functional equivalent  \$ - Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary  ^ - Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green card in any country other than India.  FATCA - CRS Terms and Conditions														
TI 0 1 15 1 5 1 5	1 22	15.										1.000		
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.  Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.  Please note that you may receive more than one request for information if you have multiple relationships with us or our the AMCs. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.  If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.  It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.														
Certification														
I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform MFUI/ the AMC/ the Mutual FUnd/ the Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.  Authorized Signatory(ies) [with Company/Trust/Firm/Body Corporate seal/stamp]														
Name :	Name : Name :						Name				:			
Designation :	Designation :					Designation			:					
Signature :		Signature :					Signature				:			