



# \* Declaration for Ultimate Beneficial Ownership (UBO)

(Mandatory for all entities EXCEPT, Publicly Traded Company or a related entity of Publicly Traded Company)

Category (please tick applicable category):				
<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Religious Trust
<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Private Trust / Trust created by a Will	<input type="checkbox"/> Others	please 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 provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
PAN#			
Name of UBO			
UBO Code (Refer 3(iv) A of Part C)			
Percentage of Holding (%) <sup>5</sup>			
Address	ZIP/PIN Code : _____ State : _____ Country : _____	ZIP/PIN Code : _____ State : _____ Country : _____	ZIP/PIN Code : _____ State : _____ Country : _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Telephone	ISD STD NUMBER	ISD STD NUMBER	ISD STD NUMBER
Mobile	ISD NUMBER	ISD NUMBER	ISD NUMBER
Country of Tax Residency*			
Tax ID %			
Tax ID Type (TIN or Other, please specify)			

**If passive NFFE<sup>^</sup>, please provide below additional details also.**

Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
City of Birth			
Country of Birth			
Nationality			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Father's Name			
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Doctor <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government <input type="checkbox"/> Others _____	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Doctor <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government <input type="checkbox"/> Others _____	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Doctor <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government <input type="checkbox"/> Others _____
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____

# - 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

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 : _____ Designation : _____	Name : _____ Designation : _____	Name : _____ Designation : _____
Signature : _____	Signature : _____	Signature : _____

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place : \_\_\_\_\_