

**FATCA / CRS DECLARATION FOR NON-INDIVIDUAL ACCOUNTS / Entities****Part A - Preliminary details (All fields mandatory)**

Sr No	Particulars	Details of Applicant														
1.	Name of the Entity															
2.	Customer ID															
3.	Address for Tax Residence (including city, state, country and pin code)															
4.	Address Type (Business or registered office)															
5.	Entity Constitution Type. (Refer Instruction 6 in annexure)	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Pvt. Ltd. Co <input type="checkbox"/> Public Ltd. Co <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others														
6.	<b>Do you satisfy any of the criteria mentioned below?</b>															
	a. Is the entity a U.S. person (Please refer 'other definitions' in the instructions)	Yes <input type="checkbox"/>	(Please answer b)	No <input type="checkbox"/> (Please go to c)												
	b. Is the entity a Specified US Person	Yes <input type="checkbox"/>		No <input type="checkbox"/> Entity's exemption code: _____ (Refer instruction 5 in annexure)												
	c. Is the entity formed/incorporated outside India	Yes <input type="checkbox"/> No <input type="checkbox"/>	<If yes, please specify city and country of incorporation / formation>													
	d. Is the entity having Tax Residency in any country (ies) other than India	Yes <input type="checkbox"/> No <input type="checkbox"/>	< If yes, please provide the following details> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Country of Tax residency</th> <th style="width: 33%;">Tax Identification No. / Functional equivalent of the foreign country</th> <th style="width: 33%;">Identification Type #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>#In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number</p>		Country of Tax residency	Tax Identification No. / Functional equivalent of the foreign country	Identification Type #									
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7.	Is the entity a Financial Institution (FI) {including an Foreign Financial Institution} (refer instruction 1 in annexure) Or A Direct Reporting NFFE (Refer 'other definitions' in Annexure)	Yes <input type="checkbox"/>	(Please fill Part B)	No <input type="checkbox"/> (Go to next question)												
8.	Is the entity a publicly traded corporation / a related entity of a publicly traded corporation / Active NFFE (For clarification, refer instruction 3 in Annexure )	Yes <input type="checkbox"/>	(Please fill Part C)	No <input type="checkbox"/> (Please fill Part D)												
		<b>Note: Part D needs to be filled for all accounts opened, irrespective of answer to this section.</b>														

**Part B - If your answer to question 7 in Part A is a YES, please provide details in relation to Financial Institutions / Foreign Financial Institutions or Direct Reporting NFFEs**

Particulars	Details of Applicant	
The entity is:		
1) Financial Institution <input type="checkbox"/>	Global Intermediary Identification Number (GIIN) _____	
2) Direct Reporting NFFE <input type="checkbox"/>	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN and name below:  Name of sponsoring entity: _____ (For clarification, refer 'Other Definitions' in the Annexure)	
	Sponsoring Entity's GIIN: _____ (If GIIN provided, please go directly to the declaration and acknowledgment)	

If GIIN not available [tick any one]: (Not applicable to Direct Reporting NFFE)	a. Not obtained: <input type="checkbox"/> b. Applied for <input type="checkbox"/> <Date of Application _____> c. GIIN not required <input type="checkbox"/>
	Please specify reasons: _____ Please insert code: _____
	(Mention Code – For clarification , refer instruction 2 in annexure) (Please go to Declaration and Acknowledgment)

**Part C - If your answer to question 8 in Part A is a YES, please provide following details:**

Sr No	Particulars	Details of Applicant
1.	a. Are you a publicly traded company? (Refer 'Instruction 3' in the annexure)	Yes <input type="checkbox"/> [Please fill C1(b)] No <input type="checkbox"/> (Please fill C2)
	b. Are your shares regularly traded on a recognized stock exchange	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, please provide name of the stock exchange where the shares are regularly traded: 1. _____ 2. _____ (Please go to Declaration and Acknowledgment)
2.	<b>Are you a related entity# of a listed company mentioned in Part C (1) above</b>  # Related entity - An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please fill C3) Nature of relation with the related entity: <input type="checkbox"/> Subsidiary of the listed company. <input type="checkbox"/> Controlled by a listed company  If yes, please provide name of the related entity that is listed :  Name of the stock exchange where the shares of the related listed entity are regularly traded: 1. _____ 2. _____ (Please go to Declaration and Acknowledgement)
3.	Entity is an Active NFFE	Please specify nature of business _____  Category: _____ (Refer codes in Instruction 3) (Provide UBO details in Part D and go to Declaration and Acknowledgment)

**Part D - If your answer to question 8 in Part A is a NO, please provide following details:**

Entity is a Passive NFFE : <input type="checkbox"/> (other than Direct reporting NFFE)	Entity is Active NFFE : <input type="checkbox"/> Please specify nature of business: _____
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**Provide details of all UBO/s or Controlling person/s, [natural persons as per PMLA] (including Owner Documented FFI's [For clarification, refer 'Other Definitions' in the Annexure]) in the table below**

Are you an Owner-documented FFI's - Yes  No

If ' Yes', in addition to the below details , please provide a duly filled form W8BEN E along with FFI Owner Reporting Statement and Auditor's Letter. If 'No', Please provide below details only.

Details	UBO 1	UBO 2	UBO 3
Name of UBO			
UBO Code (For clarification, refer Instruction 7 in the Annexure)			
Country of Tax Residency			
Address for Tax Purpose & Type	Address, Zip, State, Country Residence/Business/ Registered office	Address, Zip, State, Country Residence/Business/ Registered office	Address, Zip, State, Country Residence/Business/ Registered office
Tax identification number / Functional Equivalent			
Identification document:	Passport Copy PAN Details	Passport Copy PAN Details	Passport Copy PAN Details
City & Country of Birth			
Occupation Type	Service/Business/Others	Service/Business/Others	Service/Business/Others
Nationality			
Father's Name			
Gender			
Date of Birth			
Percentage of Holding (%)			
<ul style="list-style-type: none"> <li>If any of the UBO is a resident / citizen of 'other than India' or citizen / tax resident / green card holder of country, please provide Taxpayer ID number or equivalent / Social Security Number [SSN]</li> <li>Submit documentary proof like shareholding pattern duly self-attested by Authorized Signatory / Company Secretary</li> <li>If number of UBOs are greater than 3 or the space required is insufficient, information in the given format can be given in additional sheets</li> <li>In case of a multiple intermediaries, please provide the shareholding / controlling structure of each such intermediary / ies.</li> </ul>			

**Declaration****&****Acknowledgement**

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read along with the FATCA& CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. Subject to applicable Laws, I / We hereby give consent to share my information with domestic / overseas regulators or tax authorities wherever necessary. Further I /We would like to state that in future if there is any change in my/our tax status (i.e. if I / we become tax resident of any other country other than India) then the same will be informed to MOFSL and FATCA/CRS Declaration will be submitted to you immediately.

<b>Signed for and on behalf of</b>	<b>Sole/First Authorised Signatory</b>	<b>Second Authorised Signatory</b>	<b>Third Authorised Signatory</b>
<b>Name &amp; Designation</b>			
<b>Signature</b>			

18/20

**Note :** Instructions for the purpose of filling FATCA / CRS Declaration is available on MOFSL website at [www.motilaloswal.com](http://www.motilaloswal.com) download options. Further MOFSL is unable to provide advice about your FATCA classification or interpretation of any terms. In view of the same please seek advice from a tax professional on any FATCA consultant.