

FATCA & CRS Declaration - Non Individual

PAN

Name : _____

Please tick the applicable tax resident declaration -

1. 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.)

Sr. No.	Country	Tax Identification Number%	Identification Type (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

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution <input type="checkbox"/> (Refer 1 of Part C) or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN <input style="width: 150px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/> 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 Name of sponsoring entity <input style="width: 300px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/> <input style="width: 300px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/>
GIIN not available (please tick as applicable)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits <input style="width: 50px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/> (Refer 1 A of Part C) sub-category

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input style="width: 300px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/>
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input style="width: 300px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input style="width: 300px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/>
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business <input style="width: 300px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/> Please specify the sub-category of Active NFE <input style="width: 50px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/> (Mention code – refer 2c of Part C)
4. Is the Entity a passiveNFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business <input style="width: 300px; border: 1px solid black; border-radius: 5px; height: 1.2em; vertical-align: middle;" type="text"/>

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):

Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). *(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
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN#			
Address	Zip <input type="text"/> State: _____ Country: _____ <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Zip <input type="text"/> State: _____ Country: _____ <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Zip <input type="text"/> State: _____ Country: _____ <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Address Type			
Tax ID%			
Tax ID Type			
City of Birth			
Country of birth			
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 _____
Nationality			
Father's Name			
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
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%)			

* To include US, where controlling person is a US citizen or green card holder

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.

% 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

MANDATORY DOCUMENT
DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Adroit Financial Services Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name	
Designation	

Date : D D M M Y Y Y Y Y

Place : _____

Signature of Authorised Signatory ✓ _____

For Investor convenience, Adroit Financial Services Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of Adroit Financial Services Pvt. Ltd. whether you are already an investor or would become an investor in future.

Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Adroit Financial Services Pvt. Ltd. branch or you can dispatch the hard copy to-

Lares Algotech India Private Limited

Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector-75, Phase-1, Gautam Buddha Nagar, Noida-201301

- For Detail Terms & Conditions please visit www.adroitfinancial.com