

SHARE CONSULTANTS PVT. LTD. Member : BSE, NSE & CDSL COMMODITY BROKERS PVT. LTD. Member : MCX, ICEX

U-6-7-8, Jolly Plaza, Athwa Gate, Surat-395 001.

FATCA / CRS Declaration for Non Individual

Clie	ent code: ent Name: ent Address:						
PAN	Number:						
Con	ntact Number:						
	ction 1: Identification Details ase tick / fill and complete as appropriate.						
	Name of the Entity						
	Nature of Business (kindly fill in details from Ar	nnovuro 5):					
b)							
c)	Identification Number:		d) identification issuing	Country.			
e)	Identification Type (tick as applicable): Tax Iden		lentification Number	0.11			
Sec	US GIIN ction 2: Declaration of Tax Residency	N []	Global entity	/ Identification No. I	Other II		
Ple	ase indicate the Entity's country of tax residence I issuing country)	e (if resident in more than	one country please deta	ail all countries and assoc	ciated tax identification number and		
	Country/Countries of Tax Residency	Tax Identific	Tax Identification Number (TIN)		TIN Issuing Country		
	,						
L							
	dly attach documentary evidence of country of to x resident of Country outside India, kindly pr		·				
1)		If US tax resident, are you US Specified Person -					
(2)	If tax resident of country other than USA, kindly tick if any of the following is applicable: a corporation, the stock of which is regularly traded on one or more established securities markets; any corporation that is a related entity of a corporation mentioned in item						
•	a Governmental entity; an International org	anisation; 🎚 a Central ban	ık; or 🏿 a financial institut	ion			
3.1	, , , , , , , , , , , , , , , , , , , ,	please tick atleastone of	the below categories,	and provide your FATC.	A Global Intermediary Identification		
	Number (GIIN): Depository Institution Custodial Inst GIIN	itution I Investment En	tity II S	Specified Insurance Comp	pany 🎚		
3.2	If you are a Financial Institution but are non–reporting financial institution, please tick one of the below reasons: The Entity is a Non-Reporting Financial Institution.Please tick exemptionfrom Annexure 2:(a) / (b) / (c) / (d) / (e) / (f) / (g) / (h) / (i) / (j) / (k) / (l) / (m).						
	The Entity is a Sponsored Financial Sponsoring Entity.Please provide the S	Institution and has not y	et obtained a GIIN bu				
	Sponsoring Entity's Name:			Entity's GIIN:			
	The Entity is a Trustee Documented Tru			-			
	Name of the Trustee of the Trust:						
3.3	The Entity is an owner documented Financia						
3.4	for Controlling Persons attached. The Entity is a Non-Participating Financial III		ue the details of each of	the substantial owners t	or the initialicial institution in the form		
3.5	If the Entity is not a Financial Institution, pleas		tus below:				

The Entity is an Active Non-Financial Entity (Pleasetick as per Annexure 3) (i) / (ii) / (iii) / (iv) / (vi / (vi / (vii) / (viii)

Cont	(if more than one, list of all countries should be The Entity is Direct reporting NFE. If ticked	I Controlling Per elow: resident of India resident of USA resident of cou of which the co e specified.)	rsons ¹ : a A ntries other than I ontrolling persons	ndia and USA. are tax resident of			
1.	 a) In case of legal Person: Il Ownership I Other means Il Senior Managing Official b) In case of legal Arrangement - Trust: Il Settlor Il Trustee Il Protector Il beneficiary Il Others c) In case of legal Arrangement - others Il Settlor equivalent Il Trustee equivalent Il Protector equivalent Il beneficiary equivalent Il Others equivalent Il Unknown 						
2.	Full Name of the Controlling Person:						
4.	Gender: Male Female Others			6. Aadhaar No:			
7.	71 \	• /		ID Card UC	- PAN Card	D- ID Card □ E- Driving License	
211	F-UIDAI letter II G-NREGA Job Card II H- C						
	entification Number (mentioned in identification of						
9.	Occupation Type: S-Service		X- Not categ	orised			
10.	Date of Birth (DD/MM/YYYY):		_ 11.	Nationality:			
12.	Place of Birth:		13.	Country of Birth:			
14.16.	Address Type of Controlling Person: 1 1-Residential or Business 2-Residential or Business	dential of	3-Business	4- Registered Offi		5-Unspecified.	Person:
47	Makila/Talaskana Namakan						
17.							
18.	Please indicate the Country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).						
	Country/countries of Tax Residency Tax Identification		ax Identification No	on Number (TIN)		TIN Issuing Country	
					+		

(Kindly attach documentary evidence of country of tax residence and the tax identification number)

Undertaking

I / We certify that:

- a) the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- b) the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) / RBI for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g) It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

j)	I / We certify that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI guidelines.				
Autho	rised Signature:				
Name):				
Positi	on/Title:				
Date:	(dd/mm/yyyy)	Seal and Stamp of the Entity			

I/We shall indemnify the Companyfor any loss that may arise to the Companyon account of providing incorrect or incomplete information.

i)

¹Controlling persons means natural persons who exercise control over an entity who includes a beneficial owner as defined in Explanation to sub-rule (3) of rule 9 Prevention of Money-laundering (Maintenance of Records) Rules, 2005. In determining the beneficial owner the procedure specified in the RBI/SEBI/IRDA circulars shall be applied. In the case of Trust, the controlling persons mean the settlor, the trustees, the protector, the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent position.