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| **(Mandatory for Non-Individual Applicants / Investors) Ultimate Beneficial Ownership (UBO) Declaration form**  This declaration is not needed for Companies that are Listed on any recognized Stock Exchange in India or is a Subsidiary of such Listed Company or is Controlled by each Listed Company | | | | | | | | | | | | | | | | | | | | | | | | |
| A : APPLICANT / INVESTOR DETAILS : | | | | | | | | | | | | | | | | | | | | | | | | |
| Name : | | | | | | | | | | PAN No. | |  |  | |  |  |  | |  |  |  | |  |  | |
| B : CATEGORY (tick applicable category) : [ ] Unlisted Company [ ] Partnership Firm [ ] LLP [ ] Unincorporated association / body of individuals [ ] Public Charitable Trust [ ] Religious Trust [ ] Private Trust / Trust created by Will [ ] others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Please specify) | | | | | | | | | | | | | | | | | | | | | | | | |
| C : DETAILS OF ULTIMATE BENEFICIAL OWNERS ( If the given space below is not adequate, please attach multiple declaration forms) | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL ax Identification Numbers for EACH controlling person, if the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories. | | | | | | | | | | | | | | | | | | | | | | | | |
| Sr. No. | Name of UBO (Mandatory) | Country of Tax Residency | PAN / Taxpayer Identification Number / Equivalent ID Number | Document Type ( Refer Instruction 4) | % of Beneficial Interest | Controlling person type code ( Refer Instruction 5) | Place & Country of Birth | Date of Birth (DD-MMM-YYYY) | Address & Contact Details ( include City Pincode, state, country) | | Gender (Male, Female, Others) | | | Father’s Name | | | | Nationality | | | | Occupation | | |
|  |  |  |  |  |  |  |  |  |  | |  | | |  | | | |  | | | | service  Busines  Others | | |
|  |  |  |  |  |  |  |  |  |  | |  | | |  | | | |  | | | | service  Busines  Others | | |
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| I / We acknowledge and confirm that the information provided above is /are true and correct to the best of my / our knowledge and belief and provided after necessary consultation with tax professionals.  I / we have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents ) and hereby accept the same and further confirm that the information provided by me / us on this form are true, correct, and complete. | | | | | | | | |  | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | Authorized Signatories ( with Company / Trust/ firm Body Corporate seal) | | | | | | | | | | | | | | | |