Name of Promoter / Partners Wholetime Directors / Trustee / Ka	rta	
Residence Address		
City	Pin Code	
State	Country	Please affix your
MAPIN	DIN No.	Latest Photograph here and sign
Tele No.	Fax No.	Across it.
Email	Mobile No.	DO NOT
Designation	PAN No.	STAPLE
Experience	Qualification	XX
Name of Promoter / Partners Wholetime Directors / Trustee / Ka	rta	
Residence Address		
City	Pin Code	
State	Country	Please affix your
MAPIN	DIN No.	Latest Photograph here and sign
Tele No.	Fax No.	Across it.
Email	Mobile No.	DO NOT
Designation	PAN No.	STAPLE
Experience	Qualification	XX
Wholetime Directors / Trustee / Ka     Residence     Address	rta	
City	Pin Code	
State	Country	Please affix your
MAPIN	DIN No.	Latest Photograph here and sign
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Designation	PAN No.	STAPLE
Experience	Qualification	XX
Name of Promoter / Partners Wholetime Directors / Trustee / Ka Residence	rta	
Address		
City	Pin Code	
State	Country	Please affix your Latest Photograph
MAPIN	DIN No.	here and sign
Tele No.	Fax No.	Across it.
Email	Mobile No.	DO NOT STAPLE
Designation	PAN No.	XX
Experience	Qualification	

NOTE: IF ANY INFORMATION TO BE GIVEN DOES NOT FIT IN THE FORM, AN ANNEXURE MAY BE USED.

ACT	Supplementary KYC Information & FATCA-CRS Declaration - Entities & HUF           ACTION INTERACE																																							
PAN	۷*									Clie	ent	Co	de																											
Nam	ie																																							
Тур	Type of address given at KYC KRA     Residential     Residential or Business     Business     Registered Office																																							
City	of inco	rpora	ation																																					
Cou	untry of i	ncor	porati	on																																				_
Net	Net Worth in INR. In ` Lakhs     DD / MM / YYYY																																							
ls th	Is the entity involved Ecretary Exchange ( ) YES Gaming / Gambling / YES Gaming / Gambling / YES Any other information [[f applicable]]									.]																														
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thes	these services:     NO     Services     NO     Letting syndicates]     NO     Laundering / Pawning     NO																																							
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	ease tic														ΓY.	es		Г	No																					
	Is "Entit es, please pl	·															ated			nbei	r belo	w.)																		
			Cou	ntr	у					_		٦	Гах	ld	ent	ifi	cat	tio	n N	lur	nbe	r <sup>%</sup>			_	Identification Type (TIN or Other <sup>*</sup> , please specify)														
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<sup>1.</sup>	Financ		nstituti	on⁵			]	No Gl	ote:	If yo	ou d e ai	lo no nd ir	ot ha	ve	a Gi	IIN r.sn	but	yoi	u are s na	e sµ me	oons bela	ore	əd b	y a	noth	nere	entit	y, p	lea	se	prov	vide	yo	our s	spo	ารอเ	r's			
	Direct	or			=F <sup>7</sup>					e of						_	T												Τ		Τ	Τ								
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	Not obtained – Non-participating FI																																							
1.	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 (that is, a company (the specify any one stock exchange on which the stock is regularly traded)																																							
whose shares are regularly traded on an established securities market)									Na	me			ex	chan	ge														_											
<ol> <li>Is the Entity a related entity<sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)</li> </ol>							.,	Na	me ture	of	relat	ion:	mpai	 ny C	] Sı							is reg	ularly	trade	ed)				on whi											
3. Is the Entity an <i>active</i> <sup>3</sup> NFE									-	of s	tock		chan	ge.		ie nl	ase fi		doc	lamt	on in	the r	avtor	oction	)			—	—											
3.			y an a	UN	GIN												ture		Busi													.54011.				1 code				
4.	Is the I	Entity	y a pa	ssi	ve⁴ N	NFE									T	Υe	es [			No	o [				ase fi	-						ection.		refe	<u>ər 20</u>	of Pa	<u>nt D)</u>			
<u>├</u> ──	I <sup>1</sup> Refe	er 2a	of Part	t D	1 2	Refe	er 2b	of	Part	D	<sup>:</sup>	<sup>3</sup> Ref	er 20	c of					Busii Refe		s of F	Par	t D	7	Refe	er 3	(vii)	) of	Pa	rt D	1	<sup>10</sup> R	lefe	er1A	of	Par	t D			_

	UB	O Declaration										
Category (Please tick applicable category):	Unlisted Co	ompany Partr	nership Firm	d Liability Partnership Company								
Unincorporated association / body of individuals	; [	Public Charitable Trust	Religious T	rust Private Trust								
Listed Company (Need not provide UBO details sou	ght under)	Others (plea	se specify	)								
Please list below the details of controlling person(s), corfirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).												
Owner-documented FFI's <sup>5</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E												
Name - Beneficial owner / Controlling person #Country - Tax Residency*		TIN or Other, please specify rest - in percentage	Address - Include State Countr	y, PIN / ZIP Code & Contact Details								
#Tax ID No Or functional equivalent for each country*	#Type Code <sup>1</sup> - o	, ,										
1. Name	Tax ID Type		Address									
Country	Beneficial Interes	st										
T ax ID No.	Type Code		ZIP Stat	ate: Country:								
2. Name	Tax ID Type		Address									
Country	Beneficial Interes	st										
T ax ID No.	Type Code		ZIP Stat	e: Country:								
3. Name	Tax ID Type		Address									
Country	Beneficial Interes	st										
Tax ID No.	Type Code		ZIP Stat	e: Country:								
If passive NFE, please provide below additional de	etails.		(Please attach additional sheets i	f necessary)								
PAN City of Birth		Occupation Type - Service, B Nationality	usiness, Others	DOB - Date of Birth								
Country of Birth		Father's Name - Mandatory if F	PAN is not available	Gender - Male, Female, Other								
1. PAN		Occupation Type										
City of Birth		Nationality		Gender Male Female								
Country of Birth		Father's Name		Others								
2. PAN		Occupation Type		DOB DD/MMYYYY								
City of Birth		Nationality		Gender Male Female								
Country of Birth		Father's Name		Others								
3. PAN		Occupation Type		DOB DD/MMYYYY								
City of Birth		Nationality		Gender Male Female								
Country of Birth		Father's Name		Others								
# Additional details to be filled by controlling persons wi			citizenship / Green Card in a	ny country other than India:								
* To include US, where controlling person is a US citize <sup>%</sup> In case Tax Identification Number is not available, king	0											
	21		r 3(iv) (A) of Part D									
			. , . ,									
Towards compliance with tax information sharing laws, such as FATCA,		I to apply additional personal, tax on	d beneficial owner information and cost	ain contifications and decumentation from								
our account holders. Such information snamp laws, such as PATCA, our account holders. Such information may be sought either at the time of relevant tax authorities. If you have any questions about your tax residen	f account opening or	any time subsequently. In certain of	ircumstances we may be obliged to sha	are information on your account with								
i.e., within 30 days. Towards compliance with such laws, we may also be account or any proceeds in relation thereto. As may be required by dome	required to provide i	nformation to any institutions such	as withholding agents for the purpose o	f ensuring appropriate withholding from the								
suspend your account(s). If any controlling person of the entity is a US citizen or resident or green of Account Tax Compliance provisions (commonly known as FATCA) are cr	card holder, please in ontained in the US Hi	nclude United States in the foreign of re Act 2010.Please note that you m	country information field along with the L ay receive more than one request for ir	JS Tax Identification Number. Foreign formation if you have multiple relationships								
with ABC. Therefore, it is important that you respond to our request, ever Certification												
	Form (road ala	na with the Instructions 8	Definitional and hereby confi	rm that the information provided								
I have understood the information requirements of this by us on this Form is true, correct, and complete. I also the same.												
Name												
Designation												
[												
Signature >> XX			Place									
First Authorise				Date / /								
Signature w	ith Stamp											