

# COMMON APPLICATION FORM

For Resident Indians and NRIs/FIIs/FPIs



**Birla Sun Life**  
Mutual Fund

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.)

Distributor Name / ARN No.	Sub Broker Name / ARN No.	Sub Broker Code	Employee Unique ID. No. (EJIN)	Application No.
ARN - 0186 / BONANZA				

EJIN is mandatory for "Execution Only" transactions  
I/we hereby confirm that the EJIN box has been intended  
in-appropriateness, if any, provided by the employee/rela

action or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of

First Applicant / Authorised Signatory	Second Applicant	Third Applicant
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## TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 1 (viii))

In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

## EXISTING UNITHOLDER please fill in your Folio No., Name & Email ID and then proceed to Section 5 (Applicable details and Mode of holding will be as per the existing Folio No.)

Existing Folio No.

### 1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY) (Refer Instruction No. 2,3,4) Fresh / New Investors fill in all the blocks. (1 to 10) In case of investment "On behalf of Minor", Please Refer Instruction no. 2(ii)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

PAN / PEKRN (Mandatory)  Date of Birth\*\*          KYC

AADHAR Card Number

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

PAN / PEKRN (Mandatory)  Date of Birth\*\*          KYC

AADHAR Card Number

NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

PAN / PEKRN (Mandatory)  Date of Birth\*\*          KYC

AADHAR Card Number

### NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

PAN / PEKRN (Mandatory)  Date of Birth\*\*          KYC

AADHAR Card Number

RELATIONSHIP OF GUARDIAN (Refer Instruction No. 2(ii))

ISD CODE  TEL: OFF.

TEL: RESI

Proof of the Relationship with Minor\*\*  \*\* Mandatory in case the First / Sole Applicant is Minor

### TAX STATUS (Please tick (✓) ) (Applicable for First / Sole Applicant)

Resident Individual  FIIs  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  
 Trust  NRI - NRE  Bank & FI  Sole Proprietor  Partnership Firm  QFI  Others \_\_\_\_\_ (Please Specify)

MODE OF HOLDING (Please tick (✓) ) (Please Refer Instruction No. 2(v))  Joint  Single  Anyone or Survivor (Default option is Anyone or survivor)

### MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O.Box Address is not sufficient. Please provide full address.) (Indian Address in case of NRIs/FIIs)

CITY

STATE

PIN CODE

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)	COMMON APPLICATION FORM	Application No.
	<b>Birla Sun Life Asset Management Company Limited</b> One India Bulls Centre, Tower 1, 17th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400 013 Toll Free : 1-800-270-7000/ 1-800-22-7000   sms 'GAIN' to 567679   Email: connect@birlasunlife.com	Collection Centre / BSLAMC Stamp & Signature   
	Received from Mr. / Ms. _____ Date : ____ / ____ / ____ (Please tick (✓)) ENCLOSED <input type="checkbox"/> PAN/PEKRN Proof <input type="checkbox"/> KYC Complied <input type="checkbox"/> NECS Form <input type="checkbox"/> Yes <input type="checkbox"/> No	

**2. GO GREEN** (Please tick (✓)) (Refer Instruction No. 10)

SMS Transact  Online Access **Mobile No.** +91 \_\_\_\_\_ / We would like to register for my/our SMS Transact and/ or Online Access

**Email Id** \_\_\_\_\_

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode:  Account Statement  Annual Report  Other Statutory Information

**Facebook Id** \_\_\_\_\_

**Twitter Id** \_\_\_\_\_

**3. BANK ACCOUNT DETAILS** (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details) Refer Instruction No. 3(A)

Name of the Bank \_\_\_\_\_

Branch Address \_\_\_\_\_

Pin Code \_\_\_\_\_ City \_\_\_\_\_

Account No. \_\_\_\_\_

Account Type  SAVINGS  CURRENT  NRE  NRO  FCNR  OTHERS (please specify) \_\_\_\_\_

11 Digit IFSC Code \_\_\_\_\_ 9 Digit MICR Code \_\_\_\_\_

**4. INVESTMENT DETAILS** (Please tick (✓)) (Refer Instruction No. 5, 9 & 14) (If this section is left blank, only folio will be created)

Separate cheque/ demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only".  
Please write appropriate scheme name as well as the Plan/Option/Sub Option

S. No.	*Cheque / DD Favouring Scheme Name (refer Instruction 5)	Plan / Option	Sweep to (applicable only for Dividend option)	Amount Invested (₹)	^DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1.	BSL		Scheme Name					
			Plan / Option					

# (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR) \*All purchases are subject to realization of funds ^Refer to Instruction No. 5 (vi)

**KYC DETAILS (Mandatory)**

**OCCUPATION** (Please tick (✓))

**FIRST APPLICANT**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  
 Student  Forex Dealer  Others ..... (please specify)

**SECOND APPLICANT**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  
 Student  Forex Dealer  Others ..... (please specify)

**THIRD APPLICANT**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  
 Student  Forex Dealer  Others ..... (please specify)

**GROSS ANNUAL INCOME** (Please tick (✓))

**FIRST APPLICANT**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore  
Net worth (Mandatory for Non - Individuals Rs. \_\_\_\_\_ as on DDMMYYYY [Not older than 1 year])

**SECOND APPLICANT**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net Worth \_\_\_\_\_

**THIRD APPLICANT**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net Worth \_\_\_\_\_

**For Individuals**

I am Politically Exposed Person  
 I am Related to Politically Exposed Person  
 Not Applicable

**For Non-Individual Investors (Companies, Trust, Partnership etc.)**

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:  Yes  No  
(If No, please attach mandatory UBO Declaration)

Foreign Exchange / Money Charger Services  Yes  No

Gaming / Gambling / Lottery / Casino Services  Yes  No

Money Lending / Pawning  Yes  No



S. No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment Details	
				Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1.	BSL				

**5. DEMAT ACCOUNT DETAILS (OPTIONAL)** (Please ensure that the sequence of names as mentioned in the application form matches with that of the A/c. held with the depository participant.) Refer Instruction No. 3(B)

**NSDL:** Depository Participant Name: \_\_\_\_\_ DPID No.: 

I	N								
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 Beneficiary A/c No. 

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**CDSL:** Depository Participant Name: \_\_\_\_\_ Beneficiary A/c No. 

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Enclosed:  Client Master  Transaction/ Statement Copy/ DIS Copy

**6. NOMINATION DETAILS (Mandatory)** (Refer Instruction No. 7)

I/We wish to nominate  I/We DO NOT wish to nominate and sign here ..... 1st Applicant Signature (Mandatory)

	Nominee Name and Address	Guardian Name (in case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1			100%	

To register multiple nominee please fill separate Multiple nomination Form.

**7. FATCA & CRS INFORMATION [Please tick (✓)] For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form**

The below information is required for all applicant(s)/ guardian

Address Type:  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No <sup>^</sup>			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

**8. DECLARATION(S) & SIGNATURE(S)** (Refer Instruction No. 1)

To,  
The Trustee,  
Birla Sun Life Mutual Fund

Date 

D	D	M	M	Y	Y	Y	Y
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Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

**For Non-Individual Investors:** I/We hereby confirm that the object clause of the constitution document of the entity (viz. MOA / AOA / Trust Deed, etc.), allows us to apply for investment in this scheme of Birla Sun Life Mutual fund and the application is being made within the limits for the same. I/We are complying with all requirements / conditions of the entity while applying for the investments and I/We, including the entity, if the case may arise so, hereby agree to indemnify BSLAMC / BSLMF in case of any dispute regarding the eligibility, validity and authorization of the entity and/or the applicants who have applied on behalf of the entity.

**For NRIs only:** I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. (Refer Inst. No. 6)

I/We confirm that details provided by me/us are true and correct.

\*\*I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Birla Sun Life Asset Management Company Ltd. (Investment Manager of Birla Sun Life Mutual Fund) and confirm of having read, understood and agree to abide the terms and conditions for availing of the internet facility more particularly mentioned on the website www.birlasunlife.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

**FATCA & CRS Declaration:** I/ We have understood the information requirements of this Form (read along with FATCA & CRS Instructions) and hereby confirm that the information provided by me/ us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. (Refer Inst. No. 14)

Signature of First Applicant / Authorised Signatory	Signature of Second Applicant	Signature of Third Applicant
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**Birla Sun Life**  
Mutual Fund

# FATCA & CRS

## Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

### Applicant / Guardian

Name																											
Gender	M	F	O		PAN													Occupation Type	Service	Business	Others						
Father's Name																											
Cust ID / Folio No.																											
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																											
Type of address given at KRA	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																			
Permissible documents are	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> PAN Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Job Card <input type="radio"/> Others																										
Date of Birth				Place of Birth																							
Country of Birth																											
Nationality																											
Are you a tax resident of any country other than India?				Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>																				

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>*</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA  
<sup>\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent <sup>§</sup>

### Certification

I / We have understood the information requirements of 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. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

**Signatures**

**Applicant / Guardian**

**Date**

**Place**

### FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

# Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity															
Type of address given at KRA	<input checked="" type="checkbox"/> Residential or Business	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> Registered Office											
<i>"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA &amp; notify the changes"</i>															
Customer ID / Folio Number															
PAN					Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation															
Country of incorporation															
Entity Constitution Type <i>Please tick as appropriate</i>	<input type="checkbox"/> a Partnership Firm	<input type="checkbox"/> b HUF	<input type="checkbox"/> c Private Limited Company	<input type="checkbox"/> d Public Limited Company	<input type="checkbox"/> e Society	<input type="checkbox"/> f AOP/BOI	<input type="checkbox"/> g Trust H Liquidator	<input type="checkbox"/> h Limited Liability Partnership	<input type="checkbox"/> i Artificial Juridical Person	<input type="checkbox"/> z Others specify _____					

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.)*

Country	Tax Identification Number*	Identification Type <i>(TIN or Other*, please specify)</i>

\* 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

### FATCA & CRS Declaration

*(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)*

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

1. We are a,  Financial institution<sup>6</sup> or  Direct reporting NFE<sup>7</sup> (please tick as appropriate)

**GIN**

**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

**GIIN not available** (please tick as applicable)  **Applied for**

Not required to apply for - please specify 2 digits sub-category<sup>10</sup>

Not obtained – Non-participating FI

#### 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 <i>(that is, a company whose shares are regularly traded on an established securities market)</i>	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i> Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company <i>(a company whose shares are regularly traded on an established securities market)</i>	Yes <input checked="" type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i> Name of listed company _____ Nature of relation: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active <sup>3</sup> NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____ Please specify the sub-category of Active NFE <input style="width:20px;" type="text"/> (Mention code – refer 2c of Part D)
4.	Is the Entity a passive <sup>4</sup> NFE	Yes <input checked="" type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 3(ii) of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>10</sup>Refer 1A of Part D

## UBO Declaration

**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).

5 Owner-documented FFI's 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* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code <sup>11</sup> - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type _____ • Residence • Business • Registered office	Address _____ Zip [ ][ ][ ][ ][ ][ ][ ][ ][ ] State: _____ Country: _____

# If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB DD/MM/YYYY Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

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

\*In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>4</sup>Refer 3(iii) of Part D | <sup>5</sup>Refer 3(vi) of Part D | <sup>11</sup>Refer 3(iv) (A) of Part D

### FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

#### Certification

I/ We have understood the information requirements of 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. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name																				
Designation																				
Signature	Signature	Signature	Place _____																	
			Date ____/____/____																	