

App. No. Time Stamp

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name
Bonanza - 0186	Sub-Distributor Code			Mobile +91- <input style="width: 100px;" type="text"/>
				E-mail <input style="width: 100px;" type="text"/>

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Transaction Charges	Investor's Declaration where EUIN is not furnished
SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-	I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.
If this is the first time, you are investing in any mutual fund, please tick here <input type="checkbox"/>	<input type="checkbox"/> Sole/1st Applicant <input type="checkbox"/> 2nd Applicant <input type="checkbox"/> 3rd Applicant

1. EXISTING UNIT HOLDER'S INFORMATION (If you hold a Folio with L&T Mutual Fund, please furnish the below information and move to Investment & Payment Information section.)

Folio No. PAN/PEKRN# of Sole/1st Unit Holder

Name of Sole/1st Unit Holder Mr. Ms. M/s F i r s t M i d d l e L a s t

2. NEW APPLICANT(S) PERSONAL INFORMATION

Sole /1st Applicant

Name Mr. Ms. M/s F i r s t M i d d l e L a s t

PAN/PEKRN# Date of Birth/Incorporation D D M M Y Y Y Y (Mandatory if first applicant is a minor)

Guardian (For Minor Investments) / Contact Person (For Non-Individuals)

Name Mr. Ms. F i r s t M i d d l e L a s t

PAN/PEKRN# Relationship with Minor Applicant Natural Guardian Court Appointment Guardian

Proof of Date of Birth Birth Certificate Copy Passport Copy Aadhaar Card Copy Others (please specify) _____

Proof of Relationship of Guardian Birth Certificate Copy Passport Copy Court Appointment Order Others (please specify) _____

Mobile No. +91- E-mail Id*

*Investors providing e-mail id will receive Account Statements, Annual Report & other communication over e-mail. If you however wish to receive this communication in your registered postal address, please tick here

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. *#PEKRN required for Micro investments upto Rs. 50,000 in a year.*

ADDRESS (Address as per KRA records will overwrite this address if you are KYC compliant)

Correspondence Address	Overseas Residence Address (Mandatory for NRIs/PIOs)
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
City/Town <input style="width: 100px;" type="text"/> Pin <input style="width: 50px;" type="text"/>	City/Town <input style="width: 100px;" type="text"/> Pin <input style="width: 50px;" type="text"/>
State <input style="width: 100px;" type="text"/> Country <input style="width: 100px;" type="text"/>	State <input style="width: 100px;" type="text"/> Country <input style="width: 100px;" type="text"/>

Tel (R) (ISD) (STD) Tel (O) (ISD) (STD) Fax (ISD) (STD)

Tax status of Sole/First Applicant (Please ✓)

<input type="checkbox"/> Resident Indian Individual	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Hindu Undivided Family (HUF)	<input type="checkbox"/> Society
<input type="checkbox"/> Non Resident Indian Individual (NRI)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Non Govt. Organization (NGO)	<input type="checkbox"/> Mutual Fund
<input type="checkbox"/> Person of Indian Origin (PIO)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Association of Persons (AOP)/Body of Individuals(BOI)	<input type="checkbox"/> Others
<input type="checkbox"/> Foreign Portfolio Investor (FPI)	<input type="checkbox"/> Foreign Institutional Investor (FII)	<input type="checkbox"/> Trust	
<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> Defence Establishment	<input type="checkbox"/> Bank	

Are you a Non Profit Organization (NPO) Yes No

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from _____ an application for _____ an application for investment in Scheme L&T _____ Option _____ App. No. _____

Investment Type (✓) Lumpsum SIP Micro SIP Multi-Scheme SIP

Investment Cheque Details : Cheque No. _____ Rs. _____ Dated D D M M Y Y Y Y

Drawn on Bank _____ Branch _____ City _____

For Office Use Only

Acknowledgement Stamp & Date

Document attached to avoid Third Party Payment rejection, where applicable : Banker's Certificate, for DD Third Party Declaration

For Multi-Scheme SIP (Please issue cheque favouring L&T MF Multi-Scheme SIP)

Scheme 1 Dividend Frequency	L&T _____	Option (✓) SIP Amount (₹) _____	Growth*	Dividend Payout	Dividend Reinvestment
Scheme 2 Dividend Frequency	L&T _____	Option (✓) SIP Amount (₹) _____	Growth*	Dividend Payout	Dividend Reinvestment
Scheme 3 Dividend Frequency	L&T _____	Option (✓) SIP Amount (₹) _____	Growth*	Dividend Payout	Dividend Reinvestment

Payment Mode : <input type="checkbox"/> Cheque / DD / Pay Order <input type="checkbox"/> Electronic Transfer Instrument No. _____ Instrument Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> UTR No. _____ Investment Amount (₹) _____ DD Charges (if applicable ₹) _____ Net Amount (₹) _____	Drawn On _____ Bank Name _____ _____ Bank Branch _____ Bank City _____ Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
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*Default option if not selected ^Available in select schemes only

7. DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode please furnish the below details and **enclose a copy of the Client Master** that you may have received from your Depository Participant.

Depository (Please ✓ any one) NSDL **OR** CDSL

Depository Participant Name _____

Depository Participant ID _____ Beneficiary A/c No. _____

8. KYC DETAILS (Mandatory. If left blank the application is liable to be rejected)

Gross Annual Income (For Individuals and Non Individuals)	For First Applicant/ Guardian	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year) (Mandatory for Non-Individuals)
	For Second Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)
	For Third Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> > 1 Crore Net-worth (₹) _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)

Occupation Details (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others Please specify _____
	For Second Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others Please specify _____
	For Third Applicant	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Agriculturist <input type="checkbox"/> Others Please specify _____

Others (For Individuals only)	For First Applicant/ Guardian	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Second Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable
	For Third Applicant	<input type="checkbox"/> I am politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person <input type="checkbox"/> Not Applicable

Others (For Non-Individuals only)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(If No, please attach Ultimate Beneficiary Ownership Declaration mandatorily)	
	If the Entity involved/providing any of the following services:	
→ Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	
→ Foreign Exchange/ Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	
→ Money Lending/Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO	

9. INFORMATION REQUIRED FOR TAX REPORTING (Mandatory. If left blank the application is liable to be rejected)

FOR INDIVIDUALS:

The below information is required for all applicant(s)/Guardian including Sole proprietor and POA Holder.

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant	POA Holder
I am a tax resident of India and not a resident of any other country	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No


If No, please mandatorily enclose the **FATCA & CRS Declaration for Individual Investors.**

FOR NON-INDIVIDUALS: Overseas Corporate Investors should enclose FATCA, CRS & UBO Declaration with all sections filled. Domestic Corporates to enclose the form and fill **ONLY** the UBO Declaration.

10. NOMINATION DETAILS Please note that where the sole/1st applicant is a minor, no nomination is allowed

(Please ✓) I/We wish to Nominate I/We do not wish to Nominate I/We wish to appoint Multiple Nominees (Please fill the Nomination Form separately)

Name of the Nominee	In case nominee is a minor, please fill : Date of Birth		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship with the Applicant	Name of the Guardian		
Address of the Nominee		Address of the Guardian	
City/Town		City/Town	
State	Pin	State	Pin
Country		Country	

 Signature of the Nominee

 Signature of the Guardian

9. DECLARATION & SIGNATURES

I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum of the aforesaid Scheme of L&T Mutual Fund including the sections on "Who cannot invest", "FATCA" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise L&T Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/L&T Mutual Fund's bank(s) and/or Distributor/Broker/Investment Adviser. 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. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.

I/We accept and agree to abide by the terms and conditions (as mentioned on www.Intmf.com) with respect to my/our dealings with L&T Mutual Fund/its Investment Manager through various channels.

APPLICABLE FOR NON-ADVISORY TRANSACTIONS ONLY:

I/We, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI Circular No. CIR/IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same. On such transaction(s), I am not being charged any kind of transaction fee(s) by the AMFI registered distributor. On this transaction, the distributor would be compensated by the Mutual Fund House/Asset Management Company concerned in lines with the commission rate(s)disclosed by the distributor.

***APPLICABLE FOR NRIs/PIOs/FIIs/FPIs INVESTING ON REPATRIATION BASIS ONLY:** I/We confirm that I am/we are Non-Resident(s) of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

Date:

 Sole/First Applicant/Guardian

 Second Applicant

 Third Applicant

Transaction Form For STP & SWP



Please refer to the General Instructions for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name	
ARN-				Mobile +91-	
	Sub-Distributor Code			E-mail	

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Transaction Charges	Investor's Declaration where EUIN is not furnished
SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-	I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.
If this is the first time, you are investing in any mutual fund, please tick here <input type="checkbox"/>	<input checked="" type="checkbox"/> Sole/1st Applicant <input checked="" type="checkbox"/> 2nd Applicant <input checked="" type="checkbox"/> 3rd Applicant

1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder First Name Middle Name Last Name Folio No.

PAN First Unit Holder Second Unit Holder Third Unit Holder

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

Mobile No. +91- E-mail ID

2. SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

Scheme Name L&T Option Growth Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

Withdrawal preference (✓) Amount (₹) OR Capital Appreciation (Available for GROWTH plan only) Withdrawal frequency (✓) Monthly* Quarterly

Withdrawal date (✓) 1st 5th 10th* 15th 25th Withdrawal period From M/M/Y/Y/Y/Y To M/M/Y/Y/Y/Y OR Till balance

3. SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

Scheme Name L&T Option Growth Bonus^ Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

To Scheme L&T Option Growth* Dividend Reinvestment Dividend Payout

Dividend Frequency (✓ wherever applicable) Daily Weekly Monthly* Quarterly Annual^ Semi-Annual^

Transfer preference (✓) Amount (₹) OR Capital Appreciation (Available for GROWTH plan only) From M/M/Y/Y/Y/Y To M/M/Y/Y/Y/Y OR Till balance

Transfer frequency (✓) Monthly* Weekly (✓) Mon* Tue Wed Thu Fri

Fortnightly(✓) 1st 15th* Quarterly (✓) 1st 5th 10th* 15th 25th

*Default option if not selected ^Available in select schemes only

4. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us

(Sole/First Unit Holder)

(Second Unit Holder)

(Third Unit Holder)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Folio No. Received from Name of the Sole/First Unit Holder

Scheme/Plan/Option

SWP Instalment amount Frequency(✓) Monthly Quarterly

STP Instalment amount Frequency(✓) Monthly Quarterly Weekly Fortnightly

For Office Use Only

Acknowledgement Stamp & Date

FATCA & CRS DECLARATION
(For Individual Investors including Sole Proprietor & POA Holder)



Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink. Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

APPLICANT(S) INFORMATION

Folio No./Application No.

Name of Sole / 1st Unit Holder First Name Middle Name Last Name Date of Birth

Name of the 2nd Applicant First Name Middle Name Last Name Date of Birth

Name of the 3rd Applicant First Name Middle Name Last Name Date of Birth

PAN

FATCA & CRS DETAILS

Category	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Gender			
Father's Name			
Type of address given at the KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential or Business
	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card	<input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NRE/GA Card <input type="checkbox"/> Others	
Country/Place/City of Birth			
Country of citizenship/nationality			
Are you a tax resident of any country other than India	Yes If Yes, please indicate all countries in which you are a resident for tax purposes and the associated Tax ID numbers below: No	Yes If Yes, please indicate all countries in which you are a resident for tax purposes and the associated Tax ID numbers below: No	Yes If Yes, please indicate all countries in which you are a resident for tax purposes and the associated Tax ID numbers below: No
Country of Tax Residency*	1. 2. 3.	1. 2. 3.	1. 2. 3.
Tax ID No.^	1. 2. 3.	1. 2. 3.	1. 2. 3.
* To also include USA where the individual is a citizen/green card holder of USA ^In case Tax ID No. is not available, kindly provide its functional equivalent			

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

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 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.

**FATCA, CRS & UBO DECLARATION
(For Non Individual Investors)**



Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink. Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

APPLICANT(S) INFORMATION

Folio No./Application No.

Name of the entity _____

Type of address given at KRA : Residential or Business Residential Business Registered Office

“Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes”

City of Incorporation _____ Country of Incorporation _____

PAN Date of Incorporation

Entity Type Constitution Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI
Please (✓) Trust H Liquidator Limited Liability Partnership Artificial Juridical Person 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 (TIN or Other, please specify)

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent⁵.

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

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

1 We are a, Financial institution⁶ or Direct reporting NFE⁷ (please tick as appropriate)

GIIN

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**

If the entity is a Financial institution, Not required to apply for - please specify 2 digits sub-category¹⁰

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 company¹ (that is, a company whose shares are regularly traded on an established securities market) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)
Name of stock exchange _____

2 Is the Entity a related entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market) Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
Name of listed company _____
Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company
Name of stock exchange _____

3 Is the Entity an active³ NFE Yes (If yes, please fill UBO declaration in the next section.)
Nature of Business _____
Please specify the sub-category of Active NFE (Mention code – Refer 2C of Part D)

4 Is the Entity a passive⁴ NFE Yes (If yes, please fill UBO declaration in the next section.)
Nature of Business _____

¹ Refer 2a of Part D | ² Refer 2b of Part D | ³ Refer 2c of Part D | ⁴ Refer 3(ii) of Part D | ⁵ Refer 1 of Part D | ⁶ Refer 3(vii) of Part D | ¹⁰ Refer 1A of Part D

