

ANNEXURE II KNOW YOUR CLIENT(KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

____TARAKKI KAREIN!

(Please seek appropriate advice from your professional tax advisor

on your residency and related FATCA and CRS guidance)

PAN																FO	DLIO						
Nam	Name of the entity																						
Type of Address given at KRA Residential Business Res City of Incorporation							sidentia	al/Business	🗌 Regis	tered Office	Date o	of Incorpora	ation D	D	M	M	Y Y	Y Y					
	itry of li	· .																					
ADDITIONAL KYC INFORMATION																							
Gros	s Annua	al Inco	me (Rs	.) [Pleas	se ticl	k (√)]) Be	low 1 lac	0	1 - 5 la		5 - 10 lacs) - 25 lacs	(○ >25	lacs - 1 c	rore	С) > 1 cr	ore	
_	_	_			_								R										
Net	Worth	Rs.								as (on [D D M	M Y Y	Y Y	(Not older	r than 1 yea	r)						
Entit	Entity Constitution Type [Please tick (/)] Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI Trust Liquidator Limited Liability Partnership Artificial Juridical Person Others specify:																						
Politically Exposed Person (PEP) Status* (Also applicable for the authorised signatories/Promoters/Krta/Trustee/Whole time Directors)														applicable									
*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g. Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.																							
Non-individual investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Money Lending / Powning Gaming / Gambling / Lottery / Casino Services																							
FATCA & CRS DECLARATION																							
Please tick the applicable tax resident declaration 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)																							
Sr. No.	Sr. Country							11 903,		ntification		<i></i>		dent for tax purposes and the associated Tax ID number below) Identification Type (TIN or other ^ , please specify)									
1															101 7 1	nouse op							
2																							
3	3																						
In case Tax Identification Number is not available, kindly provide its functional equivalent.																							
												cation number pecified U.S. P					etc.						
		<u></u>		,									,										
									P/	ART A (Ta) be fille	ed by Financial I	nstitutions o	Direct Report	tina NFEs)								
We are a Please tick (✓) GIN GIN							led by Financial Institutions or Direct Reporting NFEs)																
Financial Institution (Refer 1 of Part C)						ou do not	have a	GIIN but you a	IIN but you are sponsored by another entity, please provide your sponsor's								cate your						
					sponsor's name below:								, ,				,						
Direct Reporting NFE (Refer 3(vii) of Part C)						Name of sponsoring entity																	
GIIN not available (Please tick as applicable)							Not obtained - Non-participating FI																
If the entity is a financial institution Not required to apply for - pleae specify 2 digits sub-category (Refer 1 A of Part C)																							
								PA	RT B (Plea	se fill any	as appl	ropriate) (To be	filled by NFL	s other than D	Direct Repor	ting NFEs)							
1.	1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)							Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of the stock exchange															
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)						Yes [(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly										ularly							
						trac Name of liste	d company																
						Nature of rela			e Listed Co	ompany or	Con	trolled by	a Listeo	d Compa	ny								
									Name of the stock exchange														
3. Is the Entity an active NFE (Refer 2c of Part C)								Yes															
									Nature of Bus Please specif	siness y the sub-c	ategory of Ac	tive NFE])	Mention of	code - Ref	er 2c of	Part C)						
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)									Yes Nature of Business													

UBO Declarati	on (Mandatory fo	or all entities ex	cept, a Publ	icly Trade	ed Company	or a relate	d entity	of Pub	licly Tra	ded Co	mpany)								
Category (Please tick applicable category):		Unlisted C		Partnership Firm Limited Lia						bility Partnership Company									
Unincorporated association / body of indiv	viduals	Public Cha	ritable Trust		🗌 Religi	ous Trust	ate Trus	st											
)																
Please list below the details of controlling person (Please attach additional sheets if neces		ALL countries of t	ax residency	/ perman	ent residency	/ / citizenshi	p and A	LL Tax I	dentific	ation Nu	mbers f	or EACH	controll	ing per	son(s	1.			
	rner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Ref											efer 3(vi) of Part C)							
Details		UB01			UB02						UB03								
Name of UBO																			
UBO Code (Refer 3(iv) (A) of Part C)																			
Country of Tax residency*																			
PAN																			
Address																			
	Zip			Zip															
	State:			Stat	te:		State:												
	Country:			Cou	intry:			Country:											
Address Type	Residence		Business		Residence	Office	🗌 Bu	siness		_	sidence gisterec			Busin	ess				
Tax ID																			
Tax ID Type																			
City of Birth																			
Country of Birth																			
Occupation Type	Service Others			Service Business Others						Service Business Others									
Nationality																			
Father's Name																			
Gender	Male	Female	C Othe	rs 🗌	Male	Femal	Э	🗌 Oth	iers	🗌 Ma	le	🗌 Fei	male		0the	rs			
Date of Birth (DD/MM/YYYY)																			
Percentge of Holding ^s																			
* To include US, where controlling person is a US ^ In case Tax Identification Number is not availab	ole, kindly provide	e functional equiv		tom / Co.			CDC T		d Candi	tiana									
^{\$} Attach valid documentary proof like Shareholding	g pattern duly sen				mpany Secre nd Condition		- CR2 16	erms an	ia Conai	tions									
The Central Board of Direct Taxes has notified Ru information and certain certifications and docum may also be required to provide information to ar Should there be any change in any information pr Please note that you may receive more than one you believe you have already supplied any previo If you have any questions about your tax residen the foreign country information field along with tl It is mandatory to supply a TIN or functional equiv and attach this to the form.	entation from all c ny institutions suc rovided by you, pl request for inform busly requested in cy, please contac ne US Tax Identific	our unit holders. ch as withholding lease ensure you nation if you hav iformation. ct your tax adviso cation Number.	In relevant ca agents for th advise us pro e multiple rela pr. If any cont	ses, infor ne purpos omptly, i.e ationships rolling per	rmation will h e of ensuring e., within 30 s with us or c erson of the en	ave to be re appropriate days. our group er ntity is a US	eported t e withho atities. The citizen	o tax a Iding fro hereforo or resid	uthoritie om the a e, it is ir lent or g	ns/ appoi account nportant reen cai	inted ag or any p that yo rd holde	encies. To proceeds ou respono r, please	owards in relati d to our include	complion ther reques United	ance, eto. st, eve State	we en if es in			
Certification: I/We have read and understood the i information provided by me/us on this Form is true, for any modification to this information promptly. I, Common Reporting Standards (CRS) on Automatic	correct and comp /We further agree	blete. I/We hereb to abide by the	y agree and c	onfirm to	inform ICICI F	Prudential A	sset Ma	nageme	ent Com	pany Lin	nited/ICI	CI Pruder	ntial Mu	tual Fu	nd/Tru	istees			
Name																			
Designation																			
											Pla	ce:							
Signature	9		S	ignature					Sig	nature	Dat	ie:							