

- 1) In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/CRS Indicia observed (ticked)		Documentation required for Cure of FATCA/CRS indicia
		If customer does not agree to be Specified U.S. person/reportable person status
1	U.S. place of birth	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/ mailing address in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)
4	Standing instructions to transfer funds to an account maintained in a country other than india	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

*Government or agency thereof or a municipality

- 2) It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such dentifiers.

If TIN/ Functional Equivalent available	Any document evidencing TIN issued by an authorised government body
No TIN is yet available	An explanation and attach it to the form.

FATCA-CRS Declaration & Supplementary KYC Information - Declaration Form for Non-Individual

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN <input type="text"/>			
Name			
Address Type [for KYC address]		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> PAN <input type="checkbox"/> Registered Offices	
Place for Incorporation		Country for Incorporation	
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs 1 cr <input type="checkbox"/> > 1 Crore	Net worth in INR in Lacs	_____
Is the entity involved in / providing any of the following services:	<input type="checkbox"/> Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] <input type="checkbox"/> Money Laundering / Pawning	Net worth as of	dd/mm/yyyy
		Any other information [if applicable]	[Please specify]

Is your [Entity] Country of Tax Residency other than India - ☐ Yes ☐ No

If 'Yes' please specify the details of all countries where you [Entity] hold tax Residency and its Tax Identification Number & type

Sr. No.	Country of Tax Residency	Tax Payer Identification Number / Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other please specify]
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US Person, mention Entity's exemption code here _____ (Refer Instructions)

[to be filled By Financial Institutions or Direct Reporting NFFEs]

We are a <input type="radio"/> Financial Institution/FFI [refer instructions a.] <input type="radio"/> Direct Reporting NFFE [refer instructions b.]	GIIN (Global Intermediary Identification Number): <input type="text"/>
	Name of the sponsoring entity <input type="text"/>
	GIIN not available [tick any one]: <input type="checkbox"/> Applied For <input type="checkbox"/> Not required to apply for - specify sub-category code <input type="text"/> <input type="text"/> [refer instructions c] <input type="checkbox"/> Not obtained - Non - participating FFI

[Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs]

1	Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] [refer instructions d.]	Yes <input type="checkbox"/> (Please specify the name of the Stock Exchange(s) where it is traded regularly) 1. _____ 2. _____
2	Is the entity a 'Related Entity' of a listed company [whose shares are regularly trade on a recognized stock exchange] [refer instructions e.]	Yes <input type="checkbox"/> (Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly) Name of the listed company: _____ Name of the Stock Exchange: _____
3	Is the entity an Active NFE?	Yes <input type="checkbox"/> Nature of business _____ Please specify sub-category of Active NFE: <input type="checkbox"/> <input type="checkbox"/> [refer instructions g.]
4	Is the entity a Passive NFE: [refer instructions h.]	Yes <input type="checkbox"/> Nature of business _____ Also submit UBO Form [provided separately]

Declaration:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it. I/We hereby authorize IIFL Wealth Management Limited to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to associates of IIFL Group, issuers, brokers, banks and other relevant parties ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other Authorised Parties to facilitate single submission/updation & for other relevant purposes. I/ We also undertake to keep you informed in writing about any changes/modification to the above information in future promptly, i.e., within 30 days and also undertake to provide any other additional information as may be required at your end. As may be required by domestic or overseas regulators/tax authorities, I/We authorize the Authorised Parties to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Signature with relevant seal:

	Authorised Signatory
SIGNATURE	17  24

Date:

Place:

Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons
(Mandatory for Non-individual Investors)

[illegible]

II: Category

☐ Our company is a Listed Company listed / Subsidiary or Controlled by a Listed Company [If this category is selected, no need to provide UBO details]

☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Private Trust

☐ Religious Trust ☐ Trust created by a Will ☐ Others *[please specify]* _____

[illegible]

[illegible]

*Address Types should be either Residence or Business or Registered Office \$ Mandatory if PAN of UBO / Controlling persons is not provided

**Note that some of the Authorised Parties may call for additional information wherever required or if the given information is not clear /incomplete/ incorrect and you may to have provide the same as and when solicited*

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 consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner; all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to IIFL Wealth Management Limited, IIFL Group, issuers, brokers, banks and other relevant parties ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other Authorised Parties to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future promptly,i.e., within 30 days and also undertake to provide any other additional information / documentary proof as may be required at your end

	Authorised Signatory
SIGNATURE	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: right;"> 18/02/24 </div>

Date____/____/____