	■ L.L.					
	Zlankit® F	AICA	& CRS Declaration	ı - Non Individual		
PAI Nai		Trading	Code	Client ID		
Plea	se tick the applicable tax resident declaration	n -				
	s "Entity" a tax resident of any country other	_	Yes No			
Sr.	(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.) Sr. Identification Type					
No.	Country		Tax Identification Number	(TIN or Other, please specify)		
ı.						
2.						
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 ca	ase the Entity's Country of Incorporation / 1	Tax residence is	s U.S. but Entity is not a Specified U.S.	Person, mention Entity's exemption code here		
PAF	RT A (to be filled by Financial Institutions or Direct I	Reporting NFEs)				
or GIIN above			u do not have a GIIN but you are sponsore and indicate your sponsor's name below onsoring entity	ed by another entity, please provide your sponsor's		
		od for Not obtained –	Non-participating FI			
			quired to apply for - please specify 2 digits sub-category (Refer I A of Part C)			
PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")						
l.	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 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)			company and one stock exchange on which the stock is regularly traded)		
			Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange			
3.	Is the Entity an active NFE (Refer 2c of Part C)		Yes Nature of Business			
			Please specify the sub-category of Active	NFE (Mention code – refer 2c of Part C)		
4.	Is the Entity a passiveNFE (Refer 3(ii) of Part	: C)	Yes Nature of Business			
L	JBO Declaration (Mandatory for all (entities excen	t. a Publicly Traded Company or a re	lated entity of Publicly Traded Company)		
UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company) Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company						
	Egory (Flease tick applicable category). Unincorporated association / body of individuals		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). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3				
Name of UBO							
UBO Code (Refer 3(iv) (A) of Part C)							
Country of Tax residency*							
PAN #							
Address							
	Zip State: Country:	Zip State:Country:	Zip State:Country:				
Address Type	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office	☐ Residence ☐ Business ☐ Registered office				
Tax ID [%]							
Tax ID Type							
City of Birth							
Country of birth							
Occupation Type	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others				
Nationality							
Father's Name							
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others				
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY				
Percentage of Holding (%) ^{\$}							
* To include US, where controlling person is a US citizen or green card holder "If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable. "In case Tax Identification Number is not available, kindly provide functional equivalent S Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary							
		RATION					
I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Alankit Assignments Limited for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS.							
Name							
Designation							
Sign here : (I)	Date : D D M M Y Y Y Y Place :						
Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest AAL branch or you can dispatch the hard copy to-							
Head Office: Alankit Heights, IE/I3, Jhandewalan Extension, New Delhi - IIO 055 Ph.: 91-II-42541822, 864, 798, E-mail : info@alankit.com							
For Detail Terms & Conditions please visit www.alankit.com							