



Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN #			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID %			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) <sup>§</sup>			

\* 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.

<sup>¶</sup> In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>§</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

### DECLARATION

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	<input type="text"/>
Designation	<input type="text"/>
Sign here : (I) 	<input type="text"/>
Date :	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>
Place :	<input type="text"/>

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, 1E/13, Jhandewalan Extension, New Delhi - 110 055**  
**Ph.: 91-11-42541822, 864, 798, E-mail : info@alankit.com**

• For Detail Terms & Conditions please visit [www.alankit.com](http://www.alankit.com)