FATCA & CRS Declaration - Non Individual							
PAN Trading DP Code Name							
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.)							
Sr. No.	Country		Tax Identification Number%	Identification Type (TIN or Other*, please specify)			
1.							
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 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							
PA F	RTA (to be filled by Financial Institutions or Direct Rep We are a,	orting NFEs)					
1.	Financial institution (Refer 1 of Part C) or Direct reporting NFE (Refer 3 (vii) of Part C) (please tick as appropriate)	GIIN above a	GIIN				
	GIIN not available (please tick asapplicable)	d for Not obtained – N	Ion-participating FI				
	Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)						
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 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)		Yes (Ifyes, 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 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.	4. Is the Entity a passiveNFE (Refer 3(ii) of Part C)		Yes Nature of Business				
UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)							
Cate	gory (Please tick applicable category):		Company Partnership Firm	Limited Liability Partnership Company			
Unincorporated association / body of individuals Public Charitable 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 Taxresidency*							
PAN [#]							
Address							
	Zip	Zip	Zip				
	State:	State:	State:				
	Country:	Country:	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 (%) ^s							
* Toinclude 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 * Attach valid documentaryproof like Share holding pattern duly self attested by Authorized Signatory/Company Secretary DECLARATION							
I have read and understood the			ed in this Form (read along with				
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 Mandot Securities Pvt Ltd 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 on Automatic Exchange of Information (AEOI).							
Name							
Designation							
Sign here : (1)							
		Place :					
For Investor convenience, Mandot Securities Pvt Ltd collecting this mandatory information for updating across all Group Companies whether you are already an investor or would become an investor in future.							
Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest Mandot securities pvt							
Itd branchor youcan dispatch the hard copy to- Mandot Securities Pvt Itd							
217, Silver Sanchora Castle							
7, RNT Marg, Indore(M.P.)-452001							
For Detail Terms & Conditions please visit www.mandotsecurities.com							