PAN*		De appropriate advice fr	claration Form f	for Entities	ation			
Name		PAR	FATCA-CRS Declaration & Supplementary KYC Information <u>Declaration Form for Entities</u> Please seek appropriate advice from your professional tax professional on your tax residency an related FATCA & CRS guidance					
Name		IAN	ХТ - A					
			11					
Address Type [for KYC address]	Residential Business		Residential / Business Registered Office	5 Unspecified				
Place of Birth			Country of Birth					
Gross Annual Income Details in INR	 Below 1 Lakh 5-10 Lacs 25 Lacs - 1 Cr 	□ 1-5 Lacs □ 10-25 Lacs □ > 1 Crore	Net Worth in INR. In Lacs Net Worth Date		_			
involved in / providing any of the following services: Services [e. syndicates]		casinos, betting	Any other information [if applicable]	[Please specify]				
	ntry of Tax Residenc the details of all countr	-		No Tax Identification Number 8	k type			
S No Country o		Tax Payer Identificati quivalent / Company			Identification Type [TIN or other, please specify]			
1								
In case the Entity"s Entity"s exemption c	Country of Incorpor	ration / Tax Reside	ence is US but Ent (Refer Instructio	ity is not a Specified US	Person, mentior			

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	Part B [to be filled by Financial Institutions or Direct Reporting NFFEs]				
We are a GIIN (Global Intermediary Identification Number): Institution Institution / FFI Institution [refer Instructions a.] Instructions Direct GIIN not available [tick any one]: [refer Applied For [refer Not required to apply for - specify sub-category code					
Not obtained - Non-participating FFI Part C [Fill any one as applicable - to be filled by NFEs other than Direct Reporting NFFEs] 1 Is the entity is a listed company 1 Yes 1 (Please specify the name of the Stock Exchange(s) where it is traded regularly)					
[whose shares are regularly traded on a recognized stock exchange] [refer instructions d.]		ed on 1. stock			
2	[whose share regularly trad a recognized	' of a npany s are ed on Name of the listed company: stock <i>[refer</i> Name of the Stock Exchange: Others			
3	Is the entity an Active NFE? Yes - Nature of business Please specify sub-category of Active NFE [refer instructions g.]				
4	Passive NFE:	If the entity a Passive NFE: [refer instructions h.] Yes - Nature of business Also submit UBO Form [provided separately]			

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [Fund/AMC/RTA/NSE] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('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 of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund"s end. As may be required by domestic or overseas regulators/ tax authorities, I/We authorize Fund/AMC/RTA/NSE 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:

Authorized Signatory

Authorized Signatory

Authorized Signatory

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Date :

Place :