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 is 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.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent it not available, please provide Company Identification number of 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

PART A *(to be filled by Financail Institutions or Direct reporting NFEs)*

1. We are a, Financial institution (Refer 1 of Part C) ☐
or
Direct reporting NFE (refer 3(vii) of Part C) ☐
(please tick appropriate)

GIIN _____

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity _____

_____

GIIN not available (please tick as applicable)

☐ **Applied for** ☐ Not obtained - Non-participating F1

☐ 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 only 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 whose shares are regularly traded on an established securities market) (Refer 2b of Part C)

Yes ☐ (If yes, 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. Is the Entity a passiveNFE (Refer 3(ii) of Part C) Yes ☐ Nature of Business _____

UBO Declaration *(Mandatory for all entities except, a Publicity Traded Company or a related entity of Publicly Traded Company)*

Category (Please tick applicable category) ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust

☐ Other (please specify_____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification number of EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FF'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	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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

$ 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 Arch Finance Ltd. 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

(13)
Signature of the Client :

Date: D D M M Y Y Y Y

Place:

For Investor convenience, ARCH FINANCE LTD. (AFL) collecting this mandatory information for updating across all Group Companies of AFL 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 AFL branch or you can dispatch the hard copy to-

ARCH FINANCE LTD.

Registered Office : 81, Darya Ganj, 1st Floor, New Delhi-110002 | Ph.: 8595233233 | Fax: 011-43710055

- For Detail Terms & Conditions please visit: **www.archfin.com**