

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity																																				
Type of address given at KRA	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																												
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes																																				
Customer ID / Folio Number																																				
PAN																Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y										
City of incorporation																																				
Country of incorporation																																				
Entity Constitution Type Please tick as appropriate	<input type="checkbox"/> a Partnership Firm	<input type="checkbox"/> b HUF	<input type="checkbox"/> c Private Limited Company	<input type="checkbox"/> d Public Limited Company	<input type="checkbox"/> e Society	<input type="checkbox"/> f AOP/BOI																														
	<input type="checkbox"/> g Trust H Liquidator	<input type="checkbox"/> h Limited Liability Partnership	<input type="checkbox"/> i Artificial Juridical Person	<input type="checkbox"/> z Others specify																																

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.)

Country	Tax Identification Number ⁸	Identification Type (TIN or Other ⁸ , please specify)

⁸ In case Tax Identification Number is not available, kindly provide its functional equivalent⁸.

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

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	We are a, Financial institution ⁶ <input checked="" type="checkbox"/> or Direct reporting NFE ⁷ <input checked="" type="checkbox"/> (please tick as appropriate)	GIN <input type="text"/> 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 <input type="text"/> <input type="text"/>
GIIN not available (please tick as applicable) <input checked="" type="checkbox"/> Applied for If the entity is a financial institution, <input checked="" type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="text"/> <input checked="" type="checkbox"/> Not obtained - Non-participating FI		

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)	Yes <input checked="" type="checkbox"/> (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)	Yes <input checked="" type="checkbox"/> (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: <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active ³ NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4.	Is the Entity a passive ⁴ NFE	Yes <input checked="" type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁴Refer 3(ii) of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D

UBO Declaration									
Category (Please tick applicable category): <div><input checked="" type="checkbox"/> Unlisted Company<input checked="" type="checkbox"/> Partnership Firm<input checked="" type="checkbox"/> Limited Liability Partnership Company</div> <div><input checked="" type="checkbox"/> Unincorporated association / body of individuals<input checked="" type="checkbox"/> Public Charitable Trust<input checked="" type="checkbox"/> Religious Trust<input checked="" type="checkbox"/> Private Trust</div> <div><input checked="" type="checkbox"/> Others (please specify_____)</div>									
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). 5 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E									
Name - Beneficial owner / Controlling person			Tax ID Type - TIN or Other, please specify			Address - Include State, Country, PIN / ZIP Code & Contact Details			
Country - Tax Residency*			Beneficial Interest - in percentage			Address Type			
Tax ID No. - Or functional equivalent for each country ⁶			Type Code ¹¹ - of Controlling person						
1. Name			Tax ID Type		Address				
Country			Type Code						
Tax ID No. ⁶			Address Type		<div><input type="checkbox"/> Residence<input type="checkbox"/> Business<input type="checkbox"/> Registered office</div>				
					Zip [][][][][][][][] State: Country:				
2. Name			Tax ID Type		Address				
Country			Type Code						
Tax ID No. ⁶			Address Type		<div><input type="checkbox"/> Residence<input type="checkbox"/> Business<input type="checkbox"/> Registered office</div>				
					Zip [][][][][][][][] State: Country:				
3. Name			Tax ID Type		Address				
Country			Type Code						
Tax ID No. ⁶			Address Type		<div><input type="checkbox"/> Residence<input type="checkbox"/> Business<input type="checkbox"/> Registered office</div>				
					Zip [][][][][][][][] State: Country:				
# If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)									
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)				Occupation Type - Service, Business, Others			DOB - Date of Birth		
City of Birth - Country of Birth				Nationality			Gender - Male, Female, Other		
				Father's Name - Mandatory if PAN is not available					
1. PAN				Occupation Type				DOB DD/MM/YYYY	
City of Birth				Nationality				Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	
Country of Birth				Father's Name				Others <input checked="" type="checkbox"/>	
2. PAN				Occupation Type				DOB DD/MM/YYYY	
City of Birth				Nationality				Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	
Country of Birth				Father's Name				Others <input checked="" type="checkbox"/>	
3. PAN				Occupation Type				DOB DD/MM/YYYY	
City of Birth				Nationality				Gender Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	
Country of Birth				Father's Name				Others <input checked="" type="checkbox"/>	
# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:									
* To include US, where controlling person is a US citizen or green card holder									
⁶ In case Tax Identification Number is not available, kindly provide functional equivalent									
⁴ Refer 3(iii) of Part D ⁵ Refer 3(vi) of Part D ¹¹ Refer 3(iv) (A) of Part D									
FATCA - CRS Terms and Conditions									
<p>The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.</p> <p>Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.</p> <p>Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.</p> <p>If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.</p> <p>\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please</p>									
Certification									
I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.									
Name									
Designation									
<div><div>X</div><div>Signature</div></div>		<div><div></div><div>Signature</div></div>		<div><div></div><div>Signature</div></div>		Place _____			
						Date ____/ ____/ ____			