IMSL Integrated Master Securities Pvt Ltd

KNOW YOUR CLIENT (KYC) Application Form - *For Non Individual*

303, 3rd Floor, New Delhi House, 27, Barakhamba Road,New Delhi-110001

☐ **NEW** ☐ **CHANGE REQUEST** (Please tick ✓the appropriate)

Please fill this form in ***ENGLISH*** and in ***BLOCK LETTERS***

(Please tick ✓the box on left margin of appropriate row where ***CHANGE/CORRECTION*** is required and provide the details in the corresponding row)

Acknowledgement No.

A IDENTITY DETAILS

1. **Name of the Applicant**

2a. **Date of incorporation** D D / M M / Y Y Y Y **2b. Place of incorporation**

3. **Date of commencement of business** D D / M M / Y Y Y Y

4a. **PAN**

4b. **Registration No. (e.g. CIN)**

5. **Status** (Please tick ✓the appropriate)

☐ Private Limited Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership	☐ Trust
☐ Charities	☐ NGO's	☐ FI	☐ FII	☐ HUF
☐ AOP	☐ Bank	☐ Government Body	☐ Non-Government Organization	☐ Defense Establishment
☐ BOI	☐ Society	☐ LLP	☐ Others (Please specify)	

B ADDRESS DETAILS

1. **Address for Correspondence**

City / Town / Village Pin Code

State Country

2. **Specify the Proof of Address submitted for Correspondence Address:**

3. **Contact Details**

Tel. (Off.) Fax

Tel. (Res.) Mobile No

E-Mail Id

4. **Registered Address** (If different from above)

City / Town / Village Pin Code

State Country

5. **Specify the Proof of Address submitted for registered Address:**

C OTHER DETAILS

1. **Gross Annual Income Details** (Please Specify) Income range per annum:

☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lac ☐ ₹ 5-10 Lac ☐ ₹ 10-25 Lac ☐ ₹ 25 Lacs-1crore ☐ More than ₹ 1crore

2. **Net-worth** (Net worth should not be older than 1 year) **Amount** ₹ **as on (date)** D D / M M / Y Y Y Y

3. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:
If space is insufficient, enclose these details separately [Illustrative format enclosed]

4. DIN/UID of Promoters/Partners/Karta and whole time directors:
If space is insufficient, enclose these details separately [Illustrative format enclosed]

5. **Please tick, if applicable, for any of your authorised signatories/ Promoters/ Partners/ Karta/ Trustees/ whole time directors:**

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

6. **Any other information:**

D DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it.

Date: D D / M M / Y Y Y Y

☐

Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV:

Designation: Employee ID:

Name of the Organization:

Date of IPV: D D / M M / Y Y Y Y

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ (Originals Verified) True copies of Documents received

☐ (Self Attested) Self Certified Document copies received

Date

Signature of the Authorised Signatory

1. **Name**

2. **Relationship with Applicant** *(i.e. promoters, whole time directors etc.)*

3a. PAN **3b. DIN/ UID**

4. Residential/ Registered Address

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. **Name**

2. **Relationship with Applicant** *(i.e. promoters, whole time directors etc.)*

3a. PAN **3b. DIN/ UID**

4. Residential/ Registered Address

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

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State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

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3a. PAN **3b. DIN/ UID**

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City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

1. **Name**

2. **Relationship with Applicant** *(i.e. promoters, whole time directors etc.)*

3a. PAN **3b. DIN/ UID**

4. Residential/ Registered Address

City / Town / Village Pin Code

State Country

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Name & Signature of the Authorised Signatory (ies)

Date: D D / M M / Y Y Y Y

Ref. No._____ CKYC No._____

Integrated Master Securities Pvt Ltd
Regd. Office: 303, 3rd Floor, New Delhi House, 27, Barakhamba Road, New Delhi-110001
E-mail: ho@integratedmaster.com Website: www.integratedmaster.com
CIN: U74899DL1995PTC070418 Phones: 43074307 (30 Lines)

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Please fill the form in English and in BLOCK letters.
C) Please fill the date in DD-MM-YYYY format.
D) Please read section wise detailed guidelines / instructions at the end.
E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
F) List of two character ISO 3166 country codes is available at the end.
G) KYC number of applicant is mandatory for update application.
H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only *(To be filled by financial institution)*

Application Type* ☐ New ☐ Update

KYC Number _____ *(Mandatory for KYC update request)*

Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

☐ 1. PERSONAL DETAILS (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

PHOTO

Signature / Thumb Impression

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X- Not Categorised

GROSS ANNUAL INCOME DETAILS:— Income Range per annual (please tick any one)

☐ Below Rs. 1 Lac. ☐ Rs. 1-5 Lac ☐ Rs. 5-10 Lac
☐ Rs. 10-25 Lac ☐ More than Rs. 25 Lac

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* ☐☐

Tax Identification Number or equivalent (If issued by jurisdiction)* _____

Place / City of Birth* _____ ISO 3166 Country Code of Birth* ☐☐

☐ 3. PROOF OF IDENTITY (PoI)*

(Certified copy of <u>any one</u> of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number _____ Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card _____

☐ C- PAN Card _____

☐ D- Driving Licence _____ Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar) _____

☐ F- NREGA Job Card _____

☐ Z- Others (any document notified by the central government) _____ Identification Number _____

☐ S- Simplified Measures Account - Document Type code ☐☐ Identification Number _____

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS

(Certified copy of <u>any one</u> of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others _____ please specify ☐ Simplified Measures Account - Document Type code ☐☐

Address

Line 1* _____

Line 2 _____

Line 3 _____ City / Town / Village* _____

District* _____ Pin / Post Code* _____ State / U.T Code* ☐☐ ISO 3166 Country Code* ☐☐

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)

Tel. (Off) – Tel. (Res) – Mobile –

FAX – Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1')

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON*

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ S- Simplified Measures Account - Document Type code Identification Number

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : D D – M M – Y Y Y Y Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies

IPV & KYC VERIFICATION CARRIED OUT BY

Date D D – M M – Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name Integrated Master Securities Private Limited

Code I N 0 0 6 5

[Institution Stamp]

FORM 11
PART II – ACCOUNT OPENING FORM

(*FOR NON-INDIVIDUALS*)

IMSL Integrated Master Securities Pvt Ltd	**Client –ID** (To be filled by Participant)

We request you to open a depository account in our name as per the following details: (*Please fill all the details in CAPITAL LETTERS only*) **Date** D D M M Y Y Y Y

A) Details of Account holder(s):

	Name	PAN
Sole/ First Holder		
Second Holder		
Third Holder		

B) Type of account

☐ Body Corporate ☐ FI ☐ FII
☐ Qualified Foreign Investor ☐ Mutual Fund ☐ Trust
☐ Bank ☐ CM ☐ HUF
☐ Other (Please specify) _____

C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:

a) Name | b) PAN

D) Income Details (please specify)

Income Range per annum	and	Networth
☐ Below ` 20 Lac		Amount (`)_____
☐ ` 20 – 50 Lac		As on (date) D D M M Y Y Y Y
☐ ` 50 Lac – 1 crore		(Networth should not be older than 1 year)
☐ Above ` 1 crore		

E) In case of FIIs/Others (as may be applicable)

RBI Approval Reference Number	
RBI Approval date	D D M M Y Y Y Y
SEBI Registration Number (for FIIs)	

F) Bank details

1	Bank account type	☐ Savings Account ☐ Current Account ☐ Others (Please specify) _____
2	Bank Account Number	
3	Bank Name	
4	Branch Address	
	City/town/ village	PIN Code
	State	Country

	5	MICR Code									
	6	IFSC									

G)	Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:	☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

H) **Clearing Member Details** (to be filled up by Clearing Members only)

1	Name of Stock Exchange	
2	Name of Clearing Corporation/ Clearing House	
3	Clearing Member ID	
4	SEBI Registration Number	
5	Trade Name	
6	CM-BP-ID **(to be filled up by Participant)**	

I) **Standing Instructions**

1	We authorise you to receive credits automatically into our account.	☐ Yes ☐ No
2	Account to be operated through Power of Attorney (PoA)	☐ Yes ☐ No

3 **SMS Alert facility**

Sr. No.	Holder	Yes	No
1	Sole/First Holder	☐	☐
2	Second Holder	☐	☐
3	Third Holder	☐	☐

4	Mode of receiving Statement of Account [Tick any one]	☐ Physical Form ☐ Electronic Form [*Read Note 3 and ensure that email ID is provided in KYC Application Form*].

J) **List of family members (Separate Annexure maybe used in case number of members is higher)**

	Sr No.	Name of Coparcener/Member	Gender	Date of Birth	Relation with Karta	Whether Coparcener/ Member (please specify)

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Authorised Signatories (Enclose a Board Resolution for Authorised Signatories. In case of HUF details of Karta to be given)

Sole/First Holder	**Name**	**Signature(s)**
First Signatory/Karta of HUF		X
Second Signatory		X
Third Signatory		X
Other Holders		
Second Holder		X
Third Holder		X

Mode of Operation for Sole/First Holder (In case of joint holdings, all the holders must sign. In case of HUF this is not applicable)	
☐ Any one singly	
☐ Jointly by	
☐ As per resolution	
☐ Others (please specify)	

Notes:
1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
   I. Client must ensure the confidentiality of the password of the email account.
   II. Client must promptly inform the Participant if the email address has changed.
   III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.

= =

Acknowledgement

Participant Name, Address & DP ID

Received the application from M/s______________________________ as the sole/first holder alongwith _______________________________ and _________________________________ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you (CM-BP-ID in case of Clearing Members) in all your future correspondence.

Date: | D | D | M | M | Y | Y | Y | Y |

Participant Stamp & Signature

(Member: BSE, NSE, MSEI, MCX, Depository Participant of NSDL & CDSL)
Corporate Off.: 303, New Delhi House, 27, Barakhamba Road, New Delhi-110001
Phones: 011 43074307, CIN: U74899DL1995PTC070418
Website: www.integratedmaster.com;Email Id:compliance@integratedmaster.com

SCHEDULE OF CHARGES -DEPOSITORY SERVICES
NSDL: IN300724,IN301887, IN301063, IN302986, EFFECTIVE FROM 01.04.2025

1	Advance/Deposit	NIL
2	Account Maintenance	Rs. 325/- for individuals.
		Rs. 1000/- for Corporates (exclusive of NSDL charges)
		BSDA (Basic Service Demat Account) Opening Annual Maintenance Fee:-a) Case 1:- If the value in the Demat Account (Debt as well as other than debt securities combined) is upto Rs. 4,00,000/- then the AMC is NIL.b) Case 2:- If the value in the Demat Account (Debt as well as other than debt securities combined) is more than Rs. 4,00,000/- but upto Rs. 10,00,000/- then the AMC is Rs. 100/- c) Case 3:- If the value in the Demat Account (Debt as well as other than debt securities combined) more than Rs. 10,00,000/- then it is not fall under the BSDA and the AMC is may be levied as regular AMC. Transaction (Debit) 0.02% (Subject to minimum Rs. 50/-)
	NSDL charges	Rs. 500/- for Corporates
3	Demat	Rs. 50/- Request + Rs. 10 per Certificate
4	Remat	Rs. 25/- per 100 Securities or Part quantity or Rs. 25/- per Certificate whichever is higher, subject to maximum fee of ₹ 5,00,000 (exclusive of NSDL charges)
	DP	(a) Rs. 10/- for every hundred securities or part thereof subject to maximum fee of ₹ 5,00,000; or Flat fee of Rs. 10 per certificate, whichever is higher
	NSDL	Rematerialisation(no rematerialisation fee charged for Government Securities)
		a)₹ 10/- for every hundred securities or part thereof subject to maximum fee of ₹5,00,000/-
		b) a flat fee of ₹ 10/- per certificate, whichever is higher
5	Transaction (Debit)	0.02% (Subject to minimum Rs. 16/- per ISIN) (exclusive of NSDL charges)
	NSDL	Rs. 4/- per instruction
6	Pledge & Margin Pledge Creation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
	NSDL Pledge and Margin Pledge Charges	NSDL Pledge Rs. 25/- per instruction
		Margin Pledge Initiation from client account to TM ₹ 5/- per instruction
		Re-Pledge from TM account to CM account ₹ 1/- per instruction
		Re-Pledge from CM account to CC account ₹ 1/- per instruction
		Re-pledge release by CM to TM account ₹ 1/- per instruction
		Margin Pledge release by TM / CM to Client Account ₹ 5/- per instruction , Invocation by CM or TM
7	Pledge, Plede creation , confirmation, closure, & Margin Pledge Creation Confirmation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
8	Pledge & Margin Pledge Closure	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
9	Pledge & Margin Pledge Closure Confirmation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
10	Pledge & Margin Pledge Invocation	0.02% (Subject to minimum Rs. 50/- per ISIN) (exclusive of NSDL charges)
11	DIS& Failed Instruction Charges	Rs. 20/- per Instruction
12	Other Charges	Rs. 100/- per Instruction: Change in Nomination/Address/Bank Particulars/Transmission Charges Rs. 50/- per Instruction book Charges

Out of Pocket Expenses

· GST : As Per Govt. Notified rate.· As per NSDL rules, the clients are required to submit the delivery instruction slips before 24 hour of the execution date. In case of delay, the delivery instruction slips will be accepted at clients' sole Risk and will be charged extra @ Rs. 20/- per delivery instruction in addition to the normal transaction charges.· In case of foreign correspondence address, in addition to annual account maintenance charges, statement/communication charges @ Rs. 50/- per communication shall be charged extra.· In case of non-payment of bill/dues within 30 days of due date interest shall be charged @ 2% per· Month on the outstanding dues or Rs. 25/- whichever is higher.· For CORPORATE Accounts, AMC. Rs.1500/- P.A. will be charged.

Signature of the Applicant(s)

Details of ultimate beneficial owner including additional FATCA & CRS information

Integrated Master Securities Pvt Ltd

Name of the entity	
Type of address given at KYC	✓ Residential or Business ✓ Residential ✓ Business ✓ 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"	
Client ID or Client Code	
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*	a *Partnership Firm* b *HUF* c *Private Limited Company* d *Public Limited Company* e *Society* f *AOP/BOI* g *Trust H Liquidator* h *Limited Liability Partnership* i *Artificial Juridical Person* 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[%]	Identification Type (TIN or Other[%], please specify)

[%]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

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] ✓
   or
   Direct reporting NFE[7] ✓
   (please tick as 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**

If the entity is a financial institution, ✓ Not required to apply for - please specify 2 digits sub-category[10]

✓ 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*[1] *(that is, a company whose shares are regularly traded on an established securities market)*	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*[2] of a publicly traded company *(a company whose shares are regularly traded on an established securities market)*	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*[3] NFE	Yes ✓ *(If yes, please fill UBO declaration in the next section.)* Nature of Business_____ Please specify the sub-category of Active NFE *(Mention code – refer 2c of Part D)*
4.	Is the Entity a *passive*[4] NFE	Yes ✓ *(If yes, please fill UBO declaration in the next section.)* Nature of Business_____

[1]Refer 2a of Part D | [2]Refer 2b of Part D | [3]Refer 2c of Part D | [4]Refer 3(ii) of Part D | [6]Refer 1 of Part D | [7]Refer 3(vii) of Part D | [10]Refer1A of Part D

UBO Declaration

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

☐ 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).

Owner-documented FFI's[5] 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* **Country -** *Tax Residency** **Tax ID No. -** *Or functional equivalent for each country**	**Tax ID Type -** *TIN or Other, please specify* **Beneficial Interest -** *in percentage* **Type Code[11] -** *of Controlling person*	**Address -** *Include State, Country, PIN / ZIP Code & Contact Details* **Address Type -**
1. Name	Tax ID Type	Address
Country	Type Code	
Tax ID No.[%]	AddressType ○ Residence ○ Business ○ Registered office	ZIP State: Country:
2. Name	Tax ID Type	Address
Country	Type Code	
Tax ID No.[%]	AddressType ○ Residence ○ Business ○ Registered office	ZIP State: Country:
3. Name	Tax ID Type	Address
Country	Type Code	
Tax ID No.[%]	AddressType ○ Residence ○ Business ○ Registered office	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 LicenceNREGA Job Card, Others)* **City of Birth - Country of Birth**	**Occupation Type -** *Service, Business, Others* **Nationality** **Father's Name -** *Mandatory if PAN is not available*	**DOB -** *Date of Birth* **Gender -** *Male, Female, Other*
1. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender Male ☐ Female ☐
Country of Birth	Father's Name	Others ☐
2. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender Male ☐ Female ☐
Country of Birth	Father's Name	Others ☐
3. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender Male ☐ Female ☐
Country of Birth	Father's Name	Others ☐

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

[%] 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

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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Integrated Master Securities Private Limited 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.

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.

[$]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 provide an explanation and

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

Signature | Signature | Signature

Place _____

Date __/__/_____