Personal details of Controlling Person-CP (for Passive NFEs only) / Related Persons-RP/ Beneficial Owner

Annexure –II

(Separate form	Beneficial Owner (Separate form for Each Controlling Persons /Related Persons / Beneficial Owner to be filled in)															Photograph of the Controlling Person/													
• • • • •	blication Type* New Update For office use only Branch to affix rubber stamp of																Related Person/ Beneficial Owner.												
··· ·· <u> </u>	icant (CP/RP) CIF No. Image: Comparison of the stand																В	ene	ficial	Owr	ner.								
	·	<u> </u>			<u> </u>				л	lam	e ar	d Co	de N	lo.															
CP/RP Account No.	<u> </u>																												
Entity CIF No.																													
1. DETAILS OF CO	NTR	OLL	NG	PER	SON	1 / F	RELA	TED	PE	RS	ON .	/ BE	NEF		AL C	W	IER	*											
(Please refer Ge	neral	Inst	ructi	on a	t the	enc	d):																						
1. A DETAILS OF C	ONTF	ROLI	LING	i PE	RSO	N																							
Addition of Cont	rolling	Pe	rson		_ C	eleti	ion o	f Co	ntro	lling	per	son		Up	date	Сс	ntro	ollin	g Po	ersc	on de	tails	;						
KYC Number (if avail	able	*)										К	YC I	Num	nber	is	avai	lab	le, c	only	' Cor	ntroll	ing T	Гуре'	& 'N	lame'			
is mandatory)																													
Type of Control*:			_	_				_	-					_															
In case of Legal Person	1:			_	wner	•			_	ther		ns			Seni	or r	nana	agin	-		_								
In case of Trust:				_	ettlor					ruste					Prote					nefic	iary		Other	S					
In case of Other Legal Arrangement: Settlor-Equivalent Trustee-Equivalent Protector-Equivalent Beneficiary-Equivalent Other-Equivalent																													
In case of Unknown																													
1. B DETAILS OF REL	ATED	PEF	RSON	l.																									
Addition of Relate				_		n ofR	elated	l per	son] Up	date	Re	1														
KYC Number of Related	·	—`			1 <u> </u>									<u> </u>	-	_	_						on Type	e' & 'Na	me' is m	andatory)			
Related Person Type	•* :∟ 	_Di	recto	r 🔄] Pr	omot	er	_	arta			ustee -	-	-	artne	r		Autl	horis	ed \$	Signa	tory							
(More than one box can	ו <u>ר</u>	Co	ourt a	ppoir	ited of	officia	al	Be	enefi	ciary		Ber	neficia	1 Oı	wner] 0	thers	5									
be Ticked as applicable))																												
2. PERSONAL DETA		Plea	ise r	efer	Instr	uctio	on G	II at	the	e en	d)																		
Name (Same as ID proof)	*							\neg				+					+	\neg		-		+							
Maiden Name (If any*)																	+					+							
Father Name* Spouse Name*																													
Mother Name *																													
UID/ Aadhaar No.													OR																
Aadhaar Enrolment No.																													
DIN (Director Identificat	tion Nu	umbe	r):] (M	landa	tory	if F	Rela	ted	Pers	on T	уре	is dire	ector)					
Date of Birth*												Ger	nder	Г		1 - N	lale	Г	٦,	= - F	emale	` —] т. т	ranso	ender				
Marital Status*		Marı	ied	<u></u> ι	Jnma	rried		Othe	ers				ionalit	уĽ		N-In					(ISC		-	-					
Residential Status*		Res	ident	Indivi	dual			Non	-Res	ident	India	an		Ē	F	orei	gn Na	atior				-		•	n Orig	in			
Citizenship*		India	an		Other	s			_					_	-						L				5				
Occupation Type*		0 - 0	Servic Others Busin	S	(Pro	blic Se ofessio t Cate	onal	ed	=		Secton			ī .	erni tirec		Sec	ctor)] ⊦	lous	e Wife	э		Stud	ent)				

ISO 3166 Country Code of Tax Residence* : (Code for India is " I N ")
Country Of Tax Residence In India Only And Not In Any Other Country Or Territory Outside India* 🗌 Yes 🗌 No
PAN* : I (If No, Please fill the details in coloumn 7 in page 2) (if Jurisdiction of Residence for 'Tax Purpose' is India only, the PAN in this field')
Place/City of Birth* : Country Code of Birth* :
3. PROOF OF ADDRESS IF AADHAAR / PAN DOES NOT HAVE CURRENT ADDRESS
(One certified copy of any one of the following OVD with current address needs to be submitted)
A- PASSPORT NUMBER B- VOTER ID CARD C- DRIVING LICENCE D- NAREGA JOB CARD E- Letter Issued by National Population Register Containing
OR
Proof of Address in case OVD in point no 3 also does not contain updated address.
One certified copy of any one deemed OVD needs to be submitted Address Type* Residential Address Residential Business Registered office Unspecified Proof of Address* : Utility Bills Municipal Tax receipt Pension Payment Order(PPO) Letter of Allotment of accomodation from employer issued by State/Central/Govt/Statutory or Regulatory Bodies/Public sector undertakings/Scheduled commercial Banks/Financial Institutions/Listed Companies
5. ADDRESS DETAILS: Permanent Same as Current Address .
Document No. / Identification Number*
Issued By: *
Issued At :* Expiry Date (If applicable):*
Line City/ Town/Village District* PIN/Post code*
State/UT Name Code*
(ISO 3166) 6. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer Instruction F at the end)
Tel. (off)
Mobile 1 Mobile 2 Mobile 2
Email ID 2

7.MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or in any other Country or Territory Outside India as Under:

Country of Tax residence#	Tax Identification Number or equivalent , If issued	Identification type (TIN or Other, Please
	by jurisdiction	Specify)

In case, country of tax residence is India, PAN is treated as TIN.1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship).

- 2. A person residing in US including US green card holder.
 - 3. Certain persons who spend more than 180 days in US each year.

8. Address in Jurisdiction/Country - Where the Applicant is Resident outside India for Tax Purposes

Address Type*					Resi	denti	al /	Busi	ness		F	Resid	entia	al		Bus	sines	s			Reg	gister	L	Unspecified		
Line 1*																										
Line 2																										
Line 3															C	;ity/ ⁻	Town	/Villa	ge *	•					Π	
District*]	I	PIN/F	Post	code	*									 -	-		
State/UT	Nam	ie Co	ode∗	Г							Cour	ntry (Code	*												

9. FORM - 60																																		
Name: (Same as ID]	
Proof)																																		
If applied for F	PAN an	id it i	s not	t yet	gen	erate	∍d, e	ente	r dat	te o	f App	olica	tion							ckr	nov	vledg	eme	nt n	umt	er								
If PAN is not a the above trar				ated	l tota	al inc	ome	ə (in	cludi	ing	inco	me o	of sp	oouse	ə, mi	inor	child	, etc	c.) as	per	sec	tion 6	64 of	Inc	ome	e Tax	(Ac	t 196	61 fo	r fina	anci	al ye	ar ir	n which
Agriculture Inc	come (l	Rs)					Τ)th	er th	an A	Agricu	ultui	ral In	come	;											Τ]
														7	/eri	fica	tion																	
I do hereby d estimated to Act 1961 for	tal inco	me (inclu	ding i	incor	me of	f spo	ouse	, min	nor d	child,	etc.) as	per s	ectic	on 64	l of In	con	ne Ta	x Act	19	61 co	mpu	ted	in ac	cord	ance							
Verified today Place:	, the			da	ay of				2	20																								
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Place:														Nan	ne o	f the	e Ap	olic	ant															
											<u>AT</u>	TES	STA	TION	/ FC	<u>DR (</u>	DFFI	CE	USE	ONL	<u>Y</u>													
Documents re	ceived	:	Se	elf-ce	ertifie	∍d [True	e Co	pie	s	N	lotar	ry Ris	sk C	ateg	jory:		Hi	gh [Medi	um		Lov	v								
In person veri	fication	car	ried o	out b	у	ld	entil	ty V	erific	catio	on:	Do	one	Da	te:																			
Emp./Official	Signatu	ire_							Emp	p./C	Off. N	lame	ə:						_															
Emp./Off. Coc	le:				E	mp./	Off.	De	signa	atio	n:				E	mp./	/Off.	Bra	nch:_															