

	F	ATCA & CRS E	eclaration - No	on Individual			
Name			Trading Code				
DP Cc	de		PAN				
Please	e tick the applicable tax r	esident declaratio	n				
Is "Ent	ity" a tax resident of any co	ountry other than In	dia	Yes No			
(If yes,	please provide country/ies	in which the entity is	a resident for tax pur	poses and the associated Tax ID number below.)			
Sr. No	. Country	Country Tax Identification Number		ldentification Type (TIN or Other, please specify)			
1.							
2.							
3.							
				lent. ntification number or Global Entity Identification Number			
In case	the Entity's Country of Incorpor	ration / Tax residence is	U.S. but Entity is not a Sp	ecified U.S. Person, mention Entity's exemption code here			
	PART A (to be	e filled by Finar	icial Institutions	or Direct Reporting NFEs)			
	We are a, Financial institution (Refer 1 of Part C) or	on GIIN					
1.	Direct reporting NFE (Refer			ou are sponsored by another entity, please provide te your sponsor's name below			
1.	appropriate)		Name of sponsoring entity				
	GIIN not available (please ti as applicable)	1	Applied for Not obtained – Non-participating FI  Not required to apply for - please specify 2 digits sub-category				
as applicable) 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	••••		, , ,			
1.	company whose shares are re	the Entity a publicly traded company (that is, a publicly traded on an pany whose shares are regularly traded on an stablished securities market) (Refer 2a of Part C) Name of stock exchange					
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly		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				
	traded on an established secu 2b of Part C)		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 (Re	efer 2c of Part C)	Yes Nature of Business Please specify the sub-category of Active NFE O (Mention code – refer 2c of Part C)				
4.	Is the Entity a passiveNEE (Re	fer 3(ii) of Part (1)	Ves Nature of Rusi	ness			



	U	BO Declaration (Mandato	ory for all entities except	investment knusmyon ka	
		ded Company or a relate	d entity of Publicly Trade	d 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	Others (please specify)	
		olling person(s), confirming ALL cou trolling person(s). (Please attach add		t residency / citizenship and ALL Tax	
Owner-documented FFI's should p	rovide FFI Own	er 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 residence	у*				
PAN #					
Address	ZIP				
Address	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					
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					

Name



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I/We have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FACTA & CRS instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/we hereby agree and confirm to inform Raghunandan Capital Pvt. Ltd. for any modification to this information promptly.

I/We further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Designation	

Client Signature	Date	Place				

For Investor convenience, Raghunandan Capital Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of Raghunandan Capital Pvt. Ltd. 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 Raghunandan Capital Pvt. Ltd. branch or you can dispatch the hard copy to-

## Raghunandan Capital Pvt. Ltd. 26/257B, Near Ashish Palace, Sultan Ganj, Agra-282004

• For Detail Terms & Conditions please visit www.rmoneyindia.com