

**UBO Declaration (Mandatory for all entities except,
a Publicly 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	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). (Please attach additional sheets if necessary)

Owner-documented FFI'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			
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Tax ID %				
Tax ID Type				
City of Birth				
Country of birth				
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	
Nationality				
Father's Name				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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

DECLARATION

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).

Name	
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