

FATCA/CRS Declaration Form

To: Anjaney Stock Broking Limited ("ASBL") 6, Waterloo Street, 4th Floor, Date: ____ Kolkata-700069 Client ID/UCC: BO ID: **Residential Status:** Resident Non-Resident **Client Name:** Part I A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange If "No", then proceed to point B Yes Nο If "yes" please specify name of stock exchange, if you are listed and proceed to sign the declaration B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India If "yes", then please fill of FATCA/ CRS Self certification Form No If "No", proceed to point C C. Is the account holder an Indian Financial Institution If "yes", please provide your GIIN, if any, ___ No If "No", proceed to point D D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen If "yes", (then please fill FATCA/ CRS self-certification form)). No If "No", proceed to sign the declaration **Customer Declaration** () Under penalty of perjury, I/we certify that: 1. The applicant is: An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S., (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person) 2. The applicant is an applicant taxable as a tax resident under the lows of country outside India. (ii) I/We understand that ASBL is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. ASBL is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions. (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. (iv) I/We agree that as may be required by domestic regulators/tax authorities ASBL may also be required to report, reportable details to CBDT or close or suspend my (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant. Name of the Entity Signature 2 Signature 1 ___ Signature 3 _____ Date: _



Part II

Self-Certification Form (Entity) for Foreign A	Account Tax Compliance Act ("FATCA") and Common Reporting Stan	idards (CRS)		
Section 1: Entity information				
Name of the Entity				
Customer ID (if existing)				
Entity Constitution Type				
Entity Identification type	Tax Identification Number (TIN) U.S. GIIN Global Entity Identification Number (EIN)	Compa	ny Identification Number	
Entity Identification No				
Entity Identification issuing Country				
Country of Residence for tax Purpose				
Section 2: Classification of Non-Finan	icial entities			
I/We (on behalf of the entity) certify that				
a) An entity incorporated and taxable in		Yes No		
If "Yes", please provide your U.S. Tax		TIN		
b) An entity incorporated and taxable out		Yes No		
If "Yes", please provide your TIN or its		TIN		
c) Please provide the following additiona	I details if you are not a Specified US Person:			
FATCA / CRS classification for Non-final	ncial entities (NFFE)			
Active NFFE				
Passive NFFE without any controll	ing Person			
Passive NFFE with Controlling Per	son(s):			
US Others				
Direct Reporting NFFE (Choose the reporting)	is if any entity has registered itself for direct reporting for FATCA and	thus ASBL is	s not required to do the	
Please provide GIIN number:				
Section 3: Classification of financial in	nstitutions (including Banks)			
I/We (on behalf of the entity) certify that	the entity is :			
a. An entity is a U.S. financial institution			Yes No	
If "Yes", (i) Please provide your Taxpayer Identification Number (TIN)			TIN	
(ii) Please provide GIIN, if any				
If "No", please tick one of the following be	oxes below:			
FATCA Classification			Please provide the Global Intermediary Identification number GIIN) or other information where	
Reporting Foreign Financial Institut	tion in a Model 1 Inter-Governmental Agreement ("IGA") Jurisdiction			
Reporting Foreign Financial Institut	tion in a Model 2 IGA Jurisdiction			
Participating FFI in a Non-IGA Juris	sdiction			
Non-reporting FI				
Non-Participating FI				

Owner-Documented FI with specified US owners



Section 4: Controlling person declaration

If you are classified as "Passive NFFE with Controlling Person(s)" or "Owner documented FFI" or "Specified US person". please provide the following details:

Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing Country	Controlling person Type
Controlling Person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
	Address	Address for tax purpose	Address for tax purpose	Address for tax purpose

Section 5: Declaration

- (i) Under penalty of perjury, I/we certify that:
 - 1. The number shown on this form is the correct taxpayer identification number of the applicant, and
 - 2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source
 - 3. The applicant Is an applicant taxable as a tax resident under the laws of country outside India.
- (ii) I/We understand that ASBL is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. ASBL is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed. .
- (iv) I/ We agree as may be required by /Regulatory authorities, ASBL shall be required to comply to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the bes payer identification number of the applicant	st of my/our knowledge and belief the certification is true, correct and complete including the ta	ίΧ
I/We hereby confirm that details provided	are accurate, correct and complete	
	(S.V)	
Authorized Signatories and Company Seal (if applicable)		
Name	Date (DD/MM/YYYY)	