INTELLECT MONEY F		FA	ATCA & CRS Declaration - Non Individual			
PAN						
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.) Sr. Identification Type						
No.	Country	y	Tax Identification Number (TIN or Other *, please specify)			
1.						
2.						
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						
PA	RT A (to be filled by Financial	Institutions or I	Direct Reporting NFFs)			
1.	We are a, Financial institution (Refer 1 of Part C) or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)]	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 tic	k as applicable	Applied for Not obtained – Non-participating FI 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.	Is the Entity a publicly traded c whose shares are regularly securities market) (R	traded on an	established (If yes, please specify any one stock exchange on which the stock is regularly traded)			
2.	Is the Entity a related entity of (a company whose shares a established securities man	are regularly t	ded company 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			
3.	Is the Entity an active NF	E (Refer 2c	c of Part C) Yes Nature of Business			
4.	Is the Entity a passiveNFI	E (Refer 3(ii)) of Part C) Yes Nature of Business			
U	IBO Declaration (Manda	atory for all e	ntities 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:	Zip	Zip 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	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY			
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 have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Intellect Stock Broking Limited for any modification to this information promptly. I 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						
Sign here : (1)		Date: DDMMMYYYYY Place:				
For Investor convenience, Intellect Stock Broking Limited (ISBL) collecting this mandatory information for updating 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 or you can dispatch the hard copy to- Intellect Stock Broking Limited 232, Chittaranjan Avenue, 7 th Floor Near Girish Park Crossing, Kolkata – 700 006. For Detail Terms & Conditions please visit www.intellectmoney.com						
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