MNM STOCK BROKING PVT. LTD.
ADDRESS: 101-102, 1ST FLOOR, J.P.COMPLEX, OPP.C N VIDHYALAYA, NR. AMBAWADI CIRCLE, AMBAWADI, AHMEDABAD - 380015. PH. NO.: 079-26464676

FATCA-CRS Declaration & Supplementary KYC Information

Self Declaration Form for Entities / Non-Individuals [Demat & Trading]

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

Part – A			
PAN			
Name	**Client ID :** _____		
Address Type *[for KYC address]*	☐ Residential ☐ Business	☐ Residential / Business ☐ Registered Office	
Place of Incorporation		Country of Incorporation	
Gross Annual Income Details in INR	☐ < 1 Lakh ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 Cr ☐ > 1 Cr	Net Worth in INR in Lacs Net Worth as of	_____ dd/mmm/yyyy
Is the entity involved in / providing any of the following services:	☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] Money Laundering / Pawning	Any other information *[if applicable]*	*[Please specify]*

Is your [Entity] Country of Tax Residency other than India – ☐ Yes ☐ No

If "Yes", please specify the details of all countries where you [Entity] hold tax residency and its Tax Identification Number & type hereunder:

S No	Country of Tax Residency	Tax Payer Identification Number/ *Functional Equivalent / Company Identification Number or Global Entity Identification Number*	Identification Type *[TIN or other, please specify]*
1			
2			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here_____ *(Refer Instructions P)*

Entity Constitution Type (Pvt. Co./Public Co./LLP/ Partnership/HUF/AOP/BOI/ Proprietorship/Trust/Others	
Entity Identification Type (tick as applicable)	☐ Company Identification Number ☐ Trust Registration Number ☐ TIN/ Tax deduction Account Number ☐ US GIIN ☐ Global Entity Identification Number (GEIN) ☐ Other
Entity Identification No.	
Entity Identification issuing country	
Country of Residence for tax purpose	

Entity Classification :	
Part I – Financial Institution	
A.	Whether Reporting Financial Institution (Please tick as applicable) : ☐ Yes ☐ No If Yes, Please tick any one of the following categories as applicable to you and provide your Global Intermediary Identification Number (GIIN) : ☐ Depository Instt. ☐ Custodial Instt. ☐ Investment Entity ☐ Specified Insurance Company **GIIN :** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
B.	Whether Non Reporting Financial Institution (Please tick as applicable) : ☐ Yes ☐ No If Yes, Mention category as applicable to you (*Refer Annexure B)* :
C.	Whether Sponsored Investment Entity which is not qualified intermediary to obtain GIIN but Sponsored by another entity that has registered as a Sponsoring Entity (Please tick as applicable): ☐ Yes ☐ No If Yes, Please provide the following details of Sponsoring Entity : Name of Sponsoring Entity : _____ GIIN of Sponsoring Entity : _____
D.	Whether Trustee Documented Trust and has not yet obtained GIIN (Please tick as applicable): ☐ Yes ☐ No If Yes, Please provide the following details of Trustee : Name of Trustee : _____ GIIN of Trustee : _____
E.	Whether Owner documented Financial Institution (Please tick as applicable) : ☐ Yes ☐ No If Yes, Provide the details of each controlling person in the table given below
F.	Whether Non Participating Financial Institution (Please tick as applicable) : ☐ Yes ☐ No
Part II – Non Financial Entity (NFE)	
A.	Whether Active NFE (Please tick as applicable) : ☐ Yes ☐ No If Yes, Provide the applicable Category *(Refer Annexure C)*: _____ In case, falling under category 2, Please provide the following details : a. If you are a listed Entity : Name of the Stock Exchange _____ b. If you are related of any listed Entity, Provide the following Details : Name of Related Entity : _____Name of Stock Exchange _____
B.	Whether Passive NFE (Please tick as applicable) : ☐ Yes ☐ No If Yes, Provide the applicable Category *(Refer Annexure D)*: _____ . Also Provide the details of each controlling person in the table given below
C.	Whether Direct Reporting NFE (Please tick as applicable) : ☐ Yes ☐ No If Yes, Please provide GIIN : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Controlling Person Declaration:

Name of Controlling person	Correspondence Address	Country of residence for tax purpose	TIN (if any)	TIN issuing country	Controlling person type

Details	For Controlling person 1	For Controlling person 2	For Controlling person 3	For Controlling person 4	For Controlling person 5
Document submitted for Identification : Passport/Election Card/PAN card/Govt. ID Card / Others					
Identification Number					

Declaration:

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to any of the Exchanges/Depositories/Mutual Fund, its sponsor, Asset Mgmt. Co., trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund"s end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I /We understand that you do not offer any tax advice on CRS/FATCA or its impact on me/us. I/We shall seek advice from Professional Tax Advisor for any tax questions.

Signature with relevant seal:

X	X	X
Authorized Signatory	Authorized Signatory	Authorized Signatory

Date:_____ Place:_____