

**INDSEC SECURITIES AND FINANCE LIMITED**

Regd. / Corr. Add: 301/302, "215 Atrium", A Wing, Andheri Kurla Road, Chakala, Andheri (East), Mumbai - 400 093

Contact Details: • Dealing Room (Equity): +91-22-6114 6114/ 2839 6114 • Debt (WDM): +91-22-6114 6187

• Operations: +91-22 - 6114 6100 • Fax: +91-22 - 6114 6180 / 6186 • Website: www.indsec.co.in

SELF-CERTIFICATION (FOR ENTITIES)**FATCA/CRS Declaration Form**

Name
Address

Client BO ID:		Trading ID:		PAN:	
Email ID:				Mobile No.:	

Part I :

A.	Is the account holder a Government Body / International Organization / Listed Company on Recognized Stock Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If "No", then proceed to point B</i>	
	<i>If "yes" please specify name of stock exchange(s), if you are listed company _____ _____ and proceed to sign the declaration</i>	

B.	Is the account holder (Entity/Financial Institution) a tax resident of any country other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If "yes", then please fill of FATCA/ CRS Self certification Form</i>	
	<i>If "No", proceed to point C</i>	

C.	Is the account holder an Indian Financial Institution	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If "yes", please provide your GIIN : _____</i>	
	<i>If "No", proceed to point D</i>	

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If "yes", then please fill of FATCA/ CRS Self certification Form</i>	
	<i>If "No", proceed to sign the declaration</i>	

Customer Declaration:

(i) Under penalty of perjury, we certify that:

1. The applicant is –

- a. 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.
- b. 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)

OR

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India and is not a US person)

OR

3. The applicant is neither a US person nor a resident for Tax purpose in any country other than India.

(Tick whichever is applicable out of 1,2,3 above)

(ii) We understand that Indsec Securities and Finance Limited (“ISFL”) is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. ISFL is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. We shall seek advice from professional tax advisor for any tax questions.

(iii) We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iv) We agree that as may be required by domestic regulators/tax authorities, ISFL may also be required to report, reportable details to CBDT or close or suspend my account.

(v) We certify that I/we provide the information on this form and to the best of our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of Entity :			
Signature:			
Name:			
Designation			
Date (DD/MM/YYYY) :			

(To be signed as per Mode of Operations & Company Seal to be affixed)

Part II : SELF-CERTIFICATION FORM (ENTITY) FOR FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") AND COMMON REPORTING STANDARDS (CRS)

Section 1: Entity information

Name of Entity	
Customer id (if existing)	
Entity Constitution Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Other (Specify) _____
Entity Identification type	<input type="checkbox"/> TIN <input type="checkbox"/> Company Identification Number <input type="checkbox"/> US GIIN <input type="checkbox"/> Global Entity Identification Number (EIN) <input type="checkbox"/> Other (Specify) _____
Entity Identification No. of the type selected above*	
Entity Identification issuing Country	
Country of Residence for tax purpose	

(* duly-attested copy(ies) to be submitted)

Section 2: Classification of Non-Financial Entities

We (on behalf of the entity) certify that the entity is:

A.	An entity incorporated and taxable in US (Specified US person)	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
	<i>If "Yes", please provide your U.S. Taxpayer Identification Number (TIN)</i>	<table border="1"> <tr> <td align="center" colspan="10">TIN</td> </tr> <tr> <td></td><td></td><td align="center">-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	TIN												-							
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		-																				
B.	An entity incorporated and taxable outside of India (other than US)	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
	<i>If "Yes", please provide your TIN or its functional equivalent</i>	<table border="1"> <tr> <td align="center" colspan="10">TIN</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	TIN																			
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<i>Provide your TIN issuing country</i>																						

C.	<p>Please provide the following additional details if you are not a Specified US Person :</p> <p>FATCA / CRS classification for Non-financial entities (NFE)</p> <p><input type="checkbox"/> Active NFE</p> <p><input type="checkbox"/> Passive NFE without any controlling Person</p> <p><input type="checkbox"/> Passive NFE with Controlling Person(s):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> US <input type="checkbox"/> Others </div> <p><input type="checkbox"/> Direct Reporting NFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus ISFL is not required to do the reporting)</p> <p style="margin-top: 10px;">Please provide GIIN number: _____</p>
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Section 3: Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is:

A.	<div style="display: flex; justify-content: space-between; align-items: center;"> An entity is a U.S. financial institution <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>																				
<p><i>If “Yes”,</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(i) please provide your Taxpayer Identification Number (TIN)</p> </div> <div style="width: 50%;"> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="10">TIN</th> </tr> <tr> <td style="width: 10%; height: 25px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> </div> </div> <div style="margin-top: 10px;"> <p>(ii) Please provide GIIN, if any</p> <div style="border-bottom: 1px solid black; width: 80%; margin-left: 0;"></div> </div>		TIN																			
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<p><i>If “No”, please tick one of the following boxes below:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 55%;">FATCA classification</th> <th style="width: 45%;">Please provide the Global Intermediary Identification number (GIIN) or other information where</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement (“IGA”) Jurisdiction</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Participating FFI in a Non-IGA Jurisdiction</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-reporting FI</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-Participating FI</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Owner-Documented FI with specified US owners</td> <td></td> </tr> </tbody> </table>		FATCA classification	Please provide the Global Intermediary Identification number (GIIN) or other information where	<input type="checkbox"/> Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement (“IGA”) Jurisdiction		<input type="checkbox"/> Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction		<input type="checkbox"/> Participating FFI in a Non-IGA Jurisdiction		<input type="checkbox"/> Non-reporting FI		<input type="checkbox"/> Non-Participating FI		<input type="checkbox"/> Owner-Documented FI with specified US owners							
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Section 4: Controlling person declaration

If you are classified as “Passive NFE with Controlling Person(s)” or “Owner documented FFI” or “Specified US person”, please provide the following details:

SN	Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type (#1)
1						
2						
3						
4						
5						

Details	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5
Identification Type (#2)					
Identification Number (<i>duly-attested copy to be submitted</i>)					
Occupation Type (#3)					
Occupation					
Birth Date (DD/MM/YYYY)					
Nationality					
Country of Birth					

1 – Controlling Person Type:

Code	Particulars
C01	CP of legal person – ownership
C02	CP of legal person – other means
C03	CP of legal person – senior managing official
C04	CP of legal arrangement – trust-settlor
C05	CP of legal arrangement – trust-trustee
C06	CP of legal arrangement – trust-protector
C07	CP of legal arrangement – trust-beneficiary
C08	CP of legal arrangement – trust-other
C09	CP of legal arrangement – Other-settlor equivalent
C10	CP of legal arrangement – Other-trustee equivalent
C11	CP of legal arrangement – Other-protector equivalent
C12	CP of legal arrangement – Other-beneficiary equivalent
C13	CP of legal arrangement – Other-other equivalent

2 – Identification Type:

Code	Particulars
A	Passport
B	Election Id Card
C	PAN Card
D	Govt. Issued ID Card
E	Driving License
G	UIDAI Letter
H	NREGA job card
Z	Others

3 – Occupation Type:

Code	Particulars
S	Service
B	Business
O	Others

Section 5: Declaration

(i) Under penalty of perjury, we certify that:

1. The number shown on this form is the correct taxpayer identification number of the applicant, and
2. The applicant is –
 - a. 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.,
 - b. an estate the income of which is subject to U.S. federal income tax regardless of the source thereof,

OR

3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

- (ii) We understand that ISFL is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. ISFL is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. We shall seek advice from professional tax advisor for any tax questions.
- (iii) We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) We agree that as may be required by domestic regulators/tax authorities, ISFL may also be required to report, reportable details to CBDT or close or suspend our account.
- (v) We certify that we provide the information on this form and to the best of our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

<input type="checkbox"/> We hereby confirm that details provided are accurate, correct and complete			
Signature:			
Name:			
Designation:			
Date (DD/MM/YYYY) :			

(To be signed as per Mode of Operations & Company Seal to be affixed)

Note:

For more details/ clarifications, references can be made to "Guidance note on implementation of reporting requirements under rules 114F to 114H of the Income-tax Rules, 1962" available on Income Tax India website (Link: <http://incometaxindia.gov.in/news/guidance-note-for-fatca-crts-31-12-2015.pdf>)