UR	A Global Trade Money never sleeps	ATCA 8	& CRS Declaration	- Non Individual			
PAN							
Please tick the applicable tax resident declaration -							
(lf	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. No.	LOUDTRY		Tax Identification Num [®] ber	Identification Type (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							
PAF	RT A (to be filled by Financial Institutions or Direct Re	porting NFEs)					
1.	We are a, Financial institution (Refer 1 of Part C) Image: Weare a, institution (Refer 1 of Part C) Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's name below Direct reporting NFE (Refer 3(vii) of Part C) Image: Weare and indicate your sponsor's name below Name of sponsoring entity						
	GIIN not available (please tick as applicable)	Applie	d 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 company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)		Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange				
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)		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 Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange				
3.	Is the Entity an active NFE (Refer 2c of Part C)		Yes Nature of Business Please specify the sub-category of Active NFE (Mention code – refer 2c of Part C)				
4.	Is the Entity a passiveNFE (Refer 3(ii) of Part C)		Yes Nature of Business				
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). (<i>Please attach additional sheets if necessary</i>) 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							
	ZipState:	Zip	ZipState:				
	Country:	Country:	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 (%) $^{\circ}$							
 * 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 							
	DECLA	RATION					
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 Urja Investment Pvt Ltd 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 : D D M M Y Y Y Y Place :					
For Investor convenience, Urja Investment Pvt Ltd (UIPL) collecting this mandatory information for updating across all Group Companies of UIPL 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 UIPL branch or you can dispatch the hard copy to- Urja Investment Pvt Ltd M-132, Inner Circle, 2nd Floor							
Connaught Place New Delhi-110001							

For Detail Terms & Conditions please visit <u>www.urjaglobalinvestment.com</u>