

**J V COMMODITY PRIVATE LIMITED**

Registered Office Address: 201, SOLITAIRE BUILDING, NEAR RMC - COMMISSIONER BUNGALOW, RAMKRISHNA NAGAR MAIN ROAD RAJKOT-360002.
 Tel. +91-281-2463526,2466274, website: www.jvgroups.com Email: kotak_ketan@yahoo.co.in
 CIN: U51909GJ2004PTC044517

Details of Ultimate Beneficial Owner Including Additiona FATCA & CRS Information - Non Individual

Name of entity

 Type of address given at KRA Residential or Business ☒ Residential ☒ Business ☒ Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify change"

Customer ID / Folio Number

Pan

Date of incorporation D D / M M / Y Y Y Y

City of incorporation

Country of incorporation

Entity Constitution Type

☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP/BOI
☐ Trust H Liquidator ☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ FI ☐ FI-III ☐ FI-III ☐ FI-III
☐ Bank ☐ Government Body ☐ Non-Government Organization ☐ Defense ☐ Society ☐ Others specify

Please Tick as appropriate

Please tick the applicable tax resident declaration -
 1. Is "Entry" a tax resident of any country other than India Yes ☒ No ☒

(if yes, please provide contry/ies in which the entity is a resident for tax purpose associated Tax ID number below.)

Country	Tax Identification Number*	Identification Type (TIN, or Other, please specify)

In case Tax Identification Number is not available, kindly provide its function equivalent

In case TIN or functional equipment 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

FACA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Part A (to be filled by Financial Institution or Direction or Direct Reporting NFEs)

1. We are a,

GIIN

 Financial institution⁶ or
 Direct reporting NFE⁷


Note : If You do not have a GIIN but you are sponsored by another entity, please your sponsor's above and indicate your sponsor's name below

(please tick as appropriate)

Name of sponsoring entity

GIIN not available (please tick applicable) ☒ **Applied for**

if the entity is a financial institution, ☒ not required to apply for-please specify 2 digits sub-category¹⁰

☒ Not obtained - Non participating FI

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 ¹ (that is, a company whose shares are regularly traded on an established security market)	Yes <input checked="" type="checkbox"/> (if yes, please specify any one stock exchange on which the stock regularly traded)
		Name of stock exchange
2.	Is the Entity a related entity ² of a publicly trade company (a company whose shares are regularly traded on an established security market)	Yes <input checked="" type="checkbox"/> (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 : <input checked="" type="checkbox"/> Subsidiary of the Listed Company or <input checked="" type="checkbox"/> Controlled by a listed Company Name of
		Name of exchange
3.	Is the Entity active ³ NFE	Yes <input checked="" type="checkbox"/> (if yes, please fill UBO declaration in the next section.)
		Nature of Business :
		Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (mention coad- refer) 2c of Part D)
4.	Is the Entity a publicly traded Company ¹ (that is, a company whose shares are regularly traded on an established security market)	Yes <input checked="" type="checkbox"/> (if yes, please fill UBO declaration in the next section.)
		Name of Business

UBO Declaration									
Category (Please tick applicable category): <input checked="" type="checkbox"/> Unlisted Company <input checked="" type="checkbox"/> Partnership Firm <input checked="" type="checkbox"/> Limited <input checked="" type="checkbox"/> Liability <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Company									
<input checked="" type="checkbox"/> Unincorporated association / body of individuals <input checked="" type="checkbox"/> Public Charitable Trust <input checked="" type="checkbox"/> Religious Trust <input checked="" type="checkbox"/> Private Trust									
<input checked="" type="checkbox"/> Others (Please Specify _____)									
Please list below the detail of controlling person(S), confirming ALL countries to tax residency / permanent residency / citizenship and ALL tax identification Number for EACH controlling person(s).									
Owner- Documented FII's ⁵ should provide FFI Owner Reporting Statement Auditor's Letter with required details as mentioned in Form W8 BEN E									
Tax type - TIN or Other, Please specify		Name - Beneficial owner / Controlling person			Address - Included State, Country, PIN/ZIP Code & Contact Details				
Beneficial Interest - in percentage Type		Country - Tax Residency*			Address Type -				
Code ¹¹ - of Controlling person		Tax ID No.- Or functional for each country*							
1. Name		Tax ID Type		Address					
Contry		Type Code							
Tax ID No.*		Address Type		<input type="checkbox"/> Residence <input type="checkbox"/> Business		ZIP		State Country	
2. Name		Tax ID Type		Address					
Contry		Type Code							
Tax ID No.*		Address Type		<input type="checkbox"/> Residence <input type="checkbox"/> Business		ZIP		State Country	
3. Name		Tax ID Type		Address					
Contry		Type Code							
Tax ID No.*		Address Type		<input type="checkbox"/> Residence <input type="checkbox"/> Business		ZIP		State Country	
# If passive NFE, please provide below additional details. (Please attach additional sheet if necessary)									
PAN / Any other Identification Number				Occupation Type - Scervice, Business, Other			DOB - Date of Birth		
(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA job Card, Others)				Nationality			Gender - Male, Female, Other		
City of Birth - Country of Birth				Fathers Name - Mandatory if PAN not available					
1. PAN		Occupation Type			DOB DD/MM/YYYY				
City of Birth		Nationality			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others				
Country of Birth		Father's Name							
1. PAN		Occupation Type			DOB DD/MM/YYYY				
City of Birth		Nationality			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others				
Country of Birth		Father's Name							
1. PAN		Occupation Type			DOB DD/MM/YYYY				
City of Birth		Nationality			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others				
Country of Birth		Father's Name							
# Additional details be filled by controlling person with tax residency / permanent residency / citizenship / green Card country other than India:									
* To include US, where controlling person is a US citizen or green card holder									
*in case Tax Identification Number is not available, kindly provide functional equivalent									
⁴Refer 3(iii) of Part D ⁵Refer 3(vi) of part D ¹¹Refer 3(iv) (A) of Part D									
FATCA - CRS Terms and Conditions									
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain codifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.									
Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.									
Please note that you may receive more than one request for information if you have multiple relationships with (insert FPs name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.									
If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.									
It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.									
Certification									
I/ We have understood the information required of this From (read along with the FATCA & CRS Instruction) and hereby confirm that the information provided by me/ us on this From is true, correct, and complete. I/ We also confirm that/ We have read and understood the FATCA & CRS Terms and Conditions below and here by accept the same.									
Name									
Designation									
Signature of the Applicant									
				Date DD / MM / YYYY					
				Place					