## J.V.

## 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

Nar	me of entity													
Тур	e of address given at	KRA Resid	dential or Business	✓ Residential	1	Busines	s 🗸	Regis	tered	Office				
",	Address of tax residence	e would be taker	n as available in KRA	database. In case of any	change, p	lease app	roach KR	A & noti	fy char	nge"				
Cus	stomer ID / Folio Num	ber												
Par	1			Date of incorpor	ration D	D /	M M	/ Y	Y	YY				
City	y of incorporation													
Col	untry of incorporation													
	ity Constitution Type ase Tick as appropriate	g. Trust H Liquid	dator h. Limited Liability	HUF C. Private Limited Company C. Public Limited Company C. Society I. AOP/BOI Limited Liability Partnership I. Artificial Juridical Person J. FII K. FI II FBI-I II FBI-II II FBI-III Body II Non-Government Organization II Defense S. Society II. Others specify										
Ple	ase tick the applicab	le tax resident	declaration -											
	s "Entry" a tax residen es, please provide contry/ies	A Transport of Paris Commission of the Commissio	Control of the Contro	Yes  pose associated Tax ID numb	No ✓ er below.)									
Country			Tax Iden	Tax Identification Number*				IN, or Othe	r, please s	pecify)				
	case Tax Identification Numl					0								
				any Identification number or G										
In C	case the Entity's Country of	ncorporation / Tax	residence is U.S. but Ent	tity is not a Specified U.S. Per	son, mentior	n Entity's ex	emption co	de here						
		(Please consult ye		<b>CRS Declaration</b> sor for further guidance on FA	ATCA & CRS	classificati	on)							
Pa	rt A (to be filled by Financia	al Institution or Dire	ection or Direct Reporting	g NFEs)										
1.	We are a,		GIIN											
	Financial institution <sup>6</sup> or Direct reporting NFE <sup>7</sup>	✓	Note : If You do not h indicate your sponso	t have a GIIN but you are sponsored by another entity, please your sponsor's above and sor's name below										
(please tick as appropriate) Name of sponsoring entity				ntity										
	GIIN not available (p	lease tick appl	icable) 🗸 Applied	l for										
	if the entity is a financ	cial institution,	not required to	apply for-please specif	fy 2 digit	s sub-ca	tegory <sup>10</sup>							
			Not obtained -	Non participating FI										
Pa	rt B (Please fill any one as	approprite "to be fil	lled by NFEs other than I	Direct Reporting NFEs"										
1.	Is the Entity a publicly traded Company¹ (that is, a company whose shares are regularly traded on an established security market)			Yes (if yes, please specify any one stock exchange on which the stock regularly traded)  Name of stock exchange										
2.	[1] - [1] -			Name of Listed Company						700 Lift(				
	established security mark	et)		Name of exchange										
3.	Is the Entity active <sup>3</sup> NFE	Is the Entity active <sup>3</sup> NFE			Yes of yes, please fill UBO declaration in the next section.)  Nature of Business:  Please specify the sub-categiry of Active NFE (mention coadrete) 2c of Part D)									
4.	Is the Entity a publicly traded Company¹ (that is, a company whose shares are regularly traded on an established security market)													

Centegory (Please Bick applicable calepsity): Ublished Company Partnership Firm Limited Lability Partnership For Company University Species association in body of individuals Partnership All Countries to Exceeding of Control (Partnership persons), confirming All Countries to tax residency / permanent residency / citizenship and All. tax Meridication Number for CART Controlling persons).  None- Documented Firsh 'should proved FIT Owner Reporting Statement Auditor's Letter with regulated details as mentioned in Form Wis BRLE Tax Markeys TINX O'Nes Bases associety.  Name Tax ID Type Control Type Code Tax ID Type Code		U	IBO Declara	tion											
Please late blow the detail of controlling person(5), confirming ALL countries to tax residency / permanent residency / clitzenship and ALL tax identification Number for PALF countries person(s).  Connect Documented Fifth's should proved FI Downer Reporting Statement Auditor's Later with required details as mentioned in Form W8 BEN E  Tax ID Type	Category (Please tick applicable category):  Vullisted	Company	Partnership	Firm 🗸	Limited	V	Liabili	ity 🗸	Partnersh	nip	√ C	ompany			
Please list below the detail of controlling person(5); continuing ALL countries to tax residency / permanent residency / citizenship and ALL tax identification Number for EARC According persons).  White Dispose of the Controlling person of the Country   Statement Auditors Letter with required details as mentioned in form We BEN E    State State   Country   Statement Auditors Letter with required details as mentioned in form We BEN E    Statement Country   Statement Auditors Letter with required details as mentioned in form We BEN E    Statement Country   State	✓ Unincorporated association / body of individuals	√ 1	Public Charitable	Trust		√ 1	Religious	Trust		$\checkmark$	Private	Trust			
Number for EACH controlling personnin).  Name   Tax   D Type   Address	✓ Others (Please Specify		)												
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Control   - Of Control   Tax   D Type		g Statement Aud	itor's Letter with	required detai	ls as me	ntioned	d in Form	W8 BEN E							
Tack ID No.   Tack ID No.   Address Type   Residence   Business ZP   State   Country			ial owner / Controlling person Address - Include				luded State, Country, PIN/ZIP Code & Contact Details								
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City of Birth 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  **Refer 3(iii) of Part D   *Refer 3(vi) of part D   *InRefer 3(iv) (A) of Part D  **FATCA - CRS Terms and Conditions  The Central Board of Direct Taxes has notified Rules 14Fto 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 cortain codifications and documentation from all our account holders, hereby and 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 array 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 if you have madiatory 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 /W	Country of Birth		Father's Name				Gender	⊔Male	□F€	emale	L	Uthers			
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# 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  *Refer 3(iii) of Part D   *Refer 3(vi) of part D   *I*Refer 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 with have to be reported to tax authorities' appointed agencies. Towards compliance, we may also be required to provide information and institutions such as withholding apends withholding open 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 required for information if you have multiple realizationships with (insert FPs name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have aiready 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.  The vertification  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 in the total control of the plan of the plan of the plan of the plan o	Country of Birth		Father's Name				Gender	□ Male	□Fe	male		Others			
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