



J V EQUITIES PRIVATE LIMITED

Registered Office Address: 201, SOLITAIRE BUILDING, NEAR RMC - COMMISSIONER BUNGALOW, RAMKRISHNA NAGAR MAIN ROAD RAJKOT-360002. Tel. +91-281-2463526,2482005, website: www.jvgroups.com Email: paresh.kotak@jvgroups.com CIN: U67120GJ2001PTC039538

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
Customer ID / Folio Number
Pan Date of incorporation
City of incorporation
Country of incorporation
Entity Constitution Type
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.)

Table with 3 columns: 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 institution or Direct reporting NFE
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-category
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 (that is, a company whose shares are regularly traded on an established security market)
2. Is the Entity a related entity of a publicly trade company (a company whose shares are regularly traded on an established security market)
3. Is the Entity active NFE
4. Is the Entity a publicly traded Company (that is, a company whose shares are regularly traded on an established security market)

UBO Declaration

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 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's⁵ 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 <small>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA job Card, Others)</small> | Occupation Type - Scervice, Business, Other | DOB - Date of Birth |
|--|---|--|
| City of Birth - Country of Birth | Nationality | Gender - Male, Female, Other |
| | 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 Form (read along with the FATCA & CRS Instruction) and hereby confirm that the information provided by me / us on this Form 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 / /

Place