FATCA/CRS DECLARATION (NON- INDIVIDUALS)

(FOREIGN ACCOUNT TAX COMPLIANCE ACT/ COMMON REPORTING STANDARDS)

To:**JALAN & CO**

Broking Code- UCC code: _____

PAN:_____ **Name:**_____

(a) Is the account holder a Government Body/ International Organisation/listed on any recognized stock exchange. YES ☐ NO ☐
(If yes and you are listed please specify the name of the stock exchange, _____,If no proceed to point (b)),

(b) Is the account holder (Entity/Financial Institution) tax resident of any country other than India YES ☐ NO ☐
(If yes please fill Annexure -A attached),
If no proceed to point(c)),

(c) Is the account holder an Indian Financial Institution YES ☐ NO ☐
(If yes please provide your GIIN _____,if any,
If no proceed to point (d)),

(d) Are 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. YES ☐ NO ☐
(If yes than please fill Annexure-A attached),
If no please sign the declaration).

Declaration
(I)Under penalty of perjury, I/We certify that: 1.The applicant is (i) 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., (ii) an estate, the income of which is subject to U.S. Federal Income tax regardless of the source thereof, or (This clause is applicable only if the account holder is identified as a U.S. person) 2.The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India) (II) I/We understand that **JALAN & CO** is relying on this information for the purpose of determining the status of the applicant in compliance with FATCA/CRS.**JALAN & CO** is not able to offer any tax advice on FATCA or CRS or its impact on the applicant. I/We should seek advice from professional tax advisor or any tax questions (III) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect (IV) I/We agree that as may be required by regulatory authorities, ISS may also be required to report reportable details to CBDT or close or suspend my account (V) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the entity: _____

Seal & Signature/s : _____

Name of the signatory/ies: _____

Date: _____ Place : _____