



Goldmine Stocks Pvt Ltd

"Goldmine" House, 4, Niranjan Nirakar Society, Nr. Shreyas Railway Crossing, Ambawadi, Ahmedabad - 380 007. Phone : 079 2668 8218 / 2664 1080

FATCA FORM - NON -INDIVIDUAL

CLIENT ID

UCC Code

Date

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

Name of the entity

Type of address given at Goldmine 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 the changes"

Customer ID / Folio Number

PAN

Date of incorporation

City of incorporation

Country of incorporation

Entity Constitution Type Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI

Please tick as appropriate Trust H Liquidator Limited Liability Partnership Artificial Juridical Person FI FI FBI-I FBI-II FBI-III

Bank Government Body Non Government Organization Defense Society Others specify _____

Please tick the applicable tax resident declaration -

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)

Country	Tax Identification Number*	Identification Type (TIN or Other, Please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- In case Tax Identification Number is not available, Kindly provide its function equivalent.
- In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number Or GHN, 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

FATCA & CRS Declaration

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

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, GIIN

Financial institution⁶ or Direct reporting NFE⁷ **Note:** If you not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

(please tick as appropriate) Name of sponsoring entity

GIIN not available (please tick as 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 securities market) | Yes <input type="checkbox"/> (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 ² of a publicly traded company (a company whose shares are regularly traded on an established securities market) | Yes <input 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 _____
Stock exchange _____ |
| 3. Is the Entity an active ³ NFE | Yes <input 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="text"/> <input type="text"/> <small>Mention code- refer 2c of part D)</small> |
| 4. Is the Entity a Passive ⁴ NFE | Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section)
Nature of Business _____ |

