

TITLE OF ACCOUNT

FOLIO NO.

DATE

D	D	M	M	Y	Y	Y	Y

CUSTOMER QUESTIONNAIRE - FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)
(FOR ENTITIES)

CLASSIFICATION FOR FATCA PURPOSES

Is your Company / Partnership / Trust incorporated / organized / resident in U.S.? YES NO
(A company created in U.S, established under the laws of U.S. or a U.S. tax payer)

If Yes, plz provide U.S. Tax Identification Number

Country of Tax Residence

If No, please provide name of the country in which the entity is incorporated or organized

Is your company listed on any Stock Exchange? YES NO

Name of Stock Exchange	Country

COMPLETE ONE OF THE SECTIONS (A, B OR C) BELOW

A. Are you an Exempt Beneficial Owner (EBO)? YES NO

If Yes, applicable category of EBO (Refer Glossary Section A):

Foreign governments and their political subdivisions and wholly owned instrumentalities and agencies

International organizations and their wholly owned instrumentalities and agencies

Foreign central banks of issue

Foreign retirement funds

Governments of U.S. possession

Foreign investment entities that are wholly owned by one or more other exempt beneficial owners

B. Is your Company / Trust or Trustee / Partnership a Financial Institution? YES NO

If Yes, tick relevant box in this section (Refer Glossary Section B)

FI resident in U.S. or U.S territory Sponsored Entity Excepted FFI Participating FFI

Deemed Compliant FFI Non - Participating FFI Other ()

Please Specify

If yes, kindly provide Global Intermediary Identification Number (GIIN)

If the Financial Institution does not have GIIN, please provide reason

C. Are you a Non-Financial Foreign Entity? (Refer Glossary Section C) YES* NO

Tick relevant box below:

Active NFFE ** Passive NFFE Direct Reporting NFFE Other Excepted NFFE

* If you select NFFE from the above, please provide in full details requested in the table below of any Controlling Persons, who hold more than 10% or more interest in the NFFE by vote or value. Please fill Annexure 1.
 ** Please fill in Annexure 2, to determine if the entity is Active NFFE.

- I/we hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, I hereby consent for ABL AMC or any of its affiliates to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.
- I/we undertake to notify the ABL AMC within 30 calendar days if there is a change in any information which I have provided earlier.

Authorized Signatory 1		Authorized Signatory 2	
Signature		Signature	
Date		Date	

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ANNEXURE 1 (NFFE)

Particulars of Beneficiaries/ Owners / Shareholders / Trustees or Settlers / Partners / Directors.

Name	U.S. Citizen / Green Card Holder/ Tax Resident		Place of Birth	Contact Number (with Country Code)	TIN (If applicable)
	Yes	No			

Ownership %	Position	Address

ANNEXURE 2 (ACTIVE NFFE)

An active NFFE is any NFFE that meets one of the following criteria:

- i. Is less than 50 per cent of your gross income for the preceding calendar year or other appropriate reporting period derived from passive sources (such as dividends, interest, royalties, annuities and rent)? YES NO
- ii. Are less than 50 per cent of the assets held by you during the preceding calendar year or other appropriate reporting period used for the generation of passive income? YES NO
- iii. Are you a listed company or you are a related party of a listed company, the stocks of which are regularly traded on an established securities market? YES NO
- iv. Are you a government, a political subdivision of such government, or a public body performing a function of such government or a political subdivision thereof, or an entity wholly owned by one or more of the entities listed here? YES NO
- v. Do you hold in whole or in part the outstanding stock of, or provide financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution?
(Assuming you do not function or hold yourself out as a private equity fund, venture capital fund, leveraged buyout fund, or any other investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes). YES NO
- vi. Are you in the setup phase of investing capital into assets with intent to operate a business other than the business of a financial institution, but have not yet started your operations? YES NO
- vii. Were you operating as a financial institution in the past five years and now in the process of liquidation or re-organization with the intent to continue or recommence operations in a business other than that of a Financial Institution? YES NO
- viii. Do you engage primarily in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions? YES NO
- ix. Do you provide financing or hedging services to any Entity that is not a Related Entity? YES NO
- x. Are you a non- profit organization? YES NO

Authorized Signatory 1			Authorized Signatory 2		
Title (As per identity document)	<input type="text"/>		Title (As per identity document)	<input type="text"/>	
Contact Number	<input type="text"/>		Contact Number	<input type="text"/>	
Signature	<input type="text"/>		Signature	<input type="text"/>	
Date	<input type="text"/>		Date	<input type="text"/>	
<input type="checkbox"/> Account Holder	<input type="checkbox"/> Power of Attorney/ Mandate	<input type="checkbox"/> Other _____ (please specify)	<input type="checkbox"/> Account Holder	<input type="checkbox"/> Power of Attorney/ Mandate	<input type="checkbox"/> Other _____ (please specify)
<small>Capacity of signature (please tick 1 box only)</small>			<small>Capacity of signature (please tick 1 box only)</small>		

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FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DUE DILIGENCE - ENTITIES
 (FOR OFFICE USE ONLY)

I. Please confirm the Customer's FATCA status by checking the relevant box.

<input type="checkbox"/> Is the entity specified U.S. person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W-9
<input type="checkbox"/> Is the entity Financial Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W-9 or W-8 BEN E or other W8 form; providing the relevant FATCA status.
<input type="checkbox"/> Is the entity Exempt Beneficial Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W8 BEN E or other W8 form as applicable
<input type="checkbox"/> Is the entity an Active NFFE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W8 BEN E
<input type="checkbox"/> Is the entity a Direct Reporting NFFE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W8 BEN E and GIIN If
<input type="checkbox"/> Is the entity a Passive NFFE & 10% or more of the entity is owned by US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	yes, please provide form W8 BEN E
<input type="checkbox"/> Does the entity have one or more U.S. indicia listed in Note 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W8 BEN E / other W8 form (as applicable) or similar documentation establishing foreign status
<input type="checkbox"/> Does the entity substantial owners have one or more U.S. indicia listed in Note 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W- BEN E; and U.S. /Non-U.S. passport/ID or similar documentation establishing foreign citizenship; or written explanation regarding U.S. citizenship.
<input type="checkbox"/> Is the entity's income effectively connected with conduct of trade or business in U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W8 ECI

II. Note 1: U.S. Indicia

Note 2: U.S. Indicia

Corporate	Substantial owner
<ul style="list-style-type: none"> Place of incorporation or organized in the U.S. Listed on U.S. Stock Exchange U.S. mailing / business / registered mailing address Telephone number for the entity in U.S. An offshore obligation, standing instructions to pay amounts to a U.S. address or U.S. based account Power of attorney or signatory authority granted to a person with U.S. address An "In-Care-Of" address or "Hold Mail" address that is the sole address provided for the entity. 	<ul style="list-style-type: none"> Shareholder/trustee/partner/director is a U.S. citizen or lawful permanent resident Place of birth shareholder/trustee/partner/director is in U.S. Shareholder/trustee/partner/director has a US address or US phone number

III. FATCA Status:

Specified U.S. person
 Non-U.S. person
 Non-Participating FFI
 U.S. owned Passive NFFE
 Direct Reporting NFFE
 Recalcitrant
 Other (Please Specify) _____
(As per W8 forms and FATCA Due Diligence Form)

It is hereby confirmed that to the best of our knowledge, customer self-certification is correct. If subsequently anything comes to our knowledge that the customer is a specified U.S. person then we will get the customer's status updated as a U.S. reportable account.

 SIGNATURE
 Manager Institutional Sales