

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category):
 Unincorporated association / body of individuals
 Others (Please Specify _____)
 Unlisted Company
 Public Charitable Trust
 Partnership Firm
 Religious Trust
 Limited Liability Partnership Company
 Private Trust

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO 1	UBO 2	UBO 3
Name of UBO			
UBO Code (Refer 3 (iv) (A) of Part C)			
Country of Tax residency*			
PAN **			
Address			
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ***			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____
Date Of Birth			
Percentage of Holding (%) ****			




*To include US, where controlling person is a US citizen or green card holder

**If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

***In case Tax Identification Number is not available, kindly provide functional equivalent

****Attach valid documentary proof like Shareholding pattern duly self-attested by Authorized Signatory / Company Secretary

DECLARATION: I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Globe Capital Market Ltd for any modification to this information promptly. I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name, Designation & Signature			
--	---	---	---

Signature of Authorized person only.