

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			
	Yes	No			
	Yes	No			
	Yes	No			
	Yes	No			
	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)			Title (As per identity document)		
Contact Number			Contact Number		
Signature			Signature		
Date			Date		
<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)
Capacity of signature (please tick 1 box only)			Capacity of signature (please tick 1 box only)		

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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.

Is the entity specified U.S. person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W-9
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.
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
Is the entity an Active NFFE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide form W8 BEN E
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
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
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
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.
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"> <li>Place of incorporation or organized in the U.S. Listed on U.S. Stock Exchange</li> <li>U.S. mailing / business / registered mailing address</li> <li>Telephone number for the entity in U.S.</li> <li>An offshore obligation, standing instructions to pay amounts to a U.S. address or U.S. based account</li> <li>Power of attorney or signatory authority granted to a person with U.S. address</li> <li>An "In-Care-Of" address or "Hold Mail" address that is the sole address provided for the entity.</li> </ul>	<ul style="list-style-type: none"> <li>Shareholder/trustee/partner/director is a U.S. citizen or lawful permanent resident</li> <li>Place of birth shareholder/trustee/partner/director is in U.S.</li> <li>Shareholder/trustee/partner/director has a US address or US phone number</li> </ul>

III. FATCA Status:

<input type="checkbox"/> Specified U.S. person	<input type="checkbox"/> Non-U.S. person	<input type="checkbox"/> Non-Participating FFI	<input type="checkbox"/> U.S. owned Passive NFFE
<input type="checkbox"/> Direct Reporting NFFE	<input type="checkbox"/> Recalcitrant	<input type="checkbox"/> 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