FATCA & CRS Declaration (Non-Individual)							
PAN							
Please tick the applicable tax resident declaration -							
1.1	I. Is "Entity" a tax resident of any country other than India Yes No						
(If	yes, please provide country/ies in which th	e entity is a r	esident for tax purposes and the associ	ciated Tax ID number below.)			
Sr. No.	Country		Tax Identification Number	Identification Type (TIN or Other's, please specify)			
1.							
2.			j <sub>e</sub>				
In	In case Tax Identification Number is not available, kindly provide its functional equivalent.						
				Global Entity Identification Number or GIIN, 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							
ΡΔΙ	RT A (to be filled by Financial Institutions or Direct Re	ehorting NFFs)					
I.	We are a, Financial Institutions or Direct Reporting NFEs						
	(Refer I of Part C)		te: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's				
	or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN above and indicate your sponsor's name below  Name of sponsoring entity					
	GIIN not available (please tick as applicable)	Applied for Not obtained – Non-participating FI  Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)					
PAI	RT B (please fill any one as appropriate "to be filled b	NFEs other than	n Direct Reporting NFEs")				
I.	Is the Entity a publicly traded company (that is whose shares are regularly traded on an establis securities market) (Refer 2a of Part C)	is, a company Voc (If was please sharify any one stock exchange on which the stock is regularly traded)					
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)		Yes [ (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: Subsidiary of the Listed Company or Controlled by a Listed Company  Name of stock exchange				
3.	Is the Entity an active NFE (Refer 2c of Part C	s the Entity an active NFE (Refer 2c of Part C)		Yes Nature of Business			
			Please specify the sub-category of Active NFE (Mention code – refer 2c of Part C)				
4.	Is the Entity a passiveNFE (Refer 3(ii) of Part		Yes Nature of Business				
UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)							
Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Compan							
Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust							
Others (please specify)  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							
	se list below the details of controlling person(s), confi trolling person(s). (Please attach additional sheets if r		ries of tax residency / permanent residency / ci	tizensnip and ALL Tax Identification Numbers for EACH			
100000000000000000000000000000000000000	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	UBO1	UBO2	UBO3				
Name of UBO							
UBO Code (Refer 3(iv) (A) of Part C)							
Country of Tax residency*							
PAN *							
Address							
/ tuti ess							
	-	-	7.				
	Zip	Zip	Zip				
	State:	State:	State:				
***************************************	Residence Business	□ Residence □ Business	Residence Business				
Address Type	☐ Registered office	☐ Registered office	Registered office				
Tax ID %							
Tax ID Type							
City of Birth							
Country of birth							
Occupation Type	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others	☐ Service ☐ Business ☐ Others				
Nationality							
Father's Name							
Gender	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others	☐ Male ☐ Female ☐ Others				
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY				
Percentage of Holding (%) <sup>\$</sup>							
* 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							
	d hereby confirm that the informa		1 TO				
	form: Silver Stream Equities Pvt Ltd provisions of the scheme related	and the same and t	and the second s				
Exchange of Information (AEO		documents inter and provisions	or i a creation and a creation accertain				
Name							
Designation							
Date : D D M M Y Y Y Y							
Place :							
For Investor convenience, Silver Stream Equities Pvt Ltd (SSEPL) collecting this mandatory information for updating across all Group Companies of SSEPL whether you are already an investor or would become an investor in future.							
Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest; SSEPL branch or you can dispatch the hard copy to-							
Silver Stream Equities Private Limited  Corporate Office: 507,05th Floor, Western Edge-1, Western Express Highway, Borivali East, Mumbai-400066.							
For Detail Terms & Conditions please visit https://silverstream.co.in							