

FATCA-CRS self-certification for Non-Individual Entities

Date: DD / MM / YYYY

Place: _____

AOF Number _____

{All Questions from 1 to 6 are mandatory}

1. Name of the entity: _____

2. Customer ID (Applicable for existing customer): _____

3. a) Country of incorporation: _____ b) Place/City of incorporation: _____

c) Date of Commencement of Business DD / MM / YYYY

4. a) Is the entity a tax resident of any country/ies outside India Yes No

(If yes, please fill Annexure 1)

b) Is the entity incorporated or organized in the United States (including a Trust, if the trustee is a U.S. citizen or resident)

Yes No (If Yes, please fill Annexure 1)

5. Questions relevant for entity FATCA and CRS classification

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

a. Is the entity a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the above mentioned entity types Yes No

(If yes, please sign the declaration on Page 2; If No, go to next question)

b. Is the entity a Financial Institution¹ (FI) OR a Direct Reporting NFE Yes No

(If yes, please fill Annexure 1; If No, please go to next question)

c. Is the entity a publicly traded corporation/ a related entity of a publicly traded corporation

i. Publicly traded corporation Yes No

(If yes, please specify any one stock exchange upon which the stock is regularly traded)

Name of the stock exchange _____

ii. Related entity of a publicly traded corporation Yes No

If yes, please provide below details:

Name of the listed company, the stock of which is regularly traded _____

Name of the stock exchange _____

Nature of relation:

Subsidiary of the listed company Controlled by a listed company or under common control

(If answer to Q.6(c)(i) or Q.6(c)(ii) above is Yes, please sign the declaration on Page 2; If No, go to next question)

d. Does the entity have any ultimate beneficial owners (incl. controlling persons) who are tax residents (incl. U.S. citizens/green card holders) of countries other than India Yes No (If Yes, please fill Annexure 1)

e. I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and definitions in Part C to this Form) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name: _____

Designation: _____

Signature: _____

Place: _____

Date: _____

Annexure - 1

This Annexure is in continuation to the "Extended Declaration for entities" and is required to be filled based on responses to the main form

PART A: Details required from all customers filling Annexure 1

Name of Entity _____ **AOF Number** _____

6. a) Identification Number (please provide any one) ({Mandatory})

Select ID Type

CIN Global Entity Identification Number TIN Other _____

Provide the ID Number for above _____

b) Identification Number issuing country _____

ADDRESS AND CONTACT DETAILS(Mandatory)

7. Address for tax purpose: Same as registered Add Same as mailing Add

8. Address type for the above: Residential or business Residential Business Registered Office

PART B: To be filled as applicable

9. Details of foreign tax residency and associated TIN (please fill if answer to Q.5(a) is YES):

Country/(ies) of tax residency	Tax Identification Number [%]	Identification Type (TIN or Other [%] , please specify)

[%]In case Tax Identification Number is not available, kindly provide functional equivalent²

10. Is the entity a specified U.S. Person (please fill if answer to Q.5(b) is YES) Yes No

(If No, please mention entity's exemption code³: _____)

11. Entity FATCA classification and other details (Mandatory)

²It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

³Refer Part C, 3 (viii)

12(A) - (to be filled by Financial Institutions or Direct Reporting NFEs)* - please fill if answer to Q.6(b) is YES			
	We are a: <input type="checkbox"/> Financial institution ⁴ OR <input type="checkbox"/> Direct reporting NFE ⁵ (please tick as appropriate) <i>*If the entity is a Financial Institution and located outside India, please fill 12(B)</i>	GIIN: _____ <i>Note: If you do 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:</i> Name of sponsoring entity: _____	GIIN not available (please tick as applicable): <i>Following options available only for Financial Institutions:</i> <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for (Please specify sub-category ⁶ _____) <input type="checkbox"/> Not obtained
12 (B) - (to be filled by Financial Institution that is a tax resident outside India)(Mandatory)			
1.	Whether the Financial Institution is located in a CRS jurisdiction? (Please refer to the list of signatories to CRS given in the following link http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/) (if No, please go to Q. 2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Whether FI is an 'Investment Entity'? (Please refer definition 1(iii) of Part C of the FATCA-CRS declaration) (If yes, please go to Q.. 3)	<input type="checkbox"/> Yes	No <input type="checkbox"/>
3.	The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable ⁷ to investing, reinvesting, or trading in financial assets. (If Yes , please additionally fill Annexure 2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12(C) - (please fill <u>ANY ONE</u> as appropriate; to be filled by NFEs other than Direct Reporting NFEs) - please fill if answer to Q.6(d) is YES			
C1	Is the Entity an <i>active NFE</i> ⁸	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Please specify the sub-category of Active NFE: _____ (Mention code – refer 2c of Part C)		
C2	Is the Entity a <i>passive NFE</i> ⁹ (if Yes, please fill Annexure 2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

⁴Refer 1of Part C

⁵Refer 3(vii) of Part C

⁶Refer 1A. of Part C

⁷Entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

(i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
 (ii) the period during which the entity has been in existence.

⁸ Refer 2c of Part C

⁹Refer 3(ii) of Part C

Annexure – 2

Beneficial Owner/ Controlling Person Declaration (For Company/Partnership/LLP/AOP/BOI/Trust)

AOF Number _____

Summary of controlling persons/ beneficial owner

Sl No	Name of Controlling Person	Controlling Person Type Code
1		
2		
3		
4		
5		
6		

Details of Controlling Person (Please use below provided format for each controlling person)

1.	Name of the controlling person(mandatory)	
2.	Controlling person type code (mandatory)	
3.	Date of birth (mandatory)	
4.	PAN (optional)	
5.	Customer ID (if available)	
6.	Percentage of ownership/capital/profits (mandatory)	
7.	Place / City of Birth (mandatory)	
8.	Country of Birth (mandatory)	
9.	Gender (mandatory)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
10.	Marital Status (mandatory)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
11.	Father's name (mandatory)	
12.	Nationality (Please specify country) (mandatory)	
13.	Aadhaar No(Optional)	
14.	Mother's Name (optional)	
15.	Maiden Name (if any)	
16.	Country of tax residence* (Mandatory)	
17.	Tax identification number (or functional equivalent of country other than India) %	
18.	Tax identification number type (for country other than India)	
19.	Address (Mandatory)	
	Address - City (Mandatory)	

Mahindra FINANCE

CIN: L65921MH1991PLC059642

	Address - State (Mandatory)		
	Address - Country (Mandatory)		
	Address - Pin Code (Mandatory)		
20.	Address Type for above (Mandatory)	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
21.	Mobile Number (Mandatory)		
22.	Telephone Number (with ISD &STD code)		
23.	Occupation Type (Mandatory)	<input type="checkbox"/> - Service Provide <input type="checkbox"/> - Others <input type="checkbox"/> B-Business <input checked="" type="checkbox"/> - Not Categorized	
24.	Proof of Identity [@] (Mandatory) (Tick relevant and mention the details)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____ Mention ID no _____ Expiry Date: DD / MM / YYYY	
25.	Proof of Address (Mandatory) (attach self attested proof) (any one) (Please select any one Address proof)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____	
26.	Spouse's name (Optional)		

*To include US, where controlling person is a US citizen or green card holder. Please provide ALL the countries of tax residency and corresponding TINs.

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

@ Permissible values are:

- | | |
|--|---|
| <ul style="list-style-type: none"> ● Passport – (With expiry date) ● Election ID card ● Driving License– (With Expiry Date) ● PAN Card | <ul style="list-style-type: none"> ● UIDAI Letter ● ID Card ● NREGA Job card ● Others |
|--|---|

Name of Director/Partner/Member/Trustee

(Signature & seal of any of the Directors/Partners/Members/Trustees)