

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) Part of C)			
Country of Tax residency*			
PAN #			
Address	Zip: <input type="text"/> State: _____ Country: _____	Zip: <input type="text"/> State: _____ Country: _____	Zip: <input type="text"/> State: _____ Country: _____
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 ID %			
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	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
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

CERTIFICATION

I/We have understood the information requirements of this form (read along with the FATCA & CRS instructions & definitions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and conditions below and hereby accept the same.

Name

Designation

Client Signature



Date :

Place :

For Investor convenience, MLB Capital Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of MLB Capital Pvt. Ltd. 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 or dispatch the hard copy to

MLB Capital Pvt. Ltd.

301, Pratap Chambers, Gurudwara Road, Karol Bagh, New Delhi- 110005, Ph.: 011-45060600

FATCA & CRS Terms & Conditions

Towards compliance with tax information sharing laws such as FATCA, we would required to seek additional personal, tax and beneficiary owner information and certain certification and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any question about your tax residency please contact your tax advisor. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/tax authorities, we may also be constrained to withhold and pay out any sum from your account or close or suspend your account(s). Should there be any change in any information provided by you, please ensure you advise us promptly i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.