



NOBLE CO-OPERATIVE BANK LTD.

H.O. : 1st Floor, M.P.-1 Road, Raghunathpur, Sec.-22, Noida-201301

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

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

Name of the entity											
Type of address given at KRA	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office							
PAN					Date of incorporation						
City of incorporation											
Country of incorporation											

ADDITIONAL KYC INFORMATION

Gross Annual income (Rs.) [Please tick ()] Below 1 Lac 1 to 5 Lac 5 - 10 Lac 10 - 25 Lac 25 Lac - 1 Crore 1 Crore above

OR

Net-worth Rs. _____ as on DD MM YYYY (Not older than 1 Year)

Politically Exposed person (PEP) Status* (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP Not Applicable

*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

Non-individual investors involved/providing any of the mentioned services Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above

FATCA & CRS Declaration

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No
(if yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Sr. No.	Country	Tax Identification Number*	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or 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

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution (Refer 1 of Part C) or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)

GIIN

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

name of sponsoring entity _____

GIIN not available (Please tick as applicable) Applied for Not obtained - participating FI Not required to apply for - please specify 2 digits sub-category (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (if yes, please specify any one stock exchange on which the stock is regularly traded) Nature of stock exchange _____
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 <input type="checkbox"/> (if yes, please specify a name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation : <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code - refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Unincorporated association/body of individuals	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership Company
<input type="checkbox"/> Others (please specify _____)	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> 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(v) 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	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.
 *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.

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of income tax Rules 1962, which require Indian financial institution to seek additional personal tax and beneficial owner information and certain certification and documentation from all our unit holders. In relevant cases information will have to be reported to tax authorities/appointed agencies. Towards compliance, 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. should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. if you have any questions about your Tax residency, please contact your Tax advisor. 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. It 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.

Certification

I/We have read and understood the information requirements and the Terms and conditions mentioned in this form (read along with the FACTA & CRS instructions) and hereby confirm that the information provided by me/us on this form are true, correct and complete. I/We hereby agree and confirm to inform Noble Co-operative Bank Limited for any modification to this information promptly. I/We further agree to abide by the provisions of the scheme related documents inter alia provisions on Foreign Account Tax compliance Act (FACTA) and common reporting Standards (CRS) on Automatic Exchange of information (AEOI).

Name	
Designation	

UBO 1	UBO 2	UBO 3	Place _____ Date/...../.....
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature	Signature	Signature	