



PAN		Date of Incorporation	
Name			
Address Type [for KYC address]	Registered Office      Corporate Office		
Place of Incorporation		Country of Incorporation	
Gross Annual Income Details in INR	< 1 Lakh 5-10 Lacs 25 Lacs - 1 Cr	1-5 Lacs 10-25 Lacs > 1 Cr	Net Worth in INR in Lacs Net Worth as of
Is the entity involved in / providing any of the following services:	Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] Money Laundering / Pawning	Any other information [if applicable]	_____ <input type="text"/> - <input type="text"/> - <input type="text"/> [Please specify]

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 purpose and the associated TIN)

S No	Country of Tax Residency	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other, please specify]
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here

**[to be filled by Financial Institutions or Direct Reporting NFFEs]**

<p>We are a</p> <p><input type="radio"/> Financial Institution / FFI</p> <p><input type="radio"/> Direct Reporting NFFE</p>	<p>GIIN (Global Intermediary Identification Number):</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>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</p> <p><b>Name of the sponsoring entity</b></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td><input type="text"/></td> </tr> </table> <p><b>GIIN not available [tick any one]:</b></p> <p>Applied For <input type="checkbox"/></p> <p>Not required to apply for—specify sub-category code <input type="checkbox"/><input type="checkbox"/></p> <p>Not obtained - Non-participating FFI <input type="checkbox"/></p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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