

**VARDHAMAN CAPITAL PRIVATE LIMITED**

25, SWALLOW LANE, WARDLEY HOUSE, 2ND FLOOR, KOLKATA 700001

Phone: +91-33-68202020, e-mail: info@vardhamancapital.net

Website: www.vardhamancapital.co.in

**FATCA/CRS DECLARATION FORM****Self-Certification for Entities**

To: Vardhaman Capital Private Limited (VCPL)

Date : \_\_\_\_\_

Client ID/UCC:	BO ID:	Residential	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Client Name :			

**Part I**

<p>A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange</p> <p>If "No", then proceed to point B</p> <p>If "yes" please specify name of stock exchange, if you are listed company _____,</p> <p>and proceed to sign the declaration</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India</p> <p>If "yes", then please fill of FATCA/ CRS Self certification Form</p> <p>If "No", proceed to point C</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>C. Is the account holder an Indian Financial Institution</p> <p>If "yes", please provide your GIIN, if any, _____</p> <p>If "No", proceed to point D</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen</p> <p>If "yes", (then please fill FATCA/ CRS self-certification form)).</p> <p>If "No", proceed to sign the declaration</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Customer Declaration**

( ) Under penalty of perjury, I/we certify that:

1. The applicant is:

- (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S.,
- (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

- (ii) I/we understand that VCPL is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. VCPL is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/we agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/we agree that as may be required by domestic regulators/tax authorities VCPL may also be required to report, reportable details to CBDT or close or suspend my account.
- (v) I/we certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity	
Signature 1 _____	Signature 2 _____
Signature 3 _____ (As per MOP)	
Date: _____	

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**FATCA/CRS DECLARATION FORM****Self-Certification for Entities****Part II**

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards (CRS)

**Section 1: Entity information**

Name of the Entity			
Customer ID (if existing)			
Entity Constitution Type			
Entity Identification type	<input type="checkbox"/> Tax Identification Number (TIN)	<input type="checkbox"/> U.S. GIIN	<input type="checkbox"/> Company Identification Number
	<input type="checkbox"/> Global Entity Identification Number (EIN)	<input type="checkbox"/> Other	
Entity Identification No			
Entity Identification issuing Country			
Country of Residence for tax Purpose			

**Section 2: Classification of Non-Financial entities**

I/We (on behalf of the entity) certify that the entity is:	
a) An entity incorporated and taxable in US (Specified US person) If "Yes", please provide your U.S. Taxpayer Identification Number (TIN) TIN _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____TIN
b) An entity incorporated and taxable outside of India (other than US) If "Yes", please provide your TIN or its functional equivalent Provide your TIN issuing country _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____TI
c) Please provide the following additional details if you are not a Specified US Person:	
FATCA / CRS classification for Non-financial entities (NFFE)	
<input type="checkbox"/> Active NFFE	
<input type="checkbox"/> Passive NFFE without any controlling Person	
<input type="checkbox"/> Passive NFFE with Controlling Person(s):	
<input type="checkbox"/> US <input type="checkbox"/> Others	
<input type="checkbox"/> Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus VCPL is not required to do the reporting)	
Please provide GIIN number: _____	

**Section 3: Classification of financial institutions (including Banks)**

I/We (on behalf of the entity) certify that the entity is :	
a. An entity is a U.S. financial institution If "Yes", (i) Please provide your Taxpayer Identification Number (TIN) _____ (ii) Please provide GIIN, if any _____ If "No", please tick one of the following boxes below:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____TIN
FATCA Classification	Please provide the Global Intermediary Identification number (GIIN) or other information where
<input type="checkbox"/> Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement ("IGA") Jurisdiction	
<input type="checkbox"/> Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction	
<input type="checkbox"/> Participating FFI in a Non-IGA Jurisdiction	
<input type="checkbox"/> Non-reporting FI	
<input type="checkbox"/> Non-Participating FI	
<input type="checkbox"/> Owner-Documented FI with specified US owners	

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**FATCA/CRS DECLARATION FORM****Self-Certification for Entities****Section 4: Controlling person declaration**

If you are classified as "Passive NFFE with Controlling Person(s)" or "Owner documented FFI" or "Specified US person", please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing Country	Controlling person Type
<b>Details</b>	<b>Controlling Person 1</b>	<b>Controlling person 2</b>	<b>Controlling person 3</b>	<b>Controlling person 4</b>	<b>Controlling person 5</b>
<b>Identification Type</b>					
<b>Identification Number</b>					
<b>Occupation Type</b>					
<b>Occupation</b>					
<b>Birth Date</b>					
<b>Nationality</b>					
<b>Country of Birth</b>					

**Section 5: Declaration**

- (i) Under penalty of perjury, I/we certify that:
- The number shown on this form is the correct taxpayer identification number of the applicant, and
  - The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
  - The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- (ii) I/We understand that VCPL is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. VCPL is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) I/We agree as may be required by /Regulatory authorities, VCPL shall be required to comply to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the taxpayer identification number of the applicant

\_\_\_\_\_/I/We hereby confirm that details provided are accurate, correct and complete

S.V

\_\_\_\_\_  
Authorized Signatories and Company Seal (if applicable)

Name \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_