	FATCA & CRS Declaration - Non Individual						
PAN							
Please tick the applicable tax resident declaration -							
I. 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)			
١.							
2.							
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.							
	, , , , , ,		, ,				
DAD	RT A (to be filled by Financial Institutions or Direct R	abouting NEEs)					
1.	We are a, Financial institution (Refer I of Part C) or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN					
	GIIN not available (please tick as applicable)	Applied for Not obtained – Non-participating FI Not required to apply for - please specify 2 digits sub-category (Refer I A of Part C)					
PAF	RT B (please fill any one as appropriate "to be filled b	y NFEs other than	n Direct Reporting NFEs")				
Ι.	s 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 (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange				
2.	s 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 (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange				
3.	s the Entity an active NFE (Refer 2c of Part C)		Yes Nature of Business Please specify the sub-category of Active NFE (Mention code – refer 2c of Part C)				
4.	Is the Entity a passiveNFE (Refer 3(ii) of Part	Is the Entity a passiveNFE (Refer 3(ii) of Part C)		Yes 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): Unlisted Company Partnership Firm Limited Liability Partnership Company							
	Unincorporated association / body of individuals Public Charitable Trust Private Trust						
Others (please specify)							
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). (<i>Please attach additional sheets if necessary</i>) 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(vi) of Part C)							

Details	UBO1	UBO2	UBO3				
Name of UBO							
UBO Code (Refer 3(iv) (A) of Part C)							
Country of Tax residency*							
PAN [#]							
Address							
	Zip		Zip				
	State:		State:				
	Country:	Country:	Country:				
Address Type	□ Residence □ Business □ Registered office	Residence Business Registered office	Residence Business Registered office				
Tax ID [%]							
Tax ID Type							
City of Birth							
Country of birth							
Occupation Type	□ Service □ Business □ Others	□ Service □ Business □ Others	□ Service □ Business □ Others				
Nationality							
Father's Name							
Gender	☐ Male ☐ Female ☐ Others	□ Male □ Female □ Others	□ Male □ Female □ 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 							
^s Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary DECLARATION							
I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Pace Commodity Brokers Pvt. Ltd. for any modification to this information promptly.							
I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).							
Name							
Designation							
Sign here : 🞼		Date : D D M M Y Y Y Y Place :					
For Investor convenience, Pace Commodity Brokers Pvt. Ltd. collecting this mandatory information for updating across all Group Companies of Pace Commodity Brokers 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 at your nearest Pace Commodity Brokers Pvt. Ltd. branch or you can dispatch the hard copy to-							
Pace Commodity Brokers Pvt. Ltd. Regd. Office : J-10/30, DLF City Phase-II, Gurgaon, Haryana-122002 Delhi Office : A-1/291, Safdarjung Enclave, New Delhi-110029							
For Detail Terms & Conditions please visit www.pacefin.com							