	TRUSTLINE INVESTMENT IDEAS. SIMPLIFIED.	ATCA 8	& CRS Declaration	n - Non Individual
PAI Na		Trading	Code	Client ID
Plea	se tick the applicable tax resident declaration	-		
	s "Entity" a tax resident of any country other t yes, please provide country/ies in which th	_	Yes No resident for tax purposes and the asso	ciated Tax ID number below.)
Sr. No.	Country		Tax Identification Number	Identification Type (TIN or Other*, please specify)
I.				
2.				
	case Tax Identification Number is not avail		•	Global Entity Identification Number or GIIN, etc.
	·			·
In ca	ase the Entity's Country of Incorporation / Ta	ax residence is	s U.S. but Entity is not a Specified U.S.	Person, mention Entity's exemption code here
PAI	RT A (to be filled by Financial Institutions or Direct Ro	eporting NFEs)		
I.	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 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 Applied for Not obtained – Non-participating FI Not required to apply for - please specify 2 digits sub-category (Refer I A of Part C)		
	GIIN not available (please tick as applicable)			
PAI	$RT\;\mathbf{B}$ (please fill any one as appropriate "to be filled b	y NFEs other tha	n Direct Reporting NFEs")	
I.	whose shares are regularly traded on an established		Yes [If yes, please specify any one stock exchange on which the stock is regularly traded] Name of stock exchange	
2.	, ,		Name of listed company	company and one stock exchange on which the stock is regularly traded) the Listed Company or Controlled by a Listed Company
			Name of stock exchange	and a sound of a sound company
3.	Is the Entity an active NFE (Refer 2c of Part C	2)	Yes Nature of Business	
			Please specify the sub-category of Active	NFE (Mention code – refer 2c of Part C

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Nature of Business

Yes

Is the Entity a passiveNFE (Refer 3(ii) of Part C)

Category (Please tick applicable category):	Unlisted Company	Partnership Firm	Limited Liability Partnership Company
Unincorporated association / body of individuals	Public Charitable Trust	Religious 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). (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(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 State: Country:	Zip State:Country:	Zip State: 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 f 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. f 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								
I have not a dead on denote a deba		RATION	dia this Fame (need also accith					
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 Trustline Commodities 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.								
Name								
Designation								
Sign here : (I) Date : D D M M Y Y Y Y Place :								
Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearest TCPL branch or you can dispatch the hard copy to-								
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For Detail Terms & Conditions please visit www.trustline.in								