

## **Details of Ultimate Beneficial Owner**

(For Non Individual)

CIN: U65100MH2010PLC199319
Registered Office: IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400 005.
Corporate Office: 4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Mumbai - 400 005.
Tel: (022) 66442800 Fax: 66442801 Website: <a href="https://www.idbimutual.co.in">www.idbimutual.co.in</a> Email: <a href="mailto:contactus@idbimutual.co.in">contactus@idbimutual.co.in</a>

Folio No.															P	AN																										
Name of the entity																																	Ι				$\Box$					
Category (Please tick o	applic	able (	atego	ory)				Listed Company (Need not pro								rovide UBO details sought under)						Unlisted Company								Partnership Firm												
Unincorporated association/body of individuals											Limited Liability Partnership Company									Public Charitable Trust										Religious Trust												
Private Trust											Others																															
Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/c														itizer	nship	and	ALL	Tax	lden	tifica	ition	Num	ber	s fo	r EAC	Ήс	ontro	ollin	g per	son(	s).											
Name - Beneficial own	ner/Co	ontrol	ling p	erso	n					Та	ax ID	x ID No - TIN or Other, please specify										Add	dress	s - Inc	clud	e Sto	ate, (	Coun	try, Pi	IN/2	ZIP (	Code		 Conta	 ıct D	etail:	s					
Country - Tax Residency#											Beneficial Interest - In percentage											Add	dress	з Тур	e -																	
Tax ID No - Or function	nal eq	uival	ent fo	r ea	ch co	untr	V#	Type Code <sup>9</sup> - of Contro								rolling person																										
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Note: If passive NFE, please provide below additional details.																				Dlen	ise at	tach	ed ac	dditic	nal	chec	otc if	nece	Scar	,)				_	=	_	_	_				
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PAN/Any other Identification Number - (PAN, Aadhar, Passport Driving License, NREGA Job Card, Others) City of Birth - Country of Birth																		Occupation Type - Service, Bus Nationality Father's Name - Mandatory if N															DOB - Date of Birth Gender - Male, Female, Other									
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# Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India; 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																																										
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