



Details of Ultimate Beneficial Owner (For Non Individual)

IDBI Asset Management Limited

CIN: U65100MH2010PLC199319

Registered Office: IDBI Tower, WTC Complex, Cuffe parade Colaba, Mumbai - 400 005. Corporate Office: 5th Floor, Mafatlal Centre, Nariman Point, Mumbai - 400 021.

Tel: (022) 66442800 Fax: 66442801 Website: www.idbimutual.co.in Email: contactus@idbimutual.co.in

Name of the entity

- Category** (Please tick applicable category)
- Listed Company (Need not provide 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 / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Name - Beneficial owner / Controlling person	Tax ID No - TIN or Other, please specify	Address - Include State, Country, PIN/ ZIP Code & Contact Details
Country - Tax Residency [#]	Beneficial Interest - In percentage	Address Type -
Tax ID No - Or functional equivalent for each country [#]	Type Code ⁹ - of Controlling person	

1. Name _____	Tax ID Type _____	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Country _____	Beneficial Interest _____	Address _____
Tax ID No. [#] _____	Type Code _____	ZIP <input type="text"/> State: _____ Country: _____

2. Name _____	Tax ID Type _____	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Country _____	Beneficial Interest _____	Address _____
Tax ID No. [#] _____	Type Code _____	ZIP <input type="text"/> State: _____ Country: _____

3. Name _____	Tax ID Type _____	Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Country _____	Beneficial Interest _____	Address _____
Tax ID No. [#] _____	Type Code _____	ZIP <input type="text"/> State: _____ Country: _____

Note: If passive NFE, please provide below additional details.

(Please attached additional sheets if necessary)

PAN / Any other Identification Number - (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others)	Occupation Type - Service, Business, Others	DOB - Date of Birth
City of Birth - Country of Birth	Nationality	Gender - Male, Female, Other
	Father's Name - Mandatory if PAN is not available	

1. PAN <input type="text"/>	Occupation Type <input type="text"/>	DOB <input type="text"/>
City of Birth <input type="text"/>	Nationality <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth <input type="text"/>	Father's Name <input type="text"/>	<input type="checkbox"/> Others

2. PAN <input type="text"/>	Occupation Type <input type="text"/>	DOB <input type="text"/>
City of Birth <input type="text"/>	Nationality <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth <input type="text"/>	Father's Name <input type="text"/>	<input type="checkbox"/> Others

3. PAN <input type="text"/>	Occupation Type <input type="text"/>	DOB <input type="text"/>
City of Birth <input type="text"/>	Nationality <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth <input type="text"/>	Father's Name <input type="text"/>	<input type="checkbox"/> Others

[#] 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

Name

Designation

First / Sole Applicant / Guardian Signature	Second Applicant Signature	Third Applicant Signature
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Place : _____

Date : __/__/____