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: 4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Mumbai - 400 005.
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 Film

☐ 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 ☐ Residence ☐ Business ☐ Registered office
Country _____ Beneficial Interest _____ Address _____
Tax ID No.# _____ Type Code _____ ZIP _____ State: _____ Country: _____

2. Name _____ Tax ID Type _____ Address Type ☐ Residence ☐ Business ☐ Registered office
Country _____ Beneficial Interest _____ Address _____
Tax ID No.# _____ Type Code _____ ZIP _____ State: _____ Country: _____

3. Name _____ Tax ID Type _____ Address Type ☐ Residence ☐ Business ☐ Registered office
Country _____ Beneficial Interest _____ Address _____
Tax ID No.# _____ Type Code _____ ZIP _____ 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)* **City of Birth - Country of Birth**	**Occupation Type -** *Service, Business, Others* **Nationality** **Father's Name -** *Mandatory if PAN is not available*	**DOB -** *Date of Birth* **Gender -** *Male, Female, Other*

1. PAN _____ Occupation Type _____ DOB D D M M Y Y Y Y
City of Birth _____ Nationality _____ Gender ☐ Male ☐ Female
Country of Birth _____ Father's Name _____ ☐ Others

2. PAN _____ Occupation Type _____ DOB D D M M Y Y Y Y
City of Birth _____ Nationality _____ Gender ☐ Male ☐ Female
Country of Birth _____ Father's Name _____ ☐ Others

3. PAN _____ Occupation Type _____ DOB D D M M Y Y Y Y
City of Birth _____ Nationality _____ Gender ☐ Male ☐ Female
Country of Birth _____ Father's Name _____ ☐ 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

Place : _____

Date : ____/ ____/_____