	.	FATCA & CRS Declaration - Non Individua			
PA	N	Trading DP Code			
Plea	ase tkk the applicable tax resident de	claration			
	s "Entity" a tax resident of any country other				
(/† Sr.		the entity is a resident for tax purposes and the associated Tax ID number below.) Tax Identification Number Identification Type			
No.	Country	Tax Identification Number (TIN or Other, please specify)			
ı.					
2.	1 547	publication and the second second			
3.	180 FOLD 180 FOLD 18	enalty as weight at some the same of the			
ln c	ase Tax Identification Number is not available.	kindly provide its functional equivalent			
		able, please provide Company Identification number or Global Entity Identification Number or GIN, etc.			
In ca	ase the Entity's Country of Incorporation / Tax	r residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's expemption code here			
	, , , , ,				
PAR	RT A (to be filled by financial Institutions or Dir	rect Reporting NFEs)			
l.	We are a, Financial Institution (Refer I of Part C) or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate)	Note: If you do not have a GIN but you are sponsored by another entity, please provide your sponsor's GIN above and indicate your sponsor's Name below Name of sponsoring entity			
	GIN 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				
ı	Is 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	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2a 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				
	Is the Entity an active NFE (Refer 2c of Part 0	C) Yes Nature of Business			
3		Nature of Business			
3 1	Is the Entity a passive NFE (Refer 3 (ii) of Par	Please specify the sub category of Active NFE (Mention code - refer 2c of Part C			
1		Please specify the sub category of Active NFE (Mention code - refer 2c of Part Ct C) Yes Nature of Business			
U		Please specify the sub category of Active NFE (Mention code - refer 2c of Part C			

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	UBOI	UBO2	UBO3			
Name of UBO	Line Charles		5, 475			
UBO Code (Refer 3 (iv) (A) of Part C)	× × × × × × × × × × × × × × × × × × ×		167 087			
Company of Tax residency*	12 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1	Ma.			
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*	Managaga Salaya — resumak		dulein, tenno(lule)			
Tax ID Type	e de la companya del companya de la companya del companya de la co		Serveria de Asparlia			
City of Birth						
Country of birth			and distributed the			
Occupation Type	Service Business Others	Service Business Others	☐ Service ☐ Business ☐ Others ☐			
Nationality	main for some	(M - 3 M 2 m M / T				
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 (%) ^s			The second second second			
*To include US, where controlling person is a US Citizen or green card holder 'If UBa is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position I Designation like Director I Settlor of Trust I Protector of Trust to be spedfed wherever applicable. "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 I Comp < Iny 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 M/s.Hem Securities Ltd. / Hem Finlease Pvt. Ltd. for any modification to this information 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		The second secon	m m l 2 maris 4 can in 1			
Sign here: (I)		Date :				