


Details	UB01	UB02	UB03
Name of UBO			
UBO Code (Refer 3 (iv) (A) of Part C)			
Company of Tax residency*			
PAN*			
Address :	Zip <input type="text"/> State :..... Country :.....	Zip <input type="text"/> State :..... Country :.....	Zip <input type="text"/> State :..... Country :.....
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax ID*			
Tax ID* Type			
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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.
 If UBa is KYC complaint, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position I Designation like Director Settlor of Trust.
 Protector of Trust to be spedfed wherever applicable.
 In case Tax Identification Number is not available, kindly provide functional equipment.
 \$ 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 alongwith 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 Chandrakala Broking Services Pvt. Ltd. for any modification to this information promptly.
 I furthe agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Name	<input type="text"/>
Designation	<input type="text"/>
 <input type="text"/> Signature of Client	Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Place : <input type="text"/>