

	Name of Legal Entity _____	RF Number _____
1	Name of the controlling person (mandatory)	
2	Entity Type (mandatory)	<input type="checkbox"/> Pub / Pvt Co. <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Society <input type="checkbox"/> Club <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Insurance
3	Controlling person type code (mandatory)	
4	Date of birth (mandatory)	
5	PAN (optional)	
6	Customer ID (if existing)	
7	Percentage of ownership/capital/profits (mandatory)	
8	Place / City of Birth (mandatory)	
9	Country of Birth (mandatory)	
10	Gender (mandatory)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
11	Marital Status (mandatory)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
12	Father's name (mandatory)	
13	Nationality (Please specify country) (mandatory)	
14	Adhaar No (Optional)	
15	Mother's Name (optional)	
16	Maiden Name (if any)	
17	Country of tax residence* (Mandatory)	
18	Tax identification number (or functional % equivalent of country other than India)	
19	Tax identification number type (for country other than India)	
20	Address (Mandatory)	
	Address - City (Mandatory)	
	Address - State (Mandatory)	
	Address - Country (Mandatory)	
	Address - Pin Code (Mandatory)	
	Address Type for above (Mandatory)	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential Business <input type="checkbox"/> Residential    Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Registered Office
	Mobile Number (Mandatory)	
	Telephone Number (with ISD &STD code)	
	Occupation Type (Mandatory)	<input type="checkbox"/> S - Service Provider <input type="checkbox"/> S - Service Provider <input type="checkbox"/> O - Others    B-Business <input type="checkbox"/> O - Others    B-Business <input type="checkbox"/> X - Not Categorized <input type="checkbox"/> X - Not Categorized
	Proof of Identity and Proof of Address (Mandatory) (Attach self attested Proof)	Passport No. <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/> Expiry Date <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/> Aadhaar No. <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/>
	Spouse's Name (Optional)	Passport No. <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/> Expiry Date <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/> Aadhaar No. <input style="width:100px; border: none; border-bottom: 1px solid black;" type="text"/>

\* To include US, where controlling person is a US citizen or green card holder. Please provide ALL the countries of tax residency and corresponding TINs.  
 % In case Tax Identification Number is not available, kindly provide functional equivalent.

**Name of Director/Partner/Member/Trustee :** \_\_\_\_\_

Signature with Seal