FRANKLIN TEMPLETON INVESTMENTS

Details of ultimate beneficial owner including additional FATCA & CRS information

Name of the entity

Type of address given at KYC ✓ Residential or Business ✓ Residential ✓ Business ✓ Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Customer ID / Folio Number

PAN | Date of incorporation D D / M M / Y Y Y Y

City of incorporation

Country of incorporation

Entity Constitution Type
Please tick as appropriate

a *Partnership Firm* b *HUF* c *Private Limited Company* d *Public Limited Company* e *Society* f *AOP/BOI*
g *Trust H Liquidator* h *Limited Liability Partnership* i *Artificial Juridical Person* z *Others specify* _____

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes ✓ No ✓

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number[%]	Identification Type *(TIN or Other[%], please specify)*

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent[$].
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A *(to be filled by Financial Institutions or Direct Reporting NFEs)*

1. We are a,
Financial institution[6] ✓
or
Direct reporting NFE[7] ✓
(please tick as appropriate)

GIIN

Note: *If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

Name of sponsoring entity

GIIN not available *(please tick as applicable)* ✓ **Applied for**

If the entity is a financial institution, ✓ Not required to apply for - please specify 2 digits sub-category[10]

✓ Not obtained – Non-participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1.	Is the Entity a *publicly traded company*[1] *(that is, a company whose shares are regularly traded on an established securities market)*	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*[2] of a publicly traded company *(a company whose shares are regularly traded on an established securities market)*	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_____
3.	Is the Entity an *active*[3] NFE	Yes ✓ *(If yes, please fill UBO declaration in the next section.)* Nature of Business_____ Please specify the sub-category of Active NFE *(Mention code – refer 2c of Part D)*
4.	Is the Entity a *passive*[4] NFE	Yes ✓ *(If yes, please fill UBO declaration in the next section.)* Nature of Business_____

[1]Refer 2a of Part D | [2]Refer 2b of Part D | [3]Refer 2c of Part D | [4]Refer 3(ii) of Part D | [6]Refer 1 of Part D | [7]Refer 3(vii) of Part D | [10]Refer1A of Part D

UBO Declaration

Category *(Please tick applicable category):* ✓ Unlisted Company ✓ Partnership Firm ✓ Limited Liability Partnership Company

✓ Unincorporated association / body of individuals ✓ Public Charitable Trust ✓ Religious Trust ✓ Private Trust

✓ Others (please specify_____)

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).

Owner-documented FFI's[5] should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - *Beneficial owner / Controlling person* **Country -** *Tax Residency** **Tax ID No. -** *Or functional equivalent for each country%*	**Tax ID Type -** *TIN or Other, please specify* **Beneficial Interest -** *in percentage* **Type Code[11] -** *of Controlling person*	**Address -** *Include State, Country, PIN / ZIP Code & Contact Details* **Address Type -**
1. Name Country Tax ID No.%	Tax ID Type Type Code AddressType ● Residence ● Business ● Registered office	Address ZIP State: Country:
2. Name Country Tax ID No.%	Tax ID Type Type Code AddressType ● Residence ● Business ● Registered office	Address ZIP State: Country:
3. Name Country Tax ID No.%	Tax ID Type Type Code AddressType ● Residence ● Business ● Registered office	Address ZIP State: Country:

 # If passive NFE, please provide below additional details. *(Please attach additional sheets if necessary)*

PAN / Any other Identification Number *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA 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 City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male ✓ Female ✓ Others ✓
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male ✓ Female ✓ Others ✓
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male ✓ Female ✓ 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

[4]Refer 3(iii) of Part D | [5]Refer 3(vi) of Part D | [11]Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with *Franklin Templeton Asset Management (India) Pvt. Limited* or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

[5]It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Signature Signature Signature

Place _____

Date __/ __/ _____