

CUSTOMER UPDATION FORM FOR KYC NON-INDIVIDUALS

Bar Code

{All fields with * are mandatory}

CUSTOMER ID OF ENTITY <u>CUST12</u>	Date <u>08-07-2025</u>
CUSTOMER ID OF PROPERITOR/KARTA	PAN NUMBER OF PROPERITOR/KARTA
CUSTOMER NAME Prefix (Mr./miss/mrs.)	Name OF PROPERITOR/KARTA
NAME OF ENTITY <u>Ebitaus Private Limited</u>	PAN OF ENTITY <u>CIXPN9255M</u>

*MAILING ADDRESS & CONTACT

- ☐ There is no changes in our mail address.
(Note: Address proof to be provided)
- ☐ I/Wish to change my/our mailing address/contact details as below.
(Note: Address proof to be provided for address change)

Shop no / Bidg name			
*Road Name			
Landmark			
*City		*Pincode	
*State		*Country	
Tel (Off)	Extension No	Fax No	
Tel (R)			
Mobile No			
E-Mail ID			

*REGISTERED OFFICE ADDRESS

☐ Please tick in case of registered address is same as mailing address

Shop no / Bidg name			
*Road Name			
Landmark			
*City		*Pincode	
*State		*Country	
Registered Address Type	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented / Leased	

*Business details (please tick on the appropriate sub category against the type of entity)

Type of Entity :-

- ☐ Proprietary ☐ Sole Proprietorship ☐ Partnership ☐ LLP ☐ Private Limited ☒ Public Limited ☐ HUF ☐ Government Bodies
- ☐ Society ☐ Trust ☐ Foreign Bodies ☐ Association

Sub Category of Entity :-

PUB / PVT LTD COMPANY	GOVERNMENT	FOREIGN BODIES	TRUST	BANK
<input type="checkbox"/> Financial Services Company	<input type="checkbox"/> Central	<input type="checkbox"/> Foreign Govt	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Indian Commercial Bank
<input type="checkbox"/> PSU	<input type="checkbox"/> State	<input type="checkbox"/> Project Office	<input type="checkbox"/> Public Trust	<input type="checkbox"/> Foreign Resident Bank
<input type="checkbox"/> Others	<input type="checkbox"/> Local Autohties	<input type="checkbox"/> Branch Office	<input type="checkbox"/> Pivate Trust	<input type="checkbox"/> Co-Operative Bank
ASSOCIATION	<input type="checkbox"/> State Electricity Boards	<input type="checkbox"/> Liaison Office	<input type="checkbox"/> Religious Trust	SOCITIES
<input type="checkbox"/> Business Association	<input type="checkbox"/> Quasi Government Bodiews	<input type="checkbox"/> Consulates / Embassies	<input type="checkbox"/> Educational Trust	<input type="checkbox"/> Credit Co-Operative
<input type="checkbox"/> Unregistered Association	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> PF Trust	<input type="checkbox"/> Non Credit Co-Operative
<input type="checkbox"/> Other Association				<input type="checkbox"/> Proprietorship

Self Employed Professional (Please Tick):

<input type="checkbox"/> CA / CS / ICWA / CMA	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Doctor
<input type="checkbox"/> Architect	<input type="checkbox"/> IT Consultant	<input type="checkbox"/> Others _____

Nature of Business (Please Tick):

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Stock Provider	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Retail Trading	<input type="checkbox"/> Wholesale Trading	<input type="checkbox"/> <u>Others</u>		

Details of Activity _____

Date of Incorporation _____

Annual Turnover (in Figures) _____

Whether involved in ☐ Import ☐ Export

Annual Turnover (in Words) _____

Nature of Industry (Please tick):

<input type="checkbox"/> Automobile	<input type="checkbox"/> Restaurants	<input type="checkbox"/> IT/Software/BPO	<input type="checkbox"/> Agricultural Commodities
<input type="checkbox"/> Petrol Pump	<input type="checkbox"/> Forex Dealer/Bullion	<input type="checkbox"/> Media / Entertainment	<input type="checkbox"/> Leasing & Hire Purchase
<input type="checkbox"/> Contractors	<input type="checkbox"/> Chit Funds	<input type="checkbox"/> Construction	<input type="checkbox"/> Housing Finance
<input type="checkbox"/> Oil	<input type="checkbox"/> Fisheries/Poultry	<input type="checkbox"/> Steel/Hardware	<input type="checkbox"/> Fertilizers-Chemicals-Seeds-pesticides
<input type="checkbox"/> Consultancy	<input type="checkbox"/> Cements/Paints	<input type="checkbox"/> Dairy/food processing	<input type="checkbox"/> Electronics-computer hardware
<input type="checkbox"/> Education	<input type="checkbox"/> Engineering Goods	<input type="checkbox"/> Shroff	<input type="checkbox"/> Issue & Portfolio Management
<input type="checkbox"/> NBFC	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Textile/Garments	<input type="checkbox"/> Hospital/Nursing Home/Clinics
<input type="checkbox"/> Retail Jewelry	<input type="checkbox"/> Hotels/Resorts	<input type="checkbox"/> Printing/publishing	<input type="checkbox"/> FMCG
<input type="checkbox"/> Furniture/Timber	<input type="checkbox"/> Consumer Durables	<input type="checkbox"/> Travel/Touring Agency	<input type="checkbox"/> Term Lending Institutions
<input type="checkbox"/> Broking	<input type="checkbox"/> Money Lender	<input type="checkbox"/> Marble/Granite	<input type="checkbox"/> Auto Finance
<input type="checkbox"/> Advt. Agencies	<input type="checkbox"/> Transportation / Logistics	<input type="checkbox"/> Others	

I submit a self attested photocopy of the following as:-

Entity Proof

1) PAN - CIXPN9255M

2) CIN - CIN1212121212121212

Address Proof of Entity

Identity Proof of Properitor/Karta

--

Signature of Authorised
Signatory 1

--

Signature of Authorised
Signatory 2

--

Signature of Authorised
Signatory 3

Date 08-07-2025

I/We hereby solemnly declare that the information provided above with respect to my/our account is up to date and correct.

Extended Annexure - CKYC For Non-Individual Entities

(For Account opening and Re-KYC)

{All fields are mandatory}

Date08-07-2025

AOF Number

Name of the entityEbitaus Private Limited

Customer ID
(Applicable for existing customer)

Document submitted for Identity of Entity (Please tick and mention document number):

☒ Certificate of IncorporationCIN1212121212121212

☐ Registration Certificate

☐ Trust Deed

☐ Memorandum & Article of Association

Document submitted for Mailing Address (Please tick and mention document number):

☒ Certificate of IncorporationCIN1212121212121212

☐ Registration Certificate

☐ Any Other Document

Beneficial Owner details {All fields are mandatory}

Name of Beneficial Owner		
Address - Line		
Address - City		
Address - State		
Address - Country		
Address - Pincode		

Authorised Signatories details

{All fields are mandatory}

Name of the Authorised Signatory	<div>Nishanthan</div>	
Father's name		
Proof of Identity		
Proof of Address		
Address - Line		
Address - City		
Address - State		
Address - Country		
Address - Pincode		
Signature		
Photograph		

Extended Declaration For Non-Individual Entities

(For Account opening and Re-KYC)

Date 08-07-2025

AOF Number _____

{All Questions from 1 to 5 are mandatory}

1. Name of the Entity Ebitaus Private Limited

2. Customer ID
(Applicable for existing customers) CUST12

3. (a) Country of Incorporation _____ (b) Place/City of Incorporation _____

(c) Date of Commencement of Business _____

4. (a) Is the entity a tax resident of any country/ies outside India ☐ Yes ☐ No
(If Yes, please fill Annexure 1)

(b) Is the entity incorporated or organized in the United States (including a Trust, if the trustee is a U.S. citizen or resident) ☐ Yes ☐ No
(If Yes, please fill Annexure 1)

5. Questions relevant for entity FATCA and CRS classification

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

(a) Is the entity a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the above mentioned entity types ☐ Yes ☐ No
(If yes, please sign the declaration on Page 2; If No, go to next question)

(b) Is the entity a Financial Institution¹ (FI) OR a Direct Reporting NFE ☐ Yes ☐ No
(If Yes, please fill Annexure 1; If No, please go to next question)

(c) Is the entity a publicly traded corporation/ a related entity of a publicly traded corporation

(i) Publicly traded corporation ☐ Yes ☐ No

(If Yes, please specify any one stock exchange upon which the stock is regularly traded)

Name of the Stock Exchange _____

(ii) Related entity of a publicly traded corporation ☐ Yes ☐ No

(If Yes, please provide below details)

Name of the listed company,
the stock of which is regularly traded _____

Name of the Stock Exchange _____

Nature of relation: ☐ Subsidiary of the listed company ☐ Controlled by a listed company or under common control

(d) Does the entity have any ultimate beneficial owners (incl. controlling persons) who are tax residents (incl. U.S. citizens/green card holders) of countries other than India ☐ Yes ☐ No
(If yes, please fill Annexure 1)

Note: If the entity is not listed in any of the stock exchange, then please fill Annexure 2 (beneficial ownership declaration) mandatorily

FATCA-CRS terms & 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 HDFC Bank 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 you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

Certification

Under penalty of perjury, I/we certify that:

- I/We understand that HDFC Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. HDFC Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions
- I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I/We agree that as may be required by domestic regulators/tax authorities, HDFC Bank may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.
- I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and definitions in Part C to this Form) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name _____

Designation _____

Date 08-07-2025 _____

Annexure – 1

(This Annexure is in continuation to the "Extended Declaration for Entities" and is required to be filled based on responses in the main form)

PART A: Details required from all customers filling Annexure 1

Name of the Entity Ebitaus Private Limited AOF Number _____

6. (a) Identification Number (please provide any one) (Mandatory)

Select ID Type

☐ CIN ☐ Global Entity Identification Number ☐ TIN ☐ Other _____

Provide the ID Number for above _____

(b) Identification Number issuing country _____

ADDRESS AND CONTACT DETAILS (Mandatory)

7. Address for tax purpose: ☐ Same as registered address ☐ Same as mail address

8. Address type for the above: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PART B: To be filled as applicable

9. Details of foreign tax residency and associated TIN (please fill if answer to Q.4(a) or Q.4(b) is YES):

Country/(ies) of tax residency	Tax Identification Number	Identification Type (TIN or Other, please specify)

In case Tax Identification Number is not available, kindly provide functional equivalent.

10. Is the entity a specified U.S. Person (please fill if answer to Q.4(b) is YES) ☐ Yes ☐ No

If No, please mention entity's exemption code: _____

11. Entity FATCA classification and other details (Mandatory)

11(A) - (to be filled by Financial Institutions or Direct Reporting NFEs)* - please fill if answer to Q.5(b) is YES		
<p>We are a:</p> <p><input type="checkbox"/> Financial Institution <input type="checkbox"/> Direct reporting NFE</p> <p>(Please tick as appropriate)</p> <p>*If the entity is a Financial Institution and located outside India, please fill 11(B)</p>	<p>GIIN: _____</p> <p>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:</p> <p>Name of sponsoring entity: _____</p>	<p>GIIN not available (please tick as applicable):</p> <p>Following options available only for Financial Institutions:</p> <p><input type="checkbox"/> Applied For</p> <p><input type="checkbox"/> Not required to apply for <u>Please specify sub-category</u></p> <p><input type="checkbox"/> Not obtained</p>

11(B) - (to be filled by Financial Institution that is a tax resident outside India) (Mandatory)		
1.	Whether the Financial Institution is located in a CRS jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Q 2 and Q3 are not required. If No, please go to Qs. 2)	
2.	Whether FI is an 'Investment Entity'? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please refer definition 1(iii) of Part C of the FATCA-CRS declaration) (If yes, please go to Qs. 3)	
3.	The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable to investing, reinvesting, or trading in financial assets. <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please additionally fill Annexure 2)	
11(C) - (Please fill ANY ONE as appropriate; to be filled by NFEs other than Direct Reporting NFEs) - please fill if answer to Q.5(d) is YES		
C1	Is the Entity an active NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the sub-category of Active NFE _____
C2	Is the Entity a passive NFE (if Yes, please fill Annexure 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annexure – 2

Beneficial Owner Declaration (For Company/Partnership/LLP/AOP/BOI/Trust)

AOF Number _____

1	Name of the controlling person (mandatory)	_____	_____
2	Entity Type (mandatory)	_____	_____
3	Controlling person type code (mandatory)	_____	_____
4	Date of birth (mandatory)	_____	_____
5	PAN (mandatory)	_____	_____
6	Customer ID (if applicable)	_____	_____
7	Percentage of ownership/capital/profits(mandatory)	_____	_____
8	Place / City of Birth (mandatory)	_____	_____
9	Country of Birth (mandatory)	_____	_____
10	Gender (mandatory)	_____	_____
11	Marital Status (mandatory)	_____	_____
12	Father's name (mandatory)	_____	_____
13	Nationality (Please specify country) (mandatory)	_____	_____
14	Aadhaar 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 - Line (Mandatory)	<div></div>	<div></div>
21	Address - City (Mandatory)	<div></div>	<div></div>
22	Address - State (Mandatory)	<div></div>	<div></div>
23	Address - Country (Mandatory)	<div></div>	<div></div>
24	Address - Pin Code (Mandatory)	<div></div>	<div></div>
25	Address Type for above (Mandatory)	<div></div>	<div></div>
26	Mobile Number (Mandatory)	<div></div>	<div></div>
27	Telephone Number (with ISD &STD code)	<div></div>	<div></div>
28	Occupation Type (Mandatory)	<div></div>	<div></div>
29	Proof of Identity (Mandatory)	<div></div>	<div></div>
30	Proof of Address (Mandatory)	<div></div>	<div></div>
31	Spouse's name (Optional)	<div></div>	<div></div>
32	Recent colour Photographs (Photo is Non- mandatory for Account opening)	<div></div>	<div></div>