

Annexure A – Controlling Person Self certification

Controlling Person Type:	
<input type="checkbox"/> Legal Persons	_ Ownership _ Other means <input type="checkbox"/> Senior Managing Official
<input type="checkbox"/> Legal Arrangement	Trust: <input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Protector <input type="checkbox"/> beneficiary <input type="checkbox"/> Others
	Others: <input type="checkbox"/> Settlor equivalent <input type="checkbox"/> Trustee equivalent <input type="checkbox"/> Protector equivalent <input type="checkbox"/> beneficiary equivalent <input type="checkbox"/> Others equivalent
<input type="checkbox"/> Unknown	
Name of Controlling Person :	
Father's name :	
PAN :	Aadhar Number :
Identification Type (<i>tick and provide as proof of identity</i>):	<input type="checkbox"/> Passport <input type="checkbox"/> Election Id Card <input type="checkbox"/> PAN Card <input type="checkbox"/> ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI letter <input type="checkbox"/> NREGA job card <input type="checkbox"/> Others <input type="checkbox"/> Not categorised
Identification Number (mentioned in the Identification Document):	
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised
Gender : <input type="checkbox"/> M – Male <input type="checkbox"/> F – Female <input type="checkbox"/> O - Others	Status : <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual <input type="checkbox"/> Foreign National
Nationality : <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify the name of country) :	
Date of Birth :	Place of Birth(City) :
Country of Birth :	Country of Residence as per tax laws:
Phone No(s) :	Mobile No(s) :
Email Id(s) :	
Other Contact Number :	