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To be filled in BLOCK LETTERS in English

KYC FORM – NON INDIVIDUALS

IDENTITY DETAILS

Name of the Applicant*	Jiten Zaverchand Gala HUF		
Date of Incorporation*	22/03/1994	**Date of Commencement***	22/03/1994
Place of Incorporation*	Mumbai	**PAN***	AAAHJ0306G
Registration number (CIN Number)			
TIN / GST Registration No.			

ENTITY TYPE

☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Partnership ☐ Trust/Charity/NGO ☑ HUF ☐ FPI Category I ☐ FPI Category II
☐ Body Corporate ☐ AOP ☐ Bank ☐ Government Body ☐ Defence Establishment ☐ Body of Individuals Society LLP
☐ Non-Government Organization ☐ Others

Proof of Identity:

☐ Officially Valid Document(s) in respect of person authorized to transact (Select one from below)
○ Aadhaar Card (only last 4 Digits) ○ Voter ID Card ○ Passport ○ Driving license ○ NPR ○ NREGA Job Card
✓ Others (Any document notified by Central Government) PAN CARD
☐ Certificate of Incorporation/Formation ☐ Registration Certificate
☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed ☐ Board Resolution
☐ Power of attorney granted to its manager, office, employees to transact on its behalf
☐ Activity Proof –1 + (For Sole Proprietorship Only) ☐ Activity Proof –2 + (For Sole Proprietorship Only)

ADDRESS DETAILS

Registered Address *	202 Prithvi Emperor New Prabhadevi Road, Near Prabhadevi Temple Prabhadevi *City/ Town/Village** Mumbai *District** Mumbai *State** Maharashtra *Country** India *Pin code** 400025
Business/ Correspondence Address *(If any)*	☐ Same As Registered Address *City/ Town/Village** *District** *State** *Country** *Pin code**
Proof of address*	attested copy of any one POA to be submitted # Not more than 3 months old ☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other document ☐ Latest Telephone Bill# (Landline only) ☐ Latest Electricity Bill# ☑ Latest Bank Account Statement# ☐ Registered Lease/ Sale Agreement of Office Premises Validity/Expiry Date of POA DD/MM/YYYY ☐ Any other proof of address document (as listed overleaf)
Tax Residency Address	☐ Business *(Correspondence)* ☑ Registered Office

CONTACT DETAILS *(to be used for all necessary reporting / communication purposes)*

Landline Phone No:		**Mobile No***	9870078900
Fax No:		**Email ID***	Jiten@prithvigroup.biz

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am /We are aware that I/We may be held liable for it.
I/We hereby consent to receive information from Central KYC and/or KRA registry through SMS/Email on above registered number/email address.

Annexures Submitted - Number of related person's : 1

For: For JITEN ZAVERCHAND GALA HUF

(Jiten Gala)

Name & Signature of the Authorised Signatory KARTA
(With stamp)

Date: 08/11/2024 Place: Mumbai

FOR OFFICE USE ONLY

In-Person Verification (IPV) & Self-Attested copies received by

Company Name: Qode Advisor LLP
Emp Name: VERIFIED WITH ORIGINAL
Emp Code: IN-PERSON VERIFICATION
Designation: Date of Verification 08/11/2024
Date: Name of Official Vaibhav Jain
Signature: Designation of Emp Operations Analyst
Employee Code 005
Signature of Official Vaibhav Jain

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ANNEXURE 1

Details of Related Person (Minimum 2)

(Whole Time Directors & Authorised Signatories, Partners, Karta, Trustee)

APPLICANT NAME	Jiten Zaverchand Gala HUF - AAA	PAN	
PAN*	AABPG8707D	Date of Birth*	15/11/1969 HJ03064
Name*	Jiten Zaverchand Gala		
Maiden Name* (if any)	—		
Father /Spouse Name*	Zaverchand Tejshi Gala		
Nationality*	Indian	Gender*	☑ Male ☐ Female ☐ Transgender
Mobile Number	9870078900	PEP STATUS	☐ YES ☑ NO
Email ID	Jiten@paithvigroup.biz	Signature	

Related Person Type*:

☐ Director -DIN ☐ Promoter ☐ Partner ☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner

☑ Karta ☐ Trustee ☐ Court Appointed Official Proprietor ☐ Power of Attorney Holder ☐ Others (Please Specify)

Proof of Identity (POI) *	Identification number*	Expiry Date (If Any)
☑ Aadhaar Card (only last 4 Digits) ☐ Voter ID Card ☐ Passport ☐ Driving license ☐ NPR ☐ NREGA Job Card ☐ Others (Any document notified by Central Government)	XXXX-XXXX-4833	

Permanent Address*

202, Paithvi Emperor, New Prabhadevi Road, Near Prabhadevi Temple, Prabhadevi — City/Town/Village* Mumbai

District* Mumbai — State* Maharashtra — Country* India — Pin code* 400025

☐ Residential/Business ☑ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Doc submitted as POA*	Document number*	Expiry Date (If Any)
☑ Aadhaar Card ☐ Passport Number ☐ Voter ID Card ☐ Driving License ☐ NREGA Job Card ☐ NPR Letter ☐ Others	XXXX-XXXX-4833	

Correspondence Address* (If different from above / Overseas Address* (Mandatory for NRI Applicant))

☑ Same As Permanent Address

City/ Town/Village*

District* — State* — Country* — Pin code*

☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Doc submitted as POA*	Document number*	Expiry Date (If Any)
☐ Aadhaar Card ☐ Passport Number ☐ Voter ID Card ☐ Driving License ☐ NREGA Job Card ☐ NPR Letter ☐ Others		

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receive information from Central KYC and/or KRA registry through SMS/Email on above registered number/email address.

I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only

For: For JITEN ZAVERCHAND GALA HUF

(Jiten Gala)

KARTA

Name & Signature of the Authorised Signatory

(With stamp)

Date: 08/11/2024 Place: Mumbai

Seal/Stamp of the NUVAMA

Date: Place:

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ANNEXURE 1

Details of Related Person (Minimum 2)

(Whole Time Directors & Authorised Signatories, Partners, Karta, Trustees)

APPLICANT NAME		PAN	

PAN*		Date of Birth*	
Name*			
Maiden Name* (if any)			
Father /Spouse Name*			
Nationality*		Gender*	☐ Male ☐ Female ☐ Transgender
Mobile Number		PEP STATUS	☐ YES ☐ NO
Email ID		Signature	

Related Person Type*:

☐ Director -DIN ☐ Promoter ☐ Partner ☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner
☐ Karta ☐ Trustee ☐ Court Appointed Official Proprietor ☐ Power of Attorney Holder ☐ Others (Please Specify)

Proof of Identity (POI) *	Identification number*	Expiry Date(if Any)
☐ Aadhaar Card(only last 4 Digits) ☐ Voter ID Card ☐ Passport ☐ Driving license ☐ NPR ☐ NREGA Job Card ☐ Others (Any document notified by Central Government)		

Permanent Address*

*City/ Town/Village** *District** *State** *Country** *Pin code**

☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Doc submitted as POA*	Document number*	Expiry Date (if Any)
☐Aadhaar Card ☐Passport Number ☐Voter ID Card ☐Driving License ☐NREGA Job Card ☐NPR Letter ☐Others		

Correspondence Address* (If different from above / Overseas Address* (Mandatory for NRI Applicant)

☐ Same As Permanent Address

*City/ Town/Village** *District** *State** *Country** *Pin code**

☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Doc submitted as POA*	Document number*	Expiry Date (if Any)
☐Aadhaar Card ☐Passport Number ☐Voter ID Card ☐Driving License ☐NREGA Job Card ☐NPR Letter ☐Others		

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receive information from Central KYC and/or KRA registry through SMS/Email on above registered number/email address.

I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only

For:	Seal/Stamp of the NUVAMA
Name & Signature of the Authorised Signatory (With stamp) Date: Place:	Date: Place:

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Demat Account Opening Form NSDL and CDSL (Non Individual)

NUVAMA WEALTH AND INVESTMENT LIMITED

Eight Floor 801 to 804, Inspire BKC G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051

Please select any one of the below options

☑ NSDL DEMAT DP ID – IN303719	☐ CDSL DEMAT DP ID -

To be filled by the Depository participant in BLOCK LETTERS in English

Application No		Client ID		DP Internal Ref No	
Date					

I/We request you to open a Depository account in My/Our name as per the below Details

Details of Account holders (Please tick if any of the authorized signatories / Promoters / Partners / Karta / Trustees / Whole Time Directors is either Politically Exposed Person (PEP) or Related to Politically Exposed Person (RPEP)

Account Holders	Sole /First Holder	Second Holder	Third holder
Name/ Search Name*	Jiten Zaverchand Gala HUF		
PEP/RPEP*	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
PAN *	AAAHJ0306G		
Aadhaar (UID)	XXXX XXXX	XXXX XXXX	XXXX XXXX
Contact Number *Mandatory if POA given Annex I	9870078900		

Gross Annual Income Details* (Previous Year)	☐ Below ₹ 1 Lac	☐ ₹ 1 - 5 Lac	☐ ₹ 5 - 10 Lac
	☑ ₹ 10-25 Lac	☐ ₹ 25 Lacs-1 crore	☐ Above ₹ 1 crore

Net Worth* (Not older than 1Year)	INR 40000000	As on Date	31/03/2024

SMS Alert facility Mobile number mandatory if POA selected Annexure A	Account to be operated through Power Of Attorney	☑ Yes ☐ No
	SMS Alert facility required	☑ Yes ☐ No
	Mobile Number on which messages are to be sent	

*In case of Firms, HUF, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below

Applicant Name *	Jiten Zaverchand Gala HUF	Applicant PAN No	AAAHJ0306G

Type Of Account (Please tick whichever is applicable)

Type of account*	Sub Status (To be filled by the DP)
☐ Body Corporate ☐ Trust ☐ Mutual Fund ☐ OCB ☐ FPI ☐ CM ☑ HUF ☐ FII ☐ FI ☐ Clearing House ☐ LLP ☐ Partnership Firm ☐ Others	Sub Status
Stock Broker – Proprietary (Please tick if applicable) ☐ Yes	
Whether Registered Under MSMED Act 2006 ☐ Yes ☑ No (If yes, please provide the MSME Registration Certificate)	

Bank Details (Dividend Bank Details)

BANK NAME	INDUSIND BANK			Branch Name	FORT		
Account type	☐ Saving ☑ Current ☐ Others			Account No.	201015570364		
Address	61, SONAWALA BUILDING, MUMBAI SAMACHAR MARG, FORT MUMBAI						
City	MUMBAI	State	MAHARASHTRA	Country	INDIA	Pin	400001
IFSC Code	INDB0000033			MIRC Code	400234009		

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

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Standing Instructions if account to be opened in NSDL / CDSL	Please tick Yes/No
I / We instruct the DP to receive each and every credit in my/our account *(Automatic Credit)*	☑Yes ☐No
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID mentioned above	☑Yes ☐No
Account to be operated through DDPI/Power of Attorney (POA)	☑Yes ☐No
I / We wish to receive dividend / interest directly in to my bank account as given above through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	☑Yes ☐No
Standing Instructions if account to be opened in CDSL	**Please tick Yes/No**
I / We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end. (If not marked, the default option would be 'No') **(to be selected if account opened in CDSL)**	☐Yes ☑No
I / We would like to share the email ID with the RTA **(to be selected if account opened in CDSL)**	☐Yes ☑No
TRUST FACILITY	
☐ I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same. ☐ I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST **Annexure B**	☐Yes ☑No

Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)

Easi	To register for easi, please visit our website www.cdslindia.com. Easi allows a BO to view his ISIN balances, transactions and value of the portfolio online.
Account Statement Requirement	☑ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
Annual Report Requirement(If not marked the default option would be in Physical)	☐ Physical ☑ Electronic ☐ Both Physical and Electronic

Clearing Member Details (to be filled by CM's only)

Name of Stock Exchange			
Name of Clearing Corporation/Clearing House			
Clearing Member ID		Trading Member ID	
SEBI Reg No		Trade Name	
CM-BP-ID (to be filled up by Participant)			

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Declaration

- I/We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately.
- I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action. I/We are aware that we may be held liable for it.
- I / We acknowledge that I /we have received and read "Rights and Obligations of the Beneficial Owner and Depository Participant" as per Annexure C of the attached booklet. I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts.
- The same has been called upon by me in ☐ Physical Copy ☑ Soft Copy
- I/we also declare that I/We will continue to comply with FEMA regulations. (In case non-resident account)

	Sole / First Authorised Signatory	Second Authorised Signatory	Third Authorised Signatory
Name	Jiten Zaverchand Gala		
Designation	Karta		
Signature	For JITEN ZAVERCHAND GALA HUF KARTA		

Mode of Operation (Please select and provide details below)

☐ Any one Singly ☐ Jointly ☑ As per resolution ☐ Others (please specify)

Notes:

1) In Case of additional signatures, separate annexure should be attached to the application form
2) Thumb impression and signatures other than English or Hindi or any other language not contained in the 8th schedule of the Constitution of India must be attested by a Mistreated or Notary Public or a Special Executive Magistrate
3) For receiving Statement of Account in electronic form:
   a) Client must ensure the confidentiality of the password of the email account
   b) Client must promptly inform the participant if the email address has changed
   c) Strike off whichever is not applicable

Option for issue of DIS Booklet

Kindly confirm the manner of receiving DIS booklet (To be filled by person(s)seeking to open a Depository account where DDPI/Power of Attorney has been granted to operate the Depository account)	☐ I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. ☑ I/We do not wish to receive the Delivery Instruction Slip (DIS) booklet with account opening. However, the DIS booklet should be issued to me/us immediately on my/our request at a later date.

.....Tear Here.....

Acknowledgment

NUVAMA WEALTH AND INVESTMENT LIMITED

Eight Floor 801 to 804, Inspire BKC G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051

☑ Demat account to be opened with NSDL DP ID - IN303719	☐ Demat account to be opened with CDSL DP ID -

Received the application from Mr/Ms _____ as the sole/first holder along with _____ and _____ as the second and third holders respectively for opening of the depository account. Please quote the DP ID and Client ID alloted to you by (CM-BP-ID in case of Clearing) in all your future correspondence.

Date		Participant Sign	

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FATCA & CRS declaration

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

TAX RESIDENCE DECLARATION *(tick any one, as applicable)*

☑ Entity is a tax resident of India and not resident of any other country **OR**

☐ Entity is a tax resident of the country/ies mentioned in the table below

Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID No. below

Country	Tax Identification Number[&]	Identification Type (TIN or Other[$], please specify)

[&] In case Tax Identification Number is not available, kindly provide functional equivalent[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 & attach this to the form

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:_____ *(Refer 3(viii) of Part D)*

PART A

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

Entity is a	GIIN	Name of sponsoring entity
☐ Financial Institution*[1] OR ☐ Direct reporting NFE[2]		
	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 above.	

In case GIIN not available, please tick any one below (as applicable) *(options available only for Financial Institutions)*

☐ ***Applied for***

☐ ***Not required to apply for*** *(Please specify sub-category[3]) Please provide with Form W8-BEN-E, duly filled in*

☐ ***Not obtained – Non-participating FI***

**If the entity is a FI and a tax resident outside India, please fill the below:*

Are you from CRS Jurisdiction	☐ Yes ☐ No	*(If **No**, please answer the next question)*
Please refer to List of Signatories to CRS @http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/)		
Are you an Investment Entity *(Refer 1(iii) of Part D)*	☐ Yes ☐ No	*(If **Yes**, please answer the next question)*

Is the entity 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, re-investing, or trading in financial assets ☐ Yes ☐ No *(If **Yes**, please additionally fill **Part C**)*

PART B

(to be filled by NFEs other than Direct Reporting NFEs; please fill any one as appropriate)

☐ ***Publicly traded company***[4] *(i.e. a company whose shares are regularly traded on an established securities market)*	☐ ***Related entity of a publicly traded company***[5] ☐ Subsidiary ☐ Controlled
Name of the stock exchange *(Please specify any one stock exchange on which the stock is traded)*	**Name of such publicly traded company**
	Name of the stock exchange *(any one)*
☐ ***Active NFE***[6]	☑ ***Passive NFE***[7] *(Please filed PART C)*
Sub-category *(Refer 2c of Part D)*	**Nature of Business** Professional
Nature of Business	

1 Refer 1 of Part D in the information booklet
2 Refer 3(vii) of Part D in the information booklet
3 Refer 1A of Part D in the information booklet
4 Refer 2a 0f Part D in the information booklet
5 Refer 2b of Part D in the information booklet
6 Refer 2c of Part D in the information booklet
7 Refer 3(ii) of Part D in the information booklet

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PART C *(to be filled only by Passive NFEs)*			
Please list below the details of each controlling person(s) , confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):			
	Controlling Person 1	**Controlling Person 2**	**Controlling Person 3**
Name*	Jiten Laverchand Gala		
Country of tax residency*	India		
Address (include City State, Country & Pin code)	202 Prithvi Emperor, Prabhadevi, Mumbai, Maharashtra India- 400025		
Telephone/ Mobile No. (with ISD code)	+91 9870078900		
TIN (or functional equivalent for each country identified in relation to each person)	PAN CARD AABPG8707D		
Identification Type (TIN or Other, please specify)	TIN		
Controlling person type code[8]	C14 - Unknown		
Additional details to be filled below ONLY by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders:			
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)			
Nationality			
PAN			
Father's Name (if PAN not available)			
Date of Birth			
Address type for address mentioned above (Residence or business, Residential, Business & Registered office)			
Identification Type (Documents submitted as proof of identity of the individual)			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)	XXXX XXXX	XXXX XXXX	XXXX XXXX

*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 equivalent1

@ Permissible values are: • Passport • Election ID card • PAN Card • ID Card • Driving License • UIDAI Letter • NREGA Job card • Others

8Refer 3(iv) (A) of Part D in the Information booklet

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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 NUVAMA 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.

CERTIFICATION

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

For : Jiten Zaverchand Gala HUF

Authorized Signatory

For JITEN ZAVERCHAND GALA HUF

Signature & Stamp KARTA

Date : 08/11/2024

Place : MUMBAI

FATCA INSTRUCTIONS:

(A) Controlling Person Type:	
Code	*Sub-category*
C01	CP of legal person-ownership
C02	CP of legal person-other means
C03	CP of legal person-senior managing official
C04	CP of legal arrangement-trust-settlor
C05	CP of legal arrangement–trust-trustee
C06	CP of legal arrangement–trust-protector
C07	CP of legal arrangement–trust-beneficiary
C08	CP of legal arrangement–trust-other
C09	CP of legal arrangement—Other-settlor equivalent
C10	CP of legal arrangement—Other-trustee equivalent
C11	CP of legal arrangement—Other-protector equivalent
C12	CP of legal arrangement—Other-beneficiary equivalent
C13	CP of legal arrangement—Other-other equivalent
C14	Unknown

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