

**FinCEN 114**

**Do NOT file with your Federal Tax Return**

Name(s) shown on return <b>MOIN AHMED SYED</b>	Identifying number <b>087-15-4857</b>
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**Part I Filer Information**

1 This Report is for Calendar Year Ended 12/31 **2022**  
 Amended BSA identifier \_\_\_\_\_

2 Type of Filer  
 a  Individual    b  Partnership    c  Corporation    d  Consolidated    e  Fiduciary or Other-Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number <b>087-15-4857</b> If filer has no U.S. Identification Number complete Item 4.	4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number: _____	5 Individual's Date of Birth <b>04-02-1975</b> c Country of Issue _____
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6 Last Name or Organization Name <b>SYED</b>	7 First Name <b>MOIN AHMED</b>	8 M.I.
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9 Address (Number, Street, and Apt. or Suite No.)  
**366 ALVAREZ COMMON**

10 City <b>MILPITAS</b>	11 State/Province <b>CA</b>	12 ZIP/Postal Code <b>95035</b>	13 Country <b>United States</b>
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14a Does the filer have a financial interest in 25 or more financial accounts?  
 Yes If "Yes" enter total number of accounts \_\_\_\_\_  
 No

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
 Yes If "Yes" enter total number of accounts \_\_\_\_\_  
 No

**Signature**

44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer Signature <b>FinCEN Form 114a</b>	45 Filer Title, if not reporting a personal account	46 Date (MM/DD/YYYY) <b>09-29-2023</b>
47 Preparer's last name <b>UPPALA</b>	48 First name <b>CHAITANYA</b>	49 MI    50 Check <input type="checkbox"/> if self-employed    51 PTIN <b>P01703768</b>
52 Contact phone no. <b>844-746-6692</b>	52a Ext	53 Firm's name <b>SHOONYA TAX SOLUTIONS INC</b>
54 Firm's TIN <b>84-4291993</b>	54a <input checked="" type="checkbox"/> EIN Foreign	
55 Mailing address (number, street, apartment or suite number) <b>16192 COASTAL HIGHWAY</b>	56 City <b>Lewes</b>	57 State <b>DE</b>
58 ZIP/Postal Code <b>19958</b>	59 Country <b>US</b>	

<b>Part II Information on Financial Account(s) Owned Separately</b>					
15	Maximum account value <b>24,541</b>	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	<b>1</b> of <b>11</b>
17 Name of Financial Institution in which account is held <b>HDFC BANK</b>					
18 Account number or other designation <b>5491610078419</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>ELECTRONIC CITY</b>		
20 City <b>BANGALORE</b>		21 State/Province <b>KAR</b>	22 Postal Code <b>560100</b>	23 Country <b>India</b>	
15	Maximum account value <b>8,615</b>	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	<b>2</b> of <b>11</b>
17 Name of Financial Institution in which account is held <b>MIRAE ASSET BANKING AND FINANCIAL</b>					
18 Account number or other designation <b>78823177836</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>UNIT NO.606 - 6TH FLOOR, WINDSOR</b>		
20 City <b>MUMBAI</b>		21 State/Province <b>MAH</b>	22 Postal Code <b>400098</b>	23 Country <b>India</b>	
15	Maximum account value <b>6,020</b>	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	<b>3</b> of <b>11</b>
17 Name of Financial Institution in which account is held <b>AXIS FLEXI CAP FUND - GR</b>					
18 Account number or other designation <b>91059281954</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>ALPHA, OFFICE FLOOR 8, NEAR KANJURM</b>		
20 City <b>CHENNAI</b>		21 State/Province <b>TAM</b>	22 Postal Code <b>400042</b>	23 Country <b>India</b>	
15	Maximum account value <b>1,670</b>	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	<b>4</b> of <b>11</b>
17 Name of Financial Institution in which account is held <b>TATA DIGITAL INDIA FUND - GR</b>					
18 Account number or other designation <b>4651102/47</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>9TH FLOOR, MAFATLAL CENTRE, NARIMAN</b>		
20 City <b>MUMBAI</b>		21 State/Province <b>MAH</b>	22 Postal Code <b>400021</b>	23 Country <b>India</b>	
15	Maximum account value <b>1,587</b>	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	<b>5</b> of <b>11</b>
17 Name of Financial Institution in which account is held <b>INVESCO INDIA GROWTH OPPORTUNITIES</b>					
18 Account number or other designation <b>3105023043</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>BUILDING, B, ALPHA, OFFICE FLOOR 8</b>		
20 City <b>MUMBAI</b>		21 State/Province <b>MAH</b>	22 Postal Code <b>400042</b>	23 Country <b>India</b>	
15	Maximum account value <b>992</b>	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	<b>6</b> of <b>11</b>
17 Name of Financial Institution in which account is held <b>ADITYA BIRLA SUN LIFE MIDCAP FUND</b>					
18 Account number or other designation <b>1015209688</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>841 SENAPATI BHAWAN, ELPHINSTONE</b>		
20 City <b>MAHARASHTRA</b>		21 State/Province <b>MUM</b>	22 Postal Code <b>400013</b>	23 Country <b>India</b>	
15	Maximum account value <b>813</b>	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	<b>7</b> of <b>11</b>
17 Name of Financial Institution in which account is held <b>HSBC FLEXI CAP FUND - GR</b>					
18 Account number or other designation <b>1795039/32</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>NESCO COMPLEX, WESTERN EXPRESS</b>		
20 City <b>MUMBAI</b>		21 State/Province <b>MAH</b>	22 Postal Code <b>400063</b>	23 Country <b>India</b>	

**Part III Information on Financial Account(s) Owned Jointly**

<b>Account Information</b>				
15 Maximum account value <b>63,677</b>	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	8 of 11	
17 Name of Financial Institution in which account is held <b>MARCELLUS</b>				
18 Account number or other designation <b>109781</b>		19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>929, DBS BUSINESS CENTRE</b>		
20 City <b>MUMBAI</b>	21 Province/State <b>MAH</b>	22 Postal Code <b>400093</b>	23 Country <b>India</b>	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account: <b>1</b>
25 TIN <b>990-92-6305</b>		25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name <b>AZMA SIRAJ</b>			27 First Name <b>FNU</b>	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) <b>366 ALVAREZ COMMON</b>				
30 City <b>MILPITAS</b>	31 State/Province <b>CA</b>	32 ZIP/Postal Code <b>95035</b>	33 Country <b>United States</b>	

<b>Account Information</b>				
15 Maximum account value <b>57,352</b>	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	9 of 11	
17 Name of Financial Institution in which account is held <b>ICICI BANK</b>				
18 Account number or other designation <b>093801000442</b>		19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>RAJARAJESHWARI NAGAR</b>		
20 City <b>BANGALORE</b>	21 Province/State <b>KAR</b>	22 Postal Code <b>560052</b>	23 Country <b>India</b>	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account: <b>1</b>
25 TIN <b>990-92-6305</b>		25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name <b>AZMA SIRAJ</b>			27 First Name <b>FNU</b>	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) <b>366 ALVAREZ COMMON</b>				
30 City <b>MILPITAS</b>	31 State/Province <b>CA</b>	32 ZIP/Postal Code <b>95035</b>	33 Country <b>United States</b>	

<b>Account Information</b>				
15 Maximum account value <b>19,399</b>	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	10 of 11	
17 Name of Financial Institution in which account is held <b>UNION BANK OF INDIA</b>				
18 Account number or other designation <b>221810100002290</b>		19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>D NO 9 BY 1A NEAR AYISH BAZAR</b>		
20 City <b>BANGALORE</b>	21 Province/State <b>KAR</b>	22 Postal Code <b>560102</b>	23 Country <b>India</b>	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account: <b>1</b>
25 TIN <b>990-92-6305</b>		25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name <b>AZMA SIRAJ</b>			27 First Name <b>FNU</b>	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) <b>366 ALVAREZ COMMON</b>				
30 City <b>MILPITAS</b>	31 State/Province <b>CA</b>	32 ZIP/Postal Code <b>95035</b>	33 Country <b>United States</b>	

**Part III Information on Financial Account(s) Owned Jointly**

<b>Account Information</b>				
15 Maximum account value <b>3,402</b>	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	11 of 11	
17 Name of Financial Institution in which account is held <b>SBI</b>				
18 Account number or other designation <b>00000040896457865</b>		19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>L K PLAZA, SY NO 9/1 VARTHUR HOBLI</b>		
20 City <b>BENGALURU</b>	21 Province/State <b>KAR</b>	22 Postal Code <b>560035</b>	23 Country <b>India</b>	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account: <b>1</b>
25 TIN <b>990-92-6305</b>		25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name <b>AZMA SIRAJ</b>			27 First Name <b>FNU</b>	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) <b>366 ALVAREZ COMMON</b>				
30 City <b>MILPITAS</b>	31 State/Province <b>CA</b>	32 ZIP/Postal Code <b>95035</b>	33 Country <b>United States</b>	

<b>Account Information</b>				
15 Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	of	
17 Name of Financial Institution in which account is held				
18 Account number or other designation		19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City	21 Province/State	22 Postal Code	23 Country	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account:
25 TIN		25a TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name			27 First Name	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.)				
30 City	31 State/Province	32 ZIP/Postal Code	33 Country	

<b>Account Information</b>				
15 Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	of	
17 Name of Financial Institution in which account is held				
18 Account number or other designation		19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City	21 Province/State	22 Postal Code	23 Country	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account:
25 TIN		25a TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name			27 First Name	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.)				
30 City	31 State/Province	32 ZIP/Postal Code	33 Country	

<p>Form 114a</p> <p>Department of the Treasury Financial Crimes Enforcement Network (FinCEN)</p> <p>May 2020</p>	<h2 style="margin:0;">Record of Authorization to Electronically File FBARs</h2> <p>(See instructions below for completion)</p> <p><b><u>Do not send to FinCEN. Retain this form for your records.</u></b></p> <p>The form 114a may be digitally signed</p>	<p>FINANCIAL CRIMES ENFORCEMENT NETWORK</p>
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<b>Part I</b>	<b>Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)</b>
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1. Owner last name or entity's legal name  SYED	2. Owner first name  MOIN AHMED	3. Owner M. I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning 11 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2022 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8 Date  09-29-2023	9 Owner or entity TIN  087-15-4857	10 TIN type	a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12 Date	13 Spouse TIN	14 TIN type	a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

<b>Part II</b>	<b>Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.</b>
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15. Preparer last name  UPPALA	16. Preparer first name  CHAITANYA	17. Preparer M.I.	18. Preparer PTIN  P01703768
19 Address  16192 COASTAL HIGHWAY	20 City  Lewes	21 State  DE	22 ZIP/postal code  19958
23 Country code  US	24 Preparer's (item 15) employer's (Entity) name  SHOONYA TAX SOLUTIONS INC	25. Employer EIN  84-4291993	26. Preparer's signature

### Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaefiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

**Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)**

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

**FinCEN 114**

**Do NOT file with your Federal Tax Return**

Name(s) shown on return <b>FNU AZMA SIRAJ</b>	Identifying number <b>990-92-6305</b>
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**Part I Filer Information**

1 This Report is for Calendar Year Ended 12/31 **2022**  
 Amended BSA identifier \_\_\_\_\_

2 Type of Filer  
 a  Individual    b  Partnership    c  Corporation    d  Consolidated    e  Fiduciary or Other-Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number <b>990-92-6305</b> If filer has no U.S. Identification Number complete Item 4.	4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number: _____	5 Individual's Date of Birth <b>05-29-1977</b> c Country of Issue _____
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6 Last Name or Organization Name <b>AZMA SIRAJ</b>	7 First Name <b>FNU</b>	8 M.I.
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9 Address (Number, Street, and Apt. or Suite No.)  
**366 ALVAREZ COMMON**

10 City <b>MILPITAS</b>	11 State/Province <b>CA</b>	12 ZIP/Postal Code <b>95035</b>	13 Country <b>United States</b>
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14a Does the filer have a financial interest in 25 or more financial accounts?  
 Yes If "Yes" enter total number of accounts \_\_\_\_\_  
 No

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
 Yes If "Yes" enter total number of accounts \_\_\_\_\_  
 No

**Signature**

44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer Signature <b>FinCEN Form 114a</b>	45 Filer Title, if not reporting a personal account	46 Date (MM/DD/YYYY) <b>09-29-2023</b>			
47 Preparer's last name <b>UPPALA</b>	48 First name <b>CHAITANYA</b>	49 MI    50 Check <input type="checkbox"/> if self-employed    51 PTIN <b>P01703768</b>			
52 Contact phone no. <b>844-746-6692</b>	52a Ext	53 Firm's name <b>SHOONYA TAX SOLUTIONS INC</b>	54 Firm's TIN <b>84-4291993</b>	54a <input checked="" type="checkbox"/> EIN	Foreign
55 Mailing address (number, street, apartment or suite number) <b>16192 COASTAL HIGHWAY</b>	56 City <b>Lewes</b>	57 State <b>DE</b>	58 ZIP/Postal Code <b>19958</b>	59 Country <b>US</b>	

<b>Part II Information on Financial Account(s) Owned Separately</b>					
15 Maximum account value <b>17,686</b>	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	1 of 5	
17 Name of Financial Institution in which account is held <b>HDFC</b>					
18 Account number or other designation <b>5491270001287</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>SKY WARDS TECH PARK ELECTRONIC CITY</b>		
20 City <b>BANGALORE</b>		21 State/Province <b>KAR</b>	22 Postal Code <b>560100</b>	23 Country <b>India</b>	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____	
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 State/Province	22 Postal Code	23 Country	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____	
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 State/Province	22 Postal Code	23 Country	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____	
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 State/Province	22 Postal Code	23 Country	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____	
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 State/Province	22 Postal Code	23 Country	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____	
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 State/Province	22 Postal Code	23 Country	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____	
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 State/Province	22 Postal Code	23 Country	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____	
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 State/Province	22 Postal Code	23 Country	

**Part III Information on Financial Account(s) Owned Jointly**

<b>Account Information</b>				
15 Maximum account value <b>63,677</b>	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	2 of 5	
17 Name of Financial Institution in which account is held <b>MARCELLUS</b>				
18 Account number or other designation <b>109781</b>		19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>929, DBS BUSINESS CENTRE</b>		
20 City <b>MUMBAI</b>	21 Province/State <b>MAH</b>	22 Postal Code <b>400093</b>	23 Country <b>India</b>	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account: <b>1</b>
25 TIN <b>087-15-4857</b>		25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name <b>SYED</b>			27 First Name <b>MOIN AHMED</b>	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) <b>366 ALVAREZ COMMON</b>				
30 City <b>MILPITAS</b>	31 State/Province <b>CA</b>	32 ZIP/Postal Code <b>95035</b>	33 Country <b>United States</b>	

<b>Account Information</b>				
15 Maximum account value <b>57,352</b>	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	3 of 5	
17 Name of Financial Institution in which account is held <b>ICICI BANK</b>				
18 Account number or other designation <b>093801000442</b>		19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>RAJARAJESHWARI NAGAR</b>		
20 City <b>BANGALORE</b>	21 Province/State <b>KAR</b>	22 Postal Code <b>560052</b>	23 Country <b>India</b>	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account: <b>1</b>
25 TIN <b>087-15-4857</b>		25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name <b>SYED</b>			27 First Name <b>MOIN AHMED</b>	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) <b>366 ALVAREZ COMMON</b>				
30 City <b>MILPITAS</b>	31 State/Province <b>CA</b>	32 ZIP/Postal Code <b>95035</b>	33 Country <b>United States</b>	

<b>Account Information</b>				
15 Maximum account value <b>19,399</b>	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	4 of 5	
17 Name of Financial Institution in which account is held <b>UNION BANK OF INDIA</b>				
18 Account number or other designation <b>221810100002290</b>		19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>D NO 9 BY 1A NEAR AYISH BAZAR</b>		
20 City <b>BANGALORE</b>	21 Province/State <b>KAR</b>	22 Postal Code <b>560102</b>	23 Country <b>India</b>	
<b>Principal Joint Owner Information</b>				24 Number of joint owners for this account: <b>1</b>
25 TIN <b>087-15-4857</b>		25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name <b>SYED</b>			27 First Name <b>MOIN AHMED</b>	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) <b>366 ALVAREZ COMMON</b>				
30 City <b>MILPITAS</b>	31 State/Province <b>CA</b>	32 ZIP/Postal Code <b>95035</b>	33 Country <b>United States</b>	



**Part III Information on Financial Account(s) Owned Jointly**

<b>Account Information</b>					
15	Maximum account value <b>3,402</b>	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	<b>5</b> of <b>5</b>
17 Name of Financial Institution in which account is held <b>SBI</b>					
18 Account number or other designation <b>00000040896457865</b>			19 Mailing Address (Number, Street, and Apt. or Suite No.) <b>L K PLAZA, SY NO 9/1 VARTHUR HOBLI</b>		
20 City <b>BENGALURU</b>		21 Province/State <b>KAR</b>	22 Postal Code <b>560035</b>		23 Country <b>India</b>
<b>Principal Joint Owner Information</b>					24 Number of joint owners for this account: <b>1</b>
25 TIN <b>087-15-4857</b>			25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name <b>SYED</b>				27 First Name <b>MOIN AHMED</b>	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) <b>366 ALVAREZ COMMON</b>					
30 City <b>MILPITAS</b>		31 State/Province <b>CA</b>	32 ZIP/Postal Code <b>95035</b>		33 Country <b>United States</b>

<b>Account Information</b>					
15	Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 Province/State	22 Postal Code		23 Country
<b>Principal Joint Owner Information</b>					24 Number of joint owners for this account:
25 TIN			25a TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name				27 First Name	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.)					
30 City		31 State/Province	32 ZIP/Postal Code		33 Country

<b>Account Information</b>					
15	Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16	Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held					
18 Account number or other designation			19 Mailing Address (Number, Street, and Apt. or Suite No.)		
20 City		21 Province/State	22 Postal Code		23 Country
<b>Principal Joint Owner Information</b>					24 Number of joint owners for this account:
25 TIN			25a TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		
26 Last Name or Organization Name				27 First Name	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.)					
30 City		31 State/Province	32 ZIP/Postal Code		33 Country

<p>Form 114a</p> <p>Department of the Treasury Financial Crimes Enforcement Network (FinCEN)</p> <p>May 2020</p>	<h2 style="margin:0;">Record of Authorization to Electronically File FBARs</h2> <p>(See instructions below for completion)</p> <p><u>Do not send to FinCEN. Retain this form for your records.</u> The form 114a may be digitally signed</p>	<p>FINANCIAL CRIMES ENFORCEMENT NETWORK</p>
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<b>Part I</b>	<b>Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)</b>
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1. Owner last name or entity's legal name <u>AZMA SIRAJ</u>	2. Owner first name <u>FNU</u>	3. Owner M. I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning 5 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2022 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8 Date <u>09-29-2023</u>	9 Owner or entity TIN <u>990-92-6305</u>	10 TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12 Date	13 Spouse TIN	14 TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

<b>Part II</b>	<b>Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.</b>
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15. Preparer last name <u>UPPALA</u>	16. Preparer first name <u>CHAITANYA</u>	17. Preparer M.I.	18. Preparer PTIN <u>P01703768</u>
19 Address <u>16192 COASTAL HIGHWAY</u>	20 City <u>Lewes</u>	21 State <u>DE</u>	22 ZIP/postal code <u>19958</u>
23 Country code <u>US</u>	24 Preparer's (item 15) employer's (Entity) name <u>SHOONYA TAX SOLUTIONS INC</u>	25. Employer EIN <u>84-4291993</u>	26. Preparer's signature

### Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaefiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**