	FinCEN 114										
Do NOT file with your Federal Tax Return											
Name(s) shown on return	•							Ide	ntifying	number	
MOIN AHMED SYED								08	7-15	-4857	
Part I Filer Informa	tion										
1 This Report is for Calendar Year	r Ended 12/31	202	2								
Amended BSA identifier											
2 Type of Filer	2 Type of Filer										
a 🗴 Individual b 📗 Par	tnership	<b>с</b> С	orporation	d [] (	Consolidated e F	iduciary or	Other-Enter type				
3 U.S. Taxpayer Identification Nun	mber	<b>4</b> Fo	oreign identificati	ion (Comp	olete only if item 3 is not applica	able.)					
087-15-4857		а Тур	e: Passpo	ort L F	Foreign TIN Other				1		
If filer has no U.S. Identification Number complete Item 4.							Country		5	Individual's Da	te of Birth
Number complete item 4.		<b>b</b> Nu	mber:				c of Issue		04	-02-1975	
6 Last Name or Organization Nam	ne					7 First					8 M.I.
SYED						MOIN	AHMED				
9 Address (Number, Street, and A	pt. or Suite No.	)									
366 ALVAREZ COMMON					T						
10 City			11 State/Prov	vince	12 ZIP/Postal Code	13	Country				
MILPITAS			CA		95035	Ur	nited Stat	tes			
Yes If "Yes" enter total X No  14b Does the filer have signature aut	14a Does the filer have a financial interest in 25 or more financial accounts?  Yes If "Yes" enter total number of accounts  X 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										
Signature											
44a Check here X if this report is	s completed by	a third par	rty preparer and	complete	the third party preparer section	1.					
44 Filer Signature			45 Filer Title	e, if not rep	porting a personal account				46 Date	(MM./DD/YYY)	')
FinCEN Form 114a									09-2	9-2023	
47 Preparer's last name				48 First	name		49 MI	50 Check	if	51 PTIN	
UPPALA				CHAI	TANYA			self-emp	oyed	P01703	768
52 Contact phone no. 5	52a Ext	53 Firm	n's name					54 F	rm's TIN	54a	X EIN
844-746-6692		SHO	ONYA TAX	SOLU	TIONS INC			84	-429	1993	Foreign
55 Mailing address (number, street, ap	partment or suite	e number)			56 City		57 State	58 ZIP/	Postal Co	ode	59 Country
16192 COASTAL HIGH	WAY				Lewes		DE	199	58		US

Pa	rt II Information on Fi	nancial Ad	count(s	s) Owned S	Separately			
15	Maximum account value 15a	Maximum	account	16 Type of a	ccount a X Bank	b	Securities c Other - Enter below	1 of 11
	24,541	value unkn	own					1 of11
17	Name of Financial Institution in which ad	count is held						
HE	OFC BANK							
18	Account number or other designation				_		r, Street, and Apt. or Suite No.)	
	191610078419		04 04-4-	/Dunania na	ELECTRONIC	CITY		
20	City <b>ANGALORE</b>			/Province AR	22 Postal Code 560100		23 Country  India	
15	Maximum account value 15a	Maximum		16 Type of a		b X	Securities c Other - Enter below	
	8,615	value unkn		10 Type of a	bootin u Buin	~ ==	Coournes C Caller Ellier Bolow	<b>2</b> of <b>11</b>
17	Name of Financial Institution in which ad						-	
MI	RAE ASSET BANKING AN	D FINANC	IAL					
18	Account number or other designation				19 Mailing Address	(Numbe	r, Street, and Apt. or Suite No.)	
78	3823177836		I		UNIT NO.606	5 - 6	TH FLOOR, WINDSOR	
20	City		21 State	/Province	22 Postal Code		23 Country	
MU	JMBAI		M	AH	400098		India	
15	Maximum account value 15a	Maximum	account	16 Type of a	ccount a Bank	b X	Securities c Other - Enter below	<b>3</b> of <b>11</b>
	6,020	value unkn	own					
17	Name of Financial Institution in which a							
	Account number or other designation	GR			40 Mailing Address	/NI	Chart and Art or Ovita Na V	
18 Q 1	L059281954						r, Street, and Apt. or Suite No.) <b>FLOOR 8 , NEAR KANJURM</b>	
20	City		21 State	/Province	22 Postal Code		23 Country	
	HENNAI			AM	400042		India	
15	Maximum account value 15a	Maximum	account	16 Type of a		bΧ	Securities c Other - Enter below	
	1,670	value unkn	own		_		_	<b>4</b> of <b>11</b>
17	Name of Financial Institution in which ad	count is held						
TF	ATA DIGITAL INDIA FUN	D - GR						
18	Account number or other designation				19 Mailing Address	(Numbe	r, Street, and Apt. or Suite No.)	
46	551102/47				· · · · · · · · · · · · · · · · · · ·	MAFA	ATLAL CENTRE, NARIMAN	
20	City			/Province	22 Postal Code		23 Country	
	JMBAI	T		AH	400021		India	
15	Maximum account value 15a 1,587	Maximum : value unkn		16 Type of a	ccount a Bank	b X	Securities c Other - Enter below	<b>5</b> of <b>11</b>
17	Name of Financial Institution in which a		OWII					
	NVESCO INDIA GROWTH O		TIES					
18	Account number or other designation				19 Mailing Address	(Numbe	r, Street, and Apt. or Suite No.)	
31	105023043				BUILDING, B	3, AI	PHA, OFFICE FLOOR 8	
20	City		21 State	/Province	22 Postal Code		23 Country	
MU	JMBAI		MZ	AH	400042		India	
15	Maximum account value 15a 992	Maximum :		16 Type of a	ccount <b>a</b> Bank	ьΧ	Securities c Other - Enter below	<b>6</b> of <b>11</b>
17	Name of Financial Institution in which ad	count is held						
_AI	OITYA BIRLA SUN LIFE	MIDCAP F	UND					
18	Account number or other designation				19 Mailing Address	(Numbe	r, Street, and Apt. or Suite No.)	
_10	015209688				•	'I BH	IAWAN, ELPHINSTONE	
20	City			/Province	22 Postal Code		23 Country	
	AHARASHTRA	T		JM	400013		India	
15	Maximum account value 15a	Maximum :		16 Type of a	ccount a Bank	b X	Securities c Other - Enter below	<b>7</b> of <b>11</b>
17	813  Name of Financial Institution in which ac	value unkn	OWII	1				
	SBC FLEXI CAP FUND -							
18								
	Account number or other designation				19 Mailing Address	(Numbe	r, Street, and Apt. or Suite No.)	
17	Account number or other designation 795039/32						r, Street, and Apt. or Suite No.)  WESTERN EXPRESS	
20	-		21 State	/Province				

Part III Information on Financial A	.ccount(s) Owned	d Jointly		
Account Information				
15 Maximum account value 15a Maximum account value value unkn	'	account a X Bank	b Securities c Other - Enter below	<b>8</b> of <b>11</b>
17 Name of Financial Institution in which account is held				
MARCELLUS				
18 Account number or other designation		19 Mailing Address (N	Number, Street, and Apt. or Suite No.)	
109781		·	SINESS CENTRE	
20 City	21 Province\State	22 Postal Code	23 Country	
MUMBAI	MAH	400093	India	
Principal Joint Owner Information		100000	24 Number of joint owners for this account:	1
25 TIN		25a TIN type a	T ' []	<u>-</u>
990-92-6305				
26 Last Name or Organization Name			27 First Name	28 M.I.
AZMA SIRAJ			FNU	
29 Address (Number, Street, and Apt. or Suite No.)				
366 ALVAREZ COMMON				
30 City	31 State/Province	32 ZIP/Postal Code	33 Country	
MILPITAS	CA	95035	United States	
	, , , , , , , , , , , , , , , , , , , ,			
Account Information				
15 Maximum account value 15a Maximum	account 16 Type of	account a X Bank	b Securities c Other - Enter below	
57,352 value unkn	'		-	<b>9</b> of <b>11</b>
17 Name of Financial Institution in which account is held				
ICICI BANK				
18 Account number or other designation		19 Mailing Address (N	Number, Street, and Apt. or Suite No.)	
093801000442		RAJARAJESHWA		
<b>20</b> City	21 Province\State	22 Postal Code	23 Country	
BANGALORE	KAR	560052	India	
Principal Joint Owner Information			24 Number of joint owners for this account:	1
25 TIN		25a TIN type a	EIN b X SSN\ITIN c Foreign	
990-92-6305		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
26 Last Name or Organization Name			27 First Name	28 M.I.
AZMA SIRAJ			FNU	
29 Address (Number, Street, and Apt. or Suite No.)		<u>'</u>		
366 ALVAREZ COMMON				
30 City	31 State/Province	32 ZIP/Postal Code	33 Country	
MILPITAS	CA	95035	United States	
Account Information				
15 Maximum account value 15a Maximum	account 16 Type of	account a X Bank	b Securities c Other - Enter below	
19,399 value unkn	nown	_		
17 Name of Financial Institution in which account is held	<u> </u>		-	
UNION BANK OF INDIA				
18 Account number or other designation		19 Mailing Address (N	Number, Street, and Apt. or Suite No.)	
221810100002290		D NO 9 BY 12	A NEAR AYISH BAZAR	
<b>20</b> City	21 Province\State	22 Postal Code	23 Country	
BANGALORE	KAR	560102	India	
Principal Joint Owner Information			24 Number of joint owners for this account:	1
25 TIN		25a TIN type a	EIN b X SSN\ITIN c Foreign	
990-92-6305			] E	
26 Last Name or Organization Name		<u>'</u>	27 First Name	28 M.I.
AZMA SIRAJ			FNU	
29 Address (Number, Street, and Apt. or Suite No.)		I		
366 ALVAREZ COMMON				
30 City	31 State/Province	32 ZIP/Postal Code	33 Country	
MTT.DTTAS	CA	95035	United States	

Pa	rt III Information on Financial A	ccount(s) Owne	d Jointly		
Acc	count Information				
15	Maximum account value 15a Maximum	account 16 Type o	of account a X Bank	b Securities c Other - Enter below	<b>11</b> of <b>11</b>
	3,402 value unkn	own			
17	Name of Financial Institution in which account is held				
SE	BI				
18	Account number or other designation			(Number, Street, and Apt. or Suite No.)	
_ 00	0000040896457865		T '	SY NO 9/1 VARTHUR HOBLI	
20	City	21 Province\State	22 Postal Code	23 Country	
	INGALURU	KAR	560035	India	
	ncipal Joint Owner Information			24 Number of joint owners for this account:	1
25	TIN		25a TIN type a	EIN b X SSN\ITIN c Foreign	
	00-92-6305			27 First Name	28 M.I.
26 70.70	Last Name or Organization Name			27 First Name F'NU	26 IVI.1.
29	Address (Number, Street, and Apt. or Suite No.)			PNO	
	56 ALVAREZ COMMON				
30	City	31 State/Province	32 ZIP/Postal Code	33 Country	
	LPITAS	CA	95035	United States	
Acc	count Information				
15	Maximum account value 15a Maximum	account 16 Type o	of account a Bank	b Securities c Other - Enter below	of
	value unkn	own			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	
Drie	ncipal Joint Owner Information			24. Number of injet appears for this account.	
25	TIN		25a TIN type a	24 Number of joint owners for this account:  EIN b SSN\ITIN c Foreign	
23	TIN		25a Filit type a L		
26	Last Name or Organization Name			27 First Name	28 M.I.
	Ç				
29	Address (Number, Street, and Apt. or Suite No.)		1		
30	City	31 State/Province	32 ZIP/Postal Code	33 Country	
Acc	count Information				
15	Maximum account value 15a Maximum	account 16 Type o	of account <b>a</b> Bank	b Securities c Other - Enter below	of
	value unkn	own			
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.)	
10	Account number of other designation		19 Mailing Address (	(Number, Street, and Apt. of Suite No.)	
20	City	21 Province\State	22 Postal Code	23 Country	
				,	
Prir	ncipal Joint Owner Information		<u>'</u>	24 Number of joint owners for this account:	
25	TIN		25a TIN type a	EIN b SSN\ITIN c 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	
		i l		1	

#### Form 114a

Department of the Treasury Financial Crimes Enforcement Network (FinCEN)

May 2020

# Record of Authorization to Electronically File FBARs

(See instructions below for completion)

FINANCIAL CRIMES **ENFORCEMENT NETWORK** 

Do not send to FinCEN. Retain this form for your records. The form 114a may be digitally signed

Part I	Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)										
1. Owner last	name or entity's legal name		2. Owner first r	ame		3. Owner M. I.					
SYED			MOIN AHM	1ED							
4. Spouse las	t name (if jointly filing FBAR - see instruction	s below)	5. Spouse first	5. Spouse first name							
filing year end and complete; Report of Fore listed in Part I											
7. Owner sign	ature (Authorized representative if entity)	8 Date	B Date 9 Owner or entity TIN			IN a 🗌 EIN					
			type			y <sup>pe</sup> b ဩ SSN/I∏N c ☐ Foreign					
44 0		09-29-2023 12 Date		087-15-4857							
11. Spouse si	gnature	12 Date	13 Spouse TIN	14 TIN a ☐ EIN type b ☐ ssn/ITIN							
					٠.	. p 🖺 331/1111/					
						c L Foreign					
Part II	Individual or Entity Authorized	to File FBAR on b	ehalf of Persons w	ho have aı	า oblig	ation to file.					
15. Preparer	ast name	16. Preparer first na	ame	17. Prepare	r M.I.	18. Preparer PTIN					
UPPALA		CHAITANYA				P01703768					
19 Address		20 City		21 State							
16192 C	OASTAL HIGHWAY	Lewes	Lewes		199	58					
23 Country co		(Entity) name	25. Employer EIN	26. Prepare	r's signa	ture					
US	SHOONYA TAX SOLUT	IONS INC	84-4291993								
	Instructions for completing the ERAP Signature Authorization Pecord										

#### 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 registra-

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.

				F	inCEN	N 114							
Do NOT file with your Federal Tax Return													
Name(s) shown on return	•				-					Id	entifyi	ng number	
FNU AZMA SIRAJ										9:	90-9	2-6305	
Part I Filer Informa	ation												
1 This Report is for Calendar Yea Amended BSA	r Ended 12/31	202	2										
2 Type of Filer													
a 🗴 Individual b 📗 Par	rtnership <b>c</b>	:	orporation	<b>d</b> [] (	Consolidated	e 📙 F	iducia	ry or Other-E	nter type				
3 U.S. Taxpayer Identification Nur 990-92-6305	mber	<b>4</b> Fc <b>a</b> Тур	Ĭ	`	olete only if it	em 3 is not applica	able.)						
If filer has no U.S. Identification		u .,,p	о	Ш.	oroigi. Tir						-	individual's Da	ate of Birth
Number complete Item 4.		<b>b</b> Nur	nher					С	Country of Issue			5-29-197	
6 Last Name or Organization Nam	no.	D Ital	ilbor.				7	First Name	01 10000		0	<u> </u>	8 M.I.
AZMA SIRAJ	ne .						FN						0 101.11.
9 Address (Number, Street, and A	Ant or Suite No.)												
366 ALVAREZ COMMON													
10 City	·		11 State/Prov	/ince	12 ZIP/F	ostal Code		13 Countr	v				
MILPITAS			CA		950			United		ces			
14a Does the filer have a financial in  Yes If "Yes" enter total  X No													
Does the filer have signature au Yes If "Yes" enter total X No	•		al interest in 25 o	or more fir	nancial accou	ints?							
Signature													
44a Check here X if this report i	is completed by a	third par	ty preparer and	complete	the third part	y preparer section	n.						
44 Filer Signature			45 Filer Title	, if not rep	porting a pers	sonal account					<b>46</b> Da	te (MM./DD/YYY	Y)
FinCEN Form 114a											09-	-29-2023	
47 Preparer's last name				48 First	name				49 MI	50 Chec	it	f 51 PTIN	
UPPALA				CHAI	TANYA					self-em	oloyed	P01703	3768
52 Contact phone no.	52a Ext	53 Firm	n's name							54	Firm's T	IN 54a	X EIN
844-746-6692		SHO	ONYA TAX	SOLU	JTIONS	INC				8	1-42	91993	Foreign
55 Mailing address (number, street, ap	partment or suite	number)			56 City				57 State	58 ZIF	P/Postal	Code	59 Country
16192 COASTAL HIGH	WAY				Lewes	3			DE	199	58		US

Pai	rt II Information on F	nancial A	count(s) Owned	Separately		
15	Maximum account value 15a	Maximum value unkr	, ,	account a X Bank b	Securities c Other - Enter below	1 of5
17	Name of Financial Institution in which	ccount is held				
HD	FC					
18	Account number or other designation			19 Mailing Address (Number	er, Street, and Apt. or Suite No.)	
54	91270001287			SKY WARDS TECH	PARK ELECTRONIC CITY	
20	City		21 State/Province	22 Postal Code	23 Country	
BA	NGALORE	T	KAR	560100	India	
15	Maximum account value 15a	Maximum value unkr		account <b>a</b> Bank <b>b</b>	Securities c Other - Enter below	of
17	Name of Financial Institution in which	ccount is held				
18	Account number or other designation			19 Mailing Address (Number	er, Street, and Apt. or Suite No.)	
20	City		21 State/Province	22 Postal Code	23 Country	
15	Maximum account value 15a	Maximum value unkr		account <b>a</b> Bank <b>b</b>	Securities c Other - Enter below	of
17	Name of Financial Institution in which	ccount is held	'			
18	Account number or other designation			19 Mailing Address (Number	er, Street, and Apt. or Suite No.)	
20	City		21 State/Province	22 Postal Code	23 Country	
15	Maximum account value 15a	Maximum value unkr		account a Bank b	Securities c Other - Enter below	of
17	Name of Financial Institution in which		IOWII			
18	Account number or other designation			19 Mailing Address (Number	er, Street, and Apt. or Suite No.)	
20	City		21 State/Province	22 Postal Code	23 Country	
15	Maximum account value 15a	Maximum value unkr	,,	account a Bank b	Securities c Other - Enter below	of
17	Name of Financial Institution in which		IOWII			
18	Account number or other designation			19 Mailing Address (Number	er, Street, and Apt. or Suite No.)	
20	City		21 State/Province	22 Postal Code	23 Country	
15	Maximum account value 15a	Maximum value unkr		account a Bank b	Securities c Other - Enter below	of
17	Name of Financial Institution in which					
18	Account number or other designation			19 Mailing Address (Number	er, Street, and Apt. or Suite No.)	
20	City		21 State/Province	22 Postal Code	23 Country	
15	Maximum account value 15a	Maximum value unkr		account a Bank b	Securities c Other - Enter below	of
17	Name of Financial Institution in which a		1			
18	Account number or other designation			19 Mailing Address (Number	er, Street, and Apt. or Suite No.)	
20	City		21 State/Province	22 Postal Code	23 Country	

Part III Information on Financial A	ccount(s) Owned	d Jointly		
Account Information				
15 Maximum account value 15a Maximum a value unkn	-	account <b>a</b> X Bank	b Securities c Other - Enter below	
17 Name of Financial Institution in which account is held	J			
MARCELLUS				
18 Account number or other designation		19 Mailing Address (N	Number, Street, and Apt. or Suite No.)	
109781			SINESS CENTRE	
20 City	21 Province\State	22 Postal Code	23 Country	
MUMBAI	ман	400093	India	
Principal Joint Owner Information		100000	24 Number of joint owners for this account:	1
25 TIN		25a TIN type a	1 ' N ' N	
087-15-4857		_		
26 Last Name or Organization Name		·	27 First Name	28 M.I.
SYED			MOIN AHMED	
29 Address (Number, Street, and Apt. or Suite No.)		<u>'</u>		
366 ALVAREZ COMMON				
30 City	31 State/Province	32 ZIP/Postal Code	33 Country	
MILPITAS	CA	95035	United States	
Account Information				
15 Maximum account value 15a Maximum a	account 16 Type of	account a X Bank	b Securities c Other - Enter below	
57,352 value unkn				<b>3</b> of <b>5</b>
17 Name of Financial Institution in which account is held			<u> </u>	
ICICI BANK				
18 Account number or other designation		19 Mailing Address (N	Number, Street, and Apt. or Suite No.)	
093801000442		RAJARAJESHWA		
<b>20</b> City	21 Province\State	22 Postal Code	23 Country	
BANGALORE	KAR	560052	India	
Principal Joint Owner Information			24 Number of joint owners for this account:	1
25 TIN		25a TIN type a	EIN b X SSN\ITIN c Foreign	
087-15-4857		_		
26 Last Name or Organization Name		<u>'</u>	27 First Name	28 M.I.
SYED			MOIN AHMED	
29 Address (Number, Street, and Apt. or Suite No.)				
366 ALVAREZ COMMON				
30 City	31 State/Province	32 ZIP/Postal Code	33 Country	
MILPITAS	CA	95035	United States	
Account Information				
15 Maximum account value 15a Maximum a	account 16 Type of	account <b>a</b> X Bank	b Securities c Other - Enter below	4
19,399 value unkn	own	<del></del>		<b>4</b> of <b>5</b>
17 Name of Financial Institution in which account is held	·			
UNION BANK OF INDIA				
18 Account number or other designation		19 Mailing Address (N	Number, Street, and Apt. or Suite No.)	
221810100002290		D NO 9 BY 12	A NEAR AYISH BAZAR	
<b>20</b> City	21 Province\State	22 Postal Code	23 Country	
BANGALORE	KAR	560102	India	
Principal Joint Owner Information		•	24 Number of joint owners for this account:	1
25 TIN		25a TIN type a	EIN b X SSN\ITIN c Foreign	
087-15-4857				
26 Last Name or Organization Name			27 First Name	28 M.I.
SYED			MOIN AHMED	
29 Address (Number, Street, and Apt. or Suite No.)		<u> </u>		
366 ALVAREZ COMMON				
<b>30</b> City	31 State/Province	32 ZIP/Postal Code	33 Country	
MTT.DTTAS	CA	95035	United States	

Pa	rt III Information on Fina	ıncial A	ccount	(s) Owne	d Jointly				_
Acc	count Information								
15	Maximum account value 15a 3,402	Maximum value unkn		<b>16</b> Type o	f account a X Bank	b	Securities c Other - Enter below	<b>5</b> of	5
17	Name of Financial Institution in which accoun								
SE									
18	Account number or other designation				19 Mailing Address	: (Numh	per, Street, and Apt. or Suite No.)		
	000040896457865				L K PLAZA,	•	NO 9/1 VARTHUR HOBLI		
			04 - Doore	:\Ot-t-		31			
20	City			ince\State	22 Postal Code		23 Country		
	INGALURU		ı K.	AR	560035		India		
	ncipal Joint Owner Information				1	П	24 Number of joint owners for this account:	1	<u> </u>
25	TIN				25a TIN type a	∐ EIN	N b X SSN\ITIN c Foreign		
- 08	37-15-4857					1			
26	Last Name or Organization Name						First Name	28	M.I.
S	ZED					MO:	IN AHMED		
29	Address (Number, Street, and Apt. or Suite I	No.)							
_ 36	66 ALVAREZ COMMON		ı						
30	City		31 State	/Province	32 ZIP/Postal Code		33 Country		
M	LPITAS		C:	A	95035		United States		
Acc	count Information								
15	Maximum account value 15a	Maximum		<b>16</b> Type o	faccount a Bank	b	Securities c Other - Enter below	of	
17	Name of Financial Institution in which accou	value unkn	iown						=
18	18 Account number or other designation 19 Mailing Address (Number, Street, and Apt. or Suite No.)								
20	City		21 Provi	ince\State	22 Postal Code		23 Country		
Pri	ncipal Joint Owner Information				T		24 Number of joint owners for this account:		
25	TIN				25a TIN type a	L EIN	N b SSN\ITIN c Foreign		
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26	Last Name or Organization Name					27	First Name	28	M.I.
29	Address (Number, Street, and Apt. or Suite I	No.)				1			
30	City		31 State	/Province	32 ZIP/Postal Code		33 Country		
Acc	count Information								_
15	Maximum account value 15a	Maximum	account	<b>16</b> Type o	f account a Bank	b	Securities c Other - Enter below	of	
17	Name of Financial Institution in which accou	value unkn	iown						_
17	Name of Financial Institution in which accoun	nt is neid							
18	Account number or other designation				19 Mailing Address	s (Numb	per, Street, and Apt. or Suite No.)		
20	City		21 Provi	ince\State	22 Postal Code		23 Country		_
Prii	ncipal Joint Owner Information						24 Number of joint owners for this account:		
25	TIN				25a TIN type a	L EIN	N b SSN\ITIN c Foreign		
26	Last Name or Organization Name					27	First Name	28	M.I.
29	Address (Number, Street, and Apt. or Suite I	No.)							
30	City		31 State	/Province	32 ZIP/Postal Code		33 Country		

#### Form 114a

Department of the Treasury Financial Crimes Enforcement Network (FinCEN)

May 2020

# Record of Authorization to Electronically File FBARs

(See instructions below for completion)

FINANCIAL CRIMES ENFORCEMENT NETWORK

<u>Do not send to FinCEN. Retain this form for your records.</u>
The form 114a may be digitally signed

Parti	Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)										
1. Owner last r	name or entity's legal name		2. Owner first n	2. Owner first name 3. Owner M. I.							
AZMA SI	RAJ		FNU	FNU							
4. Spouse last	name (if jointly filing FBAR - see instructions	s below)	5. Spouse first	name		6. Spouse M. I.					
filing year end and complete; Report of Fore listed in Part II	we declare that I/we have provided information concerning (enter number of accounts) foreign bank and financial account(s) for the ling 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, nd 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 sted in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, otwithstanding 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 signa	ature (Authorized representative if entity)	8 Date	Date 9 Owner or entity TIN			a 🗌 EIN					
			type			b					
11. Spouse sid	nature	09-29-2023 12 Date	10.0 701			c ∐ Foreign a ∏ E <b>I</b> N					
THE OPERAGE OF	,	12 54.0	To opeace the	type b ☐ SSN/ITIN							
						c Foreign					
Part II	Individual or Entity Authorized	to File FBAR on b	ehalf of Persons wi	no have an	obligati	on to file.					
15. Preparer la	ast name	16. Preparer first na	ame	17. Preparer	M.I. 18	3. Preparer PTIN					
UPPALA		CHAITANYA			P	01703768					
19 Address		20 City	20 City		22 ZIP/po	stal code					
16192 C	OASTAL HIGHWAY	Lewes		DE	19958	3					
23 Country co	de 24 Preparer's (item 15) employer's	(Entity) name	25. Employer EIN	26. Preparer	's signature	•					
US	SHOONYA TAX SOLUT	IONS INC	84-4291993								

#### Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) <u>OR</u> the individual/entity authorized to perform such services. The completed record <u>must</u> 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.