

FATCA - CRS Declaration - INDIVIDUAL

Please fill the information below as requested		First Account Holder		Second Account Holder			Third Account Holder			
Name	of the Account Holder									
Maide	en Name (if any)									
Fathe	er's Name (mandatory)									
Spou	se's Name									
Marit	al Status	Married U	Jnmarried	Other	Married	Unmarried	Other	Married	Unmarried	Other
Natio	nality	Indian O	Others		Indian	Others		Indian	Others	
Aadh	aar No.									
Identification Type Documents submitted as proof of identity of the individual		PAN Other (pls. Specify)		PAN Other (pls. Specify)			PAN Other (pls. Specify)			
Please mention your Residential Status if it is any one of these		Resident Individual Non Resident Indian Foreign National Person of Indian Origin		Resident Individual Non Resident Indian Foreign National Person of Indian Origin			Resident Individual Non Resident Indian Foreign National Person of Indian Origin			
Are yo	ou a tax resident (i.e. are y	ou assessed for	r Tax) in any	y other	country other	er than Ind	ia ?	☐ Yes ☐	No	
	s', please fill for all coun ent / Green Card Holder /	,	,	•		esident for	tax purpo	ose i.e. wher	e you are a (Citizen
S. No.	Country of Tax Residency	Num	Tax Identification Number (TIN) or Functional Equivalent		Identification Type If TIN is (TIN or other, please specify)		s not available, please tick (3) the reason A, B or C [as defined below]			
1.							→ Reas	-	С	
2.							→ Reas	onA B	С	
Decla I/ We cer supportin categoriz of its affili I/ We und provided our applic or take an carry out	Reason A → The country Reason B → No TIN req required the TIN to be colle Reason C → Others – Ple ration: It y that: a) the information provided in the Form g Annexures as well as in the documentary evide ation of the account as a Reportable account or ates wherever situated including sharing, transfe tertake the responsibility to declare and disclose by me/us or if any certification becomes incorrec table to the company would be within its right ry other action as may be deemed appropriate investigations from the information available in	uired [Select the ected] ease specify the is in accordance with section once provided by me/us are, to otherwise. c) I/We permit/aut are and disclosure between the within 30 days from the date and to provide fresh self-ce to put restrictions in the open by the Company if the deficioublic domain for confirming	on 285BA of the Incon to the best of our know thorise the Company hem and to the author te of change, any cha ertification along with orations of my/our accomeous is not remedied in the information provi	me Tax Act, 1' wledge and be to collect, stc rities in and/o anges that ma documentary ount or close i by us within ided by me /	he authoriti 261 read with Rules selief, true, correct and re, communicate and ro utside India of any y take place in the in evidence. e) I / We at or report to any regulate to the Company. Selicities to the Company.	In 14F to 114H of the complete and that I process informatio confidential information provided ilso agree that our fallator and/or any auli 1,0 1 / Whe hereby aco i) It shall be my / ou	Income tax Rules, (we have not withh n relating to the Ac attion for compliance in the Form, it's suilure to disclose ar hority designated vicept and acknowle r responsibilities to	1962. b) the informativeld any material informativeld any material inform count and all transactive with any law or regul poorting Annexures as by material fact known by the Government of I degle that the Company educate myself / ours	on provided by me/us in ation that may affect the ons therein, by the Compation whether domestic well as in the document o us, now or in future, m dida (G01) /RBI/SEBI for shall have the right and elf and to comply at all it	the Form, its assessment/ any and any or foreign. d) any evidence ay invalidate the purpose a uthority to imes with all
law either to sign as	aws relating to reporting under section 285BA of in India or abroad in the subject matter herein. i per CBDT rules/SEBI guidelines.) I/We shall indemnify the Co	ompany for any loss th	hat may arise	to the Company on a	account of providing	incorrect or incom	plete information. j) I / '	Ne certify that I/we have	the capacity
<u>4</u>		0	Z D			△				
First Applicant			Second Applicant				Third Applicant			
Date:		Pla	Place :							
Acknowledgement We acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr./Ms./ M/s. PAN PAN ON DO - MM - YYYYY										

Signature with Name, Emp. ID & Seal



FATCA - CRS Declaration - NON-INDIVIDUAL

PAN			Date of Incorporation	
Name				
Address Type [for KYC address]	Registered Office Co	orporate Office		
Place of Incorporation			Country of Incorporation	
Gross Annual Income Details in INR	< 1 Lakh 5 10 Lacs 25 Lacs -1 Cr	1-5 Lacs 10-25 Lacs > 1 Cr	Net Worth in INR in Lacs Net Worth as of	
Is the entity involved in / providing any of the following services:	Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] Money Laundering / Pawning		Any other information [if applicable]	[Please specify]

Is "Entity" a tax resident of any country other than India — \square Yes \square No

(If "Yes", please provide country/ies in which the entity is a resident for tax purpose and the associated TIN)

S No	Country of Tax Residency	Tax Payer Identification Number/ Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type [TIN or other, please specify]
1			
2			
3			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here

[to be filled by Financial Institutions or Direct Reporting NFFEs]						
We are a	GIIN (Global Intermediary Identification Number): Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's					
/ Institution / FFI	Olin above and indicate your sponsor's name below Name of the sponsoring entity					
Direct Reporting	GIIN not available [tick any one]: Applied For					
NFFE	Not required to apply for—specify sub-category code					
	Not obtained - Non-participating FFI					