

ACCOUNT DETAILS - INDIVIDUAL CUSTOMERS

Branch Code Branch Name _____

Name of Customer _____ Customer ID _____

Customer Type: NRI Resident Individual

FATCA DECLARATION Please tick the applicable tax resident declaration (Any one) 1st Applicant

I am a tax resident of India and not resident of any other country OR I am a tax resident of the country /ies mentioned in the table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number Below:

City of Birth* _____ Country of Birth* _____ Address Type for Tax Purpose* - Residential Business Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, Please specify)%	Address For Tax Purpose*		
			<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the address below
			Landmark		
			Pin _____	State _____	Country _____

To also include USA, where the individual is a citizen / green card holder of USA % In case Tax Identification Number is not available, Kindly provide functional equivalent FATCA - CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete and hereby accept the same.

Signature _____

FATCA DECLARATION Please tick the applicable tax resident declaration (Any one) 2nd Applicant

Name of Customer _____ Customer ID _____

Customer Type: NRI Resident Individual

I am a tax resident of India and not resident of any other country OR I am a tax resident of the country /ies mentioned in the table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number Below:

City of Birth* _____ Country of Birth* _____ Address Type for Tax Purpose* - Residential Business Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, Please specify)%	Address For Tax Purpose*		
			<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the address below
			Landmark		
			Pin _____	State _____	Country _____

To also include USA, where the individual is a citizen / green card holder of USA % In case Tax Identification Number is not available, Kindly provide functional equivalent FATCA - CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete and hereby accept the same.

Signature _____

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 requires 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.

FATCA-CRS Instructions: If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

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 and attach this to the form.

Signature Verification done by _____

Emp Code _____

S R No. _____

Emp Name _____