

ACCOUNT DETAILS - NON INDIVIDUAL CUSTOMERS

Branch Code Branch Name _____

Name of Customer _____ Customer ID _____

CONSTITUTION: (Please tick)

HUF PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY PARTNERSHIP PUBLIC LTD. PRIVATE LTD.
 TRUST CLUB ASSOCIATION SOCIETY GOVT. ORG./DEPT. OTHERS _____

FATCA - CRS Declaration Form

Entity Type: Financial Non-financial GIIN No.: _____
 Country of Incorporation: _____ City of Incorporation: _____

1. I/We declare that the Entity is tax resident of any country other than India Yes No (If Yes, please fill Part A & B)
 2. The Controlling Person/Ultimate Beneficial Owner/ Proprietor is tax resident of any country other than India Yes No (If Yes, please fill Part C)

Part A (To be filled if YES is declared for the above statements except for Proprietorship customer)

Customer Identification No. _____ Issuing Country _____
 Address used for Tax Purpose/ reported to Tax Authorities in foreign country: Registered Communication Business Other (if business or other, provide the address)
 Address _____

Details of Country/ies in which the entity is resident for tax purpose and the associated Tax ID number:

Country	Tax Identification Number (or equivalent)	Identification Type (TIN or Other please specify)

Part B (To be filled by Non-financial entities)

Entity is: Traded in Stock Exchange Subsidiary of listed company Controlled by a listed company Not Listed
 Name of the listed company _____ Name of the stock exchange _____ Type of Non-financial Entity: Active Passive

Part C (to be filled by Passive Non Financial Entities for Controlling Person and Proprietor, use additional form for any additional controlling person or beneficial owners)

Name*: _____ Date of Birth _____
 Country of Tax Residency* _____ % Beneficial Interest _____
 PAN _____ Father's Name _____
 Residence Address _____

*Name of Controlling Person / Ultimate Beneficial Owner / Proprietor *Address reported/updated with Tax authorities

Details of Country/ies in which the controlling person is resident for tax purpose and the associated Tax ID number:

Country	Tax Identification Number (or equivalent)	Identification Type (TIN or Other please specify)

Country of Birth _____ City of Birth _____ Nationality _____
 Occupation Type Service Business Other | Identification type: Passport DL AADHAR Gov ID Card Other

FATCA CRS Terms and Condition

The Central Board of Direct Taxes has notified on 7th August 2015 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/ 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. If you are a US citizen or resident or green card 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.

Certification:

I have understood the information requirements of this Form and hereby confirm that the information provided by me on this Form is True, Correct, and Complete. I further confirm that I have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

Place: _____
 Date: _____ Signature _____ Signature _____ Signature _____ Signature _____

FOR BANK USE ONL

Signature Verification done by _____

Emp Code _____ S R No. _____

Emp Name _____