



Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

NAME:
PAN: <input style="width:250px" type="text"/> or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No

If 'No', please proceed for the signature of declaration

If 'Yes', please fill for All countries (**other than India**) in which you are a Resident for a Resident for tax purpose i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick ✓ the reason A, B or C (as defined below)
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- >> Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- >> Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- >> Reason C - Others; please state the reason thereof

DECLARATION

I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date: / /

Place:

Signature: