



Name of the entity

Type of address given at KRA: Residential or Business, Residential, Business, Registered Office

PAN

Date of incorporation: DD / MM / YYYY

City of incorporation

Country of incorporation

Please tick the applicable tax resident declaration-

1. Is "Entity" a tax resident of any country other than India? Yes No
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

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

*In case Tax Identification Number is not available, kindly provide its functional equivalent?
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIN, etc.
In case the Entity's Country of Incorporation / Tax residence is U. S. but entity is not a Specified U. S. Person, mention Entity's exemption code here _____
Please refer to para 3(vii) Exemption code for U. S. persons under Part D of FATCA instructions & Definitions

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, **Global Intermediary Identification Number (GIIN)**
 Financial institution³ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's
 or GIIN above and indicate your sponsor's name below
 Direct reporting NFE⁴ Name of sponsoring entity _____
 (Please tick as appropriate)

GIIN not available (Please tick as applicable) **Applied for**
 If the entity is financial institution, Not required to apply for- please specify 2 digits sub- category¹⁰
 Not obtained – Non-participating FI

PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ¹ non-financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code--refer 2c of Part D)
4. Is the Entity a passive ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³ Refer 1(i) | ⁴Refer 3(vi) of Part D |

UBO Declaration

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ -of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name <input type="text"/> Country <input type="text"/> Tax ID No.* <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address <input type="text"/> <input type="text"/> <input type="text"/> ZIP <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
2. Name <input type="text"/> Country <input type="text"/> Tax ID No.* <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address <input type="text"/> <input type="text"/> <input type="text"/> ZIP <input type="text"/> State: <input type="text"/> Country: <input type="text"/>
3. Name <input type="text"/> Country <input type="text"/> Tax ID No.* <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> AddressType <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office	Address <input type="text"/> <input type="text"/> <input type="text"/> ZIP <input type="text"/> State: <input type="text"/> Country: <input type="text"/>

[#] If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name and PAN / Any other Identification Number (PAN, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name & PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
1. Name & PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
1. Name & PAN <input type="text"/> City of Birth <input type="text"/> Country of Birth <input type="text"/>	Occupation Type <input type="text"/> Nationality <input type="text"/> Father's Name <input type="text"/>	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>

[#] Additional details to be filled by controlling persons with tax residency/ permanent residency / citizenship / Green Card in any country other than India:
¹To include US, where controlling person is a US citizen or green cardholder
²In case Tax Identification Number is not available, kindly provide functional equivalent

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 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. 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.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

⁵It 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.

Part C : Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and here by confirm that the information provided by me /us on this Form is true, correct, and complete. I /We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and here by accept the same.

Date: / /

Name	<input type="text"/>
Designation	<input type="text"/>
Signature	<input type="text"/>

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
	<input type="text"/>	<input type="text"/>	<input type="text"/>