## **FATCA & CRS Annexure for Individual Accounts**

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | First                        | : / Sole Ap            | plicar       | nt / Gua           | ırdia | n         |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------|------------------------|--------------|--------------------|-------|-----------|---------|-------|---------|-------------------|---------------------------------------|----|-----------------------|--------------|-------|--------|--------|------|--|
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Gender M F O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | PAN                          |                        |              |                    |       |           |         |       | Occ     | upat              | ion Ty                                | ре | Ser                   | vice         | Bus   | siness | Oth    | ners |  |
| Father's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Cust ID / Folio No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Address of tax residence would be taken as available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | in KRA da         | latabase. <b>I</b> n o       | <u> </u>               |              | •                  | pproa |           |         |       | chan    | ges               |                                       |    |                       |              |       |        |        |      |  |
| Type of address given at KRA Residential of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | or Busines        | usiness Residential Business |                        |              |                    |       |           |         |       |         | Registered Office |                                       |    |                       |              |       |        |        |      |  |
| Permissible documents are Passport Elect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ion <b>I</b> D Ca | ard PAN                      | Card                   | Govt.        | ID Card            |       | Driving l | icence. |       | UIDA    | AI Ca             | ard [                                 | JN | NREGA Job Card Others |              |       |        |        |      |  |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | Pla                          | ce of Birth            |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Country of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Nationality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Are you a tax resident of any country other than India Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| If yes, please indicate all countries in which you are r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | esident fo        | or tax purpo                 | ses and the            | associa      | ated Tax           | ID N  | umbers I  | elow.   |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Country#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   | Tax                          | Identifica             | tion N       | umber <sup>9</sup> | 6     |           | l le    | denti | ficatio | on T              | ype (                                 | ПΝ | or O                  | ther         | , Pk  | ase s  | pecify | y)   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                              |                        |              |                    |       |           | +       |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| $^{\#}\text{To}$ also include USA, where the individual is a citizer $^{\%}\text{In}$ case Tax Identification Number is not available, k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _                 |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                              |                        |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                              | _                      |              |                    |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                              | Second                 | <b>Ар</b> р  | licant             |       |           |         |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Name Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                              | Second                 | d App        | licant             |       |           | I       |       |         |                   |                                       |    |                       |              |       |        |        |      |  |
| Name M F O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | PAN                          | Second                 | d App        | licant             |       |           |         |       | Occ     | upat              | ion Ty                                | pe | Ser                   | vice         | Bus   | siness | Oth    | ners |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | PAN                          | Second                 | d App        | licant             |       |           |         |       | Occ     | upat              | ion Ty                                | pe | Ser                   | vice         | Bus   | siness | Oth    | ners |  |
| Gender M F O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | PAN                          | Second                 | d App        | licant             |       |           |         |       | Occ     | upat              | ion Ty                                | pe | Ser                   | vice         | Bus   | siness | Oth    | ners |  |
| Gender M F O  Father's Name  Cust ID / Folio No.  Address of tax residence would be taken as available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   | latabase. In o               | tase of any o          | change       | please a           | pproa |           |         | •     |         |                   | ion Ty                                | ре |                       |              |       |        | Oth    | ners |  |
| Gender M F O  Father's Name Cust ID / Folio No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | latabase. In o               | tase of any o          |              | please a           | pproa |           | & noti  | •     |         |                   | ion Ty                                | pe |                       | vice         |       |        | Oth    | ners |  |
| Gender M F O  Father's Name  Cust ID / Folio No.  Address of tax residence would be taken as available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | or Busines        | latabase. In o               | tase of any o          | change       | please a           |       | Ві        | siness  |       | chan    | ges               |                                       |    | Reg                   | istere       | ed C  | Office |        |      |  |
| Gender M F O  Father's Name Cust ID / Folio No.  Address of tax residence would be taken as available Type of address given at KRA Residential of the second | or Busines        | latabase. In o               | tase of any o          | change       | please a           |       | Ві        | siness  |       | chan    | ges               |                                       |    | Reg                   | istere       | ed C  | Office |        |      |  |
| Gender M F O  Father's Name Cust ID / Folio No.  Address of tax residence would be taken as available Type of address given at KRA Residential of Passport Electrons are Passport Electrons are Passport Electrons are Residential of Passport Electrons are Electrons are Residential of Passport Electro | or Busines        | latabase. In o               | ase of any o           | change       | please a           |       | Ві        | siness  |       | chan    | ges               |                                       |    | Reg                   | istere       | ed C  | Office |        |      |  |
| Gender M F O  Father's Name Cust ID / Folio No.  Address of tax residence would be taken as available Type of address given at KRA Residential of Permissible documents are Passport Elect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or Busines        | latabase. In o               | ase of any o           | change       | please a           |       | Ві        | siness  |       | chan    | ges               |                                       |    | Reg                   | istere       | ed C  | Office |        |      |  |
| Gender M F O  Father's Name Cust ID / Folio No.  Address of tax residence would be taken as available Type of address given at KRA Residential of Permissible documents are Passport Electropate of Birth Country of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ion ID Ca         | latabase. In o               | ase of any o           | change       | please a           |       | Ві        | siness  |       | chan    | ges               |                                       |    | Reg                   | istere       | ed C  | Office |        |      |  |
| Gender M F O  Father's Name Cust ID / Folio No.  Address of tax residence would be taken as available Type of address given at KRA Residential of Passport Electronic Date of Birth Country of Birth Nationality  Are you a tax resident of any country other than India If yes, please indicate all countries in which you are resident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or Busines        | latabase. In o               | ase of any of Res      | change Govt. | please a           |       | Driving l | icence  |       | Chang   | ges<br>NI Ca      | I I I I I I I I I I I I I I I I I I I | N  | Reg                   | istere A Job | eed C | office | Othe   | ers  |  |
| Gender M F O  Father's Name Cust ID / Folio No.  Address of tax residence would be taken as available Type of address given at KRA Residential of Passport Date of Birth Passport Country of Birth Are you a tax resident of any country other than India                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or Busines        | latabase. In o               | ase of any of Res      | Govt.        | please a I ID Card |       | Driving l | icence  |       | Chang   | ges<br>NI Ca      |                                       | N  | Reg                   | istere A Job | eed C | office | Othe   | ers  |  |
| Gender M F O  Father's Name Cust ID / Folio No.  Address of tax residence would be taken as available Type of address given at KRA Residential of Passport Electronic Date of Birth Country of Birth Nationality  Are you a tax resident of any country other than India If yes, please indicate all countries in which you are resident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or Busines        | latabase. In o               | Res I Card Ce of Birth | Govt.        | please a I ID Card |       | Driving l | icence  |       | Chang   | ges<br>NI Ca      | I I I I I I I I I I I I I I I I I I I | N  | Reg                   | istere A Job | eed C | office | Othe   | ers  |  |
| Gender M F O  Father's Name Cust ID / Folio No.  Address of tax residence would be taken as available Type of address given at KRA Residential of Passport Electronic Date of Birth Country of Birth Nationality  Are you a tax resident of any country other than India If yes, please indicate all countries in which you are resident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or Busines        | latabase. In o               | Res I Card Ce of Birth | Govt.        | please a I ID Card |       | Driving l | icence  |       | Chang   | ges<br>NI Ca      | I I I I I I I I I I I I I I I I I I I | N  | Reg                   | istere A Job | eed C | office | Othe   | ers  |  |

|                                                     | Third Applicant |        |        |        |       |         |                            |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
|-----------------------------------------------------|-----------------|--------|--------|--------|-------|---------|----------------------------|---------|--------|--------|---------|--------|--------|----------------|--------|-------|----------------------------------------------------|--------|-------|--------|------|-------|-------|-------|--------|--------|---------------|-------|-----------|
| Name                                                |                 |        |        |        |       |         |                            |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| Gender M                                            | F O             |        |        |        |       |         |                            |         | P/     | AN     |         |        |        |                |        |       |                                                    |        |       |        | Oc   | cupat | ion T | уре   | Ser    | vice   | Busi          | ness  | Others    |
| Father's Name                                       |                 |        |        |        |       |         |                            |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| Cust ID / Folio No.                                 |                 |        |        |        |       |         |                            |         | Ι      |        |         | I      |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| Address of tax resid                                | ence wo         | uld be | e take | en as  | avail | able ii | n KRA                      | A data  | abase. | . In c | ase o   | f any  | chan   | ge ple         | ease a | ppro  | ach K                                              | (RA 8  | noti  | fy the | char | nges  |       |       |        |        |               |       |           |
| Type of address give                                | n at KRA        |        |        | Res    | siden | tial or | Busi                       | ness    |        |        |         | Res    | ident  | tial           |        |       |                                                    | Bus    | iness |        |      |       |       |       | Reg    | istere | ed Of         | fice  |           |
| Permissible docume                                  | nts are         |        | Passp  | ort    |       | lectic  | n <b>I</b> D               | Card    |        | PAN    | l Car   | d [    | Gov    | rt. <b>I</b> D | Card   |       | Drivi                                              | ing Li | cence | . 🗆    | UID  | AI Ca | ırd   | ΠNI   | REG/   | \ Job  | Card          |       | Others    |
| Date of Birth                                       |                 |        |        |        |       |         |                            |         |        | Plac   | e of    | Birth  |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| Country of Birth                                    |                 |        |        |        |       |         |                            |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| Nationality                                         |                 |        |        |        |       |         |                            |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| Are you a tax reside                                | nt of any       | cour   | ntry o | ther   | than  | India   |                            | Yes     |        | 10     |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| If yes, please indicate                             | e all cou       | ntries | in wh  | nich y | ou a  | re res  | siden                      | t for t | ax pu  | rpos   | es ar   | nd the | asso   | ciate          | d Tax  | ID N  | lumb                                               | ers be | elow. |        |      |       |       |       |        |        |               |       |           |
| Country#                                            |                 |        |        |        |       |         | Tax Identification Number% |         |        |        |         |        |        |                |        |       | Identification Type (TIN or Other, Please specify) |        |       |        |      |       |       |       |        |        |               |       |           |
|                                                     |                 |        |        |        |       |         | ┢                          |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
|                                                     |                 |        |        |        |       |         | H                          |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| #To also include USA<br>%In case Tax Identifi       |                 |        |        |        |       |         | _                          |         |        |        |         |        |        | :\$            |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
|                                                     |                 |        |        |        |       |         |                            |         |        |        |         | Cer    | tifica | atio           | n      |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| I / We have understous on this Form is to the same. |                 |        |        |        |       |         |                            |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| Signatures                                          |                 |        |        |        |       |         | _                          |         |        |        |         |        |        |                |        |       |                                                    |        | г     |        |      |       |       |       |        |        |               |       |           |
|                                                     |                 |        |        |        |       |         |                            |         |        |        |         |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
| First / Sol                                         | e Appli         | cant , | / Gua  | ardia  | ın    |         | _                          |         |        |        | S       | econ   | d Ap   | plica          | ınt    |       |                                                    |        |       |        |      |       | Th    | ird A | Applio | ant    |               |       |           |
| <b>Date</b> d d                                     | m               | m      | У      | У      | У     | У       | J                          |         |        | Pla    | ce      |        |        |                |        |       |                                                    |        |       |        |      |       |       |       |        |        |               |       |           |
|                                                     |                 |        |        |        |       |         |                            |         | FAT    | CA     | & C     | CRS    | Teri   | ms 8           | & Co   | ndi   | tion                                               | S      |       |        |      |       |       |       |        |        |               |       |           |
| Details under FATC                                  | A & CR          | S: The | e Cen  | tral E | 3oar  | d of D  | Direct                     | Taxe    | es has | noti   | ified l | Rules  | 114F   | to I           | I4H,   | as pa | art of                                             | the I  | ncon  | e tax  | Rule | s, 19 | 62, v | vhich | Rules  | requ   | uire <b>I</b> | ndian | financial |

Details under FATCA & CRS: 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.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

## **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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

| FATCA & CRS Indicia<br>observed (ticked)          | Documentation required for Cure of FATCA/ CRS indicia                                                                                                                  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| U.S. place of birth                               | 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;                                        |
|                                                   | 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND                                               |
|                                                   | 3. Any one of the following documents:                                                                                                                                 |
|                                                   | Certified Copy of "Certificate of Loss of Nationality                                                                                                                  |
|                                                   | or Reasonable explanation of why the customer does not have such a certificate                                                                                         |
|                                                   | despite renouncing US citizenship;                                                                                                                                     |
|                                                   | or Reason the customer did not obtain U.S. citizenship at birth                                                                                                        |
| Residence/mailing address in a country other than | 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and                 |
| India                                             | 2. Documentary evidence (refer list below)                                                                                                                             |
| Telephone number in a                             | If no Indian telephone number is provided                                                                                                                              |
| country other than <b>I</b> ndia                  | 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and                 |
|                                                   | 2. Documentary evidence (refer list below)                                                                                                                             |
|                                                   | If Indian telephone number is provided along with a foreign country telephone number                                                                                   |
|                                                   | 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR |
|                                                   | 2. Documentary evidence (refer list below)                                                                                                                             |
| Telephone number in a country other than India    | Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and                    |
|                                                   | 2. Documentary evidence (refer list below)                                                                                                                             |

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- I. Certificate of residence issued by an authorized government body\*
- 2. Valid identification issued by an authorized government body\* (e.g. Passport, National Identity card, etc.)
- \* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.