

Login ID:



FATCA - CRS DECLARATION FOR ENTITIES
(Please Seek Advice From Your Tax Adviser And/or Refer Fatca & Crs Guidelines For Tax Residency & Other Related Information In This Form)

PART - I

A.	Is the account holder a Government body/ International (Organization/listed company on recognized stock exchange.)	<input type="checkbox"/> Yes , please specify name of Stock exchange, if you are listed company _____, and proceed to sign the declaration
		<input type="checkbox"/> No , then proceed to point B
B.	Is the account holder a (entity/financial institution) tax resident of any country other than india	<input type="checkbox"/> Yes , then Please fill of FATCA/CRS self certification Form
		<input type="checkbox"/> No , Proceed to Point C
C.	Is the account holder and indian financial institution	<input type="checkbox"/> Yes , Please provide your GIIN, if any _____
		<input type="checkbox"/> No , Proceed to Point D
D.	Are the substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not and Indian Citizen	<input type="checkbox"/> Yes , (then please fill FATCA/CRS self certification Form)
		<input type="checkbox"/> No , Proceed to sign the Declaration

CLIENT DECLARATION

Under Penalty of perjury, I/We Certify that:

1. The Applicant Is : _____
 - I. An applicant taxable as a US person under the laws of the united states of America("U.S.") or any state or political sub division there of or therein, including the district to Columbia or any other states or the U.S.
 - II. An estate the income of which is subject to U.S. federal income Tax regardless of the source thereof. (this clause is applicable only if the account holder is identified as a us person)
2. The Applicant is an applicant taxable as a tax resident under the lows of country outside India.
 - I. I/We understand that the bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CSR. The bank is not able to offer any tax advice on FATCA/CSR or its impact on the applicant.
 - II. I/We shall seek advice from professional tax advisor for any tax questions.
 - III. I/We agree to submit a new form within 30day's if any information or certification on this form becomes incorrect.
 - IV. I/We agree that as may be required by domestic regulators/tax authorities the bank may also be required to report, reportable details to CBDT or close or suspend my account
 - V. I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant

Name of the Entity :

Date

	Authorised Signatory	Authorised Signatory	Authorised Signatory
SIGNATURE			

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PART II
SELF CERTIFICATION FORM (EQUITY) FOR FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")
AND COMMON REPORTING STANDARD.

Section 1: Entity Information

1	Name of Entity	
2	Customer Id (if Existing)	
3	Entity Constitution Type	<input type="checkbox"/> A - Sole Proprietorship <input type="checkbox"/> B - Partnership Firm <input type="checkbox"/> C - HUF <input type="checkbox"/> D - Private Limited Company <input type="checkbox"/> E - Public Limited Company <input type="checkbox"/> F - Society <input type="checkbox"/> G - AOP/BOI <input type="checkbox"/> H - Trust <input type="checkbox"/> I - Liquidator <input type="checkbox"/> J - Limited Liability Partnership <input type="checkbox"/> K - Artificial Juridical Person <input type="checkbox"/> Z - Others <input type="checkbox"/> X - Not Categorised
4	Entity Identification No	<input type="checkbox"/> T - TIN <input type="checkbox"/> C- Company Identification Number <input type="checkbox"/> G- US GIIN <input type="checkbox"/> E- Global Entity Identification Number (EIN) <input type="checkbox"/> O - Other
5	Entity Identification No (based on entity identification type)	
6	Entity Identification issue Country	
7	Entity Identification	

I/We (on behalf of the entity) Certify that the entity is

A.	An entity Incorporated and taxable in US Specified (US person)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>If "Yes", Please provide your U.S. Taxpayer Identification Number (Tin)</i>	
B.	An entity incorporated and taxable outside of India (Other Than US)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>If "Yes" Please provide your TIN or Its functional equivalent</i>	
	Provide your Tin issue Country	
C.	Please provide the following additional details if you are not a specified US person	
	FATCA/CRS classification for Non financial Entities (NFFE)	
	<input type="checkbox"/> Active NFFE	<input type="checkbox"/> Passive NFFE without any controlling person
	<input type="checkbox"/> Passive NFFE With Controlling Person →	<input type="checkbox"/> US <input type="checkbox"/> Other
	<input type="checkbox"/> Direct reporting NFFE (choose this if any entity has registered itself for direct reporting for FATCA and thus bank is not required to do the reporting) Please provide GIIN No: _____	

Section 3: Classification of financial institutions (Including Bank)

I/We (on behalf of the entity) Certify that the entity is		
A.	An entity is a U.S. financial institution	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>If "Yes", Please provide your Taxpayer Identification Number (tin / ein)</i>	
i	Please provide GIIN, if any	
ii	If No please tick one of the following boxes below:	

Login ID:



FATCA classification		Please provide the global intermediary identification number (GIIN) or other information where
<input type="checkbox"/>	Reporting Foreign financial institution in a model 1 inter governmental agreement ("IGA") jurisdiction	
<input type="checkbox"/>	Reporting foreign financial institution in a model 2 IGA jurisdiction	
<input type="checkbox"/>	Participating FFI IN a Non-IGA jurisdiction	
<input type="checkbox"/>	Non-reporting FI	
<input type="checkbox"/>	Non-Participating FI	
<input type="checkbox"/>	Owner-Documented FI with specified US owners	

Section 4 : Controlling person Declaration

If you are Classified as "passive NFFE with Controlling person(s)" or "Owner documented FFI" or "Specified US person", please provide the following details



Name of Controlling Person	Correspondence Address	Country of Resident for Tax Purpose	TIN	TIN issuing Country	Controlling Person Type
Details	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5
Identification Type	<input type="checkbox"/> A - Passport <input type="checkbox"/> B - Election Id Card <input type="checkbox"/> C - PAN Card <input type="checkbox"/> D - ID Card <input type="checkbox"/> E - Driving License <input type="checkbox"/> G - UIDAI Letter <input type="checkbox"/> H - NREGA Job Card <input type="checkbox"/> Z - Others <input type="checkbox"/> X - Not Categorised	<input type="checkbox"/> A - Passport <input type="checkbox"/> B - Election Id Card <input type="checkbox"/> C - PAN Card <input type="checkbox"/> D - ID Card <input type="checkbox"/> E - Driving License <input type="checkbox"/> G - UIDAI Letter <input type="checkbox"/> H - NREGA Job Card <input type="checkbox"/> Z - Others <input type="checkbox"/> X - Not Categorised	<input type="checkbox"/> A - Passport <input type="checkbox"/> B - Election Id Card <input type="checkbox"/> C - PAN Card <input type="checkbox"/> D - ID Card <input type="checkbox"/> E - Driving License <input type="checkbox"/> G - UIDAI Letter <input type="checkbox"/> H - NREGA Job Card <input type="checkbox"/> Z - Others <input type="checkbox"/> X - Not Categorised	<input type="checkbox"/> A - Passport <input type="checkbox"/> B - Election Id Card <input type="checkbox"/> C - PAN Card <input type="checkbox"/> D - ID Card <input type="checkbox"/> E - Driving License <input type="checkbox"/> G - UIDAI Letter <input type="checkbox"/> H - NREGA Job Card <input type="checkbox"/> Z - Others <input type="checkbox"/> X - Not Categorised	<input type="checkbox"/> A - Passport <input type="checkbox"/> B - Election Id Card <input type="checkbox"/> C - PAN Card <input type="checkbox"/> D - ID Card <input type="checkbox"/> E - Driving License <input type="checkbox"/> G - UIDAI Letter <input type="checkbox"/> H - NREGA Job Card <input type="checkbox"/> Z - Others <input type="checkbox"/> X - Not Categorised
Identification Number					
Occupation Type	<input type="checkbox"/> S - Service <input type="checkbox"/> B - Business <input type="checkbox"/> O - Others <input type="checkbox"/> X - Not Categorised	<input type="checkbox"/> S - Service <input type="checkbox"/> B - Business <input type="checkbox"/> O - Others <input type="checkbox"/> X - Not Categorised	<input type="checkbox"/> S - Service <input type="checkbox"/> B - Business <input type="checkbox"/> O - Others <input type="checkbox"/> X - Not Categorised	<input type="checkbox"/> S - Service <input type="checkbox"/> B - Business <input type="checkbox"/> O - Others <input type="checkbox"/> X - Not Categorised	<input type="checkbox"/> S - Service <input type="checkbox"/> B - Business <input type="checkbox"/> O - Others <input type="checkbox"/> X - Not Categorised
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5 : Declaration

I. Under Penalty of Perjury, I/We Certify That:

1. The Number shown on this form is the correct taxpayer identification number of the applicant, and
 2. The applicant is (i) an applicant taxable as a US person under the laws of the United states of America("U.S") or any state or political subdivision thereof or therein, including the district of Columbia or any other states of the U.S., (ii)an estate the income of which is subject to U.S federal income tax regardless of the source thereof or
 3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- II. I/We understand that the Bank is relaying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions,
- III. I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- IV. I/We agree as may be required by/Regulatory authorities, Bank shall be required to comply to report, reportable details to CBDT or Close or suspend My account.
- V. I/We certified that I/We provide the information on this form and to the best of my/Our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

I/We here by confirm that details provided are accurate, Correct and complete

	Authorised Signatory	Authorised Signatory	Authorised Signatory
SIGNATURE			

Name _____ Date _____