



Details of FATCA & CRS information For Non-Individuals/Legal Entity

Name of the entity															
Type of Address given at KRA	Residential or Business	Residential	Business	Registered Office											
PAN					Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation															
Country of incorporation															

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India YES NO

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated TAX ID number below)

Country	Tax Identification Number ⁶	Identification Type <i>(TIN or Other, please specify)</i>

* In case Tax Identification Number is not available, kindly provide its functional equivalent⁵
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here _____

Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA Instructions & Definitions

FATCA & CRS Declaration

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

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

1. We are a, **Global Intermediary Identification Number (GIIN)**

Financial institution³ **Note:** *If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

or

Direct reporting NFE⁴ Name of sponsoring entity _____

(Please tick as appropriate)

GIIN not available (please tick as applicable) **Applied for**

If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category¹⁰

Not obtained - Non-participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than direct reporting NFEs")*

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

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

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

Name and PAN / Any other Identification Number

(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)

Occupation Type - Service, Business, Others

Nationality

Father's Name - Mandatory if PAN is not available

DOB - Date of Birth

Gender - Male, Female, Other

City of Birth - Country of Birth

1. Name & PAN	Occupation : Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Father's Name	<input type="checkbox"/> Others

2. Name & PAN	Occupation : Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Father's Name	<input type="checkbox"/> Others

3. Name & PAN	Occupation : Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Father's Name	<input type="checkbox"/> Others

#Additional details to be filled by controlling persons with tax residency / permanent residency / Citizensip / Green Card in any country other than India:

- To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

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 with holding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days

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

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.

PART C : Cerification

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

Date: / /

Name	
Designation	

Signature

Signature

Signature