Annexure 1

FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor- To be obtained with Account Opening Form for Individuals)

Account No.													

Details under FATCA and CRS (see instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

1. Tax residence declaration – tick any one, as applicable to you: **(if b. is applicable then pl provide all other information .**

   a. ☐ I am a tax resident of India and not resident of any other country

   Or

   b. ☐ I am a tax resident of the country/ies mentioned in the table below

Country [#]	**Tax Identification Number** [%]	**Identification Type (TIN or Other** [%]**, please specify)**

[#] **To also include USA, where the individual is a citizen/ green card holder of USA**

[%] **In case Tax Identification Number is not available, kindly provide functional equivalent** [$]

2. Name of the accountholder _____
3. Customer ID _____
4. Father's name_____(mandatory)
5. Spouse's name_____(optional)
6. Gender: _____ (Male, Female, Others)
7. PAN_____
8. Aadhaar number _____(optional)
9. Identification Type and Identification Number (Documents [1] submitted as proof of identity of the individual): *Name of the document submitted* _____*Identification number* _____
10. Occupation Type_____(Service, Business, Others-please specify)
11. Date of birth _____ *(in DD/MM/YYYY format)*
12. Nationality_____
13. City of birth _____

[1] Permissible documents are:

- Passport
- Election ID Card
- PAN Card
- ID Card
- Driving License
- UIDAI Card
- NREGA Job Card
- Others

14. Country of birth _____
15. Residence address for tax purposes (include City, State, Country & Pin code) _____

16. Address Type: _____ (a)Residential or Business (b) Residential (c)Business (d) Registered Office

Certification

I have understood the information requirements of this Form (read along with the *FATCA-CRS Instructions*) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

Name:
Signature:

Date: __/ ___/ ____ Place: _____

FATCA-CRS Instructions

Details under FATCA-CRS/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us** promptly, **i.e., within 30 days**. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

$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. Please note that you may receive more than one request for information if you have multiple relationships with ABC 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.

Annexure 2
FATCA CRS Declaration for Entities

Details of ultimate beneficial owner including additional FATCA & CRS information *(please include other references for completeness sake)-To be obtained with Account Opening Form for Non-Individuals)*

Account No.													

1. Please tick the applicable tax resident declaration:**(Any one) (if b. is applicable, pl provide all other information .**
   a. ☐ Entity is a tax resident of India and not resident of any other country
   OR
   b. ☐ Entity is a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

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

[%] *In case Tax Identification Number is not available, kindly provide functional equivalent* [$]*or Company Identification Number or Global Entity Identification Number*

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity's exemption code here: _____

2. Name of the entity: _____
3. Customer ID: _____
4. Residential address for tax purpose(including city, state, country and pin code) _____
5. Address Type: _____ (Business or Registered office)
6. Country of incorporation: _____
7. City of incorporation: _____
8. Entity Constitution Type: _____
   (A - Sole Proprietorship, B - Partnership Firm, C – HUF, D - Private Limited Company, E- Public Limited Company, F- Society, G- AOP/BOI, H – Trust, I – Liquidator, J – Limited Liability Partnership, K- Artificial Juridical Person, Z – Others specify _____)
9. Date of Incorporation: _____ *(in DD/MM/YYYY format)*(Mandatory if valid PAN is not reported)
10. PAN_____

FATCA declaration *(Please consult your professional tax advisor for further guidance on FATCA classification)*

Part A(to be filled by Financial Institutions or Direct Reporting NFFEs)			
1	We are a Financial institution[2]or Direct reporting NFE[3] (please tick as appropriate)	GIIN:_____ *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:* Name of sponsoring entity: _____	GIIN not available (please tick as applicable): ***Applied for*** *Following options available only for Financial Institutions:* ***Not required to apply for*** *(Please specify sub-category*[4] *_____)* *Please provide with Form W8-BEN-E, duly filled in* ***Not obtained – Non-participating FFI***

[2] Refer1 of Part D
[3] Refer 3(vii) of Part D
[4] Refer 1A. of Part D

Part B(please fill any one as appropriate)		
1	Is the Entity a *publicly traded company*[5] (that is, a company whose shares are regularly traded on an established securities market)	☐ Yes or ☐ No _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange _____
2	Is the Entity a *related entity of a publicly traded company*[6] - a company whose shares are regularly traded on an established securities market	☐ Yes or ☐ No Name of the listed company, the stock of which is regularly traded _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange _____ Nature of relation: Subsidiary of the listed company Controlled by a listed company
3	Is the Entity an *active NFE*[7]	☐ Yes ☐ or No Nature of business _____ Please specify the sub-category of Active NFE:____ (*Mention code – refer 2c of Part D)*
4	Is the Entity a *passive NFE*[8]	☐ Yes or ☐ No Nature of business _____

Part C			
Please list below the details of each controlling person(s), confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (*Please attach additional sheets if necessary*): *Owner-documented FFI's*[9] *should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E*			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
# Name			
# Country of tax residency*			
Address & contact details (include City State, Country & Pin code)			
Telephone/mobile number with ISD code			
# Tax identification number (or functional equivalent) for each country identified in relation to each person[%]			
# Identification Type (TIN or Other, please specify)			
% of beneficial interest			
# Controlling person type code[10]			

[5]Refer 2a of Part D
[6]Refer 2b of Part D

[7] Refer 2c of Part D
[8]Refer 3(ii) of Part D
[9] Refer 3(vi) of Part D
[10] Refer 3(iv) (A) of Part D

Additional details to be filled below by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders:			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)			
Nationality			
Father's Name (if PAN not available)			
Birth Date			
PAN			
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual)[@]			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

*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[$]
These details are mandatory for passive NFEs as per the FATCA declaration
@ Permissible values are:

- Passport
- Election ID card
- PAN Card
- ID Card
- Driving License
- UIDAI Letter
- NREGA Job card
- Others

FATCA CRS Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us** promptly, **i.e., within 30 days**. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or greencard 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.

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I /we have understood the information requirements of this Form (read along with the *FATCA-CRS Instructions & Definitions under Part D*) and hereby confirm that the information provided by 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 above and hereby accept the same.

Name: _____

Designation: _____

Signature:

Date: __/ ___/ ____
Place: _____