

FATCA/CRS Declaration Form – (Individual)

1 First/ Sole Applicant / Guardian

Name _____

Gender Male Female other

Father's Name _____

PAN _____ Customer IDIFolio NO _____

Occupation Service Business others Specify _____

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & mrtify the changes

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

Permissible documents are Passport Election ID Card Pan Card Govt. ID Card Driving Licence
 UIDAI Card NREGA Job Card Others Specify _____

Date of Birth _____ Place of Birth _____ Country of Birth _____ Nationality 0 _____

Are you a tax resident of any counby other than India? Yes No

Ifyes, please indiclle all countries inwhich you are resident for tax purposes and the associated Tax ID Numbers below.

Country*	Tax Identification Number*	Identification Type(TIN or other, please specify)
--N.A.--	--N.A.--	--N.A.--

*To also include USA, where the individual is a citizen I green card holder of The USA I "In case Tax Identification Number is not available, kindly provide its functional equivalent\$

2 SECOND APPLICANT

Name _____

Gender Male Female other

Father's Name _____

PAN _____ Customer IDIFolio NO _____

Occupation Service Busines others Specify _____

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & mrtify the changes

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

Permissible documents are Passport Election ID Card Pan Card Govt. ID Card Driving Licence
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4 CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instruction) and hereby confirm that the information provide 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.

sign

First/ Sole Applicant I Guardian	SECOND APPLICANT	THIRD APPLICANT	POWER OF ATTORNEY HOLDER
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Place _____ Date _____