F**ATCA /CRS Declaration Form - (Non-Individual)**

 Customer ID\*/Account No\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bar Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| A.  Is the account holder a Government body or an International  | **Yes** |  | **No** |    |
| Organization like World Bank, WHO, IMF etc. |  |  |  |  |
|  |  |  |  |  |
| B. Is the account holder a listed entity on a recognized stock exchange  | **Yes** |  | **No** |    |
| *If “yes” please specify name of stock exchange \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |  |  |  |  |
|   |  |  |  |  |
| C. Is the account holder an Indian Financial Institution  | **Yes** |  | **No** |    |
| *If “yes”, please provide your GIIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |  |  |  |  |
| *(If GIIN is not there then provide the reason for not having it)\_\_\_\_\_\_\_\_\_* |  |  |  |  |
|   |  |  |  |  |
| D. Is the account holder tax resident of any country other than India | **Yes** |  | **No** |    |
|  *If “Yes”, then please fill FATCA/ CRS self-certification form* |  |  |  |  |
|  |  |  |  |  |
| E*.* Is the entity substantially owned or controlled by persons resident for  | **Yes** |  | **No** |    |
|  tax purpose in any country outside India or US persons: |  |  |  |  |
|  (Kindly go through the table below and select the appropriate category) |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Entity Type | Controlling Person / Substantial owner | *Yes/ No* |
| E-1 | Company | Any natural person holding more than 25% of shares or capital or profits in a company or chain of ownership  |   |
| E-2 | Partnership | Any natural person holding more than 15% of the capital or profits of the partnership firm  |   |
| E-3 | Unincorporated association or Body of individuals | Any natural person holding more than 15% of the property or capital or profits of an unincorporated association or body of individuals  |   |
| E-4 | Trust | Any natural person being the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any person exercising ultimate effective control over the trust through a chain of control or ownership where the account holder is a trust  |   |

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| E-5. If the answer to question ‘E’ is Yes but the answer E-1 to E- 4 is ‘No’  | **Yes** |  | **No** |  |
| then is there any natural person exercising control over the entity  |  |  |  |  |
| through voting rights, agreement, arrangements, etc. or any other means. |  |  |  |  |
|  |  |  |  |  |
| E-6. If the answer to question ‘E’ is Yes but the answer E-1 to E- 5 is ‘No’  | **Yes** |  | **No** |  |
| then relevant natural person who holds the position of senior managing official  |  |  |  |  |

If any of the above point in section E is ticked as Yes & the controlling persons are resident for tax purpose outside India or US persons then provide FATCA/CRS Self- Certification.

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| **Customer Declaration** |
| (I) 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 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 (This clause is applicable only if the account holder is identified as a U.S. person)2.The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India)(II)I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA or CRS or its impact on the applicant. I/We should 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 becomes incorrect(IV) I/We agree that as may be required by regulatory 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. |

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| **Name of the Entity**  |
| **Signature1 ­­­­ Signature 2**  |
| **Signature 3 (As per MOP)** |
| Date (DD /MM /YYYY ) :  |