

Annexure XI

FATCA-CRS Annexure for Individual Customer

Details under FATCA and CRS

(Please consult your professional tax advisor for further guidance on you tax residency, if require. In case of joint holders, this declaration to be obtained for each holder of such account)

1. Name of Customer	<input type="text"/>																											
2. Existing Customer	<input type="checkbox"/> Y	<input type="checkbox"/> N	If yes, Customer ID										<input type="text"/>															
3. Nationality	<input type="text"/>																											
4. City of Birth	<input type="text"/>																											
5. Country of Birth	<input type="text"/>																											
6. Address Type	<input type="checkbox"/> Residential									<input type="checkbox"/> Business									<input type="checkbox"/> Registered Office									
7. Tax residence address	<input type="text"/>																											
Landmark	<input type="text"/>													City	<input type="text"/>													
State	<input type="text"/>													Country	<input type="text"/>													
Pin	<input type="text"/>																											

I am citizen/national/tax resident of any country ☐ Y ☐ N
outside India:

(If Yes, please fill in the following additional details)

8. Father's Name	<input type="text"/>																										
9. Spouse Name	<input type="text"/>																										
10. Tax Residence details as applicable to you:																											

(Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID Number below)

Country#	Tax Identification Number%	Identification Type (TIN or Others%, 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\$

FATCA – CRS 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.

In case of any changes, I will inform the FI within 30 days. (Please refer our detailed T&C for further details)

Name:

Signature:

In case of Controlling Person the signature is of the authorized signatory of the respective entity (where it is not being signed by the controlling person him/herself)

Date: __/__/__

Place: _____