

## FATCA-CRS Declaration for Entities (Additional Information)

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

<b>Part A (to be filled by Financial Institutions or Direct Reporting NFEs)</b>		
1	We are a Financial institution <sup>1</sup> or Direct reporting NFE <sup>2</sup> (please tick as appropriate)	GIIN: _____  <i>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:</i>  Name of sponsoring entity: _____
GIIN not available (please tick as applicable):  <i>Following options available only for Financial Institutions:</i>  <p style="text-align: center;"><b>Applied for</b></p> <p style="text-align: center;"><b>Not required to apply for</b> (Please specify sub-category<sup>3</sup> _____)</p> <p style="text-align: center;"><i>Please provide with Form W8-BEN-E, duly filled in</i></p> <p style="text-align: center;"><b>Not obtained – Non-participating FI</b></p>		
<b>Part B (please fill any one as appropriate; to be filled by NFEs other than Direct Reporting NFEs)</b>		
1	Is the Entity a <i>publicly traded company</i> <sup>4</sup> (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes  (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 <i>related entity of a publicly traded company</i> <sup>5</sup> - a company whose shares are regularly traded on an	<input type="checkbox"/> Yes

<sup>2</sup> Refer 3(vii) of Part D

<sup>3</sup> Refer 1A. of Part D

<sup>4</sup> Refer 2a of Part D

<sup>5</sup> Refer 2b of Part D

## FATCA-CRS Declaration for Entities (Additional Information)

	established securities market	<p>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)</p> <p>Name of the stock exchange _____</p> <p>Nature of relation:              Subsidiary of the listed company              Controlled by a listed company</p>
3	Is the Entity an <i>active NFE</i> <sup>6</sup>	<input type="checkbox"/> Yes Nature of business _____  Please specify the sub-category of Active NFE: ____ (Mention code – refer 2c of Part D)
4	Is the Entity a <i>passive NFE</i> <sup>7</sup>	<input type="checkbox"/> Yes  Nature of business _____

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<sup>6</sup> Refer 2c of Part D

<sup>7</sup> Refer 3(ii) of Part D

## FATCA-CRS Declaration for Entities (Additional Information)

### *Part C (to be filled only by Passive NFEs)*

Please list below the details of each controlling person(s)<sup>8</sup>, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (*Please attach additional sheets if necessary*):

	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5	Controlling Person 6
Name						
Country of tax residency*						
Address (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 <sup>9</sup>						
Identification Type (TIN or Other, please specify)						
Controlling person type code <sup>9</sup>						
<b>Additional details to be filled below ONLY by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders:</b>						
	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5	Controlling Person 6
Customer ID (if allotted)						
Gender (Male, Female, Other)						
City of Birth						
Country of birth						

<sup>8</sup> Refer 3 (iv) of Part D

<sup>9</sup> Refer 3(iv) (A) of Part D

## FATCA-CRS Declaration for Entities (Additional Information)

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) <sup>@</sup>						
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<sup>Error! Bookmark not defined.</sup>

@ Permissible values are:

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

## FATCA-CRS Declaration for Entities (Additional Information)

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 withholding 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.**

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.

If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

### 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: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature:

Date: \_\_/\_\_/\_\_\_\_

Place: \_\_\_\_\_