

FATCA/CRS Self Declaration Form (For Non-Individuals)

Self-Certification for Entities

Part I

- a. Is the account holder a Government body/ International Organization/ listed company on recognized stock exchange ☐ Yes ☐ No

If "No", then proceed to point B

If "Yes" please specify name of stock exchange, if you are listed company _____ and, proceed to sign the declaration

- b. Is the account holder a (Entity/ Financial Institution) tax resident of any country other than India ☐ Yes ☐ No

If "Yes", then please fill of FATCA/ CRS Self certification Form

If "No", proceed to point C

- c. Is the account holder an Indian Financial Institution ☐ Yes ☐ No

If "Yes", please provide your GIIN, if any _____

If "No", proceed to point D

- d. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen ☐ Yes ☐ No

If "Yes", (then please fill FATCA/ CRS self-certification form).

If "No", proceed to sign the declaration

Customer Declaration

() 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 to 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. (This clause is applicable only if the account holder is identified as a US person)
2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
 - (i) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/ CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
 - (ii) I/ We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
 - (iii) I/ We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT or close or suspend my account.
 - (iv) 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.

Name of the Entity:

Signature:  _____

Date:

**Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA")
and Common Reporting Standards (CRS)**

Part II

Section 1: Entity information	
Name of Entity	
Customer Id (if existing)	
Entity Constitution Type	
Entity Identification Type*	<input type="checkbox"/> T <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> O
Entity Identification No.	
Entity Identification Issuing Country	
Country of Residence for Tax purpose	

*T- TAN ; G- GIIN; C- CIN; E- EIN; O- Others

Section 2: Classification of Non-Financial entities																					
I/We (on behalf of the entity) certify that the entity is:																					
a) An entity incorporated and taxable in US (Specified US person)	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
If "Yes", please provide your U.S. Taxpayer Identification Number (TIN)																					
<table border="1"> <tr> <td align="center" colspan="10">TIN</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		TIN																			
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b) An entity incorporated and taxable outside of India (other than US)	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
If "Yes", please provide your TIN or its functional equivalent																					
Provide your TIN issuing country _____																					
c) Please provide the following additional details if you are not a Specified US Person :																					
<table border="1"> <tr> <td>FATCA / CRS classification for Non-financial Foreign entities (NFFE)</td> </tr> <tr> <td><input type="checkbox"/> Active NFFE</td> </tr> <tr> <td><input type="checkbox"/> Passive NFFE without any Controlling person</td> </tr> <tr> <td><input type="checkbox"/> Passive NFFE with Controlling person(s)</td> </tr> <tr> <td align="center"><input type="checkbox"/> US <input type="checkbox"/> Others</td> </tr> <tr> <td><input type="checkbox"/> Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus bank is not required to do the reporting)</td> </tr> <tr> <td>Please provide GIIN number: _____</td> </tr> </table>		FATCA / CRS classification for Non-financial Foreign entities (NFFE)	<input type="checkbox"/> Active NFFE	<input type="checkbox"/> Passive NFFE without any Controlling person	<input type="checkbox"/> Passive NFFE with Controlling person(s)	<input type="checkbox"/> US <input type="checkbox"/> Others	<input type="checkbox"/> Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus bank is not required to do the reporting)	Please provide GIIN number: _____													
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Please provide GIIN number: _____																					

Section 3: Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is:

a. An entity is a U.S. financial institution

☐ Yes

☐ No

If "Yes",

(i) Please provide your Taxpayer Identification Number(TIN)

TIN									

ii) Please provide GIIN, if any _____

If "No", please tick one of the following boxes below:

FATCA classification	Please provide the Global Intermediary Identification number (GIIN) or other information where applicable
Reporting Foreign Financial Institution in a Model 1 Inter-Governmental Agreement ("IGA") Jurisdiction	
Reporting Foreign Financial Institution in a Model 2 GA Jurisdiction	
Participating FFI in a Non-IGA Jurisdiction	
Non-Reporting FI	
Non-Participating FI	
Owner-Documented FI with specified US owners	

Section 4: Controlling person declaration

If you are classified as "Passive NFFE with Controlling Person(s)" or "Owner documented FFI" or "Specified US person", please provide the following details:

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5: Declaration

- i. Under penalty of perjury, I/we certify that:
 1. The number shown on this form is the correct taxpayer identification number of the applicant, and
 2. 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
 3. The applicant is an applicant taxable as a tax resident under the laws of country outside India
- ii. I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall 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 gets changed.
- iv. I/We agree as may be required by /Regulatory authorities, bank shall be required to comply to report, reportable details to CDBT 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 tax payer identification number of the applicant.

I/We hereby confirm that details provided are accurate, correct and complete

Authorized Signatories and Company Seal (if applicable)



Name _____ Date (DD/MM/YYYY) _____