


**FATCA/CRS - Self Declaration Form** (For Non-Resident/PIO/Foreign National Individual Client)

**(Mandatory for each Account/Joint Holder including POA, Guardian, Mandate Holder, Beneficial Owner)**

Note - The information in this section is being collected in order to fully comply with Foreign Account Tax Compliance Act (FATCA)/Common Reporting Standard (CRS) under Income Tax (11<sup>th</sup> Amendment) Rules, 2015 requirements. If you have any doubt/question about your tax residency, please contact your tax advisor.

(office use only)	Base Branch Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date	<div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
	Customer ID	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Ref. No.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**Part A - Details of Account Holder (All fields are mandatory)**

1. Please fill in BLOCK letters only. 2. Please leave one box blank between words. 3. Tick (✓) the appropriate boxes. 4. Overseas address, Contact number & E-mail ID is not requested in this form since these details have already been provided in the individual profile form.

☐ Holder
 ☐ Joint Holder
 ☐ Guardian
 ☐ Power of Attorney (POA)/Mandate Holder
 ☐ Beneficial Owner

Title Code ☐ Mr.
 ☐ Mrs.
 ☐ Miss

Name of Account Holder

Father's Name

Place of Birth

Country of Birth

PAN  Date of Birth 

D D M M Y Y Y Y

Passport Number  Passport Expiry Date 

D D M M Y Y Y Y

Passport Issuing Country

Sl.No	Country/ies of Citizenship	Country/ies of Tax Residency	Taxpayer Identification Number (TIN) / Functional Equivalent (FE)	Issuing Country of TIN/FE	If functional Equivalent is used, specify the document Name*

(If the country does not issue TIN or if a TIN cannot be obtained please provide an explanation in the box below)

**Part B - Declaration**

- I hereby certify that I am not a tax resident in, or citizen of, any other country besides those listed above.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I undertake to advise the bank promptly of any change in circumstances, which causes the information contained herein to become incorrect and to provide the bank with a suitably updated **declaration within 30 days of such change in circumstances**.
- I authorize the bank to provide, directly or indirectly, to any relevant tax authorities/government authorities and/or other regulatory authorities locally/internationally or any party authorized to audit or conduct a similar control of the bank for tax purposes, the information contained in this form and to disclose to such tax authorities or such party any additional information that the bank may have in its possession.
- I certify that I am authorized (POA holder) to sign for the individual who is the beneficial owner of all the income to which this form relates and/or am using this form to document myself as an individual who is the Account Holder. In the event, if the bank is put to any hardships or claims from any authorities due to any false, untrue or misleading representation/information furnished by me as contained herein, I shall be solely liable and responsible for the same.

Client Signature

For office use Entered by: Employee Code

Date 

D D M M Y Y Y Y

Seal & Signature of Branch Official