

# FATCA/CRS Declaration Form – (Individual)

## 1 First/ Sole Applicant / Guardian

Name \_\_\_\_\_

Gender  Male  Female  other

Father's Name \_\_\_\_\_

PAN \_\_\_\_\_ Customer ID/Folio NO \_\_\_\_\_

Occupation  Service  Busines  others Specify \_\_\_\_\_

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & modify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  Pan Card  Govt. ID Card  Driving Licence  
 UIDAI Card  NREGA Job Card  Others Specify \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country *	Tax Identification Number*	Identification Type(TIN or other, please specify)
-----------	----------------------------	---

\*To also include USA, where the individual is a citizen / green card holder of The USA / "In case Tax Identification Number is not available, kindly provide its functional equivalent\$

## 2 SECOND APPLICANT

Name \_\_\_\_\_

Gender  Male  Female  other

Father's Name \_\_\_\_\_

PAN \_\_\_\_\_ Customer ID/Folio NO \_\_\_\_\_

Occupation  Service  Busines  others Specify \_\_\_\_\_

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & modify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  Pan Card  Govt. ID Card  Driving Licence  
 UIDAI Card  NREGA Job Card  Others Specify \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country*	Tax Identification Number*	Identification Type(TIN or other, please specify)
----------	----------------------------	---

\*To also include USA, where the individual is a citizen/green card holder of The USA/"In case Tax Identification Number is not available, kindly provide its functional equivalent\$

## 3 THIRD APPLICANT

Name \_\_\_\_\_

Gender  Male  Female  other

Father's Name \_\_\_\_\_

PAN \_\_\_\_\_ Customer ID/Folio NO \_\_\_\_\_

Occupation  Service  Busines  others Specify \_\_\_\_\_

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & modify the changes

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  Pan Card  Govt. ID Card  Driving Licence  
 UIDAI Card  NREGA Job Card  Others Specify \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Are you a tax: resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country*	Tax Identification Number*	Identification Type(TIN or other, please specify)
----------	----------------------------	---

\*To also include USA, where the individual is a citizen / green card holder of The USA / "In case Tax Identification Number is not available, kindly provide its functional equivalent\$

## 4 CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instruction) and hereby confirm that the information provide by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

First/ Sole Applicant I Guardian	SECOND APPLICANT	THIRD APPLICANT	POWER OF ATTORNEY HOLDER
Place _____	Place _____	Place _____	Place _____
Date _____	Date _____	Date _____	Date _____