## FATCA-CRS Declaration & Supplementary KYC Information Self Declaration Form for Individuals [for DP & Trading] priate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

| TRADIAC CODE  |                    |         |                           |   |  |
|---|--------------------|---------|---------------------------|---|--|
| TRADING CODE  |                    |         |                           |   |  |
| DPID  |                    |         |                           |   |  |
|   |                    |         |                           |   |  |
| NAME  |                    |         |                           | PAN*  |  |
|   |                    |         |                           |   |  |
| Address Type Residential Residential / Business  (For KYC Address) Business Registered Office   |                    |         |                           |   |  |
| Country of Citizenship  | 2                  |         | Country of Birth          |   |  |
| Gross Annual  |                    | Lacs    | Occupation                | Business Professional                           |  |
| Income Details  |                    | 25 Lacs | Details                   | Public Sector Private Sector                    |  |
| in INR  | 25 Lacs - 1 Cr > 1 | Crore   | [Please tick any one (V)] | Government Forex Dealer Agriculturist Housewife |  |
| Net Worth in  | Net Worth in       |         | Offe (V)]                 | Student Retired                                 |  |
| INR. In Lacs (OPTIONAL)   | INR. In Lacs       |         |                           | Others (Please specify)                         |  |
| Net Worth Date (OPTIONAL)   | / /20              |         | ,                         | -   |  |
| Politically Exposed   | Yes                |         | Any other                 |   |  |
| Person [PEP]  | Related to PEP     |         | information               |   |  |
|   | ☐ Not Applicable   |         | (if applicable)           | No  |  |
| *If PAN is not available, please specify Folio No(s). US person Yes No  Is your Country of Tax Residency other than India — Yes No  If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type  SR No  |                    |         |                           |   |  |
| 1   |                    | / Full  | ctional Equivalent        | (massina, process,                              |  |
| 2   |                    |         |                           |   |  |
| 3   |                    |         |                           |   |  |
| # to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries  |                    |         |                           |   |  |
| especially of USA  Declaration:   |                    |         |                           |   |  |
| I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Exchanges/Depositories / Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single subrission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of change and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators/ tax authorities. I/We authorize you to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I understand that you do not offer any tax advice on CRS/FATCA or its impact on me/us. I/We shall seek advice from Professional Tax Advisor for any tax questions. |                    |         |                           |   |  |
| <u>Signature</u>  |                    |         |                           |   |  |
| Date :  |                    |         | 34                        |   |  |

| and you do<br>section.<br>B. Incase you a | not have tax payer Identification numbers/Function  | US person or a person residence outside India for tax purpose tal equivalent, please complete and sign the self certification country of birth is US, Please provide documents evidencing not having relinquishment certificate. |
|---|---|--|
| Self Certifica                            |   |  |
| Sen Cerunica                              | Are you US Person : Yes No  |  |
| To be filled o                            |   |  |
|   | r country of Birth / Country of Tax Residency i<br>Person is mentioned herein as Yes and TIN is i                                   | s other than India and TIN or Functional Equivalent is not available not available   |
| through                                   |   | nt for Tax purpose in any country other than India,<br>on with the country outside India. Therefore, I am<br>tizenship and residency in India.   |
| Docum                                     | ent Proof submitted (Pls. tick document being   | submitted – Self Certified Copy)   |
|   | Passport Election Card PAN Card Driving License UIDAI/Aadhar Card Letter Govt. issued ID card NREGA Job Card Others(please Specify) |  |
|   | -   | gulator/tax authorities, you may also be required<br>ncome Tax Authorities as may be applicable in   |
|   |   | ny information/certification on this form becomes  |
|   |   | <u>Signature</u>   |
| Date:                                     | <u> </u>  |  |
|   |   |  |
| Place:                                    |   | 35   |
|   |   |  |