



Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standards (CRS) - Declaration Form – For Individuals

Details under FATCA and CRS			
(Please consult your professional tax advisor for further guidance on furnishing the details, if required.) * Mandatory Fields			
Primary Applicant			
1	Name*:		
2	Existing Customer*: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Customer ID: _____	
3	Address for Tax Purposes*: <input type="checkbox"/> Communication <input type="checkbox"/> Permanent <input type="checkbox"/> Other (if other, please fill below)		
4	Other Address*:		
	Landmark:		
	Pin Code:	State:	Country:
5	Address Type*: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office		
6	PAN*		
7	Nationality*:		
8	Father's Name*		
9	City of Birth*		
10	Country of Birth*		
11	Identification Type: <input type="checkbox"/> Passport <input type="checkbox"/> Election ID <input type="checkbox"/> PAN Card <input type="checkbox"/> ID Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others (please specify) _____ Identification Document Number : _____		
12	Please tick the applicable tax resident declaration: (Any one)* <input type="checkbox"/> I am a tax resident of India and not resident of any other country Or <input type="checkbox"/> I am a tax resident of the country/ies mentioned in the table 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 USA [@] In case of Identification No. is not available, kindly provide functional equivalent		
Customer Declaration			
<ol style="list-style-type: none"> 1. 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. The Bank is not able to offer any tax advice on FATCA or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions. 2. I/We undertake to advise the bank promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide bank with a suitably updated declaration within 30 days of such change in circumstances. 3. 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. 4. 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. 			
Date:			
Place:			

SIGNATURE

Joint Applicant 1

1	Name*:															
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Joint Applicant 1

Date:

Place:

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