


**IFSC Banking Unit Gift City
Business Account Opening Form**

	BANK OF INDIA	For Bank use only	
	IFSC Banking Unit GIFT City	IBU CODE	<input type="text"/>
		Customer ID	<input type="text"/>
		Account No.	<input type="text"/>
		Account type	<input type="text"/>

The Branch Manager,
Bank of India.
IBU GIFT City

Date: _____

I/We request you to open an account with you for which I/We initially deposit (). _____ in words (Currency-
USD GBP EURO JPY) (_____)

1. ENTITY DETAILS

Registered name of the entity : _____

‘Trading As’ or ‘Doing Business As’ name (if any) : _____

Former name of the entity (if any) : _____

Date of registration/incorporation/ establishment : _____

Country of incorporation: _____

Permanent Account Number (PAN) : _____

Date of Business commencement :

Note: It is mandatory for all the applicants to provide PAN. In case PAN is not available and has been applied for, the applicant must provide a copy of PAN Card to the Bank within 30 days of this application failing which the Bank reserves the right to reject this application or block/close the relationship without any further notice.

Legal Entity Identification (LEI) Code :

Expiry Date of LEI Code:

Net worth (in USD) as on ____:

Nature of Business:

Purpose of Customer Relationship:

Please select the most appropriate description of the applicant entity:

Stand-alone	Ultimate Parent	Subsidiary	Branch of an entity outside India	Joint Venture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate number of employees: _____

Country or countries where the business is subject to tax residence _____

Please indicate the nature of your customer base (select all that apply):

Individual	Business	Banks and other Financial Institutions	Governments/Public Sector	Non-Profit Organisations	Others (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant entity incorporated within the last 3 years: Yes/No (If Yes, please specify the initial source of wealth)-

Intra-group financing Business income (accumulated profit/retained earnings) Sale of property
Business loan Investment by Ultimate Beneficial Owner/Partner Transfer from other BOI Account
External investment Others (please advise)

Key financial data for the business (please include currency):

Annual revenue of the last financial year. (If your entity is a start-up business, please advise based on your business plan) _____

Or

Approximate size of assets under management _____

Please advise the name of the business audit or accounting firm:

Is the entity listed on Stock Exchange (Yes/No)?:

(If Yes, Name of Stock Exchange _____)

Is the business regulated Financial Institution (Yes/No)?:

(If Yes, Name and country of Regulator)

2. Account Details

AQB requirements: NIL

Currencies: USD GBP EURO JPY

Type of Accounts and Facilities: Current Account/ ECB Loans/ Others (if any, please specify) _

Mode of funding

Foreign Inward Remittance/Transfer_____ From own BOI account OR

Other Bank (Please specify name and branch address) ____

Amount in words _____

Amount in figures _____

USD GBP EURO JPY

Expected source of funds:

Intra-group financing Business income (accumulated profit/retained earnings) Sale of property

Business loan Investment by Ultimate Beneficial Owner/Partner Transfer from other BOI Account

External investment Others (please advise)

Country of source of funds _____

Please advise the top 10 countries you would receive and send money?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Expected annual value of inbound and outbound cross border wire transfers through the account(s)?

3. Customer Contact Details

Registered office address (in country of incorporation/registration)

Name of contact person

Registered Office Address

Post Code _____

State _____

City _____

Country _____

E-mail address _____ Mobile No. _____
Landline No. _____ Fax No. _____
Website URL _____

Business address (if different from registered office address)

Name of contact person :

Business Address :

Post Code _____ City _____

State _____ Country _____

E-mail address _____ Mobile No. _____

Landline No. _____ Fax No. _____

Website URL _____

Correspondence address (if different from registered/business address) No Yes

Name of contact person :

Correspondence Address:

Post Code _____ City _____

State _____ Country _____

E-mail address _____ Mobile No. _____

Landline No. _____ Fax No. _____

Website URL _____

The correspondence address mentioned above will be used by the Bank for overall customer relationship.

Submit original documents for verification against each photocopy submitted where requested by the Bank and where applicable.

4. Related Party - Individual

Related Party - Individual

Please provide details within this section as per Annexure 1 Related Party definition

Full name _____

Former/ Other name _____

Capacity of Related Party (Please select all which apply)

Ultimate Beneficial Owner (Ownership _____%) Member of Beneficial Owner Family Group (Ownership _____%) Sole Authorised Signatory Sole Proprietor Power of Attorney Partner Director Authorised Signatory Trustee Karta Other Related Party (please define) _____ Key Controller Settlor

Designation _____ Date of birth _____ Nationality _____

Proof of Identity _____ Document Type _____ Document Number _____

Permanent Account Number (PAN) _____

Please provide BOI Account number, if any _____

Residential address _____

Post Code _____ City _____ State _____
Country _____

Please provide the below details for Ultimate Beneficial Owner/Settlor/Founder/Donor :

Jurisdiction of Tax Residency _____

Sole Traders details (Please note that these details are mandatory for Sole proprietors):

Country of birth _____ At current address since _____

Previous Address (if resident at current address for less than 3 years):

City _____ Country _____

Taxpayer Identification Number _____

Jurisdiction of Tax Residency _____

*In case of multiple please mention all

Related Party - Individual

Please provide details within this section as per Annexure 1 Related Party definition

Full name _____

Former/ Other name _____

Capacity of Related Party (Please select all which apply)

Ultimate Beneficial Owner (Ownership _____%) Member of Beneficial Owner Family Group (Ownership _____%) Sole Authorised Signatory Sole Proprietor Power of Attorney Partner Director Authorised Signatory Trustee Karta Other Related Party (please define) _____ Key Controller Settlor

Designation _____ Date of birth _____ Nationality _____

Proof of Identity _____ Document Type _____ Document Number _____

Permanent Account Number (PAN) _____

Please provide BOI Account number, if any _____

Residential address _____

Post Code _____ City _____ State _____
Country _____

Please provide the below details for Ultimate Beneficial Owner/Settlor/Founder/Donor :

Jurisdiction of Tax Residency _____

Sole Traders details (Please note that these details are mandatory for Sole proprietors):

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Previous Address (if resident at current address for less than 3 years):

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Taxpayer Identification Number _____

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Related Party - Individual

Please provide details within this section as per Annexure 1 Related Party definition

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Designation _____ Date of birth _____ Nationality _____

Proof of Identity _____ Document Type _____ Document Number _____

Permanent Account Number (PAN) _____

Please provide BOI Account number, if any _____

Residential address

Post Code _____ City _____ State _____
Country _____

Please provide the below details for Ultimate Beneficial Owner/Settlor/Founder/Donor :

Jurisdiction of Tax Residency _____

Sole Traders details (Please note that these details are mandatory for Sole proprietors):

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Previous Address (if resident at current address for less than 3 years):

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Related Party - Individual

Please provide details within this section as per Annexure 1 Related Party definition

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Capacity of Related Party (Please select all which apply)

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Designation _____ Date of birth _____ Nationality _____

Proof of Identity _____ Document Type _____ Document Number _____

Permanent Account Number (PAN) _____

Please provide BOI Account number, if any _____

Residential address _____

Post Code _____ City _____ State _____
Country _____

Please provide the below details for Ultimate Beneficial Owner/Settlor/Founder/Donor :

Jurisdiction of Tax Residency _____

Sole Traders details (Please note that these details are mandatory for Sole proprietors):

Country of birth _____ At current address since _____

Previous Address (if resident at current address for less than 3 years):

City _____ Country _____

Taxpayer Identification Number _____

Jurisdiction of Tax Residency _____

Related Party - Individual

Please provide details within this section as per Annexure 1 Related Party definition

Full name _____

Former/ Other name _____

Capacity of Related Party (Please select all which apply)

Ultimate Beneficial Owner (Ownership _____%) Member of Beneficial Owner Family Group (Ownership _____%) Sole Authorised Signatory Sole Proprietor Power of Attorney Partner Director Authorised Signatory Trustee Karta Other Related Party (please define) _____ Key Controller Settlor

Designation _____ Date of birth _____ Nationality _____

Proof of Identity _____ Document Type _____ Document Number _____

Permanent Account Number (PAN) _____

Please provide BOI Account number, if any _____

Residential address

Post Code _____ City _____ State _____
Country _____

Please provide the below details for Ultimate Beneficial Owner/Settlor/Founder/Donor :

Jurisdiction of Tax Residency _____

Sole Traders details (Please note that these details are mandatory for Sole proprietors):

Country of birth _____ At current address since _____

Previous Address (if resident at current address for less than 3 years):

City _____ Country _____

Taxpayer Identification Number _____

Jurisdiction of Tax Residency _____

For the Directors not identified above, please provide their details:			
Name	Date of Birth	PAN No.	Country of Residence

Authorised Signatories

I/we agree shall also serve as my/our specimen signature(s) for the selected account to be held in the Bank's record.

Name _____

Name _____

Contact Number _____

Contact Number _____

Signature (as per mandate/Board Resolution)

Signature (as per mandate/Board Resolution)

Name _____

Name _____

Contact Number _____

Contact Number _____

Signature (as per mandate/Board Resolution)

Signature (as per mandate/Board Resolution)

Name _____

Name _____

Contact Number _____

Contact Number _____

Signature (as per mandate/Board Resolution)

Signature (as per mandate/Board Resolution)

Notes: (1) All payment instructions above a threshold amount (to be communicated by the Bank from time to time) shall be validated by BOI with one of the authorised signatory mentioned above through telephone.

Submit original documents for verification against each photocopy submitted where requested by the Bank and where applicable.

5. Customer Declaration

1. I/We confirm having read and understood the Account Rules, Tariff Guide and accept the Average Quarterly Balance, hereby agree to be bound by the Terms and Conditions governing the relevant Account(s). The Bank of India, IBU GIFT City Branch (BOI IBU) shall publish the guidelines, Account Rules, Tariff Guide, Terms and Conditions (and the amendments/supplements thereto) which are applicable to the Current Account on its website please visit www.bankofindia.co.in All the details mentioned herein, the declarations, along with all the guidelines, Tariff Guide, Terms and Conditions that may be formulated and established/specified by BOI from time to time (including amendments/supplements), shall together govern the Current Account.

For further details about Service Charges and Fees applicable to the Account, please visit www.bankofindia.co.in

2. I/We hereby acknowledge that The Bank of India, IBU GIFT City Branch (BOI IBU) remains entitled to and accordingly provide our explicit consent for The Bank of India, IBU GIFT City Branch (BOI IBU) to receive documents and other related information to my / our account from The Bank of India (BOI) or any BOI Group offices or other third party agencies/service providers, whether located in India or overseas for the purpose of availing support services of any nature in relation to my / our account by The Bank of India, IBU GIFT City Branch (BOI IBU), without the requirement of any further specific consent or authorization from me/us. The use of the term 'related information' here would be including but not limited to account opening KYC / CDD, data processing, welcome pack, issue & dispatch of statements and data analysis.

3. I/We acknowledge that The Bank of India, IBU GIFT City Branch (BOI IBU) remains entitled to assign activities to third party agencies/service providers at its sole discretion. I/We further acknowledge the right of BOI IBU to provide details of my/our account and sharing or transfer of information which will be on a confidential basis to any BOI Group offices or other third party agencies/service providers, whether located in India or overseas for the purpose of availing support services of any nature by BOI IBU, without any further specific consent or authorisation from me/us."

4. I/We hereby confirm (please tick as applicable).

No, the Entity is not enjoying any credit facility with any bank and undertakes to inform IBU in writing as soon as any credit facility is availed of by the Entity from any other bank.

Yes, the Entity is enjoying credit facilities with other banks as per details given below:

Bank/Branch	Account Number	Credit Facilities

5. I/We declare that only the above individuals are beneficial owners and as and when there is a change in the ownership pattern of the Entity, we will provide BOI with the latest details of such individuals.

6. I/We confirm that I/we am/are complying with laws of India (including Foreign Exchange Management Act of 1999 (FEMA) and Foreign Contribution (Regulation) Act, 2010 (FCRA), and the rules and regulations made thereunder including any amendments thereto.

7. I/We will intimate the BOI IBU of any change in our 'residential status' from time to time in terms of FEMA.

8. I/We hereby declare that all foreign exchange transactions as may be entrusted by me to the BOI IBU from time to time will not involve and will not be designed for the purpose of any contravention or evasion of the provisions of the aforesaid Acts.

9. For Deposit Accounts:

- ❖ I/We understand and acknowledge that deposits placed with BOI IBU in India and that such deposits shall be payable only at the branch in India where the deposit is placed and that there is no right of recourse against the Head Office of BOI IBU in India or any other office of any BOI Group entity worldwide.
- ❖ I/We understand and acknowledge that changes in laws and rules in India may affect the liability of BOI IBU to repay any depositor outside India.
- ❖ I/We understand that all deposits and lending against such deposit(s) shall be subject to the laws of India (including FEMA, wherever applicable), as amended from time to time.

10. I/We also hereby agree and undertake to give such information/documents as will reasonably satisfy you about the transaction in terms of the above declarations.

11. I/We also understand that if I refuse to comply with any such requirement or make only unsatisfactory compliance therewith the BOI IBU shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me/us report the matter to RBI.

12. I/We acknowledge that the BOI IBU may disclose information about me/us to credit information companies or as permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from me/us.

13. I/We further understand that credit information companies: may use, process and furnish for consideration the said information and data disclosed by the IBU in the manner as deemed fit by them as may be specified by RBI in this behalf.

14. I/We authorise BOI:

(a) to submit or make available to other members of the BOI Group, or any designated agent of theirs, any application(s) made by me/us to any member(s) of the BOI Group for availing financial product(s) and services, together with any related documentation or information; and

(b) to obtain and to give or make available to any member(s) of the BOI Group, or their agents, credit information about me/us (including credit scores and reports from credit reference agencies) for the purpose of assessing my/our qualification for the requested financial product(s), and in addition to obtain, give or make available to any member(s) of the BOI Group credit scores and reports in connection with any update, renewal, extension, collection or review of any of the accounts opened pursuant to my/our application(s);

(c) in the course of managing our relationship with you and where necessary to comply with our compliance obligation/money laundering prevention obligations, to record, obtain and to give or make available to any member(s) of the BOI Group, or their agents, information about our directors and employees;

(d) unless and until I/we direct otherwise, to update information about me/us as provided hereinabove and/or in any such application(s) or related documentation, or obtained in the course of, or for the purpose of, making any application for financial products and services (including but not limited to any credit information), onto a database which may be accessed by the member(s) of the BOI Group.

I/We am/are aware that full details of the use to which the said information can be put to by IBU and other members of the BOI Group are set out in the BOI IBU and/or such other BOI Group member's terms and conditions and/or privacy policy and that nothing contained in this consent shall absolve any member of the BOI Group of their obligation to comply with their terms and conditions and/or privacy policy.

I/We understand that standards of data/privacy protection laws in the country(ies) in which I/we am/are applying for the requested financial product(s) and services may vary but that my/our information will be protected by a strict code

of secrecy and security which all members of the BOI Group, their staff and any third parties with whom such information is shared, are subject to.

15. I/We, hereby agree and give consent to the BOI IBU, for all transactions, whether domestic or cross-border, received by the IBU through fax or in original, which are above the applicable threshold limit (which threshold shall be defined and updated as per the BOI IBU security policies from time to time), to validate the transaction details with the below designated personnel through telephone. I/We understand that where the designated personnel are not reachable despite two attempts or where the verification* is not successful, the request(s) may either be rejected by the BOI IBU or processed on a best effort basis solely at the IBU discretion without any liability on the part of the BOI IBU, in order to ensure fraud prevention and better security of our account.

Name of the primary designated contact person	Contact Landline number(s) (with STD codes)	Mobile Number	E-mail

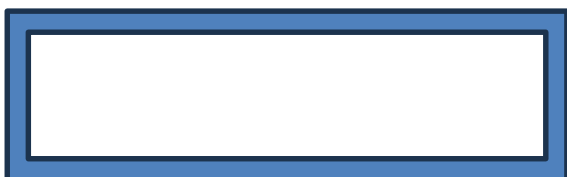
* Verification would be conducted basis a set of 'Static' and 'Dynamic' questions. 'Static' questions would be related to your company itself whereas 'Dynamic' questions would be related to your relationship with the BOI IBU. The designated personnel would be required to correctly answer these questions asked. The BOI IBU may revise this Call Back and verification procedure time to time and notify the same to the customer. Upon such notification, the customer shall be deemed to have agreed to such amendments to the said process.

16. I/We declare and confirm that the charter documents of the legal entity submitted by us or obtained to the extent available on Registrar of companies/ public domain including but not limited to Memorandum of Association, Articles of Association, Certificate of Incorporation, partnership deed in case of LLP and details in Company Master data are correct and up to date, and any changes to the said charter documents of the legal entity shall be duly informed to the BOI IBU.

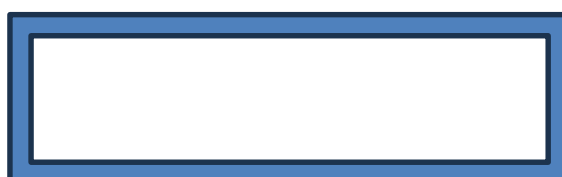
17. I/We declare that the information given herein by me/us is true and correct, which BOI IBU is entitled to verify directly or through any third party agent. I/We also agree that, if any such declarations made by me/us are found to be incorrect, IBU is not bound to pay any interest on the Account(s) opened by me/us and is entitled to terminate the Account relationship.

19. IBU reserves the right to decline the Account Opening Form without assigning any reason for the same.

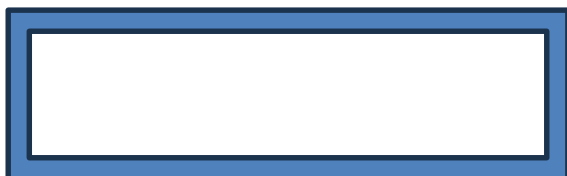
Signature of the Sole Proprietor/All Partners/Karta/Trustee/Chairman/Company Secretary/Two Director or Person(s) authorised for account opening as per Board Resolution:



Signatory 1



Signatory 2



Signatory 3



Signatory 4

Annexure 1 Related Party - Definitions

Details are required within this section on the following individuals within the business:

1.	Beneficial Owner (BO)	<p>1. In relation to a corporation (if fulfils any of the following criteria): means an individual who:</p> <ul style="list-style-type: none"> - owns or controls, directly or indirectly, including through a trust or bearer share holding, not less than 15% of the issued share capital of the corporation or, - is directly or indirectly, entitled to exercise or control the exercise of not less than 15% of the voting rights at general meetings of the corporation or, - exercises ultimate control over the management of the corporation or, - if the corporation is acting on behalf of another person, means the other person <p>2. In relation to a partnership (if fulfils any of the following criteria): means an individual who:</p> <ul style="list-style-type: none"> - is entitled to or controls, directly or indirectly, not less than 15% share of the capital or profits of the partnership; or - is directly or indirectly, entitled to exercise or control the exercise of not less than 10% of the voting rights in the partnership; or - exercises ultimate control over the management of partnership; or - if the partnership is acting on behalf of another person, means the other person <p>3. In relation to a trust (if fulfils any of the following criteria): means an individual who:</p> <ul style="list-style-type: none"> - is entitled to a vested interest in not less than 10% of the capital of the trust property, whether the interest is in possession or in the remainder or reversion and whether it is defeasible or not; or - the settlor of the trust; or - a protector or enforcer of the trust; or - an individual who has ultimate control over the trust <p>4. In relation to a person other than (1) to (3) (if fulfils any of the following criteria): means an individual who: - ultimately owns or controls the person; or</p> <ul style="list-style-type: none"> - relevant natural person who holds the position of senior managing official
2.	Key Controller (KC)	<p>Key Controller is an individual appointed to exercise direct control over the entity, by participating in the governance or senior/executive activities of the business. Key Controller typically sets the strategic direction of the entity and exercises control jointly with other directors or senior executives. It can be a corporate entity. Someone who is elected or appointed to exercise more direct control over the entity, by participating in the governance or senior executive activities of the business. Key Controllers typically set the strategic direction of the entity. The following roles are considered as Key controller - Executive Directors (which includes the Chairman of the Board), CEO (if he/she is not concurrently the Executive Director), CFO (if he/she is not concurrently the Executive Director), Sole Authorised Signatory, Managing Partner, Any individual who holds a power of attorney to act on behalf of the above roles, Family members controlling the company who are not captured as Beneficial Owners.</p>
3.	Direct Appointee	<p>Direct Appointee is an individual authorised under an executed instrument of the entity to act on its behalf with respect to the banking relationship, and to appoint authorised signatories or delegate authority to others to represent the business in limited circumstances, e.g. the Company secretary. Direct Appointee is typically appointed by the Board of Directors or Key Controllers. It can be a corporate entity.</p>
4.	Authorized Signatory	<p>Is a customer's staff member who receives delegated authority to the customer's BOI products and services.</p>
5.	Director	<p>A Director is an appointed member of the Board of Directors for the business and may be either an executive or a non-executive. The roles and responsibilities of a Board of Directors will vary according to the type of entity.</p> <p>A Director may or may not be a Key Controller. For entities, certain Directors and managers will be classified as Key Controllers, due to their ability to exercise significant control over an entity and to have a substantial influence over the day-to-day management of the business.</p>

SPECIMEN

LETTER FROM COMPANY REGARDING FREQUENCY OF ACCOUNT STATEMENTS
– TO BE TYPED ON THE LETTER HEAD OF THE COMPANY-

Date : _____

The Manager
IFSC Banking Unit
GIFT City, Gandhinagar

Dear Sir,

Our Account No : _____

We hereby request you to please dispatch regularly, statements of our accounts mentioned above, and send them to our mailing address, available on your records.

The Frequency of the Statements should be:

MONTHLY/QUARTERLY/HALF YEARLY/YEARLY

(Strike out whichever is not applicable)

Costs incurred in respect of the above, may be debited to our account. We understand that there will be additional costs if we request for any additional statements.

Yours truly,

(Signature)

Authorized Signatory.

FATCA-CRS Annexure for Individual Accounts (including Sole Proprietor- To be obtained with Account Opening Form for Individuals)

Account No.

Details under FATCA and CRS (see instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

1. Tax residence declaration – tick any one, as applicable to you: (if b. is applicable then pl provide all other information.

a. I am a tax resident of India and not resident of any other country.

Or

b. 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 Tax Identification Number is not available, kindly provide functional equivalent^{\$}

2. Name of the accountholder _____

3. Customer ID _____

4. Father’s name _____ (mandatory)

5. Spouse’s name _____ (optional)

6. Gender: _____ (Male, Female,Others)

7. PAN _____

8. Aadhaar number _____ (optional)

9. Identification Type and Identification Number (Documents¹ submitted as proof of identity of the individual): Name of the document submitted _____ Identification number _____

10. Occupation Type _____ (Service, Business, Others-please specify)

11. Date of birth _____ (in DD/MM/YYYY format)

12. Nationality _____

13. City of birth _____

¹Permissible documents are:

- Passport
- Election ID Card
- PANCard
- ID Card
- Driving License

- UIDAI Card
- NREGA Job Card
- Others

14. Country of birth _____

15. Residence address for tax purposes (include City, State, Country & Pin code)

16. Address Type: _____ (a)Residential or Business (b) Residential (c)Business (d) Registered Office

Certification

I have understood the information requirements of this Form (read along with the FATCA-CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

Name:

Signature:

Date: ___/___/___

Place: _____

FATCA-CRS Instructions :

Details under FATCA-CRS/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

^sIt is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. Please note that you may receive more than one request for information if you have multiple relationships with ABC or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Details of ultimate beneficial owner including additional FATCA & CRS information (please include other references for completeness sake)-To be obtained with Account Opening Form for Non- Individuals)

Account No.

1. Please tick the applicable tax resident declaration:(Any one) **(if b. is applicable, pl provide all other information .**

a. Entity is a tax resident of India and not resident of any other country

OR

b. Entity is a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other [%] , please specify)

[%] In case Tax Identification Number is not available, kindly provide functional equivalent \$ or Company Identification Number or Global Entity Identification Number

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity's exemption code here: _____

2. Name of the entity: _____

3. Customer ID: _____

4. Residential address for tax purpose (including city, state ,country and pin code)_____

5. Address Type: _____ (Business or Registered office)

6. Country of incorporation: _____

7. City of incorporation: _____

8. Entity Constitution Type: _____

(A - Sole Proprietorship, B - Partnership Firm, C – HUF, D - Private Limited Company, E- Public Limited Company, F- Society, G- AOP/BOI, H – Trust, I – Liquidator, J – Limited Liability Partnership, K- Artificial Juridical Person, Z – Others specify _____)

9. Date of Incorporation: _____ (in DD/MM/YYYY format)(Mandatory if valid PAN is not reported)

10. PAN _____

FATCA declaration (Please consult your professional tax advisor for further guidance on FATCA classification)

Part A (to be filled by Financial Institutions or Direct Reporting NFFEs)			
1	We are a Financial Institution ² or Direct reporting NFE ³ (please tick as appropriate)	GIIN: _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity: _____ _____	GIIN not available (please tick as applicable): Applied for : Following options available only for Financial Institutions: Not required to apply for (Please specify sub-category ⁴ _____) Please provide with Form W8-BEN-E, duly filled in Not obtained – Non-participating FFI

²Refer 1 of Part D

³Refer 3(vii) of Part D

⁴Refer 1A. of Part D

Part B (please fill any one as appropriate)		
1	Is the Entity a publicly traded company ⁵ (that is, a company whose shares are regularly traded on an established securities market)	Yes or No _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange
2	Is the Entity a related entity of a publicly traded company ⁶ - a company whose shares are regularly traded on an established securities market	Yes or No _____ Name of the listed company, the stock of which is regularly traded _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded)

		Name of the stock exchange _____ Nature of relation: Subsidiary of the listed company Controlled by a listed company
3	Is the Entity an <i>active NFE</i> ⁷	Yes or No _____ Nature of business _____ Please specify the sub-category of Active NFE: _____ (Mention code – refer 2c of Part D)
4	Is the Entity a <i>passive NFE</i> ⁸	Yes or No _____ Nature of business _____

Part C

Please list below the details of each controlling person(s), confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary): Owner-documented FFI's⁹ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

	Controlling Person 1	Controlling Person 2	Controlling Person 3
# Name			
# Country of tax residency*			
Address & contact details (include City State, Country & Pin code)			
Telephone/mobile number with ISD code			
# Tax identification number (or functional equivalent) for each country identified in relation to each person [%]			
# Identification Type (TIN or Other, please specify)			

% of beneficial interest			
# Controlling person type code ¹⁰			

⁵Refer 2a of Part D

⁶Refer 2b of Part D

⁷Refer 2c of Part D

⁸Refer 3(ii) of Part D

⁹Refer 3(vi) of Part D

¹⁰Refer 3(iv) (A) of Part D

Additional details to be filled below by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders:			
	Controlling Person 1	Controlling Person 2	Controlling Person 3
Customer ID (if allotted)			
Gender (Male, Female, Other)			
City of Birth			
Country of birth			
Occupation Type (Service, Business, Others)			
Nationality			
Father's Name (if PAN not available)			
Birth Date			
PAN			
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual) @			

Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

*To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent^{\$}

These details are mandatory for passive NFEs as per the FATCA declaration

@ Permissible values are:

- Passport
- Election ID card • PAN Card
- ID Card
- Driving License • UIDAI Letter
- NREGA Job card • Others

FATCA CRS Terms and Conditions:

Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us** promptly, **i.e., within 30 days**. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with the US Tax Identification Number.

^{\$}It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I /we have understood the information requirements of this Form (read along with the *FATCA-CRS Instructions & Definitions under Part D*) and hereby confirm that the information provided by 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 above and hereby accept the same.

Name: _____

Designation: _____

Signature: 1. _____ 2. _____ 3. _____

Date: __/ __/ ____

Place: _____