



# Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

**PAN of the Applicant**

Sr. No.	PAN	Name	DIN (For Directors) / UID (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed	Photograph
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	
						<input type="checkbox"/> PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO	

Date 

d	d
/	/
m	m
y	y

**PEP:** Politically Exposed Person

**RPEP:** Related to Politically Exposed Person



South Gujarat ARN: 54854

APP No.:

**Details of FATCA & CRS information  
For Non-Individuals / Legal Entity**

Name of the entity

Type of address given at KRA

☐

Residential or Business

☐

Residential

☐

Business

☐

Registered Office

PAN

Date of incorporation

D

D

/

M

M

/

Y

Y

Y

Y

City of incorporation

Country of incorporation

Please tick the applicable tax resident declaration-

1. Is "Entity" a tax resident of any country other than India

Yes ☐No ☐

(If yes, please provide 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)

\*Incase Tax Identification Number is not available, kindly provide its functional equivalent\*

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIN, etc.

Incase the Entity's Country of Incorporation / Tax residence is U. S. but entity is not a Specified U. S. Person, mention Entity's exemption code here

Please refer to para 3(vii) Exemption code for U. S. persons under Part D of FATCA instructions &amp; Definitions

**FATCA & CRS Declaration**

(Please consult your professional tax advisor for further guidance on FATCA &amp; CRS classification)

**PART A (to be filled by Financial Institutions or Direct Reporting NFEs)**

1. We are a,  
Financial institution<sup>3</sup>  
or  
Direct reporting NFE<sup>4</sup>  
(Please tick as appropriate)

☐☐**Global Intermediary Identification Number (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 forIf the entity is financial institution, ☐ Not required to apply for- please specify 2 digits sub- category<sup>10</sup>

Not obtained – Non-participating FI

**PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")**

1. Is the Entity a publicly traded company  
(that is, a company whose shares are regularly traded on an established securities market)

No ☐Yes ☐ (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange

2. Is the Entity a related entity of a publicly traded company  
(a company whose shares are regularly traded on an established securities market)

No ☐Yes ☐ (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of listed company

Nature of relation:

☐

Subsidiary of the Listed Company or

☐

Controlled by a Listed Company

Name of stock exchange

3. Is the Entity an active<sup>1</sup> non-financial Entity (NFE)

No ☐Yes ☐

Nature of Business

Please specify the sub-category of Active NFE

(Mention code-refer 2c of Part D)

4. Is the Entity a passive<sup>2</sup> NFE

No ☐Yes ☐

(If yes, please fill UBO declaration in the next section.)

Nature of Business

**\* If passive NFE, please provide below additional details for each of Controlling person.** (Please attach additional sheets if necessary)

Name and PAN / Any other Identification Number <small>(PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)</small>		Occupation Type - Service, Business, Others <b>Nationality</b> <b>Father's Name</b> - Mandatory if PAN is not available	DOB - Date of Birth <b>Gender</b> - Male, Female, Other
1. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender
Country of Birth		Father's Name	Male <input type="radio"/> Female <input type="radio"/> Others <input type="radio"/>
1. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender
Country of Birth		Father's Name	Male <input type="radio"/> Female <input type="radio"/> Others <input type="radio"/>
1. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender
Country of Birth		Father's Name	Male <input type="radio"/> Female <input type="radio"/> Others <input type="radio"/>

\*Additional details to be filled by controlling persons with tax residency/ permanent residency / citizenship / Green Card in any country other than India:

To include US, where controlling person is a US citizen or green cardholder

\*Incase Tax Identification Number is not available, kindly provide functional equivalent

### FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

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

<sup>§</sup>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.

### Part C : Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and here by confirm that the information provided 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 here by accept the same.

Date:     /     /

Name

Designation

Signature

<b>SIGN HERE</b>	First / Sole Applicant / Guardian/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant/ Authorised Signatory