

# FATCA-CRS Declaration & Supplementary Information

## Declaration Form for Individuals

|                       |                                                                                                                                                                   |                                                                   |                                                   |                                                                                                                      |  |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|
| <b>Name</b>           | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.                                                                                                         | <div>First Name</div> <div>Middle Name</div> <div>Last Name</div> |                                                   |                                                                                                                      |  |
| <b>PAN</b>            | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> or PAN Exempt KYC Ref No. <b>(PEKRN)</b> |                                                                   |                                                   |                                                                                                                      |  |
| <b>Place of Birth</b> |                                                                                                                                                                   |                                                                   | <b>Country of Birth</b>                           |                                                                                                                      |  |
| <b>Nationality</b>    | <input type="checkbox"/> Indian <input type="checkbox"/> U. S.<br><input type="checkbox"/> Others (Please specify) _____                                          |                                                                   | <b>Tax Residence Address</b><br>(for KYC Address) | <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office<br><input type="checkbox"/> Business |  |

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → ☐ Yes ☐ No

**If 'No' please proceed for the signature of declaration**

**If 'YES', please fill** for ALL countries (other than India) in which you are a Resident for tax purposes i.e. where you are a Citizen/ Resident/Green Card Holder/ Tax Resident in the respective countries

| Sr. No. | Country of tax Residency | Tax Identification Number of Functional Equivalent | Identification Type<br>[TIN or other, please specify] | If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below) |
|---------|--------------------------|----------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1.      |                          |                                                    |                                                       | → Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>                        |
| 2.      |                          |                                                    |                                                       | → Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>                        |

- ❖ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- ❖ Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- ❖ Reason C → others; please state the reason thereof.

### DECLARATION:

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days do the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date:     /     / 20

Place: \_\_\_\_\_

S

Signature

## FATCA & CRS TERMS & CONDITIONS

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS: 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.

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

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's Name) 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.

### FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. 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.

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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

| FATCA & CRS Indicia Observed (ticked)                    | Documentation required for Cure of FATCA/CRS Indicia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| U.S. place of birth                                      | <ol style="list-style-type: none"> <li>Self – certification that the account holder is neither a citizen of United States of America nor its resident for tax purposes;</li> <li>Non – US passport or any non – US government issued document evidencing nationality or citizenship (refer list below); <b>AND</b></li> <li>Any one of the following documents;<br/> Certified copy of certificated of Loss of Nationality<br/> <b>Or</b> Reasonable explanation of why the customer does not have such a certificated despite renouncing US citizenship<br/> <b>Or</b> Reason the customer did not obtain U.S. citizenship at birth </li> </ol>                                                                         |
| Residence/mailling address in a country other than India | <ol style="list-style-type: none"> <li>Self – certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>Documentary evidence (refer list below)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Telephone number in a country other than India           | <p><b><i>If no Indian telephone number is provided</i></b></p> <ol style="list-style-type: none"> <li>Self – certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>Documentary evidence (refer list below)</li> </ol> <p><b><i>If Indian telephone number is provided along with a foreign country telephone number</i></b></p> <ol style="list-style-type: none"> <li>Self – certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; <b>OR</b></li> <li>Documentary evidence (refer list below)</li> </ol> |

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body\*
- Valid identification issued by an authorized government body\* (e.g. Passport, National Identity card, etc.)

**\*Government or agency thereof or a municipality of the country or territory in which the payee claims to be resident.**

**Important Instructions:**

- A) Fields marked with '\*\*' are mandatory fields.  
 B) Please fill the form in English and in BLOCK letters.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please read section wise detailed guidelines / instructions at the end.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 F) List of two character ISO 3166 country codes is available at the end.  
 G) KYC number of applicant is mandatory for update application.  
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

Application Type\*

☐ New☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ **1. PERSONAL DETAILS** (Please refer instruction **A** at the end)

|                                                   | Prefix                                                                       | First Name                                                                    | Middle Name                                                                                           | Last Name            |
|---------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> Name* (Same as ID proof) | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  | <input type="text"/> |
| Maiden Name (If any*)                             | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  | <input type="text"/> |
| Father / Spouse Name*                             | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  | <input type="text"/> |
| Mother Name*                                      | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  | <input type="text"/> |
| Date of Birth*                                    | <input type="text"/>                                                         | <input type="text"/>                                                          | <input type="text"/>                                                                                  | <input type="text"/> |
| Gender*                                           | <input type="checkbox"/> M- Male                                             | <input type="checkbox"/> F- Female                                            | <input type="checkbox"/> T-Transgender                                                                |                      |
| Marital Status*                                   | <input type="checkbox"/> Married                                             | <input type="checkbox"/> Unmarried                                            | <input type="checkbox"/> Others                                                                       |                      |
| Citizenship*                                      | <input type="checkbox"/> IN- Indian                                          | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> ) |                                                                                                       |                      |
| Residential Status*                               | <input type="checkbox"/> Resident Individual                                 | <input type="checkbox"/> Non Resident Indian                                  |                                                                                                       |                      |
|                                                   | <input type="checkbox"/> Foreign National                                    | <input type="checkbox"/> Person of Indian Origin                              |                                                                                                       |                      |
| Occupation Type*                                  | <input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector                                        | <input type="checkbox"/> Government Sector )                                                          |                      |
|                                                   | <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional    | <input type="checkbox"/> Self Employed                                        | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) |                      |
|                                                   | <input type="checkbox"/> B-Business                                          |                                                                               |                                                                                                       |                      |
|                                                   | <input type="checkbox"/> X- Not Categorised                                  |                                                                               |                                                                                                       |                      |

**PHOTO**  
  
 Signature / Thumb Impression

☐ **2. TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

☐ **3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction **C** at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

|                                                                                      |                      |                             |                      |
|--------------------------------------------------------------------------------------|----------------------|-----------------------------|----------------------|
| <input type="checkbox"/> A- Passport Number                                          | <input type="text"/> | Passport Expiry Date        | <input type="text"/> |
| <input type="checkbox"/> B- Voter ID Card                                            | <input type="text"/> |                             |                      |
| <input type="checkbox"/> C- PAN Card                                                 | <input type="text"/> |                             |                      |
| <input type="checkbox"/> D- Driving Licence                                          | <input type="text"/> | Driving Licence Expiry Date | <input type="text"/> |
| <input type="checkbox"/> E- UID (Aadhaar)                                            | <input type="text"/> |                             |                      |
| <input type="checkbox"/> F- NREGA Job Card                                           | <input type="text"/> |                             |                      |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> | Identification Number       | <input type="text"/> |
| <input type="checkbox"/> S- Simplified Measures Account - Document Type code         | <input type="text"/> | Identification Number       | <input type="text"/> |

**4. PROOF OF ADDRESS (PoA)\***☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction **D** at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

|                   |                                                                           |                                          |                                        |                                            |                                      |
|-------------------|---------------------------------------------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------|
| Address Type*     | <input type="checkbox"/> Residential / Business                           | <input type="checkbox"/> Residential     | <input type="checkbox"/> Business      | <input type="checkbox"/> Registered Office | <input type="checkbox"/> Unspecified |
| Proof of Address* | <input type="checkbox"/> Passport                                         | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> UID (Aadhaar) |                                            |                                      |
|                   | <input type="checkbox"/> Voter Identity Card                              | <input type="checkbox"/> NREGA Job Card  | <input type="checkbox"/> Others        | <input type="text"/>                       |                                      |
|                   | <input type="checkbox"/> Simplified Measures Account - Document Type code |                                          |                                        |                                            |                                      |

**Address**

|           |                      |                  |                      |                        |
|-----------|----------------------|------------------|----------------------|------------------------|
| Line 1*   | <input type="text"/> |                  |                      |                        |
| Line 2    | <input type="text"/> |                  |                      |                        |
| Line 3    | <input type="text"/> |                  |                      |                        |
| District* | <input type="text"/> | Pin / Post Code* | <input type="text"/> | State / U.T Code*      |
|           |                      |                  | <input type="text"/> | ISO 3166 Country Code* |
|           |                      |                  | <input type="text"/> | <input type="text"/>   |

|                                                                                                                                                |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |                                                                         |  |  |  |  |  |                        |  |  |  |                        |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|------------------|--|--|--|-------------------------------------------------------------------------|--|--|--|--|--|------------------------|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|
| <b>4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)</b> |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |                                                                         |  |  |  |  |  |                        |  |  |  |                        |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Same as Current / Permanent / Overseas Address details                                                                |  |  |  |  |  |  |  |  |  |  |                  |  |  |  | <input type="checkbox"/> Same as Correspondence / Local Address details |  |  |  |  |  |                        |  |  |  |                        |  |  |  |  |  |  |  |  |  |
| Line 1*                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |                                                                         |  |  |  |  |  |                        |  |  |  |                        |  |  |  |  |  |  |  |  |  |
| Line 2                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |                                                                         |  |  |  |  |  |                        |  |  |  |                        |  |  |  |  |  |  |  |  |  |
| Line 3                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |                  |  |  |  |                                                                         |  |  |  |  |  |                        |  |  |  | City / Town / Village* |  |  |  |  |  |  |  |  |  |
| State*                                                                                                                                         |  |  |  |  |  |  |  |  |  |  | ZIP / Post Code* |  |  |  |                                                                         |  |  |  |  |  | ISO 3166 Country Code* |  |  |  |                        |  |  |  |  |  |  |  |  |  |

|                                                                                                                                                        |  |                                                                         |  |                                                                         |  |                                                                         |  |                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|
| <b>6. DETAILS OF RELATED PERSON</b> (In case of additional related persons, please fill 'Annexure B1' ) (please refer instruction <b>G</b> at the end) |  |                                                                         |  |                                                                         |  |                                                                         |  |                                                                         |  |
| <input type="checkbox"/> Addition of Related Person                                                                                                    |  | <input type="checkbox"/> Deletion of Related Person                     |  | KYC Number of Related Person (if available*)                            |  |                                                                         |  |                                                                         |  |
| Related Person Type*                                                                                                                                   |  | <input type="checkbox"/> Guardian of Minor                              |  | <input type="checkbox"/> Assignee                                       |  | <input type="checkbox"/> Authorized Representative                      |  |                                                                         |  |
| Name*                                                                                                                                                  |  | Prefix                                                                  |  | First Name                                                              |  | Middle Name                                                             |  | Last Name                                                               |  |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                |  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |
| (If KYC number and name are provided, below details of section 6 are optional)                                                                         |  |                                                                         |  |                                                                         |  |                                                                         |  |                                                                         |  |

[illegible]

| 9. ATTESTATION / FOR OFFICE USE ONLY                                |                                                                                                                                                                                                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Documents Received</b> <input type="checkbox"/> Certified Copies |                                                                                                                                                                                                                   |
| KYC VERIFICATION CARRIED OUT BY                                     |                                                                                                                                                                                                                   |
| Date                                                                | <div><div></div><div></div><div>-</div><div></div><div></div><div>-</div><div></div><div></div><div></div><div></div><div></div><div></div></div>                                                                 |
| Emp. Name                                                           | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Emp. Code                                                           | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Emp. Designation                                                    | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Emp. Branch                                                         | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div>[Employee Signature]</div>                                     |                                                                                                                                                                                                                   |
| INSTITUTION DETAILS                                                 |                                                                                                                                                                                                                   |
| Name                                                                | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Code                                                                | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div>[Institution Stamp]</div>                                      |                                                                                                                                                                                                                   |

**General Instructions:**

- 1 Fields marked with '\*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

**A Clarification / Guidelines on filling 'Personal Details' section**

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

**B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India**

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

**C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section**

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

| Document Code | Description                                                                                                                                                                                                              |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01            | Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions. |
| 02            | Letter issued by a gazetted officer, with a duly attested photograph of the person.                                                                                                                                      |

**D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section**

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

| Document Code | Description                                                                                                                                                                                                                                                                                                                              |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01            | Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).                                                                                                                                                                                      |
| 02            | Property or Municipal Tax receipt.                                                                                                                                                                                                                                                                                                       |
| 03            | Bank account or Post Office savings bank account statement.                                                                                                                                                                                                                                                                              |
| 04            | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.                                                                                                                                                                        |
| 05            | Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation. |
| 06            | Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.                                                                                                                                                                                                            |

**E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section**

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

**F Clarification / Guidelines on filling 'Contact details' section**

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

**G Clarification / Guidelines on filling 'Related Person details' section**

- 1 Provide KYC number of related person if available.

**H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section**

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

## List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

| State / U.T            | Code | State / U.T      | Code | State / U.T   | Code |
|------------------------|------|------------------|------|---------------|------|
| Andaman & Nicobar      | AN   | Himachal Pradesh | HP   | Pondicherry   | PY   |
| Andhra Pradesh         | AP   | Jammu & Kashmir  | JK   | Punjab        | PB   |
| Arunachal Pradesh      | AR   | Jharkhand        | JH   | Rajasthan     | RJ   |
| Assam                  | AS   | Karnataka        | KA   | Sikkim        | SK   |
| Bihar                  | BR   | Kerala           | KL   | Tamil Nadu    | TN   |
| Chandigarh             | CH   | Lakshadweep      | LD   | Telangana     | TS   |
| Chattisgarh            | CG   | Madhya Pradesh   | MP   | Tripura       | TR   |
| Dadra and Nagar Haveli | DN   | Maharashtra      | MH   | Uttar Pradesh | UP   |
| Daman & Diu            | DD   | Manipur          | MN   | Uttarakhand   | UA   |
| Delhi                  | DL   | Meghalaya        | ML   | West Bengal   | WB   |
| Goa                    | GA   | Mizoram          | MZ   | Other         | XX   |
| Gujarat                | GJ   | Nagaland         | NL   |               |      |
| Haryana                | HR   | Orissa           | OR   |               |      |

## List of ISO 3166 two- digit Country Code

| Country                               | Country Code | Country                                | Country Code | Country                                      | Country Code | Country                                      | Country Code |
|---------------------------------------|--------------|----------------------------------------|--------------|----------------------------------------------|--------------|----------------------------------------------|--------------|
| Afghanistan                           | AF           | Dominican Republic                     | DO           | Libya                                        | LY           | Saint Pierre and Miquelon                    | PM           |
| Aland Islands                         | AX           | Ecuador                                | EC           | Liechtenstein                                | LI           | Saint Vincent and the Grenadines             | VC           |
| Albania                               | AL           | Egypt                                  | EG           | Lithuania                                    | LT           | Samoa                                        | WS           |
| Algeria                               | DZ           | El Salvador                            | SV           | Luxembourg                                   | LU           | San Marino                                   | SM           |
| American Samoa                        | AS           | Equatorial Guinea                      | GQ           | Macao                                        | MO           | Sao Tome and Principe                        | ST           |
| Andorra                               | AD           | Eritrea                                | ER           | Macedonia, the former Yugoslav Republic of   | MK           | Saudi Arabia                                 | SA           |
| Angola                                | AO           | Estonia                                | EE           | Madagascar                                   | MG           | Senegal                                      | SN           |
| Anguilla                              | AI           | Ethiopia                               | ET           | Malawi                                       | MW           | Serbia                                       | RS           |
| Antarctica                            | AQ           | Falkland Islands (Malvinas)            | FK           | Malaysia                                     | MY           | Seychelles                                   | SC           |
| Antigua and Barbuda                   | AG           | Faroe Islands                          | FO           | Maldives                                     | MV           | Sierra Leone                                 | SL           |
| Argentina                             | AR           | Fiji                                   | FJ           | Mali                                         | ML           | Singapore                                    | SG           |
| Armenia                               | AM           | Finland                                | FI           | Malta                                        | MT           | Sint Maarten (Dutch part)                    | SX           |
| Aruba                                 | AW           | France                                 | FR           | Marshall Islands                             | MH           | Slovakia                                     | SK           |
| Australia                             | AU           | French Guiana                          | GF           | Martinique                                   | MQ           | Slovenia                                     | SI           |
| Austria                               | AT           | French Polynesia                       | PF           | Mauritania                                   | MR           | Solomon Islands                              | SB           |
| Azerbaijan                            | AZ           | French Southern Territories            | TF           | Mauritius                                    | MU           | Somalia                                      | SO           |
| Bahamas                               | BS           | Gabon                                  | GA           | Mayotte                                      | YT           | South Africa                                 | ZA           |
| Bahrain                               | BH           | Gambia                                 | GM           | Mexico                                       | MX           | South Georgia and the South Sandwich Islands | GS           |
| Bangladesh                            | BD           | Georgia                                | GE           | Micronesia, Federated States of              | FM           | South Sudan                                  | SS           |
| Barbados                              | BB           | Germany                                | DE           | Moldova, Republic of                         | MD           | Spain                                        | ES           |
| Belarus                               | BY           | Ghana                                  | GH           | Monaco                                       | MC           | Sri Lanka                                    | LK           |
| Belgium                               | BE           | Gibraltar                              | GI           | Mongolia                                     | MN           | Sudan                                        | SD           |
| Belize                                | BZ           | Greece                                 | GR           | Montenegro                                   | ME           | Suriname                                     | SR           |
| Benin                                 | BJ           | Greenland                              | GL           | Montserrat                                   | MS           | Svalbard and Jan Mayen                       | SJ           |
| Bermuda                               | BM           | Grenada                                | GD           | Morocco                                      | MA           | Swaziland                                    | SZ           |
| Bhutan                                | BT           | Guadeloupe                             | GP           | Mozambique                                   | MZ           | Sweden                                       | SE           |
| Bolivia, Plurinational State of       | BO           | Guam                                   | GU           | Myanmar                                      | MM           | Switzerland                                  | CH           |
| Bonaire, Sint Eustatius and Saba      | BQ           | Guatemala                              | GT           | Namibia                                      | NA           | Syrian Arab Republic                         | SY           |
| Bosnia and Herzegovina                | BA           | Guernsey                               | GG           | Nauru                                        | NR           | Taiwan, Province of China                    | TW           |
| Botswana                              | BW           | Guinea                                 | GN           | Nepal                                        | NP           | Tajikistan                                   | TJ           |
| Bouvet Island                         | BV           | Guinea-Bissau                          | GW           | Netherlands                                  | NL           | Tanzania, United Republic of                 | TZ           |
| Brazil                                | BR           | Guyana                                 | GY           | New Caledonia                                | NC           | Thailand                                     | TH           |
| British Indian Ocean Territory        | IO           | Haiti                                  | HT           | New Zealand                                  | NZ           | Timor-Leste                                  | TL           |
| Brunei Darussalam                     | BN           | Heard Island and McDonald Islands      | HM           | Nicaragua                                    | NI           | Togo                                         | TG           |
| Bulgaria                              | BG           | Holy See (Vatican City State)          | VA           | Niger                                        | NE           | Tokelau                                      | TK           |
| Burkina Faso                          | BF           | Honduras                               | HN           | Nigeria                                      | NG           | Tonga                                        | TO           |
| Burundi                               | BI           | Hong Kong                              | HK           | Niue                                         | NU           | Trinidad and Tobago                          | TT           |
| Cabo Verde                            | CV           | Hungary                                | HU           | Norfolk Island                               | NF           | Tunisia                                      | TN           |
| Cambodia                              | KH           | Iceland                                | IS           | Northern Mariana Islands                     | MP           | Turkey                                       | TR           |
| Cameroon                              | CM           | India                                  | IN           | Norway                                       | NO           | Turkmenistan                                 | TM           |
| Canada                                | CA           | Indonesia                              | ID           | Oman                                         | OM           | Turks and Caicos Islands                     | TC           |
| Cayman Islands                        | KY           | Iran, Islamic Republic of              | IR           | Pakistan                                     | PK           | Tuvalu                                       | TV           |
| Central African Republic              | CF           | Iraq                                   | IQ           | Palau                                        | PW           | Uganda                                       | UG           |
| Chad                                  | TD           | Ireland                                | IE           | Palestine, State of                          | PS           | Ukraine                                      | UA           |
| Chile                                 | CL           | Isle of Man                            | IM           | Panama                                       | PA           | United Arab Emirates                         | AE           |
| China                                 | CN           | Israel                                 | IL           | Papua New Guinea                             | PG           | United Kingdom                               | GB           |
| Christmas Island                      | CX           | Italy                                  | IT           | Paraguay                                     | PY           | United States                                | US           |
| Cocos (Keeling) Islands               | CC           | Jamaica                                | JM           | Peru                                         | PE           | United States Minor Outlying Islands         | UM           |
| Colombia                              | CO           | Japan                                  | JP           | Philippines                                  | PH           | Uruguay                                      | UY           |
| Comoros                               | KM           | Jersey                                 | JE           | Pitcairn                                     | PN           | Uzbekistan                                   | UZ           |
| Congo                                 | CG           | Jordan                                 | JO           | Poland                                       | PL           | Vanuatu                                      | VU           |
| Congo, the Democratic Republic of the | CD           | Kazakhstan                             | KZ           | Portugal                                     | PT           | Venezuela, Bolivarian Republic of            | VE           |
| Cook Islands                          | CK           | Kenya                                  | KE           | Puerto Rico                                  | PR           | Viet Nam                                     | VN           |
| Costa Rica                            | CR           | Kiribati                               | KI           | Qatar                                        | QA           | Virgin Islands, British                      | VG           |
| Cote d'Ivoire                         | CI           | Korea, Democratic People's Republic of | KP           | Reunion                                      | RE           | Virgin Islands, U.S.                         | VI           |
| Croatia                               | HR           | Korea, Republic of                     | KR           | Romania                                      | RO           | Wallis and Futuna                            | WF           |
| Cuba                                  | CU           | Kuwait                                 | KW           | Russian Federation                           | RU           | Western Sahara                               | EH           |
| Curacao                               | CW           | Kyrgyzstan                             | KG           | Rwanda                                       | RW           | Yemen                                        | YE           |
| Cyprus                                | CY           | Lao People's Democratic Republic       | LA           | Saint Barthelemy                             | BL           | Zambia                                       | ZM           |
| Czech Republic                        | CZ           | Latvia                                 | LV           | Saint Helena, Ascension and Tristan da Cunha | SH           | Zimbabwe                                     | ZW           |
| Denmark                               | DK           | Lebanon                                | LB           | Saint Kitts and Nevis                        | KN           |                                              |              |
| Djibouti                              | DJ           | Lesotho                                | LS           | Saint Lucia                                  | LC           |                                              |              |
| Dominica                              | DM           | Liberia                                | LR           | Saint Martin (French part)                   | MF           |                                              |              |



Signature / Thumb Impression of Applicant

## Annexure B1

## CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

## Important Instructions:

- A) Fields marked with "\*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike of the sections not required to be updated.



## For office use only

Application Type\*

☐ New ☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

☐ 1. DETAILS OF RELATED PERSON (Please refer instruction G at the end)

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available\*)

Related Person Type\*

☐ Guardian of Minor

☐ Assignee

☐ Authorized Representative

Name\*

Prefix

First Name

Middle Name

Last Name





(If KYC number and name are provided, below details of section 1 are optional)

## PROOF OF IDENTITY (PoI) OF RELATED PERSON\* (Please see instruction (H) at the end)

☐ A- Passport Number

Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

Driving Licence Expiry Date

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

Identification Number

☐ S- Simplified Measures Account - Document Type code

Identification Number

## 2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

Date : Place : 

Signature / Thumb Impression of Applicant

## 3. ATTESTATION / FOR OFFICE USE ONLY

## Documents Received

☐ Certified Copies

## KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

## INSTITUTION DETAILS

Name

Code

[Institution Stamp]



# KYC Details Change form (For Individuals Only)



Place for  
Intermediary Logo

Application No. :

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

## A Name of Applicant (Mandatory as per original KYC records)

|               |                                                                                                           |                         |     |
|---------------|-----------------------------------------------------------------------------------------------------------|-------------------------|-----|
| Title         | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other (Please specify) | Aadhaar Number, if any: | PAN |
| Name          |                                                                                                           |                         |     |
| Date of Birth |                                                                                                           |                         |     |

Please Provide the new KYC details which should be updated in your KYC records.

## B. Mandatory fields for KYCs done before 1<sup>st</sup> January 2012

|                           |                                                                                 |
|---------------------------|---------------------------------------------------------------------------------|
| 1. Father's/Spouse Name   |                                                                                 |
| 2. Current Marital status | <input type="checkbox"/> Single <input type="checkbox"/> Married                |
| 3. Current Nationality    | <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) |

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

## C. Identity Details (please see guidelines overleaf)

|                                                                   |                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. New Name (As appearing in supporting identification document). |                                                                                                                                                                                                                                        |
| 2. New Status                                                     | Please tick (✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)                                                                              |
| 3. PAN                                                            | Please enclose a duly attested copy of your PAN Card                                                                                                                                                                                   |
| 4. Proof of Identity submitted for PAN exempt cases               | Please Tick (✓) <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others (Please see guideline 'D' overleaf) |

## D. Address Details (please see guidelines overleaf)

|                                                                                                                                                                                                                                                                                                 |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1. New Address for Residence/Correspondence                                                                                                                                                                                                                                                     |                         |
| City / Town / Village                                                                                                                                                                                                                                                                           | Pin Code                |
| State                                                                                                                                                                                                                                                                                           | Country                 |
| 2. Contact Details                                                                                                                                                                                                                                                                              |                         |
| Tel. (Off.) (ISD) (STD)                                                                                                                                                                                                                                                                         | Tel. (Res.) (ISD) (STD) |
| Mobile (ISD) (STD)                                                                                                                                                                                                                                                                              | Fax (ISD) (STD)         |
| E-Mail Id.                                                                                                                                                                                                                                                                                      |                         |
| 3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.                                                                                                                                               |                         |
| <input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> Driving License <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> *Latest Bank A/c Statement/Passbook |                         |
| <input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Gas Bill <input type="checkbox"/> Others (Please specify)                                                                                   |                         |
| *Not more than 3 Months old. Validity/Expiry date of proof of address submitted                                                                                                                                                                                                                 |                         |
| 4. New Permanent Address of Resident Individual OR Overseas Address (Mandatory) for Non-Resident Individual                                                                                                                                                                                     |                         |
| City / Town / Village                                                                                                                                                                                                                                                                           | Pin Code                |
| State                                                                                                                                                                                                                                                                                           | Country                 |
| 5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.                                                                                                                                               |                         |
| <input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> Driving License <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> *Latest Bank A/c Statement/Passbook |                         |
| <input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Gas Bill <input type="checkbox"/> Others (Please specify)                                                                                   |                         |
| *Not more than 3 Months old. Validity/Expiry date of proof of address submitted                                                                                                                                                                                                                 |                         |
| 6. Any other information:                                                                                                                                                                                                                                                                       |                         |

## SIGNATURE OF APPLICANT

Old signature as per original KYC  
Wherever Applicable

## DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place:

Date: d d / m m / y y y y

## SIGNATURE OF APPLICANT

## FOR OFFICE USE ONLY

IPV Done ☐ on d d / m m / y y y y y

AMC/Intermediary name OR code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

**A. IMPORTANT POINTS:**

1. **Self attested copy of PAN card is mandatory for all clients in all type of change request.**
2. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

**B. Proof of Identity (POI): List of documents admissible as Proof of Identity:**

1. PAN card with photograph. This is a mandatory requirement for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Aadhaar Number / Passport / Voter ID card / Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

**C. Proof of Address (POA): List of documents admissible as Proof of Address: (\*Documents having an expiry date should be valid on the date of submission.)**

1. Aadhaar Number / Passport / Voters Identity Card/Ration

Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

**D. Exemptions/clarifications to PAN**

**(\*Sufficient documentary evidence in support of such claims to be collected.)**

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, MFs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

**E. List of people authorized to attest the documents:**

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.