

(SEPARATE FORM FOR EACH CONTROLLING PERSON /RELATED PERSON/BENEFICIAL OWNER TO BE FILLED IN)

FOR OFFICE USE ONLY

APPLICATION TYPE* NEW UPDATEAPPLICANT (CP/RP) CIF NO.: CP/RP Account No.:

BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.

PHOTOGRAPH
OF THE
CONTROLLING
PERSON/
RELATED PERSON/
BENEFICIAL OWNER.ENTITY NAME:

1. DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER *

(Please refer General Instruction):

1. A DETAILS OF CONTROLLING PERSON (For Passive NFE Only):

 ADDITION OF CONTROLLING PERSON DELETION OF CONTROLLING PERSON UPDATE CONTROLLING PERSON DETAILSKYC NUMBER (IF AVAILABLE *): (IF KYC NUMBER IS AVAILABLE, ONLY 'CONTROLLING TYPE' & 'NAME' IS MANDATORY)

TYPE OF CONTROL*:

IN CASE OF LEGAL PERSON:	<input type="checkbox"/> OWNERSHIP	<input type="checkbox"/> OTHER MEANS	<input type="checkbox"/> SENIOR MANAGING OFFICIALS		
IN CASE OF TRUST:	<input type="checkbox"/> SETTLOR	<input type="checkbox"/> TRUSTEE	<input type="checkbox"/> PROTECTOR	<input type="checkbox"/> BENEFICIARY	<input type="checkbox"/> Others
IN CASE OF OTHER LEGAL ARRANGEMENT:	<input type="checkbox"/> SETTLOR-EQUIVALENT	<input type="checkbox"/> TRUSTEE-EQUIVALENT	<input type="checkbox"/> PROTECTOR-EQUIVALENT	<input type="checkbox"/> BENEFICIARY-EQUIVALENT	<input type="checkbox"/> OTHER-EQUIVALENT
IN CASE OF UNKNOWN	<input type="checkbox"/>				

1. B DETAILS OF RELATED PERSON

 ADDITION OF RELATED PERSON DELETION OF RELATED PERSON UPDATE RELATED PERSON DETAILSKYC NUMBER OF RELATED PERSON (IF AVAILABLE*): (IF KYC NUMBER IS AVAILABLE, ONLY 'RELATED PERSON TYPE' & 'NAME' IS MANDATORY)

RELATED PERSON TYPE*: (MORE THAN ONE BOX CAN BE TICKED AS APPLICABLE)	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> PROMOTER	<input type="checkbox"/> KARTA	<input type="checkbox"/> TRUSTEE	<input type="checkbox"/> PARTNER	<input type="checkbox"/> AUTHORISED SIGNATORY
	<input type="checkbox"/> COURT APPOINTED OFFICIAL		<input type="checkbox"/> BENEFICIARY	<input type="checkbox"/> BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO. 18)		<input type="checkbox"/> OTHERS

2. PERSONAL DETAILS* (Please refer Instruction G II at the end)

NAME (SAME AS ID PROOF*): PREFIX F I R S T N A M E M I D D L E N A M E L A S T N A M EMAIDEN NAME (IF ANY*): FATHER NAME*: SPOUSE NAME*: MOTHER NAME *: UID / AADHAAR NO.: OR AADHAAR ENROLMENT NO.: DIN (DIRECTOR IDENTIFICATION NUMBER): (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)DATE OF BIRTH*: D D M M Y Y Y GENDER: M - MALE F - FEMALE T - TRANSGENDERMARITAL STATUS*: MARRIED UNMARRIED OTHERS NATIONALITY: IN-INDIAN OTHERS COUNTRY CODE (ISO 3166) RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT INDIAN FOREIGN NATIONAL PERSON OF INDIAN ORIGIN CITIZENSHIP*: INDIAN OTHERSOCCUPATION TYPE*: S - SERVICE PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR O - OTHERS PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT B - BUSINESS NOT CATEGORIZEDPOLITICALLY EXPOSED PERSON : YES NO Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS "IN") (ISO 3166)COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA* YES NO (IF NO, PLEASE FILL THE DETAILS IN COLUMN 6 & 7 IN PAGE 2)

PAN / TAX IDENTIFICATION NUMBER OR EQUIVALENT*: [REDACTED] (IF JURISDICTION OF RESIDENCE FOR 'TAX PURPOSE' IS INDIA ONLY, THE PAN IN THIS FIELD)

PLACE / CITY OF BIRTH*: [REDACTED] COUNTRY CODE OF BIRTH*: [REDACTED] (ISO 3166)

3. PROOF OF ADDRESS IF AADHAAR / PAN DOES NOT HAVE CURRENT ADDRESS

(ONE CERTIFIED COPY OF ANY ONE OF THE FOLLOWING OVD WITH CURRENT ADDRESS NEEDS TO BE SUBMITTED)

A- PASSPORT

B- VOTER ID CARD

C- DRIVING LICENCE

D- NREGA JOB CARD

E- LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING

OR

IDENTITY NUMBER: [REDACTED]

Issued Date: [REDACTED]

Date of Expiry: [REDACTED]

PROOF OF ADDRESS IN CASE OVD IN POINT NO 3 ALSO DOES NOT CONTAIN UPDATED ADDRESS.

ONE CERTIFIED COPY OF ANY ONE DEEMED OVD NEEDS TO BE SUBMITTED

ADDRESS TYPE*: RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED

PROOF OF ADDRESS*: UTILITY BILLS MUNICIPAL TAX RECEIPT PENSION PAYMENT ORDER (PPO) LETTER OF ALLOTMENT OF ACCOMODATION FROM EMPLOYER ISSUED BY STATE/CENTRAL/GOVT/STATUTORY OR REGULATORY BODIES/PUBLIC SECTOR UNDERTAKINGS/SCHEDULED COMMERCIAL BANKS/FINANCIAL INSTITUTIONS/LISTED COMPANIES

4. ADDRESS DETAILS:

PERMANENT SAME AS CURRENT ADDRESS

DOCUMENT NO. / IDENTIFICATION NUMBER* [REDACTED]

ISSUED BY*: [REDACTED]

ISSUE DATE*: [REDACTED]

ISSUED AT*: [REDACTED]

EXPIRY DATE (IF APPLICABLE)*: [REDACTED]

LINE 1*: [REDACTED]

LINE 2*: [REDACTED]

LINE 3*: [REDACTED]

CITY / TOWN / VILLAGE *: [REDACTED]

DISTRICT*: [REDACTED]

PIN / POST CODE*: [REDACTED]

STATE / UT NAME CODE*: [REDACTED]

COUNTRY CODE*: [REDACTED] (ISO 3166)

5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer Instruction 'F' at the end)

TEL. (OFF): [REDACTED] [REDACTED]

TEL. (RES): [REDACTED] [REDACTED]

FAX: [REDACTED] [REDACTED]

MOBILE 1: [REDACTED] [REDACTED]

MOBILE 2: [REDACTED] [REDACTED]

EMAIL ID 1: [REDACTED] [REDACTED]

EMAIL ID 2: [REDACTED] [REDACTED]

6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or in any other Country or Territory Outside India as Under:

COUNTRY OF TAX RESIDENCE#	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY)

In case, country of tax residence is India, PAN is treated as TIN.

1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship).

2. A person residing in US including US green card holder.

3. Certain persons who spend more than 180 days in US each year.

7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES

ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED

LINE 1*: [REDACTED] [REDACTED]

LINE 2*: [REDACTED] [REDACTED]

LINE 3*: [REDACTED] [REDACTED]

DISTRICT*: [REDACTED] [REDACTED]

CITY / TOWN / VILLAGE*: [REDACTED] [REDACTED]

PIN / POST CODE*: [REDACTED] [REDACTED]

STATE / UT NAME CODE*: [REDACTED] [REDACTED]

COUNTRY CODE*: [REDACTED] (ISO 3166)

NAME: (SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION & THE ACKNOWLEDGEMENT NUMBER

IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS) OTHER THAN AGRICULTURAL INCOME

VERIFICATION

I/We..... do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today, the day of 20.....

Place:

Signature of the Declarant

9. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address
- I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No.DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
- I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/We may be held liable for it.
- I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self certification as above is provided to the Bank.
- I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time
- I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
- I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me/us.

DATE:

Signature(s)

PLACE: _____

Name of the Applicant

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY DONE

RISK CATEGORY: HIGH MEDIUM LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION:

DATE:

EMP./OFFICIAL SIGNATURE _____

EMP./OFF. NAME: _____

Signature Code No. / P.F No.: _____

EMP./OFF. DESIGNATION: _____

EMP./OFF. BRANCH: _____