Self-Certification for Entities

Name of the Entity		
Customer ID		
	Part I	
A. Is the account h company on recog		
If " No ", then proceed	Yes / No	
If " yes " please spec		
than India	older a (Entity/Financial Institution) tax resident of any country other	Yes / No
If " No ", proceed to p		
If " yes ", then please f	ill of FATCA/ CRS Self certification Form	<u> </u>
	older an Indian Financial Institution	
If " No ", proceed to p	Yes / No	
If " yes ", please provid	de your GIIN, if any	<u> </u>
	esident for tax purpose in any country outside India or not an Indian citizen Yes / 1	
If " No ", proceed to sig	gn the declaration	
If " yes ", (then please	fill FATCA/ CRS self-certification form)).	
Customer Declaration () Under penalty of pe	rjury, I/we certify that (Please tick in the box provided, where applicable):	
1. The applicant is:		
• •	ble as a US person under the laws of the United States of America ("U.S.") or an thereof or therein, including the District of Columbia or any other states of t	,
	me of which is subject to U.S. federal income tax regardless of the source the f the account holder is identified as a US person)	ereof. (This clause
☐ An applicant taxa	ble as a tax resident under the laws of a country outside India.	

- I. I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact on the applicant.
- II. I/we shall seek advice from professional tax advisor for any tax questions.
- III. I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- IV. I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT or close or suspend my account. (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

	Name of the Entity				
ŀ					
	Signature 1 Signature 1	ature 2			
	Signature 3 (As	per MOP)			
	Date :				
L					
	Self-Certification Form (Entity) for Foreign Acc	Part II ount Tax Compliance Act (' Standards (CRS)	"FATCA") and Common		
	Section 1: E	Entity information			
1.	Name of Entity				
2.	Customer id (if existing)				
3.	Entity Constitution Type (Refer Appendix 2)				
4.	Entity Identification type (Refer Appendix 2)	T / G /	C / E / O		
5.	Entity Identification No (based on entity identification type)				
6.	Entity Identification issuing Country				
7.	Country of Residence for tax Purpose				
	Section 2: Classification	on of Non-Financial entities			
1/	We (on behalf of the entity) certify that the entity	y is			
a) An entity incorporated and taxable in US (Specified US person) Yes / No			Yes / No		
If	" Yes ", please provide your U.S. Taxpayer Identification	on Number (TIN)	-		
•	An entity incorporated and taxable outside of India	,	Yes / No		
	If "Yes", please provide your TIN or its functional equivalent				
Ρr	Provide your TIN issuing country				

c) Please provide the following additional details if you are not a Specified US Person:

FATCA / CRS classification for Non-financial entities (NFFE)

☐ Active NFFE						
☐ Passive NFFE with	☐ Passive NFFE without any controlling Person					
☐ Passive NFFE with	Passive NFFE with Controlling Person(s):					
□ US □ Others						
	☐ Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus bank is not required to do the reporting)				TCA and thus bank is	
Please provide GIIN	number:					
	C1' 0. Ol . ''					
	Section 3: Classif	ication of financ	cial institutions (incl	uding Banks)		
I/We (on behalf o	f the entity) certify t	hat the entity is				
a)An entity is a U.S.	financial institution				Yes / No	
If Yes						
(i) Please provide yo	our Taxpayer Identific	ation Number (TIN) / EIN	-		
(ii) Please provide G	(ii) Please provide GIIN, if any					
If " No ", please tick of	one of the following b	oxes below:				
FATCA classification		Interm num	Please provide the Global Intermediary Identification number (GIIN) or other information wherever applicable			
☐ Reporting Foreign Agreement ("IGA")	n Financial Institution in Jurisdiction	n a Model 1 Inter-	Governmental			
☐ Reporting Foreign	☐ Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction					
☐ Participatina FFI i	☐ Participating FFI in a Non-IGA Jurisdiction					
☐ Non-reporting FI						
☐ Non-Participating	n Fl					
	nted FI with specified l	IS owners				
2 0 11101 Becomen	noa ii iiiii speemea e	30 0 1111010				
	Section	on 4: Controlling	person declaration	n		
			, ,			
If you are classified as "Passive NFFE with Controlling Person(s)" or "Owner documented FFI" or "Specified US person", please provide the following details:						
Name of controlling	Correspondence Address	Country of residence for	TIN	TIN issuing country	Controlling person Type	

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type (Refer Appendix 2)					
Identification Number					
Occupation Type (Refer Appendix 2)					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 4: Declaration

- (i) Under penalty of perjury, I/we certify that:
 - a. The number shown on this form is the correct taxpayer identification number of the applicant, and
 - b. The applicant is (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
 - c. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- (ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) I/ We agree as may be required by /Regulatory authorities, bank shall be required to comply to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

□ I/We hereby confirm that details provided are accurate, correct and complete		
Authorized Signatories & Company Seal (if applicable)		