FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

1. PAN ☐☐☐☐☐☐☐☐☐☐ OR PAN Exempt KYC Ref No. (PEKRN)

2.Name :

3.Father's Name:

4.Gender ☐ Male ☐ Female ☐ Other | 5. Nationality ☐ Indian ☐ U.S. ☐ Others (Please specify]

6. Status:. Resident ☐ NRI ☐ Foreign National ☐ Others (Please specify]

7. Address Type *[for KYC address]* ☐ Residential ☐ Residential / Business ☐ Business

Address of tax residence would be taken as available in KYC Registration Agency (KRA) database. In case of any change, please fill up and submit a separate KYC Change Request Form with supporting documents to update the changes

8. Place of Birth:	9. Country of Birth:	10. Date of Birth DD/MM/YYYY

11. Occupation Details [Please tick any one (√)

☐ Business ☐ Agriculturist ☐ Housewife
☐ Professional ☐ Student ☐ Retired
☐ Public Sector Service ☐ Forex Dealer ☐ Others [Please specify]
☐ Private Sector Service ☐ Government Service _____

12.Gross Annual Income in INR: ☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ 25 Lakh-1crore ☐ >1 Crore

13. Net Worth (Optional) INR _____ Lakh Net Worth as of DD / MM / YYYY

14. Are you a Politically Exposed Person [PEP] ➔ Yes ☐ No ☐ | 15. Are you Related to a PEP➔ Yes ☐ No ☐

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

If **'YES'**, please provide the following details 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 or Functional Equivalent	Identification Type *[TIN or other, please specify]*	If TIN is not available, please tick ☑ the reason A, B or C [as defined below]
1				➔ Reason A ☐ B ☐ C ☐
2				➔ Reason A ☐ B ☐ C ☐

- *Reason A* ➔ *The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.*
- *Reason B* ➔ *The Account Holder is otherwise unable to obtain a TIN or equivalent number.*

(Please explain **below** why you are unable to obtain a TIN in the table below if you have selected this reason)

1.	
2.	

- *Reason C* ➔ *No TIN required.* (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be disclosed)

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 responsible to the reporting agency which relies on this information for compliance with FATCA and CRS. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I hereby authorize you, the Mutual Fund /AMC/ RTA/ broker/DP or any other intermediary to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, Brokers/DPS /any other intermediary, their employees / RTAs ('the Authorized Parties') to any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/ and / or to any other regulated intermediaries registered with any other authorities / regulator/s including RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize the Mutual Fund/AMC/RTA to provide relevant information to upstream payers to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Date:

Place: **Signature:** ✔