

Annexure A – Controlling Person Self certification

Controlling Person Type:	
<input type="checkbox"/> Legal Persons	_ Ownership _ Other means <input type="checkbox"/> Senior Managing Official
<input type="checkbox"/> Legal Arrangement	Trust: <input type="checkbox"/> Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Protector <input type="checkbox"/> beneficiary <input type="checkbox"/> Others
	Others: <input type="checkbox"/> Settlor equivalent <input type="checkbox"/> Trustee equivalent <input type="checkbox"/> Protector equivalent <input type="checkbox"/> beneficiary equivalent <input type="checkbox"/> Others equivalent
<input type="checkbox"/> Unknown	
Name of Controlling Person :	
Father's name :	
PAN :	Aadhar Number :
Identification Type (<i>tick and provide as proof of identity</i>):	<input type="checkbox"/> Passport <input type="checkbox"/> Election Id Card <input type="checkbox"/> PAN Card <input type="checkbox"/> ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI letter <input type="checkbox"/> NREGA job card <input type="checkbox"/> Others <input type="checkbox"/> Not categorised
Identification Number (mentioned in the Identification Document):	
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised
Gender : <input type="checkbox"/> M – Male <input type="checkbox"/> F – Female <input type="checkbox"/> O - Others	Status : <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual <input type="checkbox"/> Foreign National
Nationality : <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify the name of country) :	
Date of Birth :	Place of Birth(City) :
Country of Birth :	Country of Residence as per tax laws:
Phone No(s) :	Mobile No(s) :
Email Id(s) :	
Other Contact Number :	

Address Type : <input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified											
Complete Address :											
City/ Town :	State :										
Country :	Postal Code: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
Declaration of Tax Residency Please indicate the Country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).											



Country/countries of tax residency	Tax Identification number (TIN)/ functional equivalent number	TIN / Functional Equivalent Issuing Country	Documentary Evidence enclosed for country of tax residence or TIN or others	Date upto which the documentary evidence is valid

Declaration and Undertakings

I / We certify that:

- a) the information provided in the Form is in accordance with Section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962.
- b) the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of 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 the account as a Reportable account or otherwise.
- c) I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including