

KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____



Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

(Please tick ✓ the box on left margin of appropriate row where **CHANGE/CORRECTION** is required and provide the details in the corresponding row)

A IDENTITY DETAILS

1. Name of the Applicant **A B C INC**

2a. Date of incorporation **23 / 10 / 2024 Y** 2b. Place of incorporation **DELAWARE, USA**

3. Date of commencement of business **23 / 10 / 2024 Y**

4a. PAN **UVXYZ0001A**

4b. Registration No. (e.g. CIN) **61142333-1**

5. Status (Please tick ✓ the appropriate)

Private Limited Co. Public Ltd. Co. Body Corporate Partnership Trust

Charities NGO's FI FII HUF

AOP Bank Government Body Non-Government Organization Defense Establishment

BOI Society LLP FPI - Category I FPI - Category II

FPI - Category III Others (Please specify) **FDI**

B ADDRESS DETAILS

1. Address for Correspondence **192A 4th Floor, Dell Vista**

City / Town / Village **DALLAS** State **TEXAS** Country **USA** Pin Code **00001**

2. Specify the Proof of Address submitted for Correspondence Address: **Bank Statement**

3. Contact Details

Tel. (Off.) _____ Fax _____

Tel. (Res.) _____ Mobile No. **9999999999**

E-Mail Id. **ABCINC@GMAIL.COM**

4. Registered Address (If different from above) **SAME AS ABOVE**

City / Town / Village _____ State _____ Country _____ Pin Code _____

C OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

2a. DIN of whole time directors :

2b. Aadhar number of Promoters/Partners/Karta :

D DECLARATION

I/We declare that the details furnished above are true and correct to the best of my knowledge and undertake all liabilities w.r.t any incorrect information, I also confirm to inform Zerodha w.r.t any changes in the future. I/We are also aware that for Aadhaar OVD based KYC, my KYC shall be validated against my Aadhaar. I/We hereby consent to sharing my/our masked Aadhaar with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I/We or Zerodha have a business relationship for KYC purposes only. I/We hereby consent to receiving information from CVL KRA & C-KYC Registry through SMS/Email on the above registered number/Email ID.

Date: **DD / MM / YYYY**

For ABC INC

Director
 Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the organisation: **Zerodha Broking Limited**

Date of IPV: **DD / MM / YYYY**

Signature of the person who has done the IPV _____

Seal/Stamp of the Intermediary

Originals Verified and Self Attested Document copies received

Date

Name and Signature of the Authorised Signatory

1. Name **AKSHITH N**


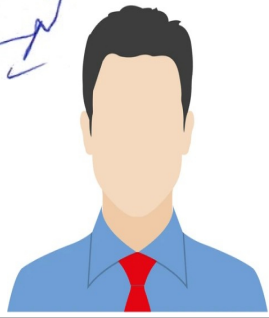
2. Relationship with Applicant (i.e. promoters, whole time directors etc.) **DIRECTOR**

3a. PAN **BACCA2333A** 3b. DIN

3c. Aadhar (UID) Number

4. Residential/ Registered Address **123B 4th Floor, 5th Lane County Road**

City / Town / Village **HOUSTON** Pin Code **77036**
 State **TEXAS** Country **USA**

1. Name **SHERINE R**


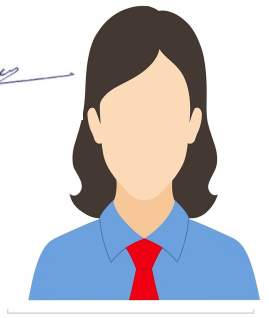
2. Relationship with Applicant (i.e. promoters, whole time directors etc.) **DIRECTOR**

3a. PAN **ABCCA2333B** 3b. DIN

3c. Aadhar (UID) Number

4. Residential/ Registered Address **192A 4th Floor, Kalyani Vista, 3rd Main Road, JP Nagar 4th Phase**

City / Town / Village **Bengaluru** Pin Code **560078**
 State **Karnataka** Country **INDIA**

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/ Registered Address

City / Town / Village Pin Code
 State Country

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/ Registered Address

City / Town / Village Pin Code
 State Country

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

1. Name

2. Relationship with Applicant (i.e. promoters, whole time directors etc.)

3a. PAN 3b. DIN

3c. Aadhar (UID) Number

4. Residential/ Registered Address

City / Town / Village Pin Code
 State Country

PHOTOGRAPH

Please affix
your recent passport
size photograph and
sign across it

For ABC INC



Director

Name & Signature of the Authorised Signatory (ies)

Date: / /

G. TRADING PREFERENCES / EXPERIENCE

No Prior Experience

Years in Equities _____ / Years in Derivatives _____ / Years in other Investment Related Field _____

H. ADDITIONAL DETAILS

(I) Whether you wish to receive (a) Physical contract note

(b) Electronic Contract Note (ECN)

If ECN Specify your Email id: _____

(ii) Whether you wish to avail the facility of internet trading/wireless technology/mobile trading YES NO

I. DARPAN REGISTRATION DETAILS

Darpan ID (if applicable)

In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of person/s authorized to deal in securities on behalf of the company/firm/others:

Any Other Information: _____

Zerodha Broking Ltd.

153/154, 4th Cross, 4th Phase, JP Nagar, Dollars Colony,
Opp. Clarence School, Bangalore - 560078

Additional KYC Form for Opening a Demat Account

(To be filled by the Depository Participant)

Application No		Date		DP Internal Reference No	
DP ID	Exchange	NSE/BSE	UCC	Client ID	

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request you to open a demat account in my/ our name as per following details:-

Holder Details

Sole / First Holder's Name	ABC INC		
PAN	UVXYZ0001A	UID	
Second Holder's Name			
PAN		UID	
Third Holder's Name			
PAN		UID	
Name of firm or other entity			

*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Type of Account (Please tick whichever is applicable)

Status		
<input type="checkbox"/> Non-Individual	<input type="checkbox"/> Body corporate	<input type="checkbox"/> FII
	<input type="checkbox"/> Trust	<input type="checkbox"/> CM
	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> FI
	<input type="checkbox"/> OCB	<input type="checkbox"/> Banks
	<input type="checkbox"/> Clearing House	<input checked="" type="checkbox"/> Others (specify) <u>FDI</u>

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] Yes No
(If not marked, the default option would be 'Yes')

I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No') Yes No

Account Statement Requirement As per SEBI Regulation Daily Weekly Monthly Fortnightly

I / We request you to send electronic transaction-cum-holding statement at the following Yes No

Email ID	
----------	--

I / We would like to share the email ID with the RTA Yes No

I / We would like to receive the Annual Report Physical Electronic Both Physical and Electronic
(Tick the applicable box. If not marked the default option would be Electronic)

I / We accept that all communication from the DP will be sent to the first holder of the account in case the account is being operated jointly. Yes No

Zerodha Broking Ltd.

153/154, 4th Cross, 4th Phase, JP Nagar, Dollars Colony,
Opp. Clarence School, Bangalore - 560078

Schedule-A Tariff Structure	
For individuals/HUF/corporates	
Details	POA/DDPI Clients
Stamp charges payable upfront	Rs.50/-
Annual Maintenance Charges (charged upfront annually)	
a. Foreign Individuals	Rs.50000/- + GST
b. Foreign Body Corporate/Foreign Entity	Rs.50000/- + GST

Transaction Charges : (Market Trades)	
Buy(Receive) / Sell (Debit)	Nil / Rs. 4 NSDL fee (Rs. 0 for Yuva plan) + Rs. 8 Zerodha fee
Transaction Charges : (Off-Market Trades)	
Buy(Receive) / Sell (Debit)	Nil / Rs.25/- per transaction
Demat (Per certificate)	Rs. 150/- per certificate
Remat (Per certificate)	Rs. 150/- per certificate + NSDL Charges
Courier charges per Demat/Remat/Demat Rejn./CMR	Rs. 100/-
Pledge Request	Rs. 20/- + Rs. 25 per request (NSDL Charges)
Unpledge Request	Rs. 20/- + Rs. 25 per request (NSDL Charges)
Pledge invocation	Rs. 20/-
Margin Pledge	Rs. 9 + Rs. 5 per request (NSDL Charges)
Margin Unpledge	Rs. 9 + Rs. 5 per request (NSDL Charges)
Margin Repledge	Rs. 2/- (NSDL charges)
Periodic Statement	
By Email / Physical	Free / Rs. 25/- (+ Courier charges at actual)
Adhoc / Non Periodic Statement Requests	
a. By Email	Rs.10/- per request
b. Physical	Rs. 25 per request upto 10 pages. Every additional page at Rs. 5 (+ Courier charges at actual)
Delivery instruction	
a. First Delivery Instruction Book	Free (10 Leaves)
b. Every Addl Booklet (10 Leaves)	Rs.100/-
Cheque Bounce Charges	Rs. 350/-
Failed Transactions	Rs. 50 per ISIN
Modification in CML	Rs. 25/- per request
KRA Upload / Download	Rs. 50/-

NOTE :

- For all purposes the bill date shall be construed as the date demand and the bills will be considered as the bill cum notice for payment and Zerodha Broking Ltd. reserves the right to freeze depository account for debit transaction in case of non payment of charges after two days from the bill date.
- Zerodha may, upon obtaining consent, charge for any ancillary services not listed above as and when applicable.
- The above tariff is subject to change. Changes if any will be intimated 30 days in advance Annual Maintenance Charge (AMC) is non refundable. GST is applicable on all above charges except stamp charges.
- I/We understand that any instruction provided by me to Zerodha to transfer securities from my account shall be rejected by Zerodha, if there is any debit balance or any unpaid amounts due as per this tariff sheet to Zerodha.

For ABC INC

 First Sole Holder
 Guardian
 (in case of Minor)
 Director

Second Holder

Third Holder

Sign wherever you see

Date :

To,
Zerodha Broking Ltd.
 153/154, 4th Cross, Dollars Colony, 4th Phase, JP Nagar, Opp. Clarence Public School, Bangalore - 560078.

Dear Sir,
Sub : Requesting for bill/transaction/holding statement through email.

I/We request you to send me/us bill, transaction and holding statement of my Demat account no. _____
 _____ at following email address: ABCINC@GMAIL.COM

- I/We fully agree and are aware of following Terms and Conditions mentioned below.
- that I/We will not receive the bill, transaction and holding statements in paper form.
 - that I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account.
 - that I/We am/are aware that the bill, transaction and holding statements may be accessed by other entities in case the confidentiality /secrecy of the login name and password is compromised.
 - that I/We in case bill, transaction and holding statements are sent by email, I/We will immediately inform the Zerodha Broking. about change in email address, if any.

In case, the Zerodha Broking is not able to provide bill/transaction statement to its Clients by email or on website due to any reason (including bounced emails), Zerodha Broking Ltd. will ensure that the transaction statement is provided to me/us in paper form as per the time schedule stipulated in the Bye Laws & Business Rules of NSDL.

I/We hereby request you to send the statements:

Daily Fortnightly Weekly Monthly

Mode of Operations for Demat Account

We would like to update mode of operation in the Demat account number _____ held with Zerodha Broking Ltd. as below:

Jointly Anyone of the holder or survivor(s)

We understand that If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge/hypothecation/margin pledge/margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and/or securities and/or specific number of securities will be permitted.

Yours faithfully,

For ABC INC

 First/Sole Holder
 or Guardian
 (in case of Minor)
 Director

S Second Holder

T Third Holder

I, the sole holder, or we, the Joint Holders confirm that we would like to designate the First Demat Account Holder (who is a Resident Indian Individual) of our account to receive the TPIN (or any such other similar PIN as required by any or all Depositories to transact as per the e-DIS facility offered by such Depository) on his/her mobile/email address for execution/permission of all such transactions & ancillary facilities to be availed via such mechanism from any or all Depositories.

Declaration

I/We have received and read the Rights and Obligations documents and terms & conditions and agree to abide by and be bound by the same and the Bye Laws as are in force from time to time. I/We declare that the particulars given by me/us above are true to the best of my/our knowledge as on the date of making this application.

I/We agree and undertake to intimate the DP of any change(s) in the details/particulars mentioned by me/us in this form.

I/We further agree that any false/misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action.

For ABC INC

 First/Sole Holder
 or Guardian
 (in case of Minor)
 Director

S Second Holder

T Third Holder



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act,1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) 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)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*

Entity Constitution Type* (Please refer instruction B at the end)

Date of Incorporation / Formation* Date of Commencement of Business

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN * Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

- Officially valid document(s) in respect of person authorised to transact
- Certificate of Incorporation / Formation Registration Certificate
- Memorandum and Articles of Association Partnership Deed Trust Deed
- Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf
- Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document Bank Statement

Line 1*

Line 2*

Line 3* City / Town / Village*

District* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2*

Line 3* City / Town / Village*

District* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided* may be used) (Please refer instruction D at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

Most Important Terms and Conditions

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email ID and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

For ABC INC

 - Director Client Signature

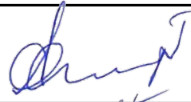



CERTIFIED TRUE COPY OF THE RESOLUTION PASSED AT THE MEETING OF THE BOARD OF DIRECTORS OF ABC INC
(Company/LLP name) **HELD AT THE REGISTERED OFFICE OF THE COMPANY**
AT 192A 4th Floor, Dell Vista DALLAS TEXAS USA 00001 *(Registered office address)*
ON (Date) 07 (Month) MAY (Year) 2025 (Time) at 11:00 AM.

“RESOLVED THAT ABC INC *[“Company/LLP Name”]*
is authorized to invest in shares, mutual funds, stocks, bonds and securities.”

“RESOLVED THAT ABC INC *[“Company Name/LLP”]*
be registered as a client and open a trading & demat account with Zerodha Broking Limited, a broking entity and having membership with NSE, BSE & MCX with SEBI Registration number INZ000031633 & membership with NSDL having DP Registration number IN-DP-431-2019.”

“RESOLVED FURTHER THAT Zerodha Broking Limited hereby authorized to honor instructions, oral or written; given on behalf of the Company by any of the under-noted Authorized Signatories who is/are authorized to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal in securities and/or derivatives and/or commodities jointly or severally.

S.No	Name of Authorized Signatory	Specimen Signature (Please do not put a seal)
1	AKSHITH N	
2	SHERINE R	
3		



“**RESOLVED FURTHER THAT**, the above named Authorized Signatories are hereby authorized severally or jointly, to sign, execute and submit all such forms, applications, undertakings, instructions, authorizations and other requisite documents, writings and deeds as may be deemed necessary (including for the KYC application with an appropriate KRA) or expedient to open, close and operate the said account and give effect to this resolution.”

“**RESOLVED FURTHER THAT** the above-named Authorized Signatories be and are hereby authorized jointly or severally to furnish the certified true copy of the extract of the Board Resolution to Zerodha Broking Limited wherever required.”

“**RESOLVED FURTHER THAT** the above named Authorized Signatories can issue cheques or authorize payments from the bank account of The Company to credit money into the trading, demat and commodities account of the Company held with Zerodha Broking Limited., the trading member/'s, even though his/her signature('s) may not be available on the records of Zerodha Broking Limited.”

For [*“CompanyName/LLP”*]

Signature & seal:
For ABC INC

A handwritten signature in blue ink, appearing to read 'Akshith N', written over a horizontal line.

Director
Name: AKSHITH N

Designation: Director

Signature & seal:
For ABC INC

A handwritten signature in blue ink, appearing to read 'Sherine R', written over a horizontal line.

Director
Name: SHERINE R

Designation: Director

***Note: At least 2 Directors/Partners should sign this Board Resolution for approval of the same.**



Date: _____

List of Directors

S. No.	Name of Director	Designation	Date of Birth	PAN	DIN
1	Akshith N	Director	10-01-1996	BACCA2333A	0000001
2	Sherine R	Director	01-01-2000	ABCCA2333B	0000002
3					
4					
5					

On Behalf of ABC INC [Name of Company]

For ABC INC


Director

(Sign & Seal of the Company)

(Name of Director: Akshith N)

(Designation: Director)



Date: _____

Latest Shareholding of the Company

S.No.	Name of Shareholder	No. of Equity shares (A)	Face Value of each share (B)	Total Value (A) + (B)	Percentage (%) of Holding
1	Akshith N	10	10	100	50%
2	Sherine R	10	10	100	50%
3					
4					
5					

NOTE: If any Company is a shareholder of the applicant, having more than 10% of shareholding or capital or profits of the applicant, it should identify itself as an ultimate beneficiary and is required to be verified by obtaining self-attested copies of the KYC documents of the Whole Time Director/ Individual Promoters of such a Company.

On Behalf of ABC INC [Name of Company]

For ABC INC



Director

(Sign & Seal of the Company)

(Name of Director: Akshith N)

(Designation: Director)

ANNEXURE A: LIST OF ALL DIRECTORS OF THE COMPANY WITH PHOTOGRAHS AND SIGNATURES

1. Name : AKSHITH N
Designation: DIRECTOR (Specimen signature with seal)

For ABC INC

Director



2. Name : SHERINE R
Designation: DIRECTOR (Specimen signature with seal)

For ABC INC

Director



3. Name : _____
Designation: _____ (Specimen signature with seal)



4. Name : _____
Designation: _____ (Specimen signature with seal)



NOTE: Should contain photographs of all Directors of the Company (Please add or request for more space/pages for more Directors, if required)

Addendum to Entity Account opening form
07 December 2015

Annexure to Account opening Form for Non-Individuals containing information for reporting requirement under Section 285BA of the Income-tax Act, 1961 and KYC.

Background:

1. India has joined the Multilateral Competent Authority Agreement (MCAA) on Automatic Exchange of Financial Account Information (AEOI) on June 3, 2015 and has agreed to certain global standards on automatic exchange of information, known as Common Reporting Standards (CRS). Further, the Government of India (GoI) signed an Inter-Governmental Agreement (IGA) with United States of America (USA) on July 9, 2015 to improve international tax compliance and to implement Foreign Account Tax Compliance Act (FATCA) in India.
2. To implement the CRS on AEOI and also the IGA with USA, the GoI has made necessary amendments in Section 285BA of the Income-tax Act, 1961 and notified Rules 114F to 114H in the Income-tax Rules, 1962 vide amendment dated August 7, 2015. These Rules are available on: <http://www.incometaxindia.gov.in>
3. SEBI has issued a circular dated August 26, 2015 advising all registered intermediaries to implement FATCA and CRS as per above mentioned Rules.

We do understand that the information mentioned above is technical in nature and hence we advise you to consult your financial or tax advisor for more details.

Entity Constitution Type : (Please tick one of the following) :			
Sole Proprietorship <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	HUF <input type="checkbox"/>	Private Limited Company <input type="checkbox"/>
Public Limited Company <input type="checkbox"/>	Society <input type="checkbox"/>	AOP/BOI <input type="checkbox"/>	Trust <input type="checkbox"/>
Liquidator <input type="checkbox"/>	Limited Liability Partnership <input type="checkbox"/>	Artificial Juridical Person <input type="checkbox"/>	Not Categorised. <input type="checkbox"/>
Others :- FDI			
Name of the Entity : ABC INC			
Permanent Account Number (PAN): UVXYZ0001A			
Client Id:		Place of incorporation: DELAWARE, USA	
Country of Incorporation : <input type="checkbox"/> India <input checked="" type="checkbox"/> Other (Please specify the name of the country) -----			
Address Type : <input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified			
City/ Town : DALLAS		State : TEXAS	
Country : USA		Postal Code: 00001	
Nature of Business (kindly fill details as per Annexure 5) :			
Identification Type (tick as applicable)			
<input type="checkbox"/> Company identification Number		<input type="checkbox"/> Trust registration Number	
<input type="checkbox"/> TIN/Tax deduction Account Number (TAN)		<input checked="" type="checkbox"/> Global Entity Identification Number (EIN)	
<input type="checkbox"/> US GIIN		<input type="checkbox"/> Other	



Identification Number : 61142333-1
Identification issuing Country:
Declaration of Tax Residency Please indicate the Entity's place of tax residence (if resident in more than one country please detail all countries and associated tax identification number (TIN) and TIN issuing country).

Country/countries of tax residency	Tax Identification number (TIN)/ Functional Equivalent number	TIN/ functional Equivalent Issuing Country	Document type attached (tax residence certificate or TIN card or others)	Date upto which the documentary evidence is valid
USA	61142333-1	USA	ITIN	24-10-2050

(Documentary evidence to be provided for foreign country of tax residence and TIN)

If tax resident of Country outside India, kindly provide confirmation as under:

(1) If US tax resident, kindly confirm whether the Entity is a US Specified Person. – Yes / No
If No, Kindly indicate exclusion number from **Annexure 1**

(2) If tax resident of country other than USA, kindly tick if any of the following is applicable:

- (i) a corporation, the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a related entity of a corporation mentioned in item
- (iii) a Governmental entity;
- (iv) an International organisation;
- (v) a Central bank; or
- (vi) a financial institution



Entity Classification

A. Financial Institution

1. Reporting Financial Institution – Yes/ No

If Yes, please tick atleast one of the below categories, and provide your FATCA Global Intermediary Identification Number (GIIN):

Depository Institution	–	Custodial Institution	–
Investment Entity	–	Specified Insurance Company	–

GIIN _____

2. Non-reporting financial institution - Yes/ No

If Yes, please provide category from Annexure 2:-----

3. Sponsored Investment Entity and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity’s name and GIIN.

Sponsoring Entity’s Name: _____

Sponsoring Entity’s GIIN: _____

4. Trustee Documented Trust and has not yet obtained a GIIN. Please provide the Trustee’s name and the GIIN

Name of the Trustee of the Trust: _____

GIIN of the Trustee: _____

5. Owner documented Financial Institution - Yes/ No. If Yes, each controlling person should fill details as per Annexure A

6. Non-Participating Foreign Financial Institution - Yes/ No

B. Non -Financial Entity (NFE):

1. Active NFE – Yes/ No

If Yes, provide category from **Annexure 3**

If category is SI No 2, please provide the following details, as applicable:

(a) If listed company, provide name of the Stock Exchange on which listed-----

(b) If related entity of listed company, please provide

(i) Name of the company

(ii) Stock Exchange on which listed



2. Passive NFE – Yes/ No.

If Yes, provide category from Annexure 4

Each Controlling Person of the Passive NFE should fill Controlling Persons from Annexure A.

3. Direct reporting NFE - Yes/ No

If Yes, provide the GIIN _____

Declaration and Undertakings

The Customer/account holder certifies 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 sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the company if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that the company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the company.
- g) It shall be my responsibility / our responsibilities to educate myself / ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the company for any loss that may arise to the company on account of providing incorrect or incomplete information.
- j) I / We certify that I/we have the capacity to sign for the entity as per CBDT rules/SEBI guidelines.

Authorised Signatures

Name: AKSHITH N

For ABC INC

Director

Position/Title: DIRECTOR

Date: (DD/MM/YYYY) _____

Stamp & Signature of the Applicant



Annexure A – Controlling Person Self certification

Controlling Person Type:	
<input type="checkbox"/> Legal Persons	<input checked="" type="checkbox"/> 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 checked="" 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 : AKSHITH N	
Father's name : N RAJ	
PAN : BACCA2333A	Aadhar Number : XXXX XXXX 1111
Identification Type (tick and provide as proof of identity):	<input type="checkbox"/> Passport <input type="checkbox"/> Election Id Card <input checked="" 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):	BACCA2333A
Occupation Type	<input checked="" type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised
Gender : <input checked="" type="checkbox"/> M – Male <input type="checkbox"/> F – Female <input type="checkbox"/> O - Others	Status : <input type="checkbox"/> Resident Individual <input checked="" type="checkbox"/> Non Resident Individual <input type="checkbox"/> Foreign National
Nationality : <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify the name of country) :	
Date of Birth : 10-01-1996	Place of Birth(City) : BENGALURU
Country of Birth : INDIA	Country of Residence as per tax laws: INDIA
Phone No(s) :	Mobile No(s) : +91-9999999999
Email Id(s) : Akshith@Nomail.com	
Other Contact Number :	

Address Type : <input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified												
Complete Address : 123B 4th Floor, 5th Lane County Road												
City/ Town : HOUSTON				State : TEXAS								
Country : USA				Postal Code:		7	7	0	3	6		
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
USA	999999-1	USA	TIN	23-10-2025


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

sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

- d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g) It shall be my / our responsibilities to educate myself /ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the Company for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Authorised Signatures For ABC INC
Name: Akshith N 
Position/Title: Director Director
Date: (DD/MM/YYYY) 23/10/2025

Stamp & Signature of the Applicant



Instructions:

- 1. All the information mentioned above have to be mandatorily provided.

Annexure A should be filled separately by each Controlling Person for all Accounts

Information on the terms used in the Annexure to the Account opening form:

Terms in the Annexure:

- Reporting financial institution means a custodial institution, a depository institution, an investment entity, or a specified insurance company which is registered with US IRS and obtained a Global Intermediary Identification Number (GIIN).
- “custodial institution” means any entity that holds, as a substantial portion of its business, financial assets for the account of others
- “depository institution” means any entity that accepts deposits in the ordinary course of a banking or similar business;
- “investment entity” means any entity,-

(A) that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:-

(i) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or

(ii) individual and collective portfolio management; or

(iii) otherwise investing, administering, or managing financial assets or money on behalf of other persons; or

(B) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a financial institution.

- “specified insurance company” means any entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract;
- Owner Documented Financial institution: It is an Financial Institution which does not report to the US IRS. Owner documented FI are generally small investment entities.
- Direct Reporting Non-financial Entity – It is a Passive NFE but will not share the details of the controlling persons with the financial institution it maintains accounts with but will report directly to US IRS and so its GIIN should be taken
- Controlling persons means natural persons who exercise control over an entity who includes a beneficial owner as defined in Explanation to sub-rule (3) of rule 9 Prevention of Money-laundering (Maintenance of Records) Rules, 2005. In determining the beneficial owner the procedure specified in the RBI/SEBI/IRDA circulars shall be applied. In the case of Trust, the controlling persons mean the settlor, the trustees, the protector, the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent position.

Annexure 1: Exclusions from being treated as Specified US Persons

Sr. No.	Type of entity
1	a corporation the stock of which is regularly traded on one or more established securities markets;
2	a member of the same expanded affiliated group of the listed company,
3	the United States or any wholly owned agency or instrumentality thereof
4	US State or Territory, any political subdivision, or any wholly owned agency or instrumentality
5	501(a) Entity or 7701(a)(37) individual retirement plan
6	bank as defined in section 581 of the U.S. Internal Revenue Code;
7	real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
8	regulated investment company or entity under the Investment Company Act of 1940
9	any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
10	any tax exempt trust
11	a registered dealer in securities, commodities, or derivative financial instruments
12	a broker as defined in section 6045(c) of the U.S. Internal Revenue Code;
13	any tax-exempt trust under a plan that is described in section 403(b) or section 457(g)

Annexure 2: “Non-reporting financial institution”

Sl No	Category
1	a Governmental entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by reporting financial institution
2	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental entity, International Organization or Central Bank;
3	a non-public fund of the armed forces, Employees’ State Insurance Fund, a gratuity fund or a provident fund;
4	An Indian investment entity held only by (1) to (3) above
5	a qualified credit card issuer;
6	Specified Investment advisor or investment manager or executing broker
7	Specified exempt collective investment vehicle
8	a financial institution with a local client base
9	a local bank*
10	a financial institution with only low-value accounts
11	sponsored investment entity and controlled foreign corporation
12	Trustee documented trust
13	sponsored closely held investment vehicle, in case of any U.S. reportable account

*Regional Rural Banks constituted under the Regional Rural Bank Act 1976 (21 of 1976), Urban Cooperative Banks constituted under respective State Cooperative Societies Acts or Multi State Cooperative Societies Act, State Cooperative Banks or District Central Cooperative Banks constituted under respective State Cooperative Societies Act and Local Area Banks licensed under the Banking Regulations Act, 1949 (10 of 1949) and regulated and registered as public limited companies under the Companies Act, 1956 (1 of 1956) or Companies Act, 2013 (18 of 2013), that satisfy the requirement under sub-clause (iv) shall be treated as local bank for the purpose of this clause.

Annexure 3: Active Non-Financial Entity (NFE)

Sr no.	<u>Category of Active NFFE</u>
(i)	Less than 50 per cent of the entity’s gross income for the preceding <i>financial year</i> is passive income and less than 50 per cent of the assets held by the entity during the preceding financial year are assets that produce or are held for the production of passive income; or
(ii)	The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity the stock of which is regularly traded on an established securities market; or <i>Explanation.-</i> For the purpose of this sub-clause, an established securities market means an exchange that is officially recognised and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the

	exchange.
(iii)	the entity is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
(iv)	substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution, except that an entity does not qualify for this status if it functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
(v)	the entity is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a financial institution, provided that the entity does not qualify for this exception after the date that is 24 months after the date of the initial organization of the entity;
(vi)	the entity was not a financial institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a financial Institution;
(vii)	the entity primarily engages in financing and hedging transactions with, or for, related entities that are not financial institutions, and does not provide financing or hedging services to any entity that is not a related entity, provided that the group of any such related entities is primarily engaged in a business other than that of a financial institution;
(viii)	<p>the entity meets all of the following requirements, namely:-</p> <p>(a) It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</p> <p>(b) It is exempt from income-tax in India;</p> <p>(c) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</p> <p>(d) The applicable laws of the entity’s jurisdiction of residence or the entity’s formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity’s charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased; and</p> <p>(e) The applicable laws of the entity’s jurisdiction of residence or the entity’s formation documents require that, upon the entity’s liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organization, or escheat to the government of the entity’s jurisdiction of residence or any political subdivision thereof.</p>

	<p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <p>(I) an Investor Protection Fund referred to in clause (23EA);</p> <p>(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</p> <p>(III) an Investor Protection Fund referred to in clause (23EC),</p> <p>of section 10 of the Act</p>
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Annexure 4 - Passive Non-Financial Entity (NFE)

Sr no.	Category of Passive NFFE
1	Any non-financial entity which is not an active non-financial entity
2	An investment entity described in sub-clause (B) of clause (c) of the Explanation to clause (3)
3	A withholding foreign partnership or withholding foreign trust

Annexure 5: Business codes as per income-tax return form ITR 6

Sr. No.	Sector	Sub-sector	Code
1	Manufacturing Industry	Agro-based industries	0101
		Automobile and Auto parts	0102
		Cement	0103
		Diamond cutting	0104
		Drugs and Pharmaceuticals	0105
		Electronics including Computer Hardware	0106
		Engineering goods	0107
		Fertilizers, Chemicals, Paints	0108
		Flour & Rice Mills	0109
		Food Processing units	0110
		Marble & Granite	0111
		Paper	0112
		Petroleum and Petrochemicals	0113
		Power and energy	0114
		Printing & Publishing	0115
		Rubber	0116
		Steel	0117
		Sugar	0118
		Tea, Coffee	0119
		Textiles, handloom, Power looms	0120
		Tobacco	0121
		Tyre	0122
		Vanaspati & Edible Oils	0123
		Others	0124
2	Trading	Chain Stores	0201
		Retailers	0202
		Wholesalers	0203
		Others	0204
3	Commission Agents	General Commission Agents	0301

4	Builders	Builders	0401
		Estate Agents	0402
		Property Developers	0403
		Others	0404
5	Contractors	Civil Contractors	0501
		Excise Contractors	0502
		Forest Contractors	0503
		Mining Contractors	0504
		Others	0505
6	Professionals	Chartered Accountants, Companies Secretaries, etc	0601
		Fashion designers	0602
		Legal professionals	0603
		Medical professionals	0604
		Nursing Homes	0605
		Specialty hospitals	0606
		Others	0607
7	Service Sector	Advertisement agencies	0701
		Beauty Parlours	0702
		Consultancy services	0703
		Courier Agencies	0704
		Computer training/educational and coaching institutes	0705
		Forex Dealers	0706
		Hospitality services	0707
		Hotels	0708
		I.T. enabled services, BPO service providers	0709
		Security agencies	0710
		Software development agencies	0711
		Transporters	0712
		Travel agents, tour operators	0713
		Others	0714
8	Financial Service Sector	Banking Companies	0801
		Chit Funds	0802
		Financial Institutions	0803
		Financial service providers	0804
		Leasing Companies	0805
		Money Lenders	0806
		Non-Banking Finance Companies	0807
		Share Brokers, Sub-brokers, etc.	0808
		Others	0809
9	Entertainment Industry	Cable T.V. productions	0901
		Film distribution	0902
		Film laboratories	0903
		Motion Picture Producers	0904
		Television Channels	0905
		Others	0906

Annexure A – Controlling Person Self certification

Controlling Person Type:	
<input type="checkbox"/> Legal Persons	<input checked="" type="checkbox"/> Ownership <input type="checkbox"/> 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 : SHERINE R	
Father's name : KUMAR RAJ	
PAN : ABCCA2333B	Aadhar Number : XXXX XXXX 2222
Identification Type (tick and provide as proof of identity):	<input type="checkbox"/> Passport <input type="checkbox"/> Election Id Card <input checked="" 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):	ABCCA2333B
Occupation Type	<input type="checkbox"/> Service <input checked="" type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised
Gender : <input type="checkbox"/> M – Male <input checked="" type="checkbox"/> F – Female <input type="checkbox"/> O - Others	Status : <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual <input type="checkbox"/> Foreign National
Nationality : <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify the name of country) :	
Date of Birth : 01-01-2000	Place of Birth(City) : PUDUCHERRY, TN
Country of Birth : INDIA	Country of Residence as per tax laws:
Phone No(s) :	Mobile No(s) : 99999 88888
Email Id(s) : Sherine@Nomail.Com	
Other Contact Number :	

Address Type : <input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified											
Complete Address : 192A 4th Floor, Kalyani Vista, 3rd Main Road,											
City/ Town : Bengaluru				State : Karnataka							
Country : INDIA				Postal Code:		5	6	0	0	7	8
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
INDIA	ABCCA2333B	INDIA	PAN	Perpetual

Declaration and Undertakings

I / We certify that:

- 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.
- 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.
- 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

sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

- d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g) It shall be my / our responsibilities to educate myself /ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the Company for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Authorised Signatures

Name: SHERINE R

Position/Title: DIRECTOR

Date: (DD/MM/YYYY) _____

For ABC INC


Director

Stamp & Signature of the Applicant



Instructions:

1. All the information mentioned above have to be mandatorily provided.

Annexure A should be filled separately by each Controlling Person for all Accounts

Information on the terms used in the Annexure to the Account opening form:

Terms in the Annexure:

- Reporting financial institution means a custodial institution, a depository institution, an investment entity, or a specified insurance company which is registered with US IRS and obtained a Global Intermediary Identification Number (GIIN).
- “custodial institution” means any entity that holds, as a substantial portion of its business, financial assets for the account of others
- “depository institution” means any entity that accepts deposits in the ordinary course of a banking or similar business;
- “investment entity” means any entity,-

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 : AKSHITH N	
Father's name : N RAJ	
PAN : BACCA2333A	Aadhar Number : XXXX XXXX 1111
Identification Type (tick and provide as proof of identity):	<input type="checkbox"/> Passport <input type="checkbox"/> Election Id Card <input checked="" 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):	BACCA2333A
Occupation Type	<input type="checkbox"/> Service <input checked="" type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised
Gender : <input type="checkbox"/> M – Male <input checked="" type="checkbox"/> F – Female <input type="checkbox"/> O - Others	Status : <input type="checkbox"/> Resident Individual <input checked="" type="checkbox"/> Non Resident Individual <input type="checkbox"/> Foreign National
Nationality : <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify the name of country) :	
Date of Birth : 10-01-1996	Place of Birth(City) : INDIA
Country of Birth : BENGALURU	Country of Residence as per tax laws: INDIA
Phone No(s) :	Mobile No(s) : +91-9999999999
Email Id(s) : Akshith@Nomail.Com	
Other Contact Number :	

Address Type : <input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified												
Complete Address : 123B 4th Floor, 5th Lane County Road												
City/ Town : HOUSTON				State : TEXAS								
Country : INDIA				Postal Code:		7	7	0	3	6		
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
USA	999999-1	USA	TIN	23-10-2050

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

sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

- d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence.
- e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g) It shall be my / our responsibilities to educate myself /ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- h) I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i) I/We shall indemnify the Company for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Authorised Signatures

Name: AKSHITH N

For ABC INC

Director

Position/Title: DIRECTOR

Date: (DD/MM/YYYY) _____

Stamp & Signature of the Applicant



Instructions:

1. All the information mentioned above have to be mandatorily provided.

Annexure A should be filled separately by each Controlling Person for all Accounts

Information on the terms used in the Annexure to the Account opening form:

Terms in the Annexure:

- Reporting financial institution means a custodial institution, a depository institution, an investment entity, or a specified insurance company which is registered with US IRS and obtained a Global Intermediary Identification Number (GIIN).
- “custodial institution” means any entity that holds, as a substantial portion of its business, financial assets for the account of others
- “depository institution” means any entity that accepts deposits in the ordinary course of a banking or similar business;
- “investment entity” means any entity,-