

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

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: _____

Position/Title: _____

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,-