

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN*									
Name									
Address Type (for KYC address)	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential / Business							
	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office							
Place of Birth			Country of Birth						
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1-5 Lacs	Occupation Details [Please tick any one (✓)]	<input type="checkbox"/> Business	<input type="checkbox"/> Professional				
Net Worth in INR. In Lacs [Optional]	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs		<input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector				
Net Worth Date [Optional]	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> > 1 Crore		<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife				
	_____			<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired				
	dd-mmm-yyyy			<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer				
				<input type="checkbox"/> Others [Please specify] _____					
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes	<input type="checkbox"/> Related to PEP	Any other information [if applicable]	[Please specify]					
	<input type="checkbox"/> Not Applicable								

*If PAN is not available, please specify Folio No(s)

Is your Country of Tax Residency other than India - Yes No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S No	Country of Tax Residency #	Tax Payer Identification Number / Functional Equivalent	Identification Type [TIN or other, please specify]
1			
2			
3			

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

Declaration :

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] 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, their employees / RTAs ('the Authorised Parties') or 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 / or any regulated intermediaries registered with SEBI / 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 Fund / AMC / RTA to provide relevant information to upstream payors 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:



(Signature of the Client)

Place:

Client Code: _____