

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)	☐ Residential ☐ Registered Office ☐ Business			Nationality		☐ Indian ☐ US ☐ Others			
Place of Birth					Country of Birth				
Gross Annual Income Details in INR Net Worth in INR. in Lacs [Optional] Net Worth Date [Optional]	☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ 25-1 Cr ☐ > 1 Crore _____ as on _____				Occupation Details [Please tick any one (✓)]		☐ Business ☐ Professional ☐ Public Sector ☐ Private Sector ☐ Government Service ☐ Agriculturist ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others [Please specify]_____		
Politically Exposed Person[PEP]	☐ Yes ☐ Related to PEP ☐ Not Applicable				Any other Information (if applicable)				

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

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card Holder/ Tax Resident in the respective countries

S. NO	Country of Tax Residency	Tax Identification Number (TIN) 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]
				Reason A ☐ B ☐ C ☐
				Reason A ☐ B ☐ C ☐

Reason A-> The country where the Account Holder is liable to pay tax does not issue TIN to its residents

Reason B-> No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]

Reason C-> Others – Please specify the reasons _____

Declaration:

I declare that the information I have provided on this form is, to the best of my knowledge and belief, correct and complete. I undertake to promptly inform ISHANIKA SECURITIES PVT. LTD. any modification therein.

Name: _____ Signature: _____ Date: _____