

SELF DECLARATION FORM – ANNEXURE TO ACCOUNT OPENING FORM FOR INDIVIDUALS - DP

Background:

- 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.
- 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>.
- 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.

DEMAT ACCOUNT NUMBER / FORM NO.																			
[Mention NSDL 8 digit Client ID / CDSL 16 digit Client ID in the above box]																			

Category	First Holder	Second Holder	Third Holder
Name			
Maiden Name [if any]			
Father's Name [mandatory if PAN not provided]			
Spouse's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> Transgender
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____ (Please specify the name of country) :	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____ (Please specify the name of country) :	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____ (Please specify the name of country) :
Occupation Type	<input type="checkbox"/> Service [pls specify] <input type="checkbox"/> - Private Sector <input type="checkbox"/> - Public Sector <input type="checkbox"/> - Govt. Sector <input type="checkbox"/> Business <input type="checkbox"/> Others [pls specify] <input type="checkbox"/> - Professional <input type="checkbox"/> - Self Employed <input type="checkbox"/> - Retired <input type="checkbox"/> - Housewife <input type="checkbox"/> - Student <input type="checkbox"/> Not Categorized	<input type="checkbox"/> Service [pls specify] <input type="checkbox"/> - Private Sector <input type="checkbox"/> - Public Sector <input type="checkbox"/> - Govt. Sector <input type="checkbox"/> Business <input type="checkbox"/> Others [pls specify] <input type="checkbox"/> - Professional <input type="checkbox"/> - Self Employed <input type="checkbox"/> - Retired <input type="checkbox"/> - Housewife <input type="checkbox"/> - Student <input type="checkbox"/> Not Categorized	<input type="checkbox"/> Service [pls specify] <input type="checkbox"/> - Private Sector <input type="checkbox"/> - Public Sector <input type="checkbox"/> - Govt. Sector <input type="checkbox"/> Business <input type="checkbox"/> Others [pls specify] <input type="checkbox"/> - Professional <input type="checkbox"/> - Self Employed <input type="checkbox"/> - Retired <input type="checkbox"/> - Housewife <input type="checkbox"/> - Student <input type="checkbox"/> Not Categorized
PAN			
Place / City of Birth			
Country of Birth			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others

Address Type [for address mentioned in the account opening form]	<input type="checkbox"/> Residential Or Business	<input type="checkbox"/> Residential Or Business	<input type="checkbox"/> Residential Or Business
	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office
	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified

Country/countries of tax residency	Tax Identification Number (TIN)/ functional equivalent number	TIN / functional equivalent Issuing Country	Documents provided (copy of certificate of tax residence or copy of TIN or others)	Date upto which the documentary evidence is valid

Remarks if any :

DETAILS OF RELATED PERSON [In case of addition/deletion of related persons please provide the following information]

Related Person Type <input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Authorised Representative <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficiary	Name of the Related Person _____ Document submitted as proof of identity of the related person _____ *[refer below for the type of document to be submitted]
--	---

*Certified copy of any one of the following Proof of Identity needs to be submitted:
 A. Passport Number B. Voter ID Card C. PAN Card D. Driving License E. UID [Aadhar] F. NREGA Job Card G. Other [any documents notified by Central Government]

Declaration and Undertakings
 The Customer/account holder certifies 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.
- 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.
- 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.
- 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.
- 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.
- 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/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.

× Signature of the 1 st Holder	× Signature of the 2 nd Holder	× Signature of the 3 rd Holder
---	---	---

Date

--	--	--	--	--	--	--	--

Place : _____