

FATCA / CRS DECLARATION

FOR INDIVIDUALS

The below information is required for all applicant(s)/ guardian

I) Address Type : Residential or Business Residential Business Registered Office (for address mentioned in form)

II) Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

III) If you ticked "Yes" in point no II above, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Place/ City of Birth		
Country of Birth		
i)	<input type="checkbox"/> TIN or <input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	
ii)	<input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	
iii)	<input type="checkbox"/> TIN or <input type="checkbox"/> Functional equivalent (please specify name & Number)	
	Country of Issue	

IV) Customer Declaration (Applicable for all customers)

i. Under penalty of perjury, I certify that:

1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person) or
2. The applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)

ii. I understand that ACMPL is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. ACMPL is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.

iii. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

iv. I agree that as may be required by domestic regulators/tax authorities ACMPL may also be required to inform reportable details to CBDT or close or suspend my account.

v. I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the applicant.

Name	Signature	Date
		

Notes:

1. The term United States person means:

- a) An individual, being a citizen or resident of the United States of America;
- b) Partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
- c) A trust if: (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust;
- d) An estate of a decedent who was a citizen or resident of the United States of America.

2. Functional Equivalent of TIN includes the following:

A social security/insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.

3. If you have ticked "Yes" in point no II above but do not have Taxpayer Identification Number/ function equivalent, please fill the detailed FATCA/ CRS Declaration Form specifying the reason for the same and sign the self-certification in this regard.

4. In case of joint holders, please provide separate FATCA/CRS Declaration.

**FOR NON-INDIVIDUAL CLIENTS, PLEASE ATTACH FATCA, CRS &
ULTIMATE BENEFICIAL OWNERSHIP (UBO), SELF CERTIFICATION FORM SEPARATELY.**