

# GOVERNMENT & TASC ACCOUNT OPENING FORM

(For Trusts, Associations, Societies, Clubs and Government Entities)



Please fill the form in Black Ink and in CAPITAL LETTERS.  
ALL fields marked "\*" are mandatory.

**Date of Application**            
D D M M Y Y Y Y

If entity is an existing customer of IDFC FIRST Bank, simply share the Customer ID here  and fill only the sections marked "✓"

**TELL US ABOUT YOUR ENTITY**

**\*Entity Name**

**Account Title**

- \*Entity Type**
- |  |  |   |                                |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Government      | <input type="checkbox"/> PSU - Central | <input type="checkbox"/> PSU - State  | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Society         | <input type="checkbox"/> Association   | <input type="checkbox"/> Section 8 Company                                  |                                |
| <input type="checkbox"/> LO/BO/PO - TASC | <input type="checkbox"/> SHG           | <input type="checkbox"/> International Unregistered Club (Rotary/Lions etc) |                                |

- \*Line of Business**
- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Central Govt. Org.          | <input type="checkbox"/> State Govt. Dept./Agency | <input type="checkbox"/> Local Authority/Body | <input type="checkbox"/> Quasi-Govt./Autonomous Body |
| <input type="checkbox"/> Religious Institution       | <input type="checkbox"/> Govt. Scheme Funds       | <input type="checkbox"/> Education            | <input type="checkbox"/> Healthcare                  |
| <input type="checkbox"/> Housing Society/RWA         | <input type="checkbox"/> Private Trust            | <input type="checkbox"/> Retiral Trust        | <input type="checkbox"/> Trade Association           |
| <input type="checkbox"/> NGO                         | <input type="checkbox"/> Sports Association       | <input type="checkbox"/> Clubs                | <input type="checkbox"/> Registered/Unregistered SHG |
| <input type="checkbox"/> Co-operative Credit Society | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Banks                |  |

- \*Nature of Industry**
- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Gram Panchayat          | <input type="checkbox"/> Health and Social work | <input type="checkbox"/> Govt. - Skill Development | <input type="checkbox"/> Municipal Corporation/ Municipal Council/Committee               |
| <input type="checkbox"/> Govt. - Water resources | <input type="checkbox"/> Govt. - Defence        | <input type="checkbox"/> Govt. - Rural Development | <input type="checkbox"/> Govt.-Food & Public Distribution                                 |
| <input type="checkbox"/> Hospital                | <input type="checkbox"/> Research Centre        | <input type="checkbox"/> CSR Foundation            | <input type="checkbox"/> Charitable/Social/Welfare  |
| <input type="checkbox"/> School                  | <input type="checkbox"/> College                | <input type="checkbox"/> University                | <input type="checkbox"/> National Institutes (IIT/IIM/NIT)                                |
| <input type="checkbox"/> Family Trust            | <input type="checkbox"/> PF Trust               | <input type="checkbox"/> Office of DDO/BDO         | <input type="checkbox"/> Govt.-Trust/Society for Research Development/Consultancy/Welfare |

*If none of the above are applicable, please refer Annexure 6 for more options and fill the details below*

**Nature of Industry**

**\*PAN**   **Form 60** **\*Gross Annual Turnover (In INR)**

**We are exempt from the requirement of PAN**  
(We shall submit IT exemption certificate and relevant declaration) **\*Date of Incorporation**        
D D M M Y Y Y Y

**Website Address**

**COMMUNICATION ADDRESS**

**Landmark**  **City**  **District**   
(If any)

**State**  **Country**  **Pin Code**

**Contact Details** Mobile           
(STD Code) (Number)

Fax        
(STD Code) (Number)

**E-mail**

CB-WB/10/12-2020

**REGISTERED ADDRESS**

**Registered Address** Same as above  Yes  No (If no, please fill in below)

\_\_\_\_\_

\_\_\_\_\_

**Landmark** (If any) \_\_\_\_\_ **City** \_\_\_\_\_ **District** \_\_\_\_\_

**State** \_\_\_\_\_ **Country** \_\_\_\_\_ **Pin Code** \_\_\_\_\_

**Contact Details** Mobile \_\_\_\_\_ Landline No. \_\_\_\_\_

Fax \_\_\_\_\_ (STD Code) \_\_\_\_\_ (Number) \_\_\_\_\_

**E-mail** \_\_\_\_\_

**ENTITY PROOF**

**\*Entity Proof**

Name of Document \_\_\_\_\_

ID Number (If applicable) \_\_\_\_\_ Expiry Date (If applicable) \_\_\_\_\_

**\*Address Proof**

Name of Document \_\_\_\_\_

ID Number (If applicable) \_\_\_\_\_ Expiry Date (If applicable) \_\_\_\_\_

**Additional Documents Shared**

IT Registration u/s 12AA or 80G (for Savings Account)  Constitutional Document (Trust Deed/Bye-Laws/MOA/Constitution/Rule Book)

Schedule 3/Proof of Appointment of the persons signing the documents  List of present Trustees/Governing body members

**✓ WHICH OF OUR SOLUTIONS WOULD THE ENTITY LIKE FOR YOUR BUSINESS?**

| Account Type  | Please Select the Variant   |
|---|---|
| Current Account   | <input type="checkbox"/> Dynamic TASC Current A/C <input type="checkbox"/> Current A/C - Government Body/Agency   |
| #Savings Account  | <input type="checkbox"/> Dynamic TASC Savings A/C <input type="checkbox"/> Savings A/C - Government Body/Agency <input type="checkbox"/> TASC Savings A/C - SHG |
| Special Purpose Account   | <input type="checkbox"/> Escrow Account <input type="checkbox"/> Liaison Account <input type="checkbox"/> Branch Account  |
| <b>Doorstep Banking</b><br>(Cheque pickup and drop only) <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| • Locations   | <input type="checkbox"/> Registered Address <input type="checkbox"/> Communication Address  |
| • Frequency   | <input type="checkbox"/> Ad-hoc <input type="checkbox"/> Beat (Daily)   |
| • Contact Person  | _____ Mobile _____  |

**Account Branch** \_\_\_\_\_

Do you wish to opt for our Point of Sale (POS) terminal?  Yes  No

Do you wish to opt for our Payment Gateway facility?  Yes  No

**Mode of Operation**  Singly  Jointly  Severally  As per the Trust/Board Resolution/Account Opening Authority Letter

**Number of Authorised Signatories** \_\_\_\_\_

**Cheque Book**  Yes  No If Yes  25 leaves  50 leaves

**Statements**  Physical **Frequency**  Monthly  Via E-mail **Frequency**  Daily  Weekly  Fortnightly  Monthly

**SMS Alerts**  Yes  No (SMS will be sent to the mobile number mentioned in the Communication Address)

#(Based on eligibility as per RBI guidelines)

**\*CREDIT FACILITY FROM ANY OTHER BANK?**

I/we hereby declare that:

I/We do not enjoy any Credit Facility including Cash Credit (CC)/Overdraft (OD) facility from IDFC FIRST Bank or any other Bank. I/we shall inform IDFC FIRST Bank, if and when I/we avail any CC/OD facility from any other bank and under such scenario, it would be the discretion of IDFC FIRST Bank to close the said current account.

I/we enjoy Credit Facility from IDFC FIRST Bank/Other Bank as below :

| Bank and Branch Name | Facility Type | Account Number | Sanction Amount |
|----------------------|---------------|----------------|-----------------|
|                      |               |                |                 |
|                      |               |                |                 |
|                      |               |                |                 |

I/we shall inform IDFC FIRST Bank if and when the credit facilities availed by us from the banking system crosses the limit of becomes ₹5 crore and/or ₹50 crore (Whenever applicable). Under such scenario, it would be in the discretion of IDFC FIRST Bank to close my/our current account or convert the same to a collection account subject to the condition that funds lying in the said current account will be remitted to the escrow account/CC/OD/Current account maintained with my/our lending bank at the frequency agreed between me/us and IDFC FIRST Bank.

I/we hereby request to consider my/our request to open a current account basis this declaration.

**✓ FCRA DECLARATION**

(Mandatory to be filled for both regular accounts and FCRA accounts for all entities other than Retiral Trusts and Government Departments)

**Yes, I/We wish to open a FCRA account for receipt of foreign contribution (Donations from Foreign Nationals/Entities) in accordance with the Foreign Contribution Regulation Act, 2010.** We confirm that the approval from Ministry of Home Affairs (MHA) is being sought for crediting foreign contribution in this account. We are aware that this account can be used only after the approval has been received from the MHA and this account will be exclusively used for receipt of foreign contribution in accordance with the Foreign Contribution Regulation Act, 2010 and credit of any local funds will not be allowed in this account. Also foreign contribution received in this account will be utilised by us for the purpose for which it was received and all debits will be in accordance with the FCRA Act, 2010.

No, I/We wish to open a regular account. We confirm that as a part of the routine operations, the entity will NOT receive any foreign contribution (donation from Foreign Nationals/Entities) in this account. We further confirm that this account will be used exclusively for the credit of local funds and any credit of foreign contribution will NOT be allowed in this account.

**✓ BUDGETARY ALLOCATION DECLARATION**

(For Savings Account being opened by Government Departments only)

We confirm that we do not receive budgetary allocation for performance of our functions. We confirm that this account is being opened to receive funds for the \_\_\_\_\_ scheme/project and is authorized to be opened as Savings Bank Account.

**■ DECLARATION FOR EXEMPTION FROM REQUIREMENT OF PAN**

We declare that as per provisions of the Section 139A of the Income Tax Act, we are not required to obtain a PAN from the Assessing Officer of the Income Tax Dept. Hence we do not have any PAN number allotted to us. Kindly accept this application without the submission of PAN and also allow cash deposit in our account without submission of PAN or Form 60. Further, the interest income on the Fixed Deposits held with the Bank is not subject to TDS provision u/s 194A of the Income Tax Act, 1961. We hereby submit documents in support of what is mentioned above.

Name \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Signature and Stamp of Authorised Signatories

Signature and Stamp of Authorised Signatories

Date        
D D M M Y Y Y Y

Date        
D D M M Y Y Y Y

|  |   |  |             |                              |            |   |   |   |   |                          |
|--|---|--|-------------|------------------------------|------------|---|---|---|---|--------------------------|
| Title  | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.   | <input checked="" type="checkbox"/> <b>SIGNATORY 1</b> |             |                              |            |   |   |   |   |                          |
| Name   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">*FIRST NAME</td> <td style="width:33%; text-align: center;">*MIDDLE NAME</td> <td style="width:33%; text-align: center;">*LAST NAME</td> </tr> </table>   |  | *FIRST NAME | *MIDDLE NAME                 | *LAST NAME |   |   |   |   |                          |
| *FIRST NAME                                      | *MIDDLE NAME  | *LAST NAME   |             |                              |            |   |   |   |   |                          |
| Designation                                      | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| Internet Banking                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Transact <input type="checkbox"/> View ##Debit/ATM Card <input type="checkbox"/> Yes <input type="checkbox"/> No Card Usage <input type="checkbox"/> International <input type="checkbox"/> Domestic  |  |             |                              |            |   |   |   |   |                          |
| Name as you would like on your Debit Card :      | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| <b>If Existing IDFC FIRST Bank Ltd. customer</b> | Customer ID <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| *DOB   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">D</td><td style="width:10%;">D</td> <td style="width:10%;">M</td><td style="width:10%;">M</td> <td style="width:10%;">Y</td><td style="width:10%;">Y</td> <td style="width:10%;">Y</td><td style="width:10%;">Y</td> </tr> </table> | D  | D           | M                            | M          | Y | Y | Y | Y | DIN <input type="text"/> |
| D  | D   | M  | M           | Y                            | Y          | Y | Y |   |   |                          |
| *PAN   | <input type="checkbox"/> Form 60 (If you have a PAN it is mandatory to provide details to the bank at the time of opening an account. If you do not have PAN, please complete a Form 60.)   |  |             |                              |            |   |   |   |   |                          |
| *Father's Name                                   | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| *Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender   |  |             |                              |            |   |   |   |   |                          |
| *Nationality                                     | <input type="text"/> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign National - Resident <input type="checkbox"/> Foreign National - Non-Resident  |  |             |                              |            |   |   |   |   |                          |
| *Country of Birth                                | <input type="text"/>  | *Country of Tax Residence <input type="text"/>         |             |                              |            |   |   |   |   |                          |
| *Mother's Maiden Name                            | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| Landline No.                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">(STD Code)</td> <td style="width:40%;">(Number)</td> </tr> </table>   | (STD Code)   | (Number)    | *Mobile <input type="text"/> |            |   |   |   |   |                          |
| (STD Code)                                       | (Number)  |  |             |                              |            |   |   |   |   |                          |
| *E-mail ID                                       | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| Account level Email Statements:                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |             |                              |            |   |   |   |   |                          |
| *Address (as per O D)                            | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| Landmark (If any)                                | City <input type="text"/>   | District <input type="text"/>                          |             |                              |            |   |   |   |   |                          |
| State  | Country <input type="text"/>  | Pin Code <input type="text"/>                          |             |                              |            |   |   |   |   |                          |
| <b>Identity Proof</b>                            | Name of Document <input type="text"/>   |  |             |                              |            |   |   |   |   |                          |
|  | Document ID No. <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
|  | Expiry Date <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>  |  | D           | D                            | M          | M | Y | Y | Y | Y                        |
| D  | D   | M  | M           | Y                            | Y          | Y | Y |   |   |                          |

##Not valid for Govt. accounts

|  |   |  |             |                              |            |   |   |   |   |                          |
|--|---|--|-------------|------------------------------|------------|---|---|---|---|--------------------------|
| Title  | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.   | <input checked="" type="checkbox"/> <b>SIGNATORY 2</b> |             |                              |            |   |   |   |   |                          |
| Name   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">*FIRST NAME</td> <td style="width:33%; text-align: center;">*MIDDLE NAME</td> <td style="width:33%; text-align: center;">*LAST NAME</td> </tr> </table>   |  | *FIRST NAME | *MIDDLE NAME                 | *LAST NAME |   |   |   |   |                          |
| *FIRST NAME                                      | *MIDDLE NAME  | *LAST NAME   |             |                              |            |   |   |   |   |                          |
| Designation                                      | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| Internet Banking                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Transact <input type="checkbox"/> View ##Debit/ATM Card <input type="checkbox"/> Yes <input type="checkbox"/> No Card Usage <input type="checkbox"/> International <input type="checkbox"/> Domestic  |  |             |                              |            |   |   |   |   |                          |
| Name as you would like on your Debit Card :      | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| <b>If Existing IDFC FIRST Bank Ltd. customer</b> | Customer ID <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| *DOB   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">D</td><td style="width:10%;">D</td> <td style="width:10%;">M</td><td style="width:10%;">M</td> <td style="width:10%;">Y</td><td style="width:10%;">Y</td> <td style="width:10%;">Y</td><td style="width:10%;">Y</td> </tr> </table> | D  | D           | M                            | M          | Y | Y | Y | Y | DIN <input type="text"/> |
| D  | D   | M  | M           | Y                            | Y          | Y | Y |   |   |                          |
| *PAN   | <input type="checkbox"/> Form 60 (If you have a PAN it is mandatory to provide details to the bank at the time of opening an account. If you do not have PAN, please complete a Form 60.)   |  |             |                              |            |   |   |   |   |                          |
| *Father's Name                                   | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| *Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender   |  |             |                              |            |   |   |   |   |                          |
| *Nationality                                     | <input type="text"/> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Foreign National - Resident <input type="checkbox"/> Foreign National - Non-Resident  |  |             |                              |            |   |   |   |   |                          |
| *Country of Birth                                | <input type="text"/>  | *Country of Tax Residence <input type="text"/>         |             |                              |            |   |   |   |   |                          |
| *Mother's Maiden Name                            | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| Landline No.                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">(STD Code)</td> <td style="width:40%;">(Number)</td> </tr> </table>   | (STD Code)   | (Number)    | *Mobile <input type="text"/> |            |   |   |   |   |                          |
| (STD Code)                                       | (Number)  |  |             |                              |            |   |   |   |   |                          |
| *E-mail ID                                       | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| Account level Email Statements:                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |             |                              |            |   |   |   |   |                          |
| *Address (as per O D)                            | <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
| Landmark (If any)                                | City <input type="text"/>   | District <input type="text"/>                          |             |                              |            |   |   |   |   |                          |
| State  | Country <input type="text"/>  | Pin Code <input type="text"/>                          |             |                              |            |   |   |   |   |                          |
| <b>Identity Proof</b>                            | Name of Document <input type="text"/>   |  |             |                              |            |   |   |   |   |                          |
|  | Document ID No. <input type="text"/>  |  |             |                              |            |   |   |   |   |                          |
|  | Expiry Date <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>  |  | D           | D                            | M          | M | Y | Y | Y | Y                        |
| D  | D   | M  | M           | Y                            | Y          | Y | Y |   |   |                          |

##Not valid for Govt. accounts

**DECLARATION** (Please read carefully and sign at the end of this section after you have filled in all the details in the form)

1. I/We wish to avail the banking facilities/products from IDFC FIRST Bank Limited ("IDFC FIRST Bank"), and have read, understood and agree to the Terms and Conditions displayed on the website of IDFC FIRST Bank i.e. www.idfcfirstbank.com, which may be amended by IDFC FIRST Bank from time to time and hosted and notified on the website of IDFC FIRST Bank. 2. I/We have read, understood and agree to the charges/costs, mentioned in the extant Schedule of Charges. This Schedule of Charges is also displayed on www.idfcfirstbank.com. 3. I/We agree to abide by and be bound by all applicable rules/regulations/instruction/guidelines issued by the Reserve Bank of India, and under the FEMA regulations, 2000 governing EEFC Accounts, the Foreign Exchange Management Act, 1999 and Foreign Account Tax Compliance Act, 2010 (to the extent applicable to India) and the Common Reporting Standards (CRS), in force from time to time. I/We have declared our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 (the Act) as notified by Central Board of Direct Taxes (CBDT) in this regard. 4. I/We authorize IDFC FIRST Bank to conduct my/our credit history verification with CIBIL or any other credit rating agency and acknowledge that IDFC FIRST Bank 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 IDFC FIRST Bank. I/We declare that I/we have not availed any credit facility from any bank or have obtained NOC from such bank(s) for opening of a current account with IDFC FIRST Bank. 5. I/We agree to furnish and intimate to IDFC FIRST Bank any other particulars that we are called upon to provide on account of any change in law/statutory requirements either in India or abroad. I/We authorize IDFC FIRST Bank to exchange, share or part with all the Customer Information/KYC documents provided herein with financial institutions/agencies/statutory bodies/other such persons including but not limited to financial products/services providers e.g. Insurance companies, Asset Management Companies etc which whom IDFC FIRST Bank has agency/distribution/marketing arrangement, as may be required by IDFC FIRST Bank. I/We shall not hold IDFC FIRST Bank or its agents/representatives liable for using/sharing such information. 6. I/We hereby declare that the information provided herein as well as in the documentary evidence provided by me/us to IDFC FIRST Bank (the "Customer Information") is true, correct and complete in all aspects to the best of my/our knowledge and that I/We have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I/We further agree that any false/misleading Customer Information given by me/us or suppression of any material fact will render my/our account liable for closure and the bank shall have the right to initiate any action, under law or otherwise. 7. If any of the information provided here is incorrect, I/We hereby agree to indemnify and keep indemnified IDFC FIRST Bank, affiliates and their successors or assignees. 8. I/We agree and understand that IDFC FIRST Bank reserves the right to reject my/our account opening application form/request without assigning any reason thereof and without being liable to me/us in any manner whatsoever. 9. All fees/charges to be paid shall be exclusive of goods and services tax (GST), as may be applicable. 10. IDFC FIRST Bank will provide me/us Services Accounting Code (SAC) and this will be quoted in all our invoices/credit/debit notes. 11. IDFC FIRST Bank ("the Bank") will determine if I/We are related party based on documents available or submitted for this purpose. 12. The Bank will determine the location of service provided which shall be binding on me/us. 13. I/We shall provide the Bank with the details of exemption or lower rate of tax, if any supported by relevant documents prior to availing the services. 14. For smooth realisation of input tax credit, I/We shall validate the invoices uploaded in the GSTN portal by the Bank between the 10th - 15th day of the month succeeding the relevant period. In case of any discrepancies, I/We shall bring it to the notice immediately. 15. The Bank will issue invoices on a monthly basis. The contents of all the invoices, debit notes, credit notes, etc. will be as per rules and guidelines in the GST law. 16. I am/we are fully aware that the bank sends SMS alerts on all account/card related transactions promptly on the mobile number shared at the time of account opening/updated subsequently and any failure to update contact information with the Bank may result in any financial loss in case of misuse of cards. 17. I/we understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts T. Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements. 18. I/we undertake the responsibility to declare, disclose and certify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certification become incorrect. 19. I/we also agree that our failure to disclose any material fact known to me now or in future, may invalidate my application and the Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may be deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period. 20. I/we agree to furnish any particulars/information that is called upon me by the Bank on account of any change in law either in India or abroad in the subject matter herein. 21. In the event there is any tax demand (including interest (if any)) raised due to nondisclosure/inaccurate disclosure of information/documents on my/our part, I/we undertake to pay the demand forthwith and provide the Bank with all information/documents that may be necessary for any proceeding before GOI/RBI/Income Tax Authorities. 22. I/we agree that no amount in cash shall be paid to any sales representative of the Bank at the time of opening an Account. I/we agree to deposit cash only at the Bank's teller counters at the branch premises or by any other mode allowed by the Bank. In case the account opening cheque is dishonoured, the Bank reserves the right to deny opening/activation of the account or reserves the right of closure of the Account. 23. By opening an account; I/We are willing to enrol and avail Doorstep Banking Non-Cash Services (i.e. pick-up and/or delivery of cheque and/or documents) - details of which are available on www.idfcfirstbank.com. 24. I am /we are aware and understand that the Bank protects the interest of its customers against any unauthorised electronic banking transaction. I/we shall visit Bank's website www.idfcfirstbank.com and check for more details in respect of the same. 25. I am/we are fully aware, understand and agree that I/we shall not misbehave with any of the Bank staff and in case of such incidences the Bank can take any legal action against me/us including but not limited to the closure of my/our bank account.

Would you like IDFC FIRST Bank to contact you and tell you about new products, features and offers?  Yes  No

|                                |  |                                |   |
|--------------------------------|--|--------------------------------|---|
| RECENT<br>Colour<br>Photograph | Name of Applicant 1 _____<br><br>_____<br>Signature of Applicant (i) | RECENT<br>Colour<br>Photograph | Name of Applicant 2 _____<br><br>_____<br>Signature of Applicant (ii) |
|                                | stamp  |                                | stamp   |

**BANK USE SECTION**

|  |                                  |                                    |                                    |                                 |
|--|----------------------------------|------------------------------------|------------------------------------|---------------------------------|
| <b>Payment Details</b>                   | Amount <input type="text"/>      | <input type="checkbox"/> Cheque/DD | <input type="checkbox"/> NEFT/RTGS | <input type="checkbox"/> Nil IP |
| Cheque No. <input type="text"/>          | Bank Name _____                  | Branch Name _____                  |                                    |                                 |
| Date <input type="text"/>                | Trace ID <input type="text"/>    | UTR <input type="text"/>           |                                    |                                 |
| D D M M Y Y Y Y                          |                                  |                                    |                                    |                                 |
| Customer ID <input type="text"/>         | Account No. <input type="text"/> |                                    |                                    |                                 |
| Branch Code _____                        | Branch Name _____                | Product Code _____                 |                                    |                                 |
| Sourcing Branch Code _____               | Lead Generator _____             | Lead Warmer _____                  |                                    |                                 |
| Lead Converter _____                     | Biz/Segment Code _____           | Profit Centre _____                |                                    |                                 |
| Lead ID <input type="text"/>             | Promo Code <input type="text"/>  | RM Code <input type="text"/>       |                                    |                                 |
| Program Code <input type="text"/>        | Group ID <input type="text"/>    |                                    |                                    |                                 |
| <b>Work Item ID</b> <input type="text"/> |                                  |                                    |                                    |                                 |

**Banker Certification**

I have met the customer at his:  Communication Address  Business Address  Other \_\_\_\_\_

**AND**

I have seen the original KYC documents and returned these to the customer. Copy/Photo taken for record

**AND**

The customer has signed in my presence

Name \_\_\_\_\_ Date

Employee ID \_\_\_\_\_

Signature/Stamp \_\_\_\_\_



**ANNEXURE 1\* - BENEFICIAL OWNERSHIP DECLARATION**

**Note:** Beneficial Owners are not required to be identified in the case of Listed Companies or Wholly Owned Subsidiaries of a Listed Company. In cases of trust/nominee or fiduciary accounts determine whether the customer is acting on behalf of another person as trustee/nominee or any other intermediary and obtain satisfactory evidence of the identity of the intermediaries and of the persons on whose behalf they are acting as well as details of the nature of the trust or other arrangements in place.

Please tick the relevant option below:

- The following natural person(s) ultimately have a controlling ownership interest of shares/capital/profit/property more than 25% for a company and more than 15% for a partnership/LLP/unincorporated association/body of individuals (Association/Society/etc.) or exercise control through other means such as management rights, voting/shareholders agreement, etc.
- There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above; therefore, details of partner(s) (for partnership firms)/ or senior managing official of a company/unincorporated association/body of individuals (Association/Society/etc.) have been provided in the table below.
- Where the customer is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

| Sr. No | Name | Resident of India  | PAN <sup>1</sup> | OVD & Deemed OVD | Father's Name | Occupation | Mobile No. | Date of Birth | Gender | Control Details Type | Controlling Ownership % |
|--------|------|--|------------------|------------------|---------------|------------|------------|---------------|--------|----------------------|-------------------------|
| 1.     |      | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |            |               |        |                      |                         |
| 2.     |      | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |            |               |        |                      |                         |
| 3.     |      | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |            |               |        |                      |                         |
| 4.     |      | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |            |               |        |                      |                         |
| 5.     |      | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |            |               |        |                      |                         |

| Sr. No | Nationality | Resident of India  | PAN <sup>1</sup> | OVD & Deemed OVD | Father's Name | Occupation | Country of Birth | Country of Tax Residence | Tax Identification Number (TIN) |
|--------|-------------|--|------------------|------------------|---------------|------------|------------------|--------------------------|---------------------------------|
| 1.     |             | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |                  |                          |                                 |
| 2.     |             | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |                  |                          |                                 |
| 3.     |             | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |                  |                          |                                 |
| 4.     |             | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |                  |                          |                                 |
| 5.     |             | <input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident |                  |                  |               |            |                  |                          |                                 |

**Note:** #Please quote PAN/form 60 in the PAN field.

- Applicable for Indian nationals/resident individuals. For other countries, functional equivalent of PAN (like Tax identification number-TIN number or unique number like Social Security Number-SSN) can be provided.
- 1) Photograph of BO is mandatory
- 2) Either Mother, Father name or Spouse's name is mandatory. In case PAN is not available Father's name is mandatory.
- 3) Senior Managing Official would include key managers, and c-suite individuals (like CEO, CFO, COO etc)
- 4) In case Original Seen & Verified (OSV) certification is not possible for BOs who are Foreign Nationals/NRIs/PIOs, the document needs to be certified by any one of the following authorities:
  - a. Authorized officials of overseas branches of Scheduled Commercial Banks registered in India
  - b. Branches of overseas banks with whom Indian banks have relationships
  - c. Notary Public abroad
  - d. Court Magistrate
  - e. Judge
  - f. Indian Embassy/Consulate General in the country where the non-resident customer resides

I/We agree that I/We will notify IDFC FIRST Bank without delay of any changes to the Beneficial Owner/Controlling natural person, as declared in the table above.

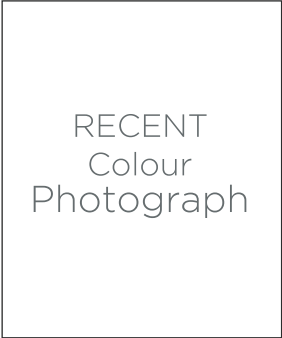
1. Signature of Authorised Signatories:

|  |  |
|--|--|
|  | Name _____   |
|  | Designation _____  |
|  | Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |

2. Signature of Authorised Signatories:

|  |  |
|--|--|
|  | Name _____   |
|  | Designation _____  |
|  | Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |

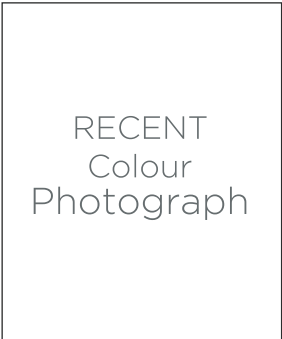
**ANNEXURE 1\* - PHOTOGRAPHS OF BENEFICIAL OWNERS**



Name \_\_\_\_\_



Name \_\_\_\_\_



Name \_\_\_\_\_



Name \_\_\_\_\_



Name \_\_\_\_\_



Name \_\_\_\_\_

**ANNEXURE 2 - FATCA/CRS DECLARATION - NON FINANCIAL ENTITIES**

| A       |  | Incorporation Information   | Details                   |
|---------|--|---|---------------------------|
|         |  | Place of Incorporation  |                           |
|         |  | Country of Incorporation  |                           |
|         |  | Company Identification Number   |                           |
| B       |  | Declaration of Tax Residency  |                           |
| Sr. No. |  | Country(ies) of Tax Residency   | Tax Identification Number |
|         |  |   |                           |
|         |  |   |                           |
|         |  |   |                           |
|         |  |   |                           |
| C       |  | Exclusion Category, if applicable, for Tax Residents outside India (Refer Glossary) | Details                   |
| 1       |  | US Persons  |                           |
| 2       |  | Other than US Persons   |                           |

**Note:** Please attach a copy of the Tax Residency Certificate/Copy of Incorporation or Equivalent Document for each of the countries mentioned above.

**ANNEXURE 3 - FATCA/CRS DECLARATION - NON FINANCIAL ENTITIES**

| A. Listed entity/its related entity  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) Whether the entity is a listed entity? If yes,<br>Listed in <input type="checkbox"/> NSE <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Whether the entity is a related entity* of a listed entity?<br>Specify the name of the listed company _____<br>Listed in <input type="checkbox"/> NSE <input type="checkbox"/> BSE <input type="checkbox"/> Others _____ (Please specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>* An entity is a related entity of another entity if either entity controls the other entity, or the two entities are under common control (i.e., Ownership of more than 50% of the votes/value in an entity)</small>                 |                          |                          |
| B. Non - Individuals other than Listed entity/its related entity (Tick applicable category)  |                          |                          |
| a) Government Entity   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) International Organization  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Central Bank  | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Entity wholly owned by a,b, or c above  | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Tax-Exempt Entity engaged in a Charitable Purpose   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Business  |                          |                          |
| a) Holding Company (with subsidiaries engaged in non-financial trade or business)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Company providing, financing and hedging services to related entities   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Income/Assets Criteria  |                          |                          |
| a) 50% or more of the income in preceding financial year is from trading/business activities<br><b>AND</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 50% or more of the assets in preceding financial year are held for trading/business purposes  | <input type="checkbox"/> | <input type="checkbox"/> |

Name \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Signature and Stamp of Authorised Signatories

Signature and Stamp of Authorised Signatories

 Date        
           D D    M M    Y Y Y Y

 Date        
           D D    M M    Y Y Y Y

Contd...8/12



**ANNEXURE 4 - FATCA FOR FINANCIAL ENTITIES**

| <b>A</b> | <b>Incorporation Information</b>  | <b>Details</b>                       |
|----------|---|--------------------------------------|
| 1        | Place of Incorporation  |                                      |
| 2        | Country of Incorporation  |                                      |
| 3        | Company Identification Number   |                                      |
| <b>B</b> | <b>Identification Information</b>   | <b>Details</b>                       |
| 1        | Identification Type: <input type="checkbox"/> TIN <sup>1</sup> <input type="checkbox"/> GIIN <sup>2</sup> <input type="checkbox"/> EIN <sup>3</sup> <input type="checkbox"/> Other      |                                      |
| 2        | Identification Number   |                                      |
| 3        | Identification issuing country  |                                      |
| <b>c</b> | <b>Declaration of Tax Residency</b>   |                                      |
|          | <b>Sr. No.</b>  | <b>Country(ies) of Tax Residency</b> |
|          |   | <b>Tax Identification Number</b>     |
|          |   |                                      |
|          |   |                                      |
|          |   |                                      |
|          |   |                                      |
| <b>D</b> | <b>Exclusion Category, if applicable, for tax residents outside India (Refer Glossary)</b>  | <b>Details</b>                       |
| 1        | US Persons  |                                      |
| 2        | Other than US Persons   |                                      |
| <b>E</b> | <b>Additional Details for Domestic Financial Institutions (Tick whichever is applicable)</b>  | <b>Details</b>                       |
| 1        | We are a Reporting Financial Institution (Specify whichever is applicable - (a) Depository Institution (b) Custodial Institution (c) Investment Entity (d) Specified Insurance Company) |                                      |
|          | GIIN (if not available, please mention "applied for")   |                                      |
| 2        | We are a Non-Reporting Financial Institution (please specify the relevant exemption type, refer Glossary for details)   |                                      |
| 3        | We are a Sponsored Financial Institution with following details and have not yet obtained GIIN  |                                      |
|          | Name of Sponsoring Entity   |                                      |
|          | GIIN of Sponsoring Entity   |                                      |
|          | Address of Sponsoring Entity  |                                      |
| 4        | We are a Trustee Documented Trust with following details and have not yet obtained GIIN   |                                      |
|          | Name of the Trustee   |                                      |
|          | GIIN of the Trustee   |                                      |
|          | Address of the Trustee  |                                      |
| 5        | Non Participating Financial Institution   |                                      |

<sup>1</sup> Tax Identification Number. <sup>2</sup> Global Intermediary Identification Number. <sup>3</sup> Global Entity Identification Number

**Note:** Please attach a copy of the Tax Residency Certificate / Copy of Incorporation or Equivalent Document for each of the countries mentioned above.

Name \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Signature and Stamp of Authorised Signatories

Signature and Stamp of Authorised Signatories

Date        
D D M M Y Y Y Y

Date        
D D M M Y Y Y Y

Contd...9/12

**ANNEXURE 5 - GST ANNEXURE**
**CUSTOMER DETAILS**

 Branch Name 

 Customer Name 


 GST Status  Registered  Unregistered

 Are you exempted from GST?  Yes (Please submit documentary evidence for the exemption)  No

 If exempt  Customer level exemption  Account level exemption

 Related person to IDFC FIRST Bank  Yes  No (If yes, please note that GST as may be applicable, needs to be paid by the related person.)

(Refer Glossary of terms for definition of related person)

If Registered then Provide the State wise GST details

# Please mention the primary GSTN for this account as the first GSTN.

| Sr.No. | Name of the State | GST Registration Number <sup>#</sup> | Address as per GSTN records <sup>\$</sup> | Remarks |
|--------|-------------------|--------------------------------------|---|---------|
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |
|        |                   | <input type="text"/>                 |   |         |

<sup>\$</sup> Address as per GSTN records is the address of receiving the service.  
If you have more than 10 GST Registration Numbers; please use another copy of this sheet.

Name \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Signature and Stamp of Authorised Signatories

Signature and Stamp of Authorised Signatories

 Date        
           D D    M M    Y Y Y Y

 Date        
           D D    M M    Y Y Y Y

Contd...10/12

## ANNEXURE 6 - NATURE OF INDUSTRY

- Government - Social Justice and empowerment
- Government - Human Resource development
- Government - Housing Development
- Government - Contractors/Contractor
- Government - Road Transportation & Highways
- Financial Intermediation - Co-operative Institutions - (FSS and LAMPS, PACS)
- Financial Intermediation - Other Co-op Institutions
- Insurance Co.
- Banking (Financial Services)
- Pension Fund trust
- Gratuity/SA Trust
- ESOP Trust
- Endowment Board
- Waqf Board
- Diocese
- SGPC
- Sports Club
- Private Club
- Gymkhana
- Temple
- Church
- Gurudwara
- Mosque/Dargah
- Libraries, archives, museums and other cultural activities
- Advertising/Media/Entertainment
- Agricultural Commodities
- Agriculture
- Airlines
- Animal Husbandry Services
- Aquaculture
- Architecture and engineering activities; technical testing and analysis
- Beverages-Liquor,wine,fanny and other alcoholic drink
- Beverages-Soft drinks
- Bullion/Forex Dealer
- Business correspondent
- Chemical and chemical products- Manufacture of Matches and firework, explosives
- Civil engineering
- Coal and Lignite
- Coal products, refined petroleum products,
- Construction/Real estate/ Builder
- Consultancy
- Dairy/Food Processing
- Electrical machinery and apparatus (Engineering-Electricals)
- Electronics/Computer Hardware
- Employment activities
- Engineering
- Engineering goods
- Event Catering
- Farming of Animals, silkworm
- Fertilizers/Seeds/Pesticides
- Fishery/Poultry
- Food and Cash Crops (excluding Plantation Crops)
- Forestry, Logging and Related Service
- Furniture/Timber
- Gas - distribution of gaseous fuels
- Gems and Jewellery
- Handicraft
- Hotel/Resort
- Indirect Finance to Agriculture
- Infrastructure- Communication
- Infrastructure- energy
- Infrastructure- Social and commercial
- Infrastructure- transport
- Infrastructure- water sanitation
- Iron and Steel
- Irrigation
- IT/Software/BPO/ITES
- Land Transport; Transport via pipelines
- Leather and Leather products
- Liquor Distributor
- Machinery and equipments
- Medical instruments, watches and clocks
- Metal Ores
- Metals
- Mining
- Nuclear fuels
- Other non metallic mineral product
- Pension Funding
- Petroleum Oil and Gas
- Pharma and drugs soaps
- Pharmaceuticals / Chemists
- Plantation Crops
- Plastic/Paper and Allied products
- Postal and cable services
- Power
- Public Administration and Defence; Compulsory Social Security
- Radio, Television and Communication equipment (Engineering-Electronics)
- Realty and Infrastructure
- Recreational, Cultural and Sporting activities
- Recycling
- Rental and leasing activities
- Renting of Machinery and Equipments
- Research and Development
- Rubber and plastic products
- Scrap Metal
- Securitisation trust
- Security and investigation activities
- Shipping
- Supporting and auxiliary transport activities
- Telecom
- Textiles/Garments/Handloom
- Tour Travel and Tourism
- Transportation/Logistics
- Uranium and Thorium
- Veterinary activities
- Warehousing and support activities for transportation
- Waste collection, treatment and disposal activities; materials recovery
- Water Transport
- Wood and wood products (except furniture)
- Activities auxiliary to Financial Intermediation
- Activities of extraterritorial organizations and bodies- United Nations, World Bank, IMF etc.

Contd...11/12

## GLOSSARY OF TERMS

### Definition of related person under GST is as under:

- (a) persons shall be deemed to be "related persons" if-
- (i) such persons are officers or directors of one another's businesses;
  - (ii) such persons are legally recognised partners in business;
  - (iii) such persons are employer and employee;
  - (iv) any person directly or indirectly owns, controls or holds twenty-five per cent or more of the outstanding voting stock or shares of both of them;
  - (v) one of them directly or indirectly controls the other;
  - (vi) both of them are directly or indirectly controlled by a third person;
  - (vii) together they directly or indirectly control a third person; or they are members of the same family;
- (b) the term "person" also includes legal persons;
- (c) persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concessionaire, howsoever described, of the other, shall be deemed to be related.

Explanation I. - The term "person" also includes legal persons.

Explanation II. - Persons who are associated in the business of one another in that one is the sole agent or sole distributor or sole concessionaire, howsoever described, of the other, shall be deemed to be related.

### U.S. Persons

- a) A tax resident of U.S.
- b) A U.S. entity or organization incorporated in U.S.
- c) A partnership or a corporation organized in the U.S. or under the law of the U.S. or any states thereof
- d) A trust- (i) where a court within the United States 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,
- e) An estate of a decedent that is a citizen or resident of the United States

### Exclusion Categories for U.S. Persons

- a) A corporation the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a member of the same expanded affiliated group as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i)
- c) The United States or any wholly owned agency or instrumentality thereof
- d) Any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
- e) Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
- f) Any bank as defined in section 581 of the U.S. Internal Revenue Code
- g) Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
- h) Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- i) Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code
- j) Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
- k) A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State
- l) A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
- m) Any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code

### Exclusion Category - For other than U.S. Persons

- a) A corporation, the stock of which is regularly traded on one or more established securities markets
- b) Any corporation that is a related entity of a corporation mentioned above:
- c) A Governmental Entity
- d) An International Organisation
- e) A Central Bank
- f) A Financial Institution

### Types of Non-Reporting Financial Institution

- a) Governmental entity
- b) International Organisation
- c) Central Bank
- d) Treaty Qualified Retirement Fund
- e) Broad Participation Retirement Fund
- f) Narrow Participation Retirement Fund
- g) Pension Fund of a Governmental entity, International Organization or Central Bank
- h) Non-public fund of the armed forces
- i) Employees' State Insurance Fund
- j) Gratuity fund
- k) Provident fund
- l) Qualified credit card issuer
- m) Exempt collective investment vehicle
- n) Trust established under any law for the time being in force to the extent that the trustee of the trust is a reporting financial institution and reports all information required to be reported under rule 114G with respect to all reportable accounts of the trust
- o) Financial institution with a local client base
- p) Local bank
- q) Financial Institution with only low-value accounts
- r) Sponsored investment entity and controlled foreign corporation, in case of any U.S. reportable account
- s) Sponsored closely held investment vehicle, in case of any U.S. reportable account
- t) Investment Entity in certain specific cases (Please refer Note 1)

### Note 1:

- a) An entity that is an Indian financial institution only because it is an investment entity, provided that each direct holder of an equity interest in the entity is a financial institution referred to in sub-clauses (a) to (k), and each direct holder of a debt interest in such entity is either a depository institution (with respect to a loan made to such entity) or a financial institution referred to in sub-clauses (a) to (k)
- b) An investment entity established in India that is a financial institution only because it
  - i. Renders investment advice to, and acts on behalf of; or
  - ii. Manages portfolios for, and acts on behalf of; or
  - iii) Executes trades on behalf of,
 a customer for the purposes of investing, managing, or administering funds or securities deposited in the name of the customer with a financial institution other than a non-participating financial institution;