

In case of change in communication address or business address, Please fill the address change form & provide the proof of the new address

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

1 2

3 4

Additional Document IDs (If applicable)

CIN TAN

Sales Tax Excise

✓ **TELL US ABOUT THE PEOPLE WHO WILL BE OPERATING THIS ACCOUNT**

SIGNATORY 1		SIGNATORY 2	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
*First Name	<input type="text"/>	*First Name	<input type="text"/>
*Middle Name	<input type="text"/>	*Middle Name	<input type="text"/>
*Last Name	<input type="text"/>	*Last Name	<input type="text"/>
Designation	<input type="text"/>	Designation	<input type="text"/>
*DOB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	*DOB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*PAN	<input type="text"/>	*PAN	<input type="text"/>
DIN	<input type="text"/>	DIN	<input type="text"/>
*Nationality	<input type="text"/>	*Nationality	<input type="text"/>
Landline	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Landline	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Mobile No.	<input type="text"/>	*Mobile No.	<input type="text"/>
*E-mail ID	<input type="text"/>	*E-mail ID	<input type="text"/>
*Identity Proof		*Identity Proof	
Name of Document	<input type="text"/>	Name of Document	<input type="text"/>
Document ID No.	<input type="text"/>	Document ID No.	<input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ANNEXURE 1 - FATCA/CRS DECLARATION

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 2 - FATCA/CRS DECLARATION

A. Listed entity/its related entity	Yes	No
a) Whether the entity is a listed entity? If yes, 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? Specify the name of the listed company _____ 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 AND	<input type="checkbox"/>	<input type="checkbox"/>
b) 50% or more of the assets in preceding financial year are held for trading/business purposes		

ANNEXURE 3* - BENEFICIAL OWNERSHIP DECLARATION

(Not to be filled in for listed entities, subsidiaries of listed entities, Government Entities, and International Organisations)

Please tick the relevant option below:

- The following natural person(s) (listed in table below) exercise control or ultimately have a controlling ownership interest i.e. having ownership/entitlement of the specified limit (**Note 1**) of shares/capital/profit/property or exercise control through other means such as voting rights, agreement, arrangement etc.

OR

- There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above, therefore details of all partner(s) (for partnership)/trustees (for trust)/senior managing official (for unincorporated bodies)/directors/senior management (for companies) who are natural person(s) as stated in the below table.

Sr. No	Name	Please tick the type of Address mentioned R - Residence / O - Office	Date of Birth	Gender	Control Details	
					Type (Note 2)	%
1.		<input type="checkbox"/> R <input type="checkbox"/> O				
2.		<input type="checkbox"/> R <input type="checkbox"/> O				
3.		<input type="checkbox"/> R <input type="checkbox"/> O				
4.		<input type="checkbox"/> R <input type="checkbox"/> O				
5.		<input type="checkbox"/> R <input type="checkbox"/> O				

Sr. No	Nationality	Documents (Note 3)		Father's Name (Note 4)	Occupation (Service/Business/Others)	Country of Birth	Country of Tax Residence	Tax Identification Number
		PAN ^s	Document					
1.								
2.								
3.								
4.								
5.								

Note:

- 25% or more in case of a company and 15% or more in other type of entities
- Types of control - please use the applicable one
(a) Ownership (b) Other means (c) Senior managing official (d) Trustee (e) Settlor (f) Protector (g) Beneficiary (h) others
- Please quote PAN^s, Please provide a copy of any of the following documents: Passport/Voter ID/Driving License/Aadhaar/UIDAI letter/ National Population Register Letter and mention the same in the space above.
- Father's name is mandatory if PAN is not provided

^sApplicable for Indian nationals/resident individuals. For other countries, functional equivalent of PAN (like Tax identification number or any unique number like SSN) can be provided

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
D D M M Y Y Y Y

2. Signature of Authorised Signatories:

Name _____

Designation _____

Date
D D M M Y Y Y Y



GLOSSARY OF TERMS

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