



FATCA-CRS / TIN not applicable Declaration

Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency and related FATCA & CRS

Account Number		PAN										
Investor Name												
Date of Birth	d	d	m	m	m	y	y	y	y	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	
Address Type	<input type="checkbox"/> Residential <input type="checkbox"/> Residential/Business				Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Others <i>Please specify</i>						
Place of Birth					Country of Birth							

Is your Country of Tax Residency other than India? Yes No

If 'Yes', please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

S. No.	Country of Tax Residency#	Taxpayer Identification Number / Functional Equivalent**	Identification Type <i>[TIN or other, please specify]</i>
1			
2			
3			
4			

to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA

**** select appropriate option below**

I am not entitled to have TIN because of the following reasons and hereby submit the relevant documentary proof (self-attested) as indicated. *[Tick relevant documentary proof and indicate the document type and number in the above grid]*

- Student (Student Visa).
- Dependent parents (Appropriate Visa).
- Diplomat (Diplomat Visa).
- Mariner/Sea farer (Continuous Discharge Certificate).
- Sportsman/Professional (Appropriate Visa).
- Recently shifted residence (Appropriate Visa).
- Temporary Visit (Temporary work visa, Teacher, Tourist, or other Visa).
- Other, please specify _____ (Appropriate Visa/ document).

Residing Country does not issue TIN and hereby submit the relevant documentary proof as indicated duly self-attested. *[Tick relevant documentary proof and indicate the document type and number in the above grid]*

- Social Security Number
- National Insurance Number
- Citizen Or Personal Identification Code or Number

- Resident Registration Number

In case of U.S. persons, where Nationality or Country of Birth is U.S. but tax residency is of other country, any one of the following documents duly self-attested should be submitted:

- Non-US passport or any non-US government issued document evidencing nationality or citizenship; AND
- Certified Copy of Certificate of loss of US Nationality/ Reasonable explanation for not obtaining such certificate

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may be liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same

Date:

Signature:

Place: