



**10. FATCA and CRS DETAILS For Individuals (Including Sole Proprietor) (Mandatory). Non Individual investors should mandatorily fill separate FATCA/CRS details form**

Sole / 1 <sup>st</sup> Applicant / Guardian			2 <sup>nd</sup> Applicant			3 <sup>rd</sup> Applicant / POA		
Country of Birth	COUNTRY		Country of Birth	COUNTRY		Country of Birth	COUNTRY	
Country <sup>1</sup>	Tax Identification Number	IdentificationType	Country <sup>1</sup>	Tax Identification Number	IdentificationType	Country <sup>1</sup>	Tax Identification Number	IdentificationType
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		

<sup>1</sup>Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its Identification type eg. TIN etc.

**11. KYC Details (Mandatory) Occupation [Please tick (✓)]**

<b>Sole / 1<sup>st</sup> Applicant / Guardian</b>	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
<b>2<sup>nd</sup> Applicant</b>	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
<b>3<sup>rd</sup> Applicant / POA</b>	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

**Gross Annual Income [Please tick (✓)]**

<b>Sole / 1<sup>st</sup> Applicant / Guardian</b>	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DDMMYYYY (Not older than 1 year)
<b>2<sup>nd</sup> Applicant</b>	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____
<b>3<sup>rd</sup> Applicant / POA</b>	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	OR Net worth ₹ _____

**Others [Please tick (✓)]**

<b>Sole / 1<sup>st</sup> Applicant / Guardian</b>	<b>For Individuals [Please tick (✓)]:</b> <input type="checkbox"/> I am Politically Exposed Person (PEP) <sup>1</sup> <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
	<b>For Non-Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer Instruction No. 4 (F)):</b>
	(i) Foreign Exchange / Money Changer Services – OYES ONO; (ii) Gaming / Gambling / Lottery / Casino Services – OYES ONO; (iii) Money Lending / Pawning – OYES ONO
<b>2<sup>nd</sup> Applicant</b>	<input type="checkbox"/> I am Politically Exposed Person (PEP) <sup>1</sup> <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
<b>3<sup>rd</sup> Applicant / POA</b>	<input type="checkbox"/> I am Politically Exposed Person (PEP) <sup>1</sup> <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

<sup>1</sup>PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

**12. INVESTMENT & PAYMENT DETAILS** The name of the first/ sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

Scheme Name **DHFL PRAMERICA** Option  Growth\*  Dividend  \*Default Option

Dividend Facility  Payout  Re-Investment  Dividend Frequency \_\_\_\_\_

**DHFL PRAMERICA**

Mode of Investment  Lump Sum Only  SIP Only  Lump Sum with SIP  Micro Investment

Payment Type [Please ✓]	Non-Third Party Payment	Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹)	DD Charges, if any	Net Cheque/ DD Amount
		Cheque / DD / Payment Instrument No. & Date
		Drawn on Bank / Branch

SIP Investment (Please ✓ any one)  Monthly  Quarterly

SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)  
Please also fill and attach the SIP Auto Debit Facility Form OR

SIP THROUGH POST-DATED CHEQUE Second & subsequent Instalment cheque Details

Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Dated From DDMMYYYY To DDMMYYYY

**Second & Subsequent Instalment Details:** (All subsequent instalment amounts should be same as the first instalment.)  
Instalment Amount ₹ \_\_\_\_\_

SIP Date (Please ✓):  1st  7th  10th  15th  21st  25th  28th  All 7 dates

SIP Period (Please ✓):  Till I/We instruct to discontinue the SIP  No. of instalments \_\_\_\_\_

Please mention Enrolment Period: From MMYYYY To MMYYYY

**13. DEMAT ACCOUNT DETAILS**

National Securities Depository Limited		Central Depository Services (India) Limited	
Depository Participant Name	Mr / Ms / M/s	Depository Participant Name	Mr / Ms / M/s
DP ID No.	Beneficiary A/c No.	Target ID No.	

**14. NOMINATION DETAILS** (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form)

I/We do not wish to nominate OR  I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name and Address of the Nominee(s)	PAN	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian / Nominee	Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

**15. DECLARATION AND SIGNATURES**

I/ We hereby confirm and declare as under :- I/We have read and understood the contents of the Statement of Additional Information of DHFL Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of DHFL Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of DHFL Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/DHFL Pramerica Mutual Fund, I/We hereby authorise the AMC/DHFL Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that DHFL Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify DHFL Pramerica Asset Managers Private Limited (erstwhile Pramerica Asset Managers Private Limited) immediately in the event the information in the self-certification changes. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors:** I/We hereby declare that I/We do not have any existing Micro investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. **Applicable to NRIs:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account(s). **FATCA and CRS Declaration:** I/We hereby acknowledge and confirm that the information provided in this form is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees (the 'Authorised 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 and other investigation agencies without any obligation of advising me/us of the same.

1<sup>st</sup> Applicant Signature / Guardian Signature / POA Signature / Thumb Impression

2<sup>nd</sup> Applicant Signature / POA Signature / Thumb Impression

3<sup>rd</sup> Applicant Signature / POA Signature / Thumb Impression

Please ✓ if the EUIN space is left blank: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

**DHFL Pramerica Asset Managers Private Limited**  
(erstwhile Pramerica Asset Managers Private Limited)

Nirlon House, 2nd floor, Dr. Annie Besant Road, Worli, Mumbai – 400030  
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CIN : U74900MH2008FTC187029

# SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



Pramerica

MUTUAL FUND

Please read the Scheme information Document of the respective scheme for minimum SIP instalment, minimum SIP period and aggregate amount of investment.

## 1. DISTRIBUTOR INFORMATION

ARN code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN -	ARN -		

Incase the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 3 related to EUIIN.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

## 2. APPLICANT INFORMATION

Application No. / Existing Folio No. \_\_\_\_\_

Name of Sole/ 1<sup>st</sup> Applicant \_\_\_\_\_

## 3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility)

Scheme Name **DHFL PRAMERICA** \_\_\_\_\_ \*Option  Growth  Dividend

\*Dividend Facility  Payout  Re-Investment

\*Dividend Frequency \_\_\_\_\_

SIP Frequency (Please  any one)  Monthly  Quarterly

SIP Date for (Monthly / Quarterly)  1st  7th  10th  15th  21st  25th  28th  All 7 dates

Instalment Amount (In figures) ₹

SIP Period (Please <input checked="" type="checkbox"/> A or B)	Please mention Enrolment Period:	
<input type="checkbox"/> Till I/We instruct to discontinue the SIP (A)	From	To
<input type="checkbox"/> No. of Instalments (B) _____	M M Y Y Y Y	M M Y Y Y Y

\* Please refer SID for default option

**DECLARATION & SIGNATURE:** I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned. I/We confirm that the ARN Holder has disclosed to me/us all the commissions (in the form of trail commission or any Other mode), payable to him for different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors (Delete if not applicable):** I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Please  if the EUIIN space is left blank: I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DHFL Pramerica Mutual Fund shall be made from my/our below mentioned bank account with your Bank. I/We authorize the representatives of DHFL Pramerica Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

SIGNATURE (S) (Applicants must sign as per Common Application Form)	<input checked="" type="checkbox"/> Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA

## 4. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order)

Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature of Authorised Official from Bank (Bank stamp and date)

Signature verification request (To be retained by the Customer's Bank)



## MANDATE INSTRUCTION FORM (Please read Instruction no. 4 overleaf) (\*Mandatory field)

UMRN           For office use Date\*

Sponsor Bank Code       For office use Utility Code       For office use

CREATE  I/We hereby authorize  DHFL PRAMERICA MUTUAL FUND to debit (Please )  SB / CA / CC / SB-NRE / SB-NRO / Other  
MODIFY   
CANCEL  Bank a/c number\*

With Bank\*  Name of customers bank IFSC\*       MICR\*

an amount of Rupees\*  SIP instalment amount in words  ₹ In Figures

FREQUENCY\*  Mthly  Qtly  H-Yrly  As & When presented DEBIT TYPE\*  Fixed Amount  Maximum Amount

Reference - 1  Application no. / Folio number Phone No

Reference - 2  Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD\*  
From                       
To                       
OR  Until Cancelled  
\_\_\_\_\_  
Name of first account holder\* Name of second account holder\* Name of third account holder\*

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.  
• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank where I have authorized the debit.

# Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information (Only for Non Individuals)



Pramerica

MUTUAL FUND

Name of the entity

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

\*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes\*

PAN  Date of incorporation

City of incorporation  Country of incorporation

Entity Constitution Type (Please tick as appropriate)  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  Trust  Liquidator  Limited Liability Partnership  Artificial Juridical Person  Others  specify

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India  Yes  No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number *	Identification Type (TIN or Other, please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent\$.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

**FATCA & CRS Declaration** (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

## PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution<sup>5</sup>

**OR**

Direct reporting NFE<sup>5</sup>   
(please tick as appropriate)

GIIN

**Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable)  Applied for  Not required to apply for - please specify 2 digits sub-category<sup>7</sup>   Not obtained - Non-participating FI

## PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <b>or</b> <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active <sup>3</sup> NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)
4	Is the Entity a passive <sup>4</sup> NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

<sup>1</sup>Refer 2a of Part C | <sup>2</sup>Refer 2b of Part C | <sup>3</sup>Refer 2c of Part C | <sup>4</sup>Refer 3(ii) of Part C | <sup>5</sup>Refer 1 of Part C | <sup>6</sup>Refer 3(vii) of Part C | <sup>7</sup>Refer 1A of Part C

**UBO Declaration** (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category)  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  Unincorporated association / body of individuals  Private Trust  
 Public Charitable Trust  Religious Trust  Others

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UBO1	UBO2	UBO3
Name			
PAN / Any Other Identification Number			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No.*			
Tax ID Type			
Address	_____ _____ Zip _____ State _____ Country _____ Contact detail _____	_____ _____ Zip _____ State _____ Country _____ Contact detail _____	_____ _____ Zip _____ State _____ Country _____ Contact detail _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
City of Birth			
Country of Birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
Nationality			
Father's Name (Mandatory if PAN is not available)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Percentage of Holding (%)^			

If passive NFE, additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

^Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

**FATCA - CRS Terms and Conditions**

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with DHFL Pramerica Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**CERTIFICATION**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name \_\_\_\_\_

Designation \_\_\_\_\_

\_\_\_\_\_  
 Signatures Signatures Signatures

Date D D M M Y Y Y Y Place \_\_\_\_\_