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FATCA/CRS DETAILS

DP ID	12042000	Client ID	0	0	0					Client Code	
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The below information is required for all applicant(s) / guardian / PoA holder. Date: _____

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1	Are You a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is your Country of Birth/Citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	If your Residence address/Mailing address/Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the POA holder/person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of above, please provide the below details

Sr. No.	Details	1st Holder	2nd Holder	3rd Holder
1	Country of Residence			
2	Nationality			
3	Tax Identification No. or Reason for not providing TIN			
4	Identification Type (TIN or Other, please specify)			
5	Residence address for tax purposes (include City, State, Country & Pin code)			
6	Address Type	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office
7	City of birth			
8	Country of birth			

Certification: I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions), and hereby certify 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 and hereby accept the same.

I/We agree to indemnify India Advantage Securities Pvt. Ltd./India Advantage Commodities Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

	First / Guardian Applicant	Second Holder	Third Holder
Name			
Signature			
PAN			

FATCA-CRS Instruction

Details under FATCA/CRS/Foreign Tax Laws: 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 to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In certain circumstances (including if we do not receive a valid self -certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).