

FATCA / CRS DECLARATION FORM				
CLIENT DETAILS				
DP ID	1 2 0 2 9	8 0 0	Client c	ode
Name of First / Sole hold	er			
Name of Second holder				
Name of Third holder				
STATUS DETAILS				
	First / Sole holder	Second holder	Third holder	Guardian
Resident Individual				
Non Resident Indian				
Foreign National				
Person of Indian Origin				-
Others (Please specify)				-
FATCA / CRS				
Please consult your professional tax advisor for further guidance on your tax residency, if required				
For Individuals : Tax residence declaration				
Nationality				
Are you a tax resident of any country other than India ?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes: Mandatory to enclose FATCA / CRS Annexure				
POLITICALLY EXPOSED PERSON (PEP) DETAILS				
		Not Applicable Third h	older PEP Related to	o PEP  Not Applicable
Second holder	PEP Related to PEP			to PEP Not Applicable
DECLARATION				
<ol> <li>Under penalty to perjury, I/we certify that:         <ul> <li>The applicant is (i) an applicant taxable as a US Person under the laws of the United States of America ("US") or any state or political sub division thereof or therein, including the district of Columbia or any other states of the US., (ii) any state, the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)</li> </ul> </li> <li>The applicant is an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)         <ul> <li>I/We understand that the Capstocks is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Capstocks is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.</li> <li>I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.</li> <li>I/We agree that as may be required by domestic regulators/tax authorities the Capstocks may also be requires to report, reportable details to CBDT or close or suspend my account.</li> <li>I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.</li> </ul> </li> </ol>				
Signature of First / Sole	holder / Guardian	Signature of Second	d holder Signatu	re of Third holder
FOR OFFICE USE ONLY				
I have verified the US status classification.				
Employee Name :		Employee Code :		~
Designation :		Date :		Signature 🛎