

Extended Declaration For Non-Individual Entities

Date: DD/MM/YYYY Place: _____ AOF Number _____

{All Questions from 1 to 5 are mandatory}

1. Name of the entity: _____

2. Customer ID (Applicable for existing customer): _____

3. a) Country of incorporation: _____ b) Place/City of incorporation: _____

c) Date of Commencement of Business DD/MM/YYYY

4. a) Is the entity a tax resident of any country/ies outside India Yes No

(If Yes, please fill Annexure 1)

b) Is the entity incorporated or organized in the United States (including a Trust, if the trustee is a U.S. citizen or resident)
Yes No (If Yes, please fill Annexure 1)

5. Questions relevant for entity FATCA and CRS classification

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

a. Is the entity a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the above mentioned entity types Yes No
(If yes, please sign the declaration on Page 2; If No, go to next question)

b. Is the entity a Financial Institution¹ (FI) OR a Direct Reporting NFE Yes No
(If Yes, please fill Annexure 1; If No, please go to next question)

c. Is the entity a publicly traded corporation/ a related entity of a publicly traded corporation

i. Publicly traded corporation Yes No
(If Yes, please specify any one stock exchange upon which the stock is regularly traded)
Name of the stock exchange _____

ii. Related entity of a publicly traded corporation Yes No
If Yes, please provide below details:

Name of the listed company, the stock of which is regularly traded _____

Name of the stock exchange _____

Nature of relation:

Subsidiary of the listed company Controlled by a listed company or under common control

(If answer to Q.5(c)(i) or Q.5(c)(ii) above is Yes, please sign the declaration on Page 2; If No, go to next question)

d. Does the entity have any ultimate beneficial owners (incl. controlling persons) who are tax residents (incl. U.S. citizens/green card holders) of countries other than India Yes No
(If yes, please fill Annexure 1)

Note: If the entity is not listed in any of the stock exchange, then please fill Annexure 2 (beneficial ownership declaration) mandatorily.

¹Including a Foreign Financial Institution

FATCA-CRS terms & 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 HDFC Bank 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 you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

Certification

Under penalty of perjury, I/we certify that:

- I/We understand that HDFC Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. HDFC Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I/We agree that as may be required by domestic regulators/tax authorities, HDFC Bank may also be required to report, reportable details to CDBT or other authorities/agencies or close or suspend my account, as appropriate.
- I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and definitions in Part C to this Form) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name: _____

Designation: _____

Signature:

Date: __/__/__

Place: _____

For Bank use only: Sourcing Branch Name: _____ Branch Code: _____ Signature verified and form

approved by BDA / BM employee Code : _____ Employee Name: _____

Signature & Date: _____

Annexure - 1
(This Annexure is in continuation to the "Extended Declaration for Entities" and is required to be filled based on responses in the main form)

PART A: Details required from all customers filling Annexure 1

Name of Entity _____ AOF Number _____

6. a) Identification Number (please provide any one) (Mandatory)

Select ID Type

CIN Global Entity Identification Number TIN Other _____

Provide the ID Number for above _____

b) Identification Number issuing country _____

ADDRESS AND CONTACT DETAILS (Mandatory)

7. Address for tax purpose: Same as registered Add Same as mailing Add

8. Address type for the above: Residential or business Residential Business Registered Office

PART B: To be filled as applicable

9. Details of foreign tax residency and associated TIN (please fill if answer to Q.4(a) or Q.4(b) is YES):

Country/(ies) of tax residency	Tax Identification Number ²	Identification Type (TIN or Other ² , please specify)

²In case Tax Identification Number is not available, kindly provide functional equivalent²

10. Is the entity a specified U.S. Person (please fill if answer to Q.4(b) is YES) Yes No

(If No, please mention entity's exemption code³: _____)

11. Entity FATCA classification and other details (Mandatory)

11(A) - (to be filled by Financial Institutions or Direct Reporting NFEs)* - please fill if answer to Q.5(b) is YES		
We are a: <input type="checkbox"/> Financial institution ⁴ OR <input type="checkbox"/> Direct reporting NFE ⁵ (please tick as appropriate) <i>*If the entity is a Financial Institution and located outside India, please fill 11(B)</i>	GIIN: _____ <i>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:</i> Name of sponsoring entity: _____	GIIN not available (please tick as applicable): <i>Following options available only for Financial Institutions:</i> <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for (Please specify sub-category ⁶ _____) <input type="checkbox"/> Not obtained

²It 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.

³Refer Part C, 3 (viii)

⁴Refer 1(i), 1(ii) & 1(iv) of Part C

⁵Refer 3(vii) of Part C

⁶Refer 1A. of Part C

11(B) - (to be filled by Financial Institution that is a tax resident outside India) (Mandatory)	
1.	<p>Whether the Financial Institution is located in a CRS jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Please refer to the list of signatories to CRS given in the following link http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/)</i></p> <p><i>(If Yes, Q 2 and Q3 are not required. If No, please go to Qs. 2)</i></p>
2.	<p>Whether FI is an 'Investment Entity'? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Please refer definition 1 (iii) of Part C of the FATCA-CRS declaration)</i></p> <p><i>(If yes, please go to Qs. 3)</i></p>
3.	<p>The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable⁷ to investing, reinvesting, or trading in financial assets. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If Yes, please additionally fill Annexure 2)</i></p>
11(C) - (please fill ANY ONE as appropriate; to be filled by NFEs other than Direct Reporting NFEs) - please fill if answer to Q.5(d) is YES	
C1	<p>Is the Entity an <i>active NFE</i>⁸ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please specify the sub-category of Active NFE: _____</p> <p><i>(Mention code – refer 2c of Part C)</i></p>
C2	<p>Is the Entity a <i>passive NFE</i>⁹ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(if Yes, please fill Annexure 2)</i></p>

⁷Entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

(i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
(ii) the period during which the entity has been in existence.

⁸ Refer 2c of Part C

⁹ Refer 3(ii) of Part C

Annexure - 2
Beneficial Owner Declaration (For Company/Partnership/LLP/AOP/BOI/Trust)

AOF Number _____

1	Name of the controlling person (mandatory)			
2	Entity Type (mandatory)	<input type="checkbox"/> Pub/Pvt Co. <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Society <input type="checkbox"/> Club <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Insurance <input type="checkbox"/> SHG <input type="checkbox"/> Foreign Bodies <input type="checkbox"/> NGO <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Government		
3	Controlling person type code (mandatory)			
4	Date of birth (mandatory)			
5	PAN (optional)			
6	Customer ID (if available)			
7	Percentage of ownership/capital/profits (mandatory)			
8	Place / City of Birth (mandatory)			
9	Country of Birth (mandatory)			
10	Gender (mandatory)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	
11	Marital Status (mandatory)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	
12	Father's name (mandatory)			
13	Nationality (Please specify country) (mandatory)			
14	Adhaar No (Optional)			
15	Mother's Name (optional)			
16	Maiden Name (if any)			
17	Country of tax residence* (Mandatory)			
18	Tax identification number (or functional equivalent of country other than India) %			
19	Tax identification number type (for country other than India)			
20	Address (Mandatory)			
	Address - City (Mandatory)			
	Address - State (Mandatory)			
	Address - Country (Mandatory)			
	Address - Pin Code (Mandatory)			

21	Address Type for above (Mandatory)	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
22	Mobile Number (Mandatory)		
23	Telephone Number (with ISD &STD code)		
24	Occupation Type (Mandatory)	<input type="checkbox"/> S - Service Provider <input type="checkbox"/> O - Others <input type="checkbox"/> B-Business <input type="checkbox"/> X - Not Categorized	<input type="checkbox"/> S - Service Provider <input type="checkbox"/> O - Others <input type="checkbox"/> B-Business <input type="checkbox"/> X - Not Categorized
25	Proof of Identity [@] (Mandatory) (Tick relevant and mention the details)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____ Mention ID no _____ Expiry Date: DD/MM/YYYY	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____ Mention ID no _____ Expiry Date: DD/MM/YYYY
26	Proof of Address (Mandatory) (attach self attested proof) (any one) (Please select any one Address proof)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____
27	Spouse's name (Optional)		

*To include US, where controlling person is a US citizen or green card holder. Please provide ALL the countries of tax residency and corresponding TINs.

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

@ Permissible values are:

- Passport – (With expiry date)
- Election ID card
- Driving License – (With Expiry Date)
- PAN Card
- UIDAI Letter
- ID Card
- NREGA Job card
- Others

Name of Director/Partner/Member/Trustee

(Signature & seal of any of the Directors/Partners/Members/Trustees)