

CHECKLIST

1. Whether new Account Opening Form (AOF) [available in Bank's Intranet under: Intranet /Head Office/O&M/DP Forms/Account Opening Form and KYC – Individual (Form 9) (or Form 11 in case of Non Individual accounts)] is used.
2. Whether each AOF is accompanied by:
 - a. "Schedule of service charges" signed by all the holders (Part of AOF)
 - b. Separate KYC form for each holder (Part of AOF)
 - c. Separate CKYC form for each holder (Part of AOF)
 - d. Bank debit letter for charges signed by all the holders (Part of AOF)
 - e. Separate "FATCA Declaration form" (Part of AOF) for each holder duly signed at proper place (Part III)
 - f. PAN Card copy self-attested by client and verified by the branch
 - g. Address proof self-attested by client and verified by branch
3. Whether In-Person Verification (IPV) by branch is done on both KYC form and CKYC form of each holder (Separate KYC and CKYC form needs to be obtained from each holder in case of Joint account)
4. Whether all the photos are signed across.
5. Whether Bank account number given in Para F of Part 2 pertains to Corporation Bank
6. Whether other Bank account details like MICR code and IFSC code are given properly.
7. Whether signature on PAN CARD matches with that on the AOF.
8. In case of signature mismatch, whether "Declaration of Signature mismatch between KYC, AOF and PAN Card" is enclosed (available in AOF).
9. Whether "Declaration of signature mismatch....." form is verified by the branch (in case of signature mismatch).
10. Whether the name on AOF is exactly as on ID proof submitted.
11. Whether address proof is furnished for both correspondences address as well as permanent address.
12. Whether nomination option is clearly indicated.
(Note: to be struck-off if nomination is not opted for. It is advisable to opt for nomination).
13. Whether nomination ID details are furnished in PARA J if nomination is opted for.
14. Whether AOF is duly signed at proper places (KYC, Declaration, Schedule of Services Charges letter, bank debit charges letter, CKYC and photos) by all the holders.
15. Whether E.No. is marked on top of first page of AOF in case of staff accounts.
16. Right and Obligations (Part of AOF) is for account holders' information and not to be submitted along with the Account Opening Form.
17. Whether applicant is a resident Indian.

**Depository Participant Branch, 2nd Floor, Union Bank Building,
66/80, MS Marg, Fort Mumbai – 400001. (NSDL DP ID: IN302603)**

PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Please fill this form in ENGLISH and in BLOCK LETTERS														
A. IDENTITY DETAILS								Photograph						
1	Name of the Applicant						Please affix your recent passport size photograph		Signature					
2	Father's / Husband's Name													
3	a) Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	b) Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	c) Date of Birth		D	D	M	M	Y	Y	Y	Y
4	a) Nationality	Indian Other (Please specify _____)		a) Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National									
5	a) PAN													
6	Specify the proof of identity submitted		<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify _____)											
B. ADDRESS DETAILS														
1	Correspondence Address		_____											
			City/town/village		PIN Code									
			State		Country									
2	Specify the proof of address submitted for Residence / correspondence address						<input type="checkbox"/>							
3	Contact Details		Tel. (Off.)		Tel. (Res.)									
			Fax No.		Mobile No.									
			Email ID											
<p>I hereby declare that the aforesaid mobile number and / or E-mail ID belong to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).</p> <p>[As per SEBI, separate mobile and email address are to be furnished for each client. However, in exceptional cases, such as "joint account", belonging to one family, the client may furnish same mobile number and email id for more than one joint account holder. In such cases, the client has to tick "My family" box (family here means self, spouse, dependent children and dependent parents.)]</p>														

4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)	_____							

	City/town/village		PIN Code						
	State		Country						

C. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of the Applicant _____

Date	D	D	M	M	Y	Y	Y	Y
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FOR BRANCH USE ONLY								
Sr. No.	In Person Verification (To be done by branch officials)							
1	<input type="checkbox"/> Originals verified and Self-Attested Document copies received							
2	In-Person-Verification (IPV) details:							
	a) Name of the person doing IPV							
	b) Designation							
	c) Name of Branch							
	d) Date							
	D	D	M	M	Y	Y	Y	Y
Name & Signature of the person doing IPV _____								
Date	D	D	M	M	Y	Y	Y	Y
		Seal/Stamp of the branch						

Note: In case of more than one holder, separate KYC form for each holder has to be submitted.

FORM - 9
PART II – ACCOUNT OPENING FORM
(FOR INDIVIDUALS)

UNION BANK OF INDIA (DP ID : IN302603) Depository Participant Branch, 2 ND Floor, Union Bank 66/80, MS Marg, Fort, Mumbai - 400001					Client –ID (To be filled by Participant)												
I/We request you to open a depository account in my/our name as per the following details: <i>(Please fill all the details in CAPITAL LETTERS only)</i>					Date <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>					D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
A) Details of Account holder(s):																	
Account holder(s)	Sole/ First Holder			Second Holder			Third Holder										
Name																	
PAN																	
Occupation <i>(please tick any one and give brief details)</i>	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist											
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired											
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife											
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student											
	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)											
Brief details:																	
B)																	
For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:																	
a) Name					b) PAN												
C) Type of account																	
<input type="checkbox"/> Ordinary Resident			<input type="checkbox"/> NRI-Repatriable			<input type="checkbox"/> NRI-Non											
<input type="checkbox"/> Qualified Foreign Investor			<input type="checkbox"/> Foreign National			<input type="checkbox"/> Repatriable											
<input type="checkbox"/> Margin			<input type="checkbox"/> Others (Please specify) _____			<input type="checkbox"/> Promoter											
D) Gross Annual Income Details																	
Income Range per annum (please tick any one)																	

	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1- 5 lac <input type="checkbox"/> 5- 10 lac <input type="checkbox"/> 10- 25 lac <input type="checkbox"/> More than 25 lac																
E)	In case of NRIs/ Foreign Nationals																
	RBI Approval Reference Number																
	RBI Approval date																
	D D M M Y Y Y Y																
F)	Bank details																
1	Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____																
2	Bank Account Number																
3	Bank Name																
4	Branch Address																
	City/town/village																
	PIN Code																
	State																
	Country																
5	MICR Code																
6	IFSC																
G)	Please tick, if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)																
H)	Standing Instructions																
1	I/We authorise you to receive credits automatically into my/our account. Yes <input type="checkbox"/> No																
2	Account to be operated through Power of Attorney (PoA) Yes <input type="checkbox"/> No																
3	SMS Alert facility: [mandatory if you are giving Power of Attorney (PoA). Ensure that <input type="checkbox"/> the mobile number is provided in the KYC Application Form]																
	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Holder</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Sole/First Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td>Second Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>Third Holder</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Sr. No.	Holder	Yes	No	1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>	2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>	3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>
Sr. No.	Holder	Yes	No														
1	Sole/First Holder	<input type="checkbox"/>	<input type="checkbox"/>														
2	Second Holder	<input type="checkbox"/>	<input type="checkbox"/>														
3	Third Holder	<input type="checkbox"/>	<input type="checkbox"/>														
4	Mode of receiving Statement of Account [Tick any one]																
	<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Read Note 4 and ensure that email ID is provided in KYC Application Form]. <input type="checkbox"/>																
I)	For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]																
	Guardian Name																

	PAN												
	Relationship of guardian with minor												
J)	Nomination Option												
	<input type="checkbox"/> I/We wish to make a nomination. [Details are provided at FORM 10]	<input type="checkbox"/> I/We do not wish to make a nomination.											

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Name(s) of holder(s)	Signature(s) of holder
Sole/ First Holder/ Guardian (in case sole holder is minor) (Mr./Ms.)	X
Second Holder (Mr./Ms.)	X
Third Holder (Mr./Ms.)	X

Notes:

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

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Acknowledgement

**Depository Participant Branch, 2nd Floor, Union Bank Building,
66/80, MS Marg, Fort Mumbai – 400001. (NSDL DP ID: IN302603)**

Received the application from Mr/Ms _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date:

D	D	M	M	Y	Y	Y	Y
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Participant Stamp & Signature

FORM 10

FORM FOR NOMINATION/ CANCELLATION OF NOMINATION
(To be filled in by individual applying singly or jointly)

Name and address of Participant (pre-printed)		DP ID	I	N									
		Client ID											
(A)	Nomination Option	Date	D	D	M	M	Y	Y	Y	Y			
	<input type="checkbox"/> I/We wish to make a nomination.	<input type="checkbox"/> I/We wish to cancel the nomination made by me/ us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me/ us. [Strike off (B)Nomination Details below]											
(B)	Nomination Details												
I/We wish to make a nomination and do hereby nominate the following person in whom all rights and / or amount payable in respect of securities held in the Depository by me / us in the said beneficiary owner account shall vest in the event of my / our death.													
1	Name of the Nominee (Mr./Ms.)												
2	Relationship with the Applicant (if any)												
3	Address of Nominee	_____											
		City/town/village					PIN Code						
		State					Country						
4	Contact Details of nominee	Tel. (Off.)					Tel. (Res.)						
		Fax No.					Mobile No.						
		Email ID											
5. Nominee Identification details (please tick any one from (a) to (f) and provide details of the same)													
(a)	<input type="checkbox"/>	(i)	Photograph				Signature						
			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Photograph of nominee (Signature of nominee across photograph) </div>				X Signature of nominee						
(b)	<input type="checkbox"/>	PAN of nominee											
(c)	<input type="checkbox"/>	Aadhaar number of nominee											
(d)	<input type="checkbox"/>	Savings bank account number of nominee, if maintained with the same Participant				Bank Account Number							
(e)	<input type="checkbox"/>	Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB)											
(f)	<input type="checkbox"/>	Demat account details of nominee				DP ID							
						Client ID							

Sr. Nos. 6-11 should be filled only if nominee is a minor:

6	Date of Birth (in case of minor nominee)	D	D	M	M	Y	Y	Y	Y
7	Name of Guardian (Mr./Ms.) (in case of minor nominee)								
8	Address of Guardian								
		City/town/village	PIN Code						
		State	Country						
9	Contact Details of Guardian	Tel. (Off.)	Tel. (Res.)						
		Fax No.	Mobile No.						
		Email ID							
10	Relationship of Guardian with nominee								

11. Guardian Identification details (please tick any one from (a) to (f) and provide details of the same)

(a)	<input type="checkbox"/>	(i)	Photograph	(ii)	Signature
			<div style="border: 1px solid black; padding: 10px; text-align: center;"> Photograph of guardian (Signature of guardian across photograph) </div>		<input checked="" type="checkbox"/> Signature of guardian
(b)	<input type="checkbox"/>	PAN of guardian			
(c)	<input type="checkbox"/>	Aadhaar number of guardian			
(d)	<input type="checkbox"/>	Savings bank account number of guardian, if maintained with the same Participant			Bank Account Number
(e)	<input type="checkbox"/>	Copy of any proof of identity document (accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure JB)			
(f)	<input type="checkbox"/>	Demat account details of guardian.			DP ID
					Client ID

(C) Name and Signature of Account holder(s)

Account Holder(s)	Name	Signature of Account Holder(s)
Sole/First Holder		X
Second Holder		X
Third Holder		X

(D)	Signature of Witness for nomination								
	Name of the Witness	Address				Signature of witness			
						X			
			D	D	M	M	Y	Y	Y

Instructions:

- I. The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non - individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly all joint holders will sign the nomination form.
- II. A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.
- III. The Nominee shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
- IV. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.
- V. Transfer of securities in favour of a Nominee shall be valid discharge by the depository and the Participant against the legal heir.
- VI. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate, partnership firm, karta of Hindu Undivided Family, holder of power of a torney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
- VII. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.
- VIII. Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total upto hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation / share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees.
- IX. On request of substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substation will be considered. Therefore, please mention the complete details of all the nominees.
- X. Copy of any proof of identity must be accompanies by original for verification or duly attested by any entity authorized for attesting the documents.
- XI. Savings bank account details shall only be considered if the account is maintained with the same participant.
- XII. DP ID and client ID shall be provided where demat details is required to be provided.

Schedule Of Charges

Sr No	Charges	Revised Charges No Trading A/c	Revised Charges with trading A/c
1	Demat Account opening charges	Free	Free
2	Demat Closure Charges	Free	Free
3	Account Manintenance Charges	Individual	Free for the first year 300+ GST from 2nd year onwards
		Non-Individual	Free for the first year
			1000+GST from 2nd year onwards for HUF
			1500+GST from 2nd year onwards for Corporates
4	Custody Charges	Nil	Nil
5	Transaction Charges	Buy Charges	Nil
		Sell Charges	Individual and HUF: 0.04% of the transaction value Subject to Minimum of Rs. 30/- and Maximum of Rs.1200/- per ISIN debit instruction (Charges of Rs.10/- per ISIN for late submission). 0.02% in case of Speed-e/ easiest with minimum of Rs. 30 and maximum of Rs. 1200/-. Corporate: 0.04% of the transaction value Subject to Minimum of Rs. 30/- and Maximum of Rs.1500/- per ISIN debit instruction (Charges of Rs.10/- per ISIN for late submission). 0.02% in case of Speed-e/ easiest with minimum of Rs. 50/- and maximum of Rs. 1500/-.
6	Commercial Paper /CD/MIBOR linked paper Purchase/Sale	Rs.500 per transaction	Rs.500 per transaction
7	Debt Instrument Sale	Rs.500 per transaction	Rs.500 per transaction

Signature of Client	First Holder	Second Holder	Third Holder

8	Dematerialization	Rs.5/- per certificate (Minimum Rs.100/- per DRF) including postage charges & other out of pocket expenses.	Rs.5/- per certificate (Minimum Rs.100/- per DRF) including postage charges & other out of pocket expenses.
9	Rematerialization	Rs.25.00 per 100 shares or part thereof. Min Rs.100.00 per request per ISIN including postage charges & other out of pocket expenses	Rs.25.00 per 100 shares or part thereof. Min Rs.100.00 per request per ISIN including postage charges & other out of pocket expenses
10	Pledging	Creation/Create Confirmation of pledge/Invocation of pledge	0.02% of transaction value or Min Rs 100/- and Max Rs.2000. Monthly Rs. 25000/ Month with unlimited pledging.
		Closure of Pledge	0.01% of value. Min of Rs.100/-per transaction per ISIN Max of Rs.1000 to pledger
		Margin Pledge	0.01% of transaction value or Min Rs 100/- and Max Rs.2000. Monthly Rs. 12500/ Month with unlimited pledging.
11	Transaction Statement	Monthly free, if transaction is there	Monthly free, if transaction is there
12	Holding Statement	Half yearly Free	Half yearly Free
13	Additional Statement	By Post -Min. Rs.50/- per instance up to 2 pages and additional Rs.10 per pages including postal charges. By Email - Nil	By Post -Min. Rs.50/- per instance up to 2 pages and additional Rs.10 per pages including postal charges. By Email - Nil
14	Freezing/Unfreezing	Rs.25 per transaction	Rs.25 per transaction
15	Failed Debit Transaction	Rs.50 per transaction	Rs.50 per transaction
16	Deliver Instruction Slip	Rs.100 per DIS book including postage charges ; First DIS book will be provided free	Rs.100 per DIS book including postage charges ; First DIS book will be provided free
17	Other Chrges	Demat request rejection Rs.50/- per rejection + postal charges	Demat request rejection Rs.50/- per rejection + postal charges
18	NDU Charges	a. 0.01% of transaction value or Min Rs 25/- whichever is higher plus NSDL charges as applicable	a. 0.01% of transaction value or Min Rs 25/- whichever is higher plus NSDL charges as applicable

Signature of Client	First Holder	Second Holder	Third Holder

Notes:

- 1 The names and signatures of the account holders should be exactly in the same order as mentioned on the certificates to be dematerialized
- 2 All communications shall be sent at the correspondence address of the Sole / First holder only
- 3 In case of additional signatures, separate annexure should be attached to the application form
- 4 Thumb impressions and signatures, separate other than English or Hindi or any of the other languages not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate
- 5 A copy of any one of the following may be accepted as proof of Identity / Proof of Address :

Proof of Identity : Passport, Voter ID Card, Driving License, PAN card with photograph, MAPIN card, Identity card / document with applicant's photo issued by (a) Central / State Government and its departments, (b) Statutory / Regulatory Authorities, (c) Public Sector Undertakings, (d) Scheduled Commercial Banks, (e) Public Financial Institutions, (f) Colleges affiliated to universities, (g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc , to their Members, and (h) Credit Cards / Debit Cards issued by Banks

Proof of Address : Ration Card, Passport, Voter ID Card, Driving License, Bank Passbook, verified copies of Electricity Bills (not more than two months old) / Residence Telephone bills (not more than two months old), Leave and License Agreement / Agreement for Sale, Self-declaration by High court & Supreme Court Judges, giving the new address in respect of their own accounts Identity Card / Document with address, issued by (a) Central / State Government and its departments, (b) Statutory / Regulatory Authorities, (c) Public Sector Undertakings, (d) Scheduled Commercial Banks, (e) Public Financial Institutions, (f) Colleges affiliated to universities, and (g) Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc , to their Members

The aforesaid documents are the minimum requirement for opening the account Participants must verify the copy of the document with original before accepting the same as valid

- 6 Strike off whichever is not applicable
- 7 The applicant / nominee's photograph should bear the signature of the respective parties across the photograph

(NSDL DP ID: IN302603)

From

To

The Branch Manager
Depository Participant Branch
2nd floor, UnionBank Building
66/80,MS Marg, Fort, Mumbai- 400001

Dear Sir,

Sub: charges relating to Demat Account No. _____

We request you to debit all the charges pertaining to the above mentioned demat account/s to my / our Savings Bank / Current /Cash Credit / Overdraft Account No.....at your _____branch.

Place:

Yours faithfully,

Date:

1.

2.

3.



(NSDL DP ID: IN302603)

DECLARATION OF SIGNATURE MISMATCH BETWEEN KYC, AOF AND PAN CARD

To,
The Branch Manager Union Bank Of India
Depository Participant Branch
2nd floor Union Bank Building
66/80, MS Marg, Fort, Mumbai -400001

Date:

Dear Sir,

Sub: Signature mismatch between KYC Form, AOF and PAN Card

I, _____ wish to open Demat account with Corporation Bank.

This is to confirm that the signature given below to be used for Account opening and further transaction is correct and valid for which I accept full responsibility.

I am herewith submitting my ID proof (other than PAN) for your records.
My signature is as given,

Confirmed Signature: _____

Thanks & Regards

(Signature & Name)

Signature affixed in my presence & proof verified

Branch Manager
Name & Signature (With Office Seal)

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,
 1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
 2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix First Name Middle Name Last Name

Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YY YY

Gender* M- Male F- Female T- Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Code)

Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin

Occupation Type* S-Service (Private Sector Public Sector Government Sector) O- Others (Professional Self Employed Retired Housewife Student) B- Business X- Not Categorised

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date DD - MM - YY YY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YY YY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address Line 1* City

Address Line 2 Pin / Post Code* State

District / U.T Code / Village ISO 3166 Country Code*

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res)

FAX Email ID

Mobile

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Representative

Authorized

Prefix First Name Middle Name Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

Z- Others (any document notified by the central government)

D- Driving Licence Identification Number

S- Simplified Measures Account - Document Type code Driving Licence Expiry Date

E- UID (Aadhaar) Identification Number

F- NREGA Job Card

7. REMARKS (If any)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : Place :

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies Signature / Thumb Impression of Applicant

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman	AN		HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH		RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BH	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli & Diu	DN	Maharashtra	MH	Uttar Pradesh	UP
Delhi	DL	Manipur	MN	Uttarakhand	UA
Goa	GA	Meghalaya	ML	West Bengal	WB
Gujarat	GJ	Nagaland	NL		XX
	HR		OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Uganda	UG	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
Andorra	AD	Eritrea	ER	Macao	MO		
Angola	AO	Estonia	EE	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Anguilla	AI	Ethiopia	ET	Madagascar	MG	Senegal	SN
Antarctica	AG	Faroe Islands (Malvinas)	FO	Malawi	MW	Serbia	RS
Antigua and Barbuda	AG	Fiji	FJ	Maldives	MV	Seychelles	SC
Argentina	AR	Finland	FI	Malta	MT	Sierra Leone	SL
Armenia	AM	French Guiana	GF	Martinique	MQ	Singapore	SG
Australia	AU	French Southern Territories	TF	Mauritius	MU	Sint Maarten (Dutch part)	SX
Azerbaijan	AZ	Gambia	GM	Mexico	MX	Slovakia	SK
Bahrain	BH	Georgia	GE	Micronesia, Federated States of	FM	Slovenia	SI
Bangladesh	BD	Germany	DE	Moldova, Republic of	MD	Solomon Islands	SB
Barbados	BB	China	CN	Monaco	MC	Somalia	SO
Belarus	BY	Gibraltar	GI	Mongolia	MN	South Africa	ZA
Belgium	BE	Greece	GR	Montenegro	ME	South Georgia and the South Sandwich Islands	GS
Belize	BZ	Greenland	GL	Montserrat	MS	South Sudan	SS
Benin	BJ	Grenada	GD	Morocco	MA	Spain	ES
Bermuda	BM	Guadeloupe	GP	Mozambique	MZ	Sri Lanka	LK
Bhutan	BT	Guam	GU	Nepal	NP	Sudan	SD
Bolivia, Plurinational State of	BO	Guatemala	GT	Netherlands	NL	Suriname	SR
Bonaire, Sint Eustatius and Saba	BQ	Guernsey	GG	Nauru	NR	Switzerland	CH
Bosnia and Herzegovina	BA	Guinea	GN	New Caledonia	NC	Syrian Arab Republic	SY
Botswana	BS	Guinea-Bissau	GW	New Zealand	NZ	Taiwan, Province of China	TW
Bouvet Island	BV	Haiti	HT	Nicaragua	NI	Tajikistan	TJ
Brazil	BR	Heard Island and McDonald Islands	HM	Niger	NE	Tanzania	TZ
British Indian Ocean Territory	IO	Honduras	HN	Nigeria	NG	Togo	TG
Brunei Darussalam	BN	Hungary	HU	Norfolk Island	NF	Tonga	TO
Bulgaria	BG	India	IN	Norway	NO	Tunisia	TN
Burkina Faso	BF	Iran, Islamic Republic of	IR	Pakistan	PK	Turkmenistan	TM
Burundi	BI	Israel	IL	Palestine, State of	PS	Tuvalu	TV
Cabo Verde	CV	Italy	IT	Papua New Guinea	PG	Ukraine	UA
Cameroon	CM	Jamaica	JM	Peru	PE	United Kingdom	GB
Cayman Islands	KY	Japan	JP	Poland	PL	United States Minor Outlying Islands	UM
Chad	TD	Kazakhstan	KZ	Portugal	PT	Uzbekistan	UZ
China	CN	Kenya	KE	Puerto Rico	PR	Venezuela, Bolivarian Republic of	VE
Cocos (Keeling) Islands	CC	Kiribati	KI	Qatar	QA	Viet Nam	VN
Comoros	KM	Korea, Democratic People's Republic of	KP	Romania	RO	Virgin Islands, British	VG
Congo, the Democratic Republic of the	CD	Korea, Republic of	KR	Russian Federation	RU	Wallis and Futuna	WF
Costa Rica	CR	Kyrgyzstan	KG	Rwanda	RW	Western Sahara	EH
Croatia	HR	Latvia	LV	Saint Barthelemy Saint-Barthélemy	BL	Yemen	YE
Cuba	CU	Lebanon	LB	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Curacao Curaçao	CW	Lesotho	LS	Saint Lucia	LC		
Czech Republic	CZ						
Denmark	DK						
Djibouti	DJ						

Appendix D : Self-Certification for Individual

FATCA/CRS Declaration Form

FATCA/CRS Declaration Form	
Part I - Please fill in the country for each of the following:	
1	Country of:
a)	Birth
b)	Citizenship
c)	Residence for Tax Purposes
2	US Person (Yes / No)
Part - Please Note:	
<p>a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for Signature.</p> <p>b. If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:</p>	
i)	TIN
	Country of Issue
ii)	TIN
	Country of Issue
iii)	TIN
	Country of Issue
<p>a. In case any of the parameters in Part I indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the self-Certification section given in Part IV.</p> <p>b. In case you are declaring US person status as 'No' but your country birth is US, please provide the document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate</p>	
Part III - Customer Declaration (Applicable for all customers)	
<p>(i). Under penalty of perjury, I/we certify that:</p> <ol style="list-style-type: none"> 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America('U.S') or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the 'U.S'. , (ii) an estate 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) 2. The applicant is an applicant taxable as a tax resident under the laws of country outside of India. (This clause is applicable only if the account holder is a tax resident outside of India) 	
<p>(ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank 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.</p>	

- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities the bank may also required to report, reportable details to CBDT or close or suspend my account.
- (v) 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.

Signature :

Name :

Date (DD/MM/YYYY) :

Part IV - Self-Certification:

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or
- (b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India

Signature

Document Proof submitted :