| UPRIVIC | FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance | | | | | | | | | | | | | |
|---|--|---|---|---|---|--|--|--|--|--|--|---|---|--|
| PAN / PEKRN* | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Address Type [for KYC address] | 🗌 Regi | Residential Registered Office Business | | | Nationality | | 🗌 Indian | | US Others (please specify) | | | | | |
| Place of Birth | | | · · · | | | Country of Birth | | | | | | | | |
| Gross Annual Income Details in INR Net Worth in INR. In Lacs & Date [Optional] | □ Below 1 Lakh □ 1-5 La □ 5-10 Lacs □ 10-25 □ 25 Lacs - 1 Cr □ > 1 Crossing | | | | acs | Occupation Details [Please tick any one $()$] | | | Business Professional Public Sector Private Sector Government Service Agriculturist Agriculturist Housewife Student Retired Forex Dealer Others [Please specify] | | | | | |
| Politically Exposed Person [PEP] | Yes Related to PEP Not Applicable | | | | | Any other information [if applicable] | | | [Please specify] | | | | | |
| S. Country No. Resid | ר ז | older / Tax Resident in the re Tax Identification Number (TIN) or Functional Equivalent | | | spective countries Identification Type [TIN or other, please specify] | | | the reason A, B or C [as defined below] | | | | | | |
| 1 2 Reason A → The G Reason B → No T TIN to be collected Reason C → Othe | TIN required | I [Select thi | s reason on | ly if th | | | | | → Rea to its res | |] в | | C | |
| Declaration: acknowledge and con he above specified inf authorize you [CAMS/I ncluding all changes, Management Compan udicial authorities / ag ndia or outside India Guther, I authorize to SEBI / RBI / IRDA / PF writing about any cha additional information Fund/AMC/RTA to pro or close or suspend m FATCA & CRS Terms | ormation is Fund/AMC] updates to y, trustees, gencies incli wherever it share the gi RDA to fac as may be vide relevar y account(s | found to be to disclose o such info their emplo uding but r is legally rr iven inform ilitate single dification to required a at informatio | e faise or uni , share, rely prmation as pyees / RTA to timited to equired and ation to othe e submission the above t your / Fur on to upstrea ny obligation | true or , remit and v s ('the o the F other SEB n / upd inform nd's er am pay n of ac | r mislea t in any when p e Autho Financia investig 81 Regis date & fo nation i nd or b yors to dvising r | ding or r form, m rovided rized Pa al Intellig gation a tered In or other n future y dome enable v me of th | nisrepresen ode or man by me to rities') or an ence Unit-I gencies with ermediaries relevant pur within 30 stic or over- vithholding t e same. I al | ting, ner, ' any y Inc ndia out a out a /or a pose days seas | I/ am aw all / any of the dian or fo (FIU-INE any oblig any regula s. I also and als regulato cur and p | are that I of the info Mutual F reign gov), the tay ation of a ated inten undertake o underta rs/ tax au bay out an | may lia prmatio und, it ernmen d/ reve dvising mediari e to kee ke to uthoritie y sums | able for n provision s Spontal or enue a g me or ies region s region provides. I/V s from | prit. I hereb vided by me onsor, Asse statutory c authorities i of the same gistered wit i nformed i le any othe Ve authoriz | |
| Date: Place: | | | | | | | Signature: | | | | | | | |
| | | ======= | | | | | | | | | | | | |
| | | | | Ack | nowled | lgemer | <u>t</u> | | | | | | | |
| Ve [CAMS, on beh and signed from Mr. | | | lutual Fund | ds] ac | cknowle | edge th | | of FA AN | ATCA/C | RS decla | | | n duly fille | |

Signature with Name, Emp. ID & Seal

Date: