

Name of Account Holder	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Title</td> <td style="width:10%;"></td> <td style="width:10%;">First</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;">Middle</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;">Last</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										Title		First						Middle			Last									
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Father's/ Name*	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Title</td> <td style="width:10%;"></td> <td style="width:10%;">First</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;">Middle</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;">Last</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>												Title		First						Middle			Last							
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Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			Date of Birth*																											
PAN/Form 60 or 61*	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table> <small>(Please enclose a self attested copy of your PAN card/Form60 only in case eligible under income tax act 1962 Rule No. 114B. In case PAN is unavailable Father's name is mandatory)</small>																														
Aadhaar*	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>																														
Identification Type	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> ID Card (ID issued by Government Departments, Statutory / Regulatory Authorities) <input type="checkbox"/> UIDAI Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others - Any Govt approved ID with identification number (Please specify)																														
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Nationality*	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) _____																														
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Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B - Business <input type="checkbox"/> X- Not Categorised																														

Residence address for tax purposes (If the individual is certified or treated as tax resident in more than one jurisdiction then mention all such addresses)¹

Address 1

Address Type Resident / Business / Overseas Residential Business Registered office Unspecified

Line1* _____
 Line2 _____
 Line3 _____
 District* _____ Zip/Pin Code* _____ City/Town/Village* _____ State/U.T Code* _____ ISO 3166 Code _____

Address 2

Address Type Resident / Business / Overseas Residential Business Registered office Unspecified

Line1* _____
 Line2 _____
 Line3 _____
 District* _____ Zip/Pin Code* _____ City/Town/Village* _____ State/U.T Code* _____ ISO 3166 Code _____

Tax residence declaration (Tick any one, as applicable to you)

I am a tax resident of India and not resident of any other country
 Or
 I am a tax resident of a country or countries (including India) mentioned in the table below

Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID Number below:
 (Please read all the instructions marked #, % prior to filling up the following fields)

Country [#]	Tax Identification Number (TIN) [%]	Identification Type (TIN or Other ^{%,} please specify)

[#] TIN issuing country. To also include USA, where the individual is a citizen/ green card holder of USA
[%]TIN is used by the residence country of the account holder to identify the Individual Account Holder. In case TIN is not available, kindly provide functional equivalent / any other such identification number / identifier, allotted by the individual's country of residence / tax residence.

FATCA/CRS Terms and 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 SVC 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.

FATCA/CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. It 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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS Indicia
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	If no Indian telephone number is provided 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Standing instructions to transfer funds to an account maintained in a country other than India (other than depository accounts)	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body*
- Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

Certification

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA/CRS Terms and Conditions above and hereby accept the same.

Further I certify that:

- The information provided by me in the Form, its supporting Annexures as well as in the documentary evidence provided by me are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I also agree that my failure to disclose any material fact known to me, now or in future, may invalidate my application and the Bank would be within its right to put restrictions in the operations of my account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by us within the stipulated period.
- I hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
- It shall be my responsibilities to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- I also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Name: _____ <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Signature / Thumb Impression of Applicant </div> Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Place: _____	<p style="text-align: center;">For Branch use only:</p> Existing Customer: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , UCIC (Central Customer Number): _____ Signature Verified as per office records: _____ Signature of Branch Official with Name & PA/RP stamp
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