



GREATER BANK

The Greater Bombay Co-operative Bank Ltd. (Scheduled Bank)

Regd. Office : G. B. C. B. HOUSE, 89, BHULESHWAR, MUMBAI - 400 002.

Self - Certification for Individual FATCA / CRS Declaration Form (Including Sole-Proprietors)

(Applicable for Resident and Non-Resident Customers) (Mandatory)

CIF Number :

(Please consult your professional tax advisor for further guidance on you tax residency, if require. In case of joint holders, this declaration to be obtained from each joint holder)

1. Name of Customer	<input type="text"/>
2. Name of Sole Proprietorship Concern	<input type="text"/>
3. Nationality	<input type="text"/>
4. Country of Birth	<input type="text"/>
5. Address Type	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
6. Tax residence address	<input type="text"/>
Landmark	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Pin	<input type="text"/>
7. Father's Name	<input type="text"/>
8. Marital Status	<input type="text"/>
9. PAN	<input type="text"/>
10. Date of Birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
11. Aadhaar No.	<input type="text"/>
12. Occupation	<input type="text"/>

13. Identification Type and Identification Number (Document submitted as proof of identity of the individual):

Name of the Document Submitted : _____ Identification Number _____

14. Tax Residence details as applicable to you:

(Please indicate ALL the countries in which you are a resident for tax purposes and the associated Tax ID Number below)

Country#	Tax Identification Number%	Identification Type (TIN or Others%, please specify)

To also include USA, where the individual is a citizen/green card holder of USA

% In case Tax identification Number is not available, kindly provide functional equivalent \$

Please indicate all countries in which you are resident for tax than purposes and relevant details.

FATCA - CRS 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 on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same. In case of any changes, I will inform the bank within 30 days. (Please refer our detailed T & C for further details)

I authorise the Bank to collect, store, communicate and record information relating to my/our account/s and all transactions therein and share/disclose in and outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

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.

FATCA-CRS Instructions:

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or US 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 issued such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Please fill the information below as requested

Identification Type-Documents submitted as proof of identity of the individual	<input type="checkbox"/> Passport Date of Expiry : ___/___/___ Issued at: _____ <input type="checkbox"/> Driving License Date of Expiry : ___/___/___ <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Election / Voter's ID card <input type="checkbox"/> Aadhaar Card / Letter <input type="checkbox"/> PAN <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others (pls specify) _____																		
Identification Number - for the identification type mention above	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Please mention your Residential Status if it is any one of these	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin																		
Proof of Address	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Electricity Bill <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Telephone Bill <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others _____																		
Please tick if Address Type is other than Residential	<input type="checkbox"/> Residential and Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office																		
Nationality (if national of more than one country, please mention all the countries separated by a comma)																			

- a) 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.
- b) I shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Name : _____

Date : ___/___/___ Place _____

Signature _____

(Affix Rubber Stamp in case of Sole Proprietorship Concern)

For Branch use only:

Existing Customer : YES / NO

If YES, CIF Number :-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature Verified as per office records :-

Signature of Branch Official with Name & Signature Code Stamp

For CPO use only:

CIF Number :-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FATCA/CRS update on System on _____

Signature of CPO Official Name & Signature Code Stamp