

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 Entities FATCA / CRS Declaration Form

(Ple	Please consult your prefessional tax advisor for further guidance on you tax residency)	CIF Number :					
1.	. Name of the entity :						
2.	Address of tax residence (including city, state, country and pin code) (if the entity is certified or treated as tax resident in more than one jurisdiction then mention all such addresses)						
	Residence address for tax purposes (I)	Residence address for tax purposes (II)					
3.	Address Type : (Business or Registered Office)						
4.	. Country of incorporation :						
5.	. City of incorporation :						
6.	. Entity Constitution Type :						
	(B - Partnership Firm, C - HUF, D - Private Limited Company, E - Pu	(B - Partnership Firm, C - HUF, D - Private Limited Company, E - Public Limited Company, F - Society, G - AOP/BOI, H - Trust,					
	I - Liquidator, J - Limited Liability Partnership, K - Artificial Juridical Person, Z - Others specify)						
7.	. Date of Incorporation : d d m m y y y y						
8.	PAN (Mandatory)						
9.	Please tick the applicable tax resident declaration (Any one)						
	Entity is a tax resident of India and not resident of any other country OR						
	Entity is a tax resident of a country ot countries (including India) mentioned in the table below						
	Please indicate ALL the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below: Please read all the instructions marked #, % prior ro filling up the following fields)						
	Country Tax Identification Number * (TIN)	Identification Type (TIN or Other *, please specify)					
	* TIN is used by the residence country of the account holder to identify the Individual / Entity Account Holder, In case Tax Identification Number is not available, kindly provide functional equivalent.						
	In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here :						
10	O. Identification type and Identification Number (If TIN or US GIIN not p Company Identification Number / Global Entity Id provide)						
11	Issuing country for identification number provided in 10. above						
11.	1. Issuing country for identification number provided in 10. above						
	is mandatory to supply a TIN or functional equivalent if the country in which you vailable or has not yet been issued, please provide an explanation and attach the						

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

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)					
1	We are a Financial institution or Direct reporting NFE (please tick as appropriate)	GIIN: 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: Name of sponsoring entity:		GIIN not available (please tick as applicable): Following options available only for financial Institutions: Applied for Not required to apply for (please specify sub-category) Please provide with Form W8-BEN-E, duly filled in Not obtained - Non-participating FI	
	Part B (please fill any o	ne as appropriate; to be fille	ed by NFEs or	ther than Direct Reporting NFEs)	
1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)		Yes (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange		
2	Is the Entity a related entity of a publicity traded company - a company whose shares are regularly traded on an established securities market		 ☐ Yes Name of the listed company, the stock of which is regularly traded		
3	Is the Entity an active NFE			y the sub-category of Active NFE :	
4	Is the Entity a passive NFE		Yes Nature of bus	iness	

^{*} Nature of Business may be kept blank in case of Non profit making entities like NGOs, Co-op Housing Societies.

Part C (to be filled only by Passive NFEs) Please list below the details of each controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary): Controlling Controlling Controlling Person 2 Person 3 Person 1 Name (Title, First Name, Middle Name, Surname) Country of tax residency * Address (include City State, Country & Pin code) (if the individual is certified or treated as tax resident in more than one jurisdiction then mention all such addresses) Telephone/mobile number with ISD code Tax identification number (or functional equivalent) for each country identified in relation to each person * Identification Type (TIN or Other, please specify) Controlling person type code Additional details to be filled below ONLY by controlling persons having tax residency/permanent residency/citizenship in any country other than India including green card holders: Controlling Controlling Controlling Person 1 Person 2 Person 3 Customer ID (if allotted) Gender (Male, Female, Other) City of Birth Country of birth Occupation Type (Service, Business, Others) Nationality Father's Name Birth Date

- % In case Tax Identification Number is not available, kindly provide functional equivalent
- @ Permissible values are :

Address type for address mentioned above (Residence or business,

Residental, Business, Registered office)
Identification Type (Documents submitted as proof of identity of the individual) [®]

Passport

PAN

- Election ID card
- PAN card
- ID Card ID issued by Government Departments, Statutory / Regulatory Authorities
- Driving License

Identification Number
Spouse's Name
Aadhaar Number

- UIDAI Letter
- NREGA Job card
- Others A govt. approved ID with identification number.

^{*} To include US, where controlling person is a US citizen or Green card holder

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)

Certification

I/We 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 /We also confirm that I/ We have read and understood the FATCA/CRS Terms and Conditions and hereby accept the same.

Further I / We certify that:

- a) The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- b) I/We 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.
- c) I/We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions in the operations of my/our 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.
- d) I / We 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 / us to the Bank.
- e) It shall be my / our responsibilities to educate myself / ourselves and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder.
- f) I/We 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.
- g) I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- h) I/We certify that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI guidelines.

Name :	
Designation :	
Signature/s: (Signature/s with entity rubber stamp) Date:// Place:	
For Branch use only: Existing Customer: YES / NO If YES, CIF Number:- Signature Verified as per office records:-	For CPO use only: CIF Number :- FATCA/CRS update on System on
Signature of Branch Official with Name & Signature Code Stamp	Signature of CPO Official Name & Signature Code Stamp