



Customer Information and CRS Tax Declaration Form (Financial Institutions/Corporates/Partnerships/ Sole Proprietors/Deceased Estate/Trust/HUF)

Instructions

- Please fill the form in BLOCK letters and in BLACK INK only.
- Please attach all relevant documents.
- All fields marked * are mandatory.
- If more space is required while filling any section, please use a separate sheet.
- Each joint account holder is required to fill in a separate Customer Information and CRS Tax Declaration Form.
- Form to be filled by applicant only.

National Australia Bank Limited, Mumbai Branch
Phone +91 22 6198 8200/+91 22 6198 8299
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For office use only

Please quote this reference number for any future communication.

Important notes

“NAB” means National Australia Bank Limited, Mumbai Branch.

“I/We” in this form means the account holder.

Regulations based on the Organisation for Economic Cooperation and Development (“OECD”) Common Reporting Standard (“CRS”) require Financial Institutions (“FIs”) to collect and report certain information about an account holder’s tax residence. Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are resident in the jurisdiction on the following website: <http://www.oecd.org/tax/automatic-exchange/>.

Please note that data collected by us may be transferred to India’s Central Board of Direct Taxes for transfer to the tax authority of another jurisdiction.

For more information refer to Common Reporting Standard (CRS) Terms – Information Guide.

Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency).

If you are a U.S. citizen or tax resident under U.S. law, you should indicate that you are a U.S. tax resident on this form and you may also need to provide FATCA documents.

I/We acknowledge that the information requested in this form is for the purposes of complying with various laws, regulations and guidelines (including Know Your Customer (KYC) norms / Anti-Money Laundering (AML) standards / Combating of Financing of Terrorism (CFT) / Obligation of banks under the Prevention of Money Laundering Act, 2002) promulgated by the Government of India from time to time.

I/We further acknowledge that if I/we do not provide the requested information to you, you may be unable to provide me/us with your services, including the opening, maintenance and operate account(s) in my/our name(s).

If you have any questions then please contact your tax adviser or domestic tax authority, as NAB is unable to provide tax advice.

Customer ID number (For bank use only)

Branch

Date

Customer details *

Name

First name

Middle name

Last name

Constitution Sole proprietorship Partnership firm Public/Private Limited Company Trusts Clubs Society
 Associations HUF Other (please specify) _____

Nature of Business Manufacturer Trader/Stockist Service Provider Consultant/Professional
 Exporter/Importer Retailer Other (please specify) _____

Nature of industry to which business belongs _____

Annual turnover (in thousands) _____

Number of employees _____

Identification details *

Permanent account number details:

1. My PAN is _____

2. I have applied for a PAN, which is not yet allotted. I undertake to provide you the PAN on receipt (copy of application is attached and copy of Form 60/61 is attached)

Please provide Form 15H / 15G at the time of application if you are not liable to pay tax on your interest income.

Entity Identification type¹ T G C E O

Entity Identification No (in relation to above mentioned Identification Type) _____

¹ T- TIN; G- US GIIN; C- Company Identification Number; E- Global Entity Identification Number (EIN); O - Other

Entity Identification issuing country _____

Date of incorporation / Establishment of business
Inheritance date

Country of Incorporation/Country of Registration of Partnership or
Sole Proprietorship

Number of years in Business _____

Supporting documents submitted with this form are[^] _____

Registered Office/address*: (The current registered office/address of the company/business)

Unit/Floor/Building		
Street/Road		
City/District		
Country		Postal code

Correspondence address*, if different from business address above

Unit/Floor/Building		
Street/Road		
City/District		
Country		Postal code

Contact details

Name of contact person*

First name	Middle name	Last name

Land line number (Country code + STD) ()

Mobile number 1 (Country code + Number) ()

Mobile number 2 (Country code + Number) ()

Facsimile number (Country code + STD) ()

E-mail

^ Acceptable documents as per the Reserve Bank of India guidelines enlisted in Annexure A.

* Details of Partner(s)/ Ultimate Beneficial Owner(s) / Legal Representative / Sole Proprietor / Trustees/ Director / Promoter / Karta / Authorised Signatory (valid evidence to verify the identity and addresses of the following persons to be supplied).

Name	Designation	Address	Contact number	
			Landline	Mobile

- For partnerships and sole proprietorships, at least two of the present partners of the partnership or the sole proprietor (as the case may be) and each of the authorised person(s).
- For companies, please provide the details of the shareholding pattern filed with the relevant registrar of companies.

Entity Type for CRS

Tick one of the appropriate boxes and provide the relevant information.

Financial Institution

- Custodial Institution, Depository Institution or Specified Insurance Company.
- Investment Entity that is managed by another Financial Institution and located in a non-participating jurisdiction. (Note: Please indicate names of controlling person(s) in the section on the next page).
- Other Investment Entity

Active Non-Financial Entity (NFE)

- NFE the stock of which is regularly traded on _____ which is an established securities market.
- Related entity of _____, the stock of which is regularly traded on _____, which is an established securities market.
- NFE is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the foregoing entities.
- Active NFE other than the above.
For more information refer to Common Reporting Standard (CRS) Terms – Information Guide.

Passive Non-Financial Entity (NFE)

- NFE that is not an active NFE (Please indicate names of controlling person(s) in section on the next page).

If the entity account holder is a Passive NFE or Investment Entity that is managed by another Financial Institution and located in a non-participating jurisdiction – please indicate the name of all controlling person(s) of the account holder and provide a Common Reporting Standard (CRS) Self Certification Form (Individual/Controlling Person Tax Residency) for each person listed. If no natural person exercises control over an entity which is a legal person, the controlling person will be the individual holding the position of senior managing official.

1		2	
3		4	
5		6	

Country / Jurisdiction of Residence(s) for Tax Purposes

- (a) Are you a tax resident of India?* Yes No
 (b) Are you a resident of any other country for tax purposes?* Yes No

If you ticked 'Yes' to (b) please complete the following table indicating:

- (i) where the account holder is tax resident; and
 (ii) the account holder's Taxpayer Identification Number (TIN) or its functional equivalent for each country/jurisdiction indicated;

If you ticked 'No' to a) and b), i.e. you are not a tax resident in any country/jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide the address of your principal office, including country/jurisdiction, if different to the Registered Office address provided on this form.

Please indicate all (not restricted to three) countries/jurisdictions of residence. If you require additional space please use a separate sheet.

	Country/Jurisdiction of tax residence*	Taxpayer Identification Number (TIN) or equivalent	If no TIN available enter Reason A, B or C
1			
2			
3			

If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

- Reason A** - The country/jurisdiction where the Account Holder is resident for tax purposes does not issue TINs to its residents.
Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number.
Reason C - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed).
 Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

	Country/Jurisdiction where TIN has been issued, other than those mentioned above	Taxpayer Identification Number (TIN) or equivalent
1		
2		
3		

Declaration

- (i) Under penalty of perjury, I certify that:
- The number shown on this form is the correct Taxpayer Identification Number of the applicant, and
 - 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).
 - The applicant is a tax resident under the laws of a country or countries outside India. (This clause is applicable only if the account holder is a tax resident outside of India).
- (ii) I understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS. The Bank is not able to offer any tax advice on CRS or its impact on the applicant. I shall seek advice from professional tax advisor for any tax questions.
- (iii) I agree to submit a new form within 30 days if any information or certification on this form gets changed.
- (iv) I agree as may be required by domestic regulators/tax authorities, the bank shall be required to report, reportable details to CDBT or close or suspend my account.
- (v) I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct and complete including the Taxpayer Identification number of the applicant.

I hereby confirm that details provided are accurate, correct and complete.

Consent to use and disclosure of information:

I acknowledge and agree that you and your officers, employees and agents may use, store, process, disclose, transfer and/or exchange my information (including personal data and information relating to any of my accounts) in accordance with your Privacy Policy, copies of which have been provided to me.

I undertake to advise you within 30 days of any change in circumstances which affects the tax residency status of the account holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide you with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

I certify that I am authorised to sign for the account holder of all the account(s) to which this form relates.

I declare and warrant that all information and particulars given to you (whether in this form, in an account opening form or otherwise) are to the best of my knowledge true, correct, complete and not misleading. Under local legislation, severe penalties may apply for providing false or misleading information.

Signature*



Name*

Date*

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 (DD/MM/YYYY)

Capacity*

Signature*



Name*

Date*

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

 (DD/MM/YYYY)

Capacity*

If you require additional space please use a separate sheet.

Please fill in for Hindu Undivided Family

As our HUF wishes to open an account with your Bank in the said name _____

_____ we request to say that the first signatory to this letter, i.e.

_____ is the Karta of the joint family and other signatories are the adult co-parceners of the said family. We further confirm that the business of the said family is carried on mainly by the said Karta as also the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all, undertake that claims due to the Bank from the said family, shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatories, the Karta, including the share of minor co-parceners. We hereby undertake to inform the Bank, of the death or birth of a co-parceners, or any change occurring at anytime in the membership of our joint family during the currency of the Account

Name and signature of Karta: _____ - s/d _____

Name and signature of adult co-parceners

1. _____ -s/d _____
2. _____ -s/d _____
3. _____ -s/d _____
4. _____ -s/d _____

Name and date of birth of minor co-parceners

1. _____
2. _____
3. _____
4. _____

Please fill in for Partnership Firm

Re: Opening of a new account in the name of : _____ We , the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof, we shall advise you, in writing, of any change that takes place in the partnership forthwith and, all the partners will be liable to you on any obligation which maybe standing in the firm’s name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Signatures, Name, Date and Capacity (in individual capacity without Stamp) of Partners

Signature*

Name*

Date* [] [] [] [] [] [] [] [] [] [] (DD/MM/YYYY)

Capacity*

Signature*

Name*

Date* [] [] [] [] [] [] [] [] [] [] (DD/MM/YYYY)

Capacity*

Signature*

Name*

Date* [] [] [] [] [] [] [] [] [] [] (DD/MM/YYYY)

Capacity*

Signature*

Name*

Date* [] [] [] [] [] [] [] [] [] [] (DD/MM/YYYY)

Capacity*

Please fill in for Sole Proprietorship Concern

Re: Opening of a new Account in name of _____ refer to the captioned account opened by you and declare as under:

I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I will be liable to you for any obligation which may be standing in the firm name in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

Yours faithfully,
Signature*

Name*

Date* [] [] [] [] [] [] [] [] [] [] (DD/MM/YYYY)

Capacity*

Signatures, Name, Date and Capacity (in individual capacity without Stamp)

General Terms and Conditions:

1. I/We hereby acknowledge, understand and consent to the terms contained in NAB's "Privacy Policy", a copy of which has been provided to me.
2. I/We acknowledge, agree and give consent to NAB that NAB and its officers, employees, service providers and agents may use, store, process, disclose, transfer (whether within or outside India) and/or exchange my information (including personal data and information relating to any of my accounts) in accordance with NAB's "Privacy Policy".
3. I/We warrant that all information and particulars given to you (whether in an account opening form or otherwise) are true, correct and not misleading. I/We undertake to notify you of any changes in my particulars as soon as reasonably practicable after they change.
4. I/We understand that the Bank may as its absolute discretion, discontinue any of the services completely or partially without any notice to me/us, subject to compliance with applicable laws.
5. I/We authorise the Bank to keep providing me/us the information of the Bank's new products and offers through all means of contact provided by me/us in this form.
6. I/We hereby irrevocably authorize the Bank to disclose, from time to time, any information on or relating to my/our account(s) with the Bank to any other branch of the Bank or any of its subsidiaries or affiliates or to any authority whether in India or any other jurisdiction or third party without any requirement for any further consent from me.
7. I/We herewith confirm that all other rules and conditions of the Bank including any amendments thereto as notified by the Bank from time to time shall apply to each of the accounts and all documentation in relation thereto.
8. I/We agree to furnish such additional documents to the Bank as the Bank may require from time to time.
9. I/We undertake to advise you within 30 days of any change in circumstances which affects the tax residency status of the individual identified in this form or cause the information contained herein to become incorrect or incomplete, and to provide you with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Foreign Exchange Management Act, 1999



I/We hereby declare that the transactions relating to foreign exchange routed through your Bank do not and will not involve, and are not and will not be designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made thereunder.

I/We also hereby agree and undertake to give such information/documents from time to time as will reasonably satisfy you about the transactions in terms of the above declaration.

The information including landline number, mobile number and email ID as mentioned above (apart from being used for mandatory account verification and maintenance purposes) may also be used by the Bank to contact the customer and offer carefully selected products and services from time to time either itself or through its agents or authorised representatives. Please indicate if you are agreeable to receiving such offers:

Yes No

For and on behalf of account holder

Place for Photograph	Signature	Place for Photograph	Signature
			
	Name		Name

Capacity: Legal Representative/Partner/Sole Proprietor/ Inheritor/ Authorised Person(s)

Annexure A

Company:

1. Memorandum and Articles of Association - Certified True Copy
2. Certificate of Incorporation - Certified True Copy
3. Certificate of Commencement (In case of a public company) - Certified True Copy
4. Latest list of Directors - On a company letterhead, signed by the Company Secretary. Please include the directors addresses as well on this list
5. Pan Card - Certified True Copy
6. Address Proofs - for both registered and operating addresses, in case the two are different. Any utility bill within the last 3 months would suffice.
7. Latest Shareholding Pattern - on a company letterhead, signed by a director/ company secretary. Please list all ownership percentages as well, until the ultimate beneficiary/ parent company. In case any shareholder/ individual holds 20% or more, we'd require their proofs as well. In case of a listed company, an evidence of listing would be required.
8. Board Resolution - Along with the Identity, Signature and Address (ISA) Proofs of all authorised signatories.

Partnership firms:

1. Registration certificate, if registered
2. Partnership deed
3. Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf
4. Any officially valid document identifying the partners and the persons holding the Power of Attorney and their addresses
5. Telephone bill in the name of firm/partners

Trusts:

1. Certificate of registration, if registered
2. Power of Attorney granted to transact business on its behalf
3. Any officially valid document to identify the trustees, settlors, beneficiaries and those holding Power of Attorney, founders/managers/directors and their addresses
4. Resolution of the managing body of the foundation/association
5. Telephone bill
6. Copy of trust deed
7. If trustee is a corporate or partnership firm, then the documents for corporates/partnership firm to be provided.

Proprietorship: (any two of the following documents will suffice)

1. Registration certificate (in the case of a registered concern)
2. Certificate/license issued by the Municipal authorities under Shop and Establishment Act
3. Sales and income tax returns
4. CST/VAT certificate
5. Certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities
6. Licence issued by the Registering authority like Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, Indian Medical Council, Food and Drug Control Authorities, registration/licensing document issued in the name of the proprietary concern by the Central Government or State Government Authority Department, IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT, etc.

For internal use only


Customer risk profile: Very conservative Conservative Moderate Aggressive Very aggressive

Lead generated by

Customer sourced by

Customer managed by (RM Code and name)

Signature witnessed by



Name of bank officer

Information entered by

Checked by

Account number

Branch manager/Service manager

Employee ID

Date

Notes

For further information

- Customer classification: General customer Very important person Investor Professional investor Exit bank
- Business unit: Retail banking Business banking Corporate banking NAB Health
- Customer category: Private banking Private banking payroll Business banking Personal banking
 Foreign Local
 Corporate broker Charity / Non profit Financial institution Mutual fund / Investor
 Limited company Partnership Shell company Trustee / Nominees
 Unlimited company Govt. body subsidiary

- Please visit our bank branches
- Contact us: +91 22 61988200
- Log on to www.nabasia.in
- E-mail us at nabin_enquiry@nabasia.com