





2. a) Country of Incorporation: \_\_\_\_\_ b) Place/City of Incorporation : \_\_\_\_\_  
 c) Date of Commencement of Business
3. a) Is the entity a tax resident of any country/ies outside India  Yes  No (if yes, please fill Annexure 1)  
 b) Is the entity incorporated or organized in the United States (including a Trust, if the trustee is a U.S. citizen or resident)  Yes  No (if Yes, please fill Annexure 1)

**4. Questions relevant for entity FATCA and CRS classification**

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

- a) Is the entity a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the above mentioned entity types  Yes  No (if yes, please sign the FATCA-CRS terms & conditions declaration; if No, go to next question)
- b) the entity a Financial Institution (FI) OR a Direct Reporting NFE  Yes  No (if Yes, please fill Annexure 1; if No, please go to next question)
- c) the entity a publicly traded corporation / a related entity of a publicly traded corporation
- i. Publicly traded corporation  Yes  No (if Yes, please specify any one stock exchange upon which the stock is regularly traded)  
 Name of the stock exchange:.....
- ii. Related entity of a publicly traded corporation  Yes  No  
 If Yes, please provide below details:  
 Name of the listed company, the stock of which is regularly traded \_\_\_\_\_  
 Name of the stock exchange \_\_\_\_\_  
 Nature of relation:  Subsidiary of the listed company  Controlled by a listed company or under common control  
 (if answer to Q.4(c)(i) or Q.4(c)(ii) above is Yes, please sign the FATCA-CRS terms & conditions declaration; if No, go to next question)
- d) Does the entity have any ultimate beneficial owners (incl. Controlling persons) who are tax residents (incl. U.S. citizens green card holders) of countries other than India  Yes  No (if yes, please fill Annexure 1 and Annexure 2)

**FATCA-CRS terms & 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 Dhanlaxmi Bank. Therefore, it is important that you respond to your request, even if you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor.

**Certification**

Under penalty of perjury, I/we certify that;

- I/We understand that Dhanlaxmi Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. Dhanlaxmi Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I/We agree that as may be required by domestic regulators/tax authorities, Dhanlaxmi Bank may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.
- I/We have understood the information requirements of this Form and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name

Designation

Date  Place

Signature with Seal

**BRANCH DECLARATION**

- I confirm having met the customer and verified the original with the document proof.
- I have verified the signature, all signatories have signed before me.

Positive address confirmation: SVR

**Application Type**  Sourced  Walk-in

Branch Staff Emp No. \_\_\_\_\_ LG Code \_\_\_\_\_ LC Code \_\_\_\_\_ SBU Code \_\_\_\_\_

Branch Staff Emp Name \_\_\_\_\_

Branch Staff Signature \_\_\_\_\_

- I hereby confirm having done the due diligence. I hereby certify that this Relationship form is complete in all respects and relevant documents have been obtained.

Checked UNSCR Lists and confirm that the name does not appear in the list.

The following risk level to be assigned to the customer

**LOW**  **MEDIUM**  **HIGH**

Employee designation \_\_\_\_\_

Employee Code  POA

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Business Site Verification Report											
Sl No	Particulars	Branch comments / Observation									
1	Address Visited with Building No. Phone/Mobile Number (Without building number, the SVR will be treated as invalid)										
2	Nature of business activity										
3	Description of business activity										
4	Number of staff present at the time of visit										
5	Name of the Person contacted during verification / His/Her Designation in the concern										
6	Name and address of two nearby Shops/Offices										
7	Customer vintage (in Months) at the present premises as per nearby shops/officers mentioned in point No. 6										
8	Whether Visiting/Business Card Obtained	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
9	Entity Name Board Sighted at the entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
10	The Name Board Sighted at the entrance	<input type="checkbox"/> Permanent in nature	<input type="checkbox"/> Temporary in nature								
11	Does the Name in the Name Board match with Records/Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
12	Sufficient stock of goods / articles available/visible at the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
13	Do Neighbouring shops or offices know the customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
14	Normal business activity seen during the visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
15	Whether any License Displayed in business premises (Like GSTIN Registration, License from municipality etc.)	<input type="checkbox"/> Yes (Specify type)	<input type="checkbox"/> No								
16	Building Description	<input type="checkbox"/> Poor	<input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Posh								
17	Furniture / Fixtures / Office equipments seen at the premises are	Seems to be a make shift/temporary arrangements Are suitable for the nature of business carried on by the entity									
18	Type of Building	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented								
19	Distance from Branch (in Kilo Meter) and Nearest Land Mark of the entity.										
20	Land Line Phone number Noticed and verified at the premises (verification by Missed call at the time of presence at the client's premises itself)										
21	Business Locality Type	Residential	Commercial								
		Industrial									
		Business Centre	Slum								
			Under Developed								
22	Any Other Observations (Like dealership agreement, agency agreement etc. seen)										
I _____ Name of the official _____ hereby confirm that I made a personal visit on <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
at <u>Time</u> to the premises of the above party and the address and other details given in the above											
a) Matches with the data given in the application form and the data evidenced by the KYC documents and establish the existence of such firm and confirm and satisfy that the business activity has been verified from the above address(or)											
b) Is not matching which is given as a separate report.											
Signature with Seal											
Name		Designation									
Employee No		POA No									
<b>Note :</b> * Bank Official conducting Site verification to fill / Put Tick Mark in the relevant fields * On best effort basis attach photograph of the Business Site Visited											