

ANNEXURE II

**PUNJAB AND MAHARASHTRA CO-OP BANK LTD  
MULTI STATE CO-OP BANK LTD**

**FATCA Declaration for Entities**

Customer Number \_\_\_\_\_

Account Number \_\_\_\_\_

Date: \_\_\_\_\_

1. Name of the Account: \_\_\_\_\_
2. Address for Tax Purpose:-  Same as Mailing Address  Same as Registered Address as mention in Personal Information Sheet.
3. Address type for above: \_\_\_\_\_(Business or Registered Office)
4. Country of incorporation: \_\_\_\_\_
5. City of incorporation: \_\_\_\_\_
6. Identification type and Identification Number (if TIN or US GIIN not provided): Company Identification Number \_\_\_\_\_, Global Entity Identification Number \_\_\_\_\_, Other(please specify & provide)\_\_\_\_\_
7. Issuing country for identification number provided in point no 6. Above \_\_\_\_\_
8. 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 the country/ies mentioned in the table below

<b>Country</b> (To Include USA where the individual is a citizen / green card holder of USA)	<b>Tax Identification Type</b>	<b>Tax Identification Number</b> TIN or Other, Please specify

In case Tax Identification Number is not available, kindly provide functional equivalent  
Taxpayer identification number (TIN) means a number assigned to a person / entity in the country or territory in which person / entity is resident for tax purposes and

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 code1 here: \_\_\_\_\_

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

**Any one to be Filled from Part A or Part B**

<b>Part A (To be filled by Financial Institutions or Direct Reporting Non-Financial Entities)</b>		
We are a <input type="checkbox"/> Financial institution or <input type="checkbox"/> Direct reporting Non-Financial Entity  (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: <input type="checkbox"/> Applied for  <input type="checkbox"/> Not required to apply for (Please specify sub-category Please provide with Form W8-BEN-E, duly filled in <input type="checkbox"/> Not obtained – Non-participating FI

<b>Part B (Please fill any one as appropriate; To be filled by Non Financial Entities other than Direct Reporting NFEs)</b>	
Is Entity a publicly traded company <sup>5</sup> (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange upon which the stock is regularly traded)  Name of the stock exchange _____
Is Entity a related entity of a publicly traded company <sup>6</sup> - a company whose shares are regularly traded on an established securities market	<input type="checkbox"/> Yes  Name of the listed company, the stock of which is regularly traded : _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded)  Name of the stock exchange _____ Nature of relation: <input type="checkbox"/> Subsidiary of the listed company <input type="checkbox"/> Controlled by a listed company
Is Entity an active NFE	<input type="checkbox"/> Yes Please specify the sub-category of Active NFE: ____ (Mention code – refer 2c of Part D)
Is Entity a passive NFE	<input type="checkbox"/> Yes

**Part C (to be filled only by Entities which are not listed on any stock exchange)**

Please list below the details of each controlling person(s)<sup>9</sup>, confirming ALL countries of tax residency/ permanent residency/ citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):

Owner-documented FFI's<sup>10</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5	Controlling Person 6
Name						
Date of Birth						
Country of tax residency*						
Address (include City State, Country & Pin code)						
Telephone/mobile number with ISD code						
PAN / Tax identification number (or functional equivalent) for each country identified in relation to each person%						
Identification Type (TIN or Other, please specify the name of document for above)						
% of beneficial interest / Ownership / Capital / Profits.						
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 Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4	Controlling Person 5	Controlling Person 6
Customer ID (if allotted)						
Gender						
(Male, Female, Other)						
City of Birth						
Country of birth						
Occupation Type (Service, Business, Others)						
Nationality						
Father's Name (if PAN not available)						
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)						
Identification Type (Documents submitted as proof of identity of the individual)@						
Identification Number (Mandatory if PAN or Aadhaar number is not reported)						
Spouse's name (optional)						
Aadhaar Number (optional)						

\*To include US, where controlling person is a US citizen or green card holder

# (i) Pan Number to be provided for Resident. In absence of it, valid ID document to be submitted. If minor, then age proof to be provided.

(ii) In case of Foreign National/NRI, Passport Number to be additionally provided.

(iii) Address mentioned should be of Residence for Individuals

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

@ Permissible values are:

Passport	PAN Card	Driving License	NREGA Job card
Election ID card	ID Card	UIDAI Letter	Others

## **CBDT Terms and Conditions**

Towards compliance with tax information sharing laws, as stated in CBDT regulations, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or greencard holder, please include United States in the foreign country information field along with the 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.

Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

### **Certification**

I have understood the information requirements of this Form (read along with the FATCA-CRS Instructions & Definitions under Part D) and hereby confirm that the information provided by us on this Form is True, Correct, and Complete. I also confirm that I have read and understood CBDT Terms and Conditions above and hereby accept the same. I/We understand that my personal details as provided /available in the bank records will be used for FATCA/CRS reporting.

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature (under Rubber stamp):**

Date: \_\_/\_\_/\_\_

Place: \_\_\_\_\_