

ABHYUDAYA CO-OP. BANK LTD.

(Multi-State Scheduled Bank)

Head office: K.K. Tower. Off. G. D. Ambekar Marg, Parel Village, Mumbai - 400 012.

Addendum to the Entity (Non-Individual) Account Opening Form

Name of the Entity		Customer ID No	
Date of incorporation		Place of Incorporation	
Date of Commencement of Business		Country of Incorporation	
Type of Account		Account No.	

Section 1: Identification Details

Please tick / fill and complete as appropriate.

(a) Entity Constitution Type

- A) Sole Proprietorship B) Partnership Firm C) HUF D) Private Ltd. Company
E) Public Ltd. Company F) Society G) AOP/BOI H) Trust I) Liquidator
J) Ltd. Liability Partnership K) Artificial Juridical Person Z) Others X) Not Categorised

(b) Nature of Business (kindly fill in details from Annexure 4):

(c) Permanent Account Number (PAN): _____

(d) Identification Number: _____

(e) Identification Type (tick as applicable)

- Company identification Number Trust registration Number
Tax Identification Number (TIN) Global Entity Identification Number
US GIIN Others

(f) Identification issuing Country: _____

(g) ID proof : Certificate of Incorporation/Formation Registration Certificate Resolution of Board/Managing Committee Memorandum and Articles of Association/Partnership Deed/Trust Deed Officially valid document(s) in respect of person authorised to transact.

(h) Address Proof:

• **Current/ Permanent/ Overseas Address details:**

Address Type: Residential/Business Residential Business Registered office Unspecified

Address Proof : Certificate of Incorporation/Formation Registration Certificate

City/Town/Village: _____ State/UT : _____ Pin code: _____ Country Code: _____

Tel(off) : _____ Tel(Res): _____ Mobile: _____ Fax: _____

Email Id : _____

• **Correspondence/ Local Address details:**

Address Type: Residential/Business Residential Business Registered office Unspecified

Address Proof : Certificate of Incorporation/Formation Registration Certificate

City/Town/Village: _____ State/UT : _____ Pin code: _____ Country Code: _____

Tel(off) : _____ Tel(Res): _____ Mobile: _____ Fax: _____

• Email Id : _____

• **Address in the jurisdiction where entity is resident outside India for tax purposes:**

Address Type: Residential/Business Residential Business Registered office Unspecified
 Address Proof : Certificate of Incorporation/Formation Registration Certificate

City/Town/Village: _____ State/UT : _____ Pin code: _____ Country Code: _____
 Tel(off) : _____ Tel(Res): _____ Mobile: _____ Fax: _____
 Email Id : _____

Section 2: Declaration of Tax Residency

Please indicate the Entity's country of tax residence (if resident in more than one country please give detail of all countries and associated tax identification number and TIN issuing country).

Country/ Countries of tax residency	Tax Identification number (TIN)/ Functional Equivalent	TIN/ Functional Equivalent Issuing Country	Please specify the Documentary Evidence enclosed for country of tax residence and TIN	Validity of documentary evidence

(Complete details of all countries of tax residence if more than one.

Kindly provide the documentary evidence of country of tax residence and TIN)

If tax resident of Country outside India, kindly provide confirmation as under

- 1) If US tax resident, are US Specified Person - Yes / No
 (If No, Kindly tick Exclusion from *Annexure 1) - (i) / (ii) / (iii) / (iv) / (v) / (vi) / (vii) / (viii) / (ix) / (x) / (xi) / (xii) / (xiii) .
- 2) If tax residence of country other than USA, kindly tick if any of the following is applicable:
 - (i) a corporation, the stock of which is regularly traded on one or more established securities markets;
 - (ii) any corporation that is a related entity of a corporation mentioned in item (i)
 - (iii) a Governmental entity;
 - (iv) an International organisation;
 - (v) a Central bank; or
 - (vi) a financial institution

Kindly attach documentary evidence of country of tax residence and the tax identification number

Section 3 : Entity Classification

3.1 If you are a **reporting Financial Institution**, please tick at least one of the below categories, and provide your FATCA Global Intermediary Identification Number (GIIN):

Depository Institution Custodial Institution Investment Entity Specified Insurance Company
 GIIN _____

3.2 If you are a **Financial Institution but are non-reporting financial institution**, please tick one of the below reasons:

- (a) The Entity is a Non-Reporting Financial Institution. Please tick exemption from *Annexure 2: (a) / (b) / (c) / (d) / (e) / (f) / (g) / (h) / (i) / (j) / (k) / (l) / (m).
- (b) The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.
 Sponsoring Entity's Name: _____
 Sponsoring Entity's GIIN: _____
- (c) The Entity is a Trustee Documented Trust and has not yet obtained a GIIN. Please provide the Trustee's name and the GIIN
 Name of the Trustee of the Trust:
 GIIN of the Trustee:.....

3.3 The Entity is an owner documented Financial Institution. Please provide the details of each of the substantial owners of the financial institution in the form for Controlling Persons attached.

- 3.4 The Entity is a Non-Participating Financial Institution
- 3.5 If the Entity is not a Financial Institution, please confirm the Entity's status below:
- (a) The Entity is an **Active Non-Financial Entity** (Please tick as per *Annexure 3) (i) / (ii) / (iii) / (iv) / (v) / (vi) / (vii) / (viii)
- (b) The Entity is a **Passive Non-Financial Entity (NFE)**(Please tick as per *Annexure 3A): (i) / (ii) / (iii).

If **Passive Entity is ticked** please fill the Form of all Controlling Persons¹ -

Controlling Person Self-Certification AND tick the below:

- Controlling Persons of the Entity are tax resident of India
- Controlling Persons of the Entity are tax resident of USA
- Controlling Persons of the Entity are tax resident of countries other than India and USA.

Kindly specify the countries of which the controlling persons are tax resident of:.....
(if more than one, list of all countries should be specified.)

- (c) The Entity is Direct reporting NFE.

If ticked, please provide the GIIN of the Direct Reporting NFE -----

Details of Related Person (please complete Annexure B)

Section 4: Declaration and Undertakings

I / We certify that:

- The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- 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.
- 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.
- I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- 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.
- 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.
- 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 there under.
- 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.
- I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- I/We certify that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI guidelines.

Authorised Signatory : _____

Name : _____

Position/Title: _____

Date: (dd/mm/yyyy) _____

Seal and Stamp of the Entity

-----: **For Office Use Only** :-----

Customer ID: _____ Account Type: _____ Account No.: _____

Name & Staff No. of the Bank Official : _____

Date :

*** Details of Annexure are available with the Manager/ Accountant of the branch**

Signature of the Bank Official

Form to be filled in by the Controlling Person

1. Controlling Person Type: _____
 - (a) In case of legal Person:
 Ownership Other means Other Senior Managing Official
 - (b) In case of legal Arrangement:
 Other Trust Other Settlers Other Trustee Other Protector Other beneficiary Others
 - (c) In case of legal Arrangement - others
 Settler equivalent Trustee equivalent Protector equivalent beneficiary equivalent Others equivalent
 - (d) Unknown
2. Name of the Controlling Person: _____
3. Maiden Name (if any): _____
4. Customer ID, if allotted: _____
5. Father/Spouse name: _____
6. Mother's name : _____
7. Gender: M- Male F - Female T - Transgender
8. Marital Status : Married Unmarried Others
9. PAN: _____
10. Aadhaar No: _____
11. Identification Type (*tick and provide as proof of identity*):
 A-Passport B- Election Id Card C- PAN Card D- ID Card E- Driving License
 F -UIDAI letter G-NREGA job card H- Others X- Not categorised
12. Identification Number (*mentioned in identification document*): _____
13. Occupation Type: _____
 S-Service (Private Sector Public Sector Government sector)
 O-Others (Professional Self Employed Retired Housewife Student)
 B-Business X- Not categorised
14. Date of Birth (DD/MM/YYYY): __/__/__
15. Nationality: IN - Indian Others
16. Residential Status:
 Resident individual Non Resident Indian Foreign National Person of Indian origin
17. Place of Birth: _____
18. Country of Birth: _____
19. Address Type of Controlling Person:
 1-Residential or Business 2-Residential 3-Business 4-Registered Office 5-Unspecified.
20. Address proof:
 Passport Driving License UID Voter identity card NREGA job card Others
21. Address of Controlling Person:

State/U.T Code: _____ Pin/post code: _____ Country code: _____
22. Mobile/Telephone Number: _____
23. Please indicate the Country of tax residence (if resident in more than one country please detail all countries and associated tax identification number and TIN issuing country).

Country/	Tax Identification	TIN / Functional	Documentary Evidence	Validity of
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Countries of tax residency	number (TIN)/ Functional Equivalent	Equivalent Issuing Country	enclosed for country of tax residency and TIN	documentary evidence

(Complete details of all countries of tax residence if more than one. Kindly provide the documentary evidence of country of tax residence and TIN)

Declaration and Undertakings

I / We certify that:

- a) The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.
- b) 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.
- c) I/We permit/authorize 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.
- d) I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- e) 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.
- f) 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.
- g) It shall be my responsibility / 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 there under.
- h) 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.
- i) I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

Authorised Signatory: _____

Name _____

Position/Title: _____

Date: (dd/mm/yyyy) ____/____/_____

Seal and Stamp of the Entity

Instructions:

- 1. All the information mentioned above have to be mandatorily provided.
- 2. Annexure should be filed separately by each Controlling Person for all Accounts

Annexure B - Details of Related Person

Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person: _____

Related Person Type: Director Promoter Karta Trustee Partner Authorised Signatory
 Court Appointed Official Beneficiary

Details of the Related Person:

Name	
Maiden Name (if any)	
Father/Spouse Name	
Mother's Name	
Date of Birth	
Gender	<input type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> T - Transgender
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
Residential Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin
Occupation Type	<input type="checkbox"/> S- service (<input type="checkbox"/> Private sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)
	<input type="checkbox"/> O-others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> B - Business <input type="checkbox"/> X- Not categorised
PAN	
Aadhar No.	
Place/City of Birth	Nationality <input type="checkbox"/> IN - Indian <input type="checkbox"/> Others
	Country of Birth

TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA

ADDITIONAL DETAILS REQUIRED

ISO 3166 Country Code of Jurisdiction of Residence: _____ Tax Identification Number or equivalent (if issued by the jurisdiction) _____

Place / City of Birth: _____ Country of Birth: _____

Proof of Identity

(Certified copy of any one of the following Proof of Identity needs to be submitted)

- A-Passport _____ Passport Expiry Date: _____
- B-Voter ID Card _____
- C-PAN Card _____
- D-Driving License _____ Driving Licence Expiry Date: _____
- E-UID (Aadhaar) _____
- F-NREGA Job Card _____
- Z-Other _____ Identification Number _____

Proof of Address

Current/Permanent /Overseas Address details:

Address Type : Residential/Business Residential Business Registered office Unspecified

Address Proof : _____

City/Town/Village: _____ State/UT : _____ Pin code : _____ Country Code : _____

Contact Details

Tel (off) : _____ Tel(Res): _____ Mobile: _____ Fax: _____

Email ID : _____

Declaration

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

signature (s) :

Name :