CLIENT ID	

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151	H()	1111

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



DEMAT CELL, 4TH FLOOR, NO 1 PADMAVATHIAR ROAD C) Please fill the date in DD-MM-YYYYY format. GOPALAPURAM, CHENNAI-600086 PH-044-28359243-246/48

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.

- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- D) Please read section wise detailed guidelines / instructions H) For particular section update, please tick (\checkmark) in the box available before the section number and strike off the sections not required to be updated.



				WALL CHES
For office use only	Application Type*	ew Update		
(To be filled by financial institution			(Mandatory for KYC upd	ate request)
_		ormal Simplified (for low risk o	customers)	
1. PERSONAL DETAILS	S (Please refer instruction A at the			
□ 	Prefix First Nan	ne Middle N	lame	Last Name
Name* (Same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	$D \hspace{.1cm} D \hspace{.1cm} D \hspace{.1cm} - \hspace{.1cm} M \hspace{.1cm} M \hspace{.1cm} - \hspace{.1cm} Y \hspace{.1cm} Y \hspace{.1cm} Y \hspace{.1cm} Y \hspace{.1cm} Y$			РНОТО
Gender*	☐ M- Male	☐ F- Female ☐ T-Transg	jender	111010
Marital Status*	Married	☐ Unmarried ☐ Others		Signature across Photo
Citizenship*	IN- Indian	Others (ISO 3166 Country Cod	de)	ass
Residential Status*	Resident Individual Foreign National	☐ Non Resident Indian☐ Person of Indian Origin	<u>(C1)</u>	
Occupation Type*	☐ S-Service(☐ Private Secton ☐ O-Others(☐ Professional ☐ B-Business ☐ X- Not Categorised		nt Sector) ∃Housewife □Student)	Signature / Thumb Impression
☐ 2. TICK IF APPLICABL	E □ RESIDENCE FOR TAX F	PURPOSES IN JURISDICTION(S) C	OUTSIDE INDIA (Please refer	instruction B at the end)
ADDITIONAL DETAILS REQ	UIRED* (Mandatory only if sectio	n 2 is ticked)		
ISO 3166 Country Code of Ju	urisdiction of Residence*			
Tax Identification Number or	equivalent (If issued by jurisdiction	on)*		
Place / City of Birth*		ISO 3166 Country Code of Bir	rth*	
☐ 3. PROOF OF IDENTITY	Y (Pol)* (Please refer instruction	C at the end)		
(Certified copy of any one of the	following Proof of Identity[Pol] nee	ds to be submitted)		
A- Passport Number		Passport E	Expiry Date	M M — Y Y Y Y
B- Voter ID Card				
C- PAN Card				
D- Driving Licence		Driving Lic	cence Expiry Date DD -	M M — Y Y Y Y
E- UID (Aadhaar)				
F- NREGA Job Card			ue u vi i litti	
	otified by the central government)		ntification Number	
□ S- Simplified Measures A	Account - Document Type cod	le Ider	ntification Number	

4. PROO																						
4.1 CURRE											ction	D at th	ne end)								
(Certified copy o		_							иртние	<i>₹a)</i>												
Address Type* Proof of Addre		_		' Busine	SS		Reside					Busine		>	⊔R	egiste	ered C	тісе		⊔ U	nspec	citied
1 1001 01 Addre		_ Pass _ Voter	· Identity	y Card			Driving NREG	-		d		עונ (A Other:	∖adha s	iar)		plea	ase sp	ecify				
A 1.1		Simp	lified M	easures	Accou	unt - [Docum	ent Ty	pe co	de												
Address																						
Line 1*																						
Line 2																	. [
Line 3												<u> </u>	,	City /		/ Villa					<u> </u>	
District*					Pin	/ Post	Code*					Stat	e / U.	T Code	*		ISO	3166	Coun	try Co	de*	
4.2 CORRE	SPONDE	NCE / L	OCAL A	DDRESS	DETAI	LS * (F	Please s	see inst	truction	n E at	the e	nd)										
Same as Cu													cal add	dresses,	, pleas	e fill 'A	Annexu	ıre A1	')			
Line 1*																						
Line 2																						
Line 3														City /		า / Vil	-					
District*					Pin	/ Pos	t Code	*				Sta	te / U	.T Code	e*		ISO	3166	Cour	ntry Co	de*	
4.3 ADDRE	SS IN TH	E JURIS	DICTIO	N DETAII	LS WHE	ERE AF	PPLICA	NT IS F	RESID	ENT C	DUTS	IDE II	NDIA F	FOR TAX	(PUR	POSE	:S* (Ap	plicab	e if sec	ction 2 i	s ticke	d)
Same as Cu	urrent / Pe	rmanen	t / Overs	eas Addı	ess det	ails			□ s	ame a	s Co	rrespo	ndenc	e / Loca	ıl Addr	ess de	etails					,
Line 1*																						
Line 2																						
Line 3														City /	Town	/ Villa	_					
State*									ZI	P / Po	ost C	ode*					ISO	3166	Count	try Cod	de*	
☐ 5. CONTAC	CT DETA	ILS (All	commun	ications w	/ill be se	nt on pi	rovided N	Mobile r	no. / Em	nail-ID)	(Plea	ase ref	er instr	uction F	at the	end)						
Tel. (Off)						Te	l. (Res)								Mobi	le						
FAX						En	nail ID															
6. DETAILS	S OF REI	ATED	PERSC	N (In ca	se of ad	ditional	related	persons	s, pleas	e fill 'A	nnex	ure B1	') (plea	ase refer	instruc	tion G	at the	end)				
Addition of Re		_		of Relate										n (if avail								
Related Person	Type*		Guardi	an of Mir	nor		□ A	ssigne						ed Repr	,	ative						
		I	Prefix		F	irst Na	me					Mid	dle Na	me					Last I	Vame		
Name*		(If	KYC nur	mber and	name ar	e provid	ded belo	w detai	ils of se	ection 6	are o	ontiona	al)									
		,				•					, a.o.	option.	A1 <i>)</i>									
PROOF OF			RELATE	D PERSO	ON* (Ple	ase see	e instruct	tion (H)	at the	end)												
☐ A- Passpo		er									F	Passp	ort Ex	xpiry Da	ate		D D	— M	M —	YY	YY	
☐ B- Voter ID																						
C- PAN Ca	ard																					
☐ D- Driving	Licence										[Drivin	g Lice	ence Ex	piry [Date	D D	— M	M —	YY	Y	
☐ E- UID (Aa	adhaar)								_													
☐ F- NREGA	Job Caı	d																				
Z- Others	(any docu	ment no	tified by	the centr	al gove	rnmen	t)						Ident	tificatior	n Nur	nber						
S- Simplifie	ed Meas	ures Ad	count	- Docun	nent Ty	pe co	de						Ident	tificatior	n Nur	nber						
☐ 7. REMAR	KS (If an	/)																				
8. APPLIC	CANT DE	CLAR	ATION																			
I hereby declare you of any chang lam aware that lam	ges therein, ir	nmediately.	In case an				-	-						C2								
I am aware that I				-110/0 = 1	-4	L 0112		b				- 4.1										
I hereby consent Date:			TOTAL CENTR	ai NTO Regi	stry throug		mail on the	e above re	egistered	number	remail	audress				S	ignature	/ Thuml	Impres	sion of A	pplicant	

9. ATTESTATION	/ FOR OFFICE USE ONLY	
Documents Received	☐ Certified Copies & Original Verified	
IN-PERSO	ON AND KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date Emp. Name Emp. Code Emp. Designation Emp. Branch		Name Code
SIGNATURE OF EMPLOY	[Employee Signature]	[Institution Stamp / Branch Seal]

	SEPARATE	MOBILE NUMBE	R & EMAIL ID DE	CLARATION
I hereby declare the	hat the aforesaid • mobile n	umber or • E-mail ID belo	ongs to ME or My family (spouse, dependent children and dependent parents)
CLIENT ID			DATE:	
DP ID : IN303382	Name of the C	Customer	Mobile Number	Email ld of the Customer
1st Account holder				
2nd Account holder				
3rd Account holder				
©3) Signature	e 1st holder	Signature	2nd holder	Signature 3rd holder

CHECK POINTS AT BRANCHES BEFORE SENDING FORM

- 1) CUSTOMER SELF ATTESTATION REQUIRED IN ALL SUPPORTING DOCUMENTS
- 2) All the supporting documents to be Verified by KVB Employee and KVB Employee attestation, Branch seal required all the documents
- 3) For Any Modification request in Client details, Mother name filling is mandatory in 1st page of the kyc form
- 4) FOR ANY MODIFICATION REQUEST, SIGNATURE IN MOBILE DECLARATION AND FATCA FORM IS MANDATORY
- 5) If bank statement provided as address proof, Latest bank transaction page also required with customer self attestation, Employee attestation and Branch Seal
- 6) Copy of Aadhar card Mandatory
- 7) Any corrections in the KYC form to be counter signed by the customer
- * * * Employee attestation Employee code, Name, Signature and Designation

CLIENT ID

2ND HOLDER

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual



 ${\tt DEMAT CELL, 4TH FLOOR, NO\,1\,PADMAVATHIAR\,ROAD}$ GOPALAPURAM, CHENNAI-600086 PH-044-28359243-246/48

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
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- C) Please fill the date in DD-MM-YYYY format.
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- F) List of two character ISO 3166 country codes is available at the end.
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									10
For office use only	Application Type*	New	Upda	te					
(To be filled by financial institu					((Mandator)	y for KYC up	date reques	st)
	Account Type*	☐ Normal	Simp	lified (for low	risk custo	omers)	Small		
☐ 1. PERSONAL DETAI	LS (Please refer instruction	A at the end)							
	Prefix F	irst Name		М	iddle Name			Last Na	ime
Name* (Same as ID proof									
Maiden Name (If any*)									
Father / Spouse Name*									
Mother Name*									
Date of Birth*	D D — M M — Y Y	YY						PH	ОТО
Gender*	☐ M- Male	☐ F-	Female	☐ T-T	ransgende	er			
Marital Status*	☐ Married	☐ Ur	nmarried	☐ Oth	ners				Signature ocross Photo
Citizenship*	☐ IN- Indian	☐ Ot	thers (ISO	3166 Count	ry Code)			
Residential Status*	☐ Resident Individual☐ Foreign National		on Resider erson of Ind				<u>(C1)</u>		
Occupation Type*	S-Service (☐ PrivatO-Others (☐ Profes☐ B-Business☐ X- Not Categorised				rnment Se ed ⊟Hoi	•	☐Student)		re / Thumb ression
☐ 2. TICK IF APPLICAE	BLE RESIDENCE FOR	R TAX PURPO	SES IN JU	IRISDICTION	N(S) OUTS	SIDE INDI	A (Please refe	r instruction l	B at the end)
ADDITIONAL DETAILS RE	EQUIRED* (Mandatory only	if section 2 is tic	ked)						
ISO 3166 Country Code of	Jurisdiction of Residence	*							
Tax Identification Number of		,							
Place / City of Birth*		I	SO 3166 C	Country Code	of Birth*				
☐ 3. PROOF OF IDENT	ITY (Pol)* (Please refer ins	truction C at the	e end)						
(Certified copy of <u>any one</u> of th	ne following Proof of Identity[F	Pol] needs to be	submitted)						
☐ A- Passport Number				Pass	sport Expir	y Date	D D —	M M — Y	YYY
☐ B- Voter ID Card									
C- PAN Card									
☐ D- Driving Licence				Drivi	ng Licence	e Expiry D	ate DD-	M M — Y	YYY
E- UID (Aadhaar)					-				
☐ F- NREGA Job Card									
Z- Others (any documen	t notified by the central gover	nment)			Identific	ation Num	ber		
S- Simplified Measures	s Account - Document Ty	pe code			Identific	ation Num	ber		

4. PROO																						
4.1 CURRE											ction	D at th	ne end)								
(Certified copy o		_							иртние	<i>₹a)</i>												
Address Type* Proof of Addre		_		' Busine	SS		Reside					Busine		>	⊔R	egiste	ered C	тісе		⊔ U	nspec	citied
1 1001 01 Addre		_ Pass _ Voter	· Identity	y Card			Driving NREG	-		d		עונ (A Other:	∖adha s	iar)		plea	ase sp	ecify				
A 1.1		Simp	lified M	easures	Accou	unt - [Docum	ent Ty	pe co	de												
Address																						
Line 1*																						
Line 2																	. [
Line 3												<u> </u>	,	City /		/ Villa					<u> </u>	
District*					Pin	/ Post	Code*					Stat	e / U.	T Code	*		ISO	3166	Coun	try Co	de*	
4.2 CORRE	SPONDE	NCE / L	OCAL A	DDRESS	DETAI	LS * (F	Please s	see inst	truction	n E at	the e	nd)										
Same as Cu													cal add	dresses,	, pleas	e fill 'A	Annexu	ıre A1	')			
Line 1*																						
Line 2																						
Line 3														City /		า / Vil	-					
District*					Pin	/ Pos	t Code	*				Sta	te / U	.T Code	e*		ISO	3166	Cour	ntry Co	de*	
4.3 ADDRE	SS IN TH	E JURIS	DICTIO	N DETAII	LS WHE	ERE AF	PPLICA	NT IS F	RESID	ENT C	DUTS	IDE II	NDIA F	FOR TAX	(PUR	POSE	:S* (Ap	plicab	e if sed	ction 2 i	s ticke	d)
Same as Cu	urrent / Pe	rmanen	t / Overs	eas Addı	ess det	ails			□ s	ame a	s Co	rrespo	ndenc	e / Loca	ıl Addr	ess de	etails					,
Line 1*																						
Line 2																						
Line 3														City /	Town	/ Villa	_					
State*									ZI	P / Po	ost C	ode*					ISO	3166	Count	try Cod	de*	
☐ 5. CONTAC	CT DETA	ILS (All	commun	ications w	/ill be se	nt on pi	rovided N	Mobile r	no. / Em	nail-ID)	(Plea	ase ref	er instr	uction F	at the	end)						
Tel. (Off)						Te	l. (Res)								Mobi	le						
FAX						En	nail ID															
6. DETAILS	S OF REI	ATED	PERSC	N (In ca	se of ad	ditional	related	persons	s, pleas	e fill 'A	nnex	ure B1	') (plea	ase refer	instruc	tion G	at the	end)				
Addition of Re		_		of Relate										n (if avail								
Related Person	Type*		Guardi	an of Mir	nor		□ A	ssigne						ed Repr	,	ative						
		I	Prefix		F	irst Na	me					Mid	dle Na	me					Last I	Vame		
Name*		(If	KYC nur	mber and	name ar	e provid	ded belo	w detai	ils of se	ection 6	are o	ontiona	al)									
		,				•					, a.o.	option.	A1 <i>)</i>									
PROOF OF			RELATE	D PERSO	ON* (Ple	ase see	e instruct	tion (H)	at the	end)												
☐ A- Passpo		er									F	Passp	ort Ex	xpiry Da	ate		D D	— M	M —	YY	YY	
☐ B- Voter ID																						
C- PAN Ca	ard																					
☐ D- Driving	Licence										[Drivin	g Lice	ence Ex	piry [Date	D D	— M	M —	YY	Y	
☐ E- UID (Aa	adhaar)								_													
☐ F- NREGA	Job Caı	d																				
Z- Others	(any docu	ment no	tified by	the centr	al gove	rnmen	t)						Ident	tificatior	n Nur	nber						
S- Simplifie	ed Meas	ures Ad	count	- Docun	nent Ty	pe co	de						Ident	tificatior	n Nur	nber						
☐ 7. REMAR	KS (If an	/)																				
8. APPLIC	CANT DE	CLAR	ATION																			
I hereby declare you of any chang lam aware that lam	ges therein, ir	nmediately.	In case an				-	-						C2								
I am aware that I				-110/0 = 1	-4	L 0112		b				- 4.1										
I hereby consent Date:			TOTAL CENTR	ai NTO Regi	stry throug		mail on the	e above re	egistered	number	remail	audress				S	ignature	/ Thuml	Impres	sion of A	pplicant	

9. ATTESTATION	/ FOR OFFICE USE ONLY	
Documents Received	☐ Certified Copies & Original Verified	
IN-PERSO	ON AND KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date Emp. Name Emp. Code Emp. Designation Emp. Branch		Name Code
SIGNATURE OF EMPLOY	[Employee Signature]	[Institution Stamp / Branch Seal]

	SEPARATE	MOBILE NUMBE	R & EMAIL ID DE	CLARATION
I hereby declare the	hat the aforesaid • mobile n	umber or • E-mail ID belo	ongs to ME or My family (spouse, dependent children and dependent parents)
CLIENT ID			DATE:	
DP ID : IN303382	Name of the C	Customer	Mobile Number	Email ld of the Customer
1st Account holder				
2nd Account holder				
3rd Account holder				
©3) Signature	e 1st holder	Signature	2nd holder	Signature 3rd holder

CHECK POINTS AT BRANCHES BEFORE SENDING FORM

- 1) CUSTOMER SELF ATTESTATION REQUIRED IN ALL SUPPORTING DOCUMENTS
- 2) All the supporting documents to be Verified by KVB Employee and KVB Employee attestation, Branch seal required all the documents
- 3) For Any Modification request in Client details, Mother name filling is mandatory in 1st page of the kyc form
- 4) FOR ANY MODIFICATION REQUEST, SIGNATURE IN MOBILE DECLARATION AND FATCA FORM IS MANDATORY
- 5) If bank statement provided as address proof, Latest bank transaction page also required with customer self attestation, Employee attestation and Branch Seal
- 6) Copy of Aadhar card Mandatory
- 7) Any corrections in the KYC form to be counter signed by the customer
- * * * Employee attestation Employee code, Name, Signature and Designation



FATCA/CRS Declaration Form (For Individuals) (Foreign Account Tax Compliance Act / Common Reporting Standard)

Client N	lame:		PAN No	o. :						
		P/	ART A							
Country	of Residence									
Residen	ce for Tax Purposes									
Country	of Birth		Place		Date					
US Pers	on* (YES /No)				I					
PART B If in any of the fields under "PART A", the 'Country' mentioned is other than 'INDIA' or if U.S person=Yes, then either fill the details in Part-B (i) below OR sign the self-declaration in Part-B(ii) Part B (i)										
S.No	Country of Tax Residency #	Tax Payer Identification Number (TIN) / Functional Equivalent	Issuing Country TIN / Function Equivalent	-	cify whether I / Functional (5)	column (3) is Equivalent				
(1)	(2)	(3)	(4)							
in those	respective countries									
I confirm	m that I am neither a e parameters sugges	applicable but Part B(i) has an U.S Person nor a resident for the country in the country in and residency in Inc.	or Tax purpose in a etry outside India.	nny country ot	her than Indi	a, though one				
		Aadhaar PAN Driving		C4						
NRE	EGA Job Card Doc	ument#			Signature					
*-Defir	nition for the term 'U	J.S Person' is available on th	ne rear of this forn	n						
*-Definition for the term 'U.S Person' is available on the rear of this form Declaration by customer: 1. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes(CBDT) vide notification No. S.O. 2155(E)dated 7th August 2015 and RBI Circular No. RBI/2015-16/165.DBR.AML.BC.No. 36/14.01.001/2015-16 dated 28th August 2015 in this regard. 2. 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 FATCA/CRS. I shall seek advice from a professional tax advisor for clarification on my tax residency and its implication under FATCA/ CRS. 3. I understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and / or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements(IGA) and common Reporting Standards (CRS) and or any other similar arrangements. 4. I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment / categorization of my account as a U.S. Reportable Account or otherwise. In case any of the above information is found to be false or untrue or misleading or mislerepreting, I am aware that I may be held liable for it. 5. I 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 above, as well as in the documentary evidence. 6. I agree to make go										
Place :		Date :	C 5	Customer Signature	e:					

- The term 'United States person' will be based on one or more of the following indicia:
- 1. An individual, being a citizen or resident of the United States of America.
- 2. Unambiguous indication of a US place of birth
- 3. Current US mailing/residence address (including a US post office box)/Current US telephone Number
- 4. Standing instructions to transfer funds to an account maintained in USA
- 5. Current effective power of attorney or signing authority granted to a person with a US address (or) An 'in-care-of' or 'Hold mail' address that is the sole address the Indian Financial Institution has on the file for the account holder.



FATCA/CRS Declaration Form (For Individuals) (Foreign Account Tax Compliance Act / Common Reporting Standard)

Client N	Name:				PAN No.	.:				
PART A										
Country of Residence										
Residen	nce for	Tax Purposes								
Country of Birth					Place			Date		
US Person* (YES /No)		ES /No)		<u>'</u>	1					
PART B If in any of the fields under "PART A", the 'Country' mentioned is other than 'INDIA' or if U.S person=Yes, then										
either fill the details in Part-B (i) below OR sign the self-declaration in Part-B(ii)										
Part B (i)										
S.No		ntry of Tax sidency #	Tax Payer Identification Number (TIN) /		ssuing Country of TIN / Functional		Specify whether column (3) is TIN / Functional Equivalent			
		•	Functional Equivalent		uivalent		1117 1 41	(5)		
(1)		(2)	(3)		(4)					
# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident										
in those respective countries especially of USA Part B (ii) (If Part B is applicable but Part B(i) has not been filled in, kindly provide information below)										
I confirm that I am neither a U.S Person nor a resident for Tax purpose in any country other than India, though one										
or more parameters suggest my relation with the country outside India. Therefore, I am providing the following										
document as proof of my citizenship and residency in India. Passport Voter ID Aadhaar PAN Driving License Govt ID 4										
								inaturo		
*-Definition for the term 'IJ.S Person' is available on the rear of this form										
Definition for the term 0.5 reason is available on the real of this form										
Declaration by customer: 1. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes(CBDT) vide notification										
No.S.O.2155(E)dated 7th August 2015 and RBI Circular No. RBI/2015-16/165.DBR.AML.BC.No.36/14.01.001/2015-16 dated 28th August 2015 in this regard. 1 understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. I shall seek advice from a professional										
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Agencies to comply with the obligations as per the Inter-Governmental Agreements(IGÁ) and common Reporting Standards (CRS) and or any other similar arrangements. 4. I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true,										
correct and complete and that I have not withheld any material information that may affect the assessment / categorization of my account as a U.S Reportable Account or other Reportable Account or otherwise. In case any of the above information is found to be false or untrue or misleading or misinterpreting, I am aware that I may be held liable for it.										
 I 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 above, as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh and valid self-declaration along with documentary evidence. I agree to make good any loss that may be caused to KarurVysya Bank on account of providing incorrect or incomplete information by me. 										
Place :	Place : Date : C5 Customer Signature :									

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- 1. An individual, being a citizen or resident of the United States of America.
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 Current US mailing/residence address (including a US post office box)/Current US telephone Number
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