



Common Reporting Standard (CRS)

Self Declaration on CRS status and Customer Consent on Disclosure of

For Corporate/Commercial/ Financial Institution Customers

Account No:	<input type="text"/>	Date:	<input type="text"/>
Branch:	<input type="text"/>	Company/FI/Entity Name:	<input type="text"/>
Identification/CR No:	<input type="text"/>	Country Of Incorporation:	<input type="text"/>

We hereby declare the above Corporate / Company / Entity/FI (Please tick the appropriate classification)

Is an Active Non Financial Entity (Active NFE) Yes ☐ No ☐

Is a Passive Non Financial Entity (Passive NFE) Yes ☐ No ☐

If Yes above, Complete the 'Controlling Person of Entity' Form

Is a Financial Institution (FI) Yes ☐ No ☐

Is an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution Yes ☐ No ☐

If Yes above, Complete the 'Controlling Person of Entity' Form

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

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B Above

1	
2	
3	

*Reason A – The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

*Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

*Reason C – No TIN is required. (Note: Select this reason only if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

We further undertake that in case of any change of circumstance resulting in a change to our above status, we would advise the Bank in writing along with the relevant documentation within 30 Days.

We irrevocably authorize the Bank to disclose any confidential information relating to my/our account(s) with the Bank that might be mandated from time to time by the Central Bank as per the requirement of CRS and/or any other requirement by Government / Regulators.

We declare that the above information is accurate to the best of my/our knowledge and understanding.

Authority Signature	Authority Signature	Authority Signature	Authority Signature
Name	Name	Name	Name

For office Use Only:

Reviewed By:

Date: