

Annexure I - FATCA/CRS SELF CERTIFICATION / DECLARATION FOR INDIVIDUALS*

Please indicate all countries in which you are resident for tax purposes and associated details.

[illegible]

Multiple Tax Residency Details of Country of Tax Residence in India, and/or in US @ And/or in any other Country or Territory Outside India as Under:

Country of Tax Residence #	Tax Identification number or equivalent if issued by jurisdiction	Identification type (TIN or Other, please specify)

@ * A citizen of US including individual born in US but resident in another country (who has not given up US citizenship)
* A person residing in US including US green card holder * Certain persons who spend more than 180 days in US each year

Address in the Jurisdiction/Country-where the Applicant is Resident outside India for Tax Purposes

Address*

Sub-District: District*: State*:

Country Name* ZIP/Post Code*

B) Declaration / Certification

Under penalty of perjury, I certify that : I understand that Punjab National Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. Punjab National Bank is not liable to offer any tax advice on FATCA or CRS or its impact on the account holder. I shall seek advice from professional tax adviser for any tax questions.

I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

I agree that as may be required by domestic regulators / tax authorities, Punjab National Bank may also be required to inform reportable details to CBDT or other authorities / agencies or close or suspend my account, as appropriate.

I have understood the information requirements of this Form (read along with the FATCA /CRS Instructions) and hereby confirm that the information provided by me on this form including the taxpayer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA /CRS Terms And Conditions and hereby accept the same.

Place □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Date

അനുബന്ധം II - മൈനർ ആഗ്നേക്കിൽ പൂരിപ്പിക്കേണ്ടത്

Annexure II – To be Filled in Case of Minor

Addition of Related Person

Deletion of Related Person

Relationship with Minor _____

(CIF part-I Form of Guardian is to be obtained invariably if guardian does not have existing Cust ID in Bank)

I hereby declare that date of birth of the minor who is my is and I am his/her natural and lawful guardian/guardian appointed by court order dated (copy enclosed) I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I will indemnify the bank against any claim of the above minor for any withdrawal/transactions made by me in the account).

Related Person type*	Guardian of Minor	Assignee	Authorized Representative
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