JALAN & CO.

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance

PAN*										
Name										
Address Type *(for kyc address)*	□ Residential □ Registered Office □ Business			Nationality		□ Indian □ US □ Others				
Place of Birth					Country of Birth					
Gross Annual Income Details in INR Net Worth in INR. in Lacs *[Optional]* Net Worth Date *[Optional]*	□ Below 1 Lakh □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ 25-1 Cr □ > 1 Crore _____ as on_____				Occupation Details [Please tick any one (√)]	□ Business □ Professional □ Public Sector □ Private Sector □ Government Service □ Agriculturist □ Housewife □ Student □ Retired □ Forex Dealer □ Others [Please specify]_____				
Politically Exposed Person[PEP]	□ Yes □ Related to PEP □ Not Applicable				Any other Information (if applicable)					

Are you a tax resident (i,e, are you assessed for Tax) in any other country other than India? Yes □ No □

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card Holder/ Tax Resident in the respective countries

S. NO	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type *[TIN or other, please specify]*	If TIN is not available, please tick th reason A, B or C *[as defined below]*
				Reason A □ B □ C □
				Reason A □ B □ C □

Reason A-> The country where the Account Holder is liable to pay tax does not issue TIN to its residents
Reason B-> No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
Reason C-> Others – Please specify the reasons _____

Declaration:
I declare that the information I have provided on this form is, to the best of my knowledge and belief, correct and complete. I undertake to promptly inform JALAN & Co. any modification therein.

Name: _____ Signature: _____ Date: _____