

FATCA Due Diligence Form - Entities

Customer Name _____

Please confirm the Customer's FATCA status by checking the relevant box by "✓"

Is the entity specified U.S. person?	Yes	No	If yes, please provide from W-9
Is the entity financial institution?	Yes	No	If yes, please provide from W-9 or W-8 BEN E or other W-8 from, providing the relevant FATCA status
Is the entity Exempt Beneficial Owner?	Yes	No	If yes, please provide from W-8 BEN E or other W-8 from, as applicable
Is the entity an Active NFFE?	Yes	No	If yes, please provide from W-8 BEN E
Is the entity a Direct Reporting NFFE?	Yes	No	If yes, please provide from W-8 BEN E and GIIN
Is the entity a Passive NFFE and 10% or more of the entity is owned by U.S. citizen?	Yes	No	If yes, please provide from W-8 BEN E
Does the entity have one or more U.S. Indicia listed in Note 1?	Yes	No	If yes, please provide from W-8 BEN E / other W-8 from (as applicable) or similar documentation establishing foreign status
Does the entity substantial owners have one or more U.S. Indicia listed in note 2?	Yes	No	If yes, please provide from W-8 BEN E; and U.S. / Non-U.S. passport / ID or similar documentation establishing foreign status; or written explanation regarding U.S. citizenship

Note 1: U.S. Indicia**Corporate/ Entity:**

	Yes	No
Place of incorporation or organized in the U.S.	<input type="checkbox"/>	<input type="checkbox"/>
Listed on U.S. Stock Exchange	<input type="checkbox"/>	<input type="checkbox"/>
U.S. mailing address/ business/ registered mailing address	<input type="checkbox"/>	<input type="checkbox"/>
Telephone number for the entity is in U.S.	<input type="checkbox"/>	<input type="checkbox"/>
An offshore obligation, standing instructions to pay amounts to a U.S. address or U.S. based account	<input type="checkbox"/>	<input type="checkbox"/>
Power of attorney or signatory authority granted to a person with U.S. address	<input type="checkbox"/>	<input type="checkbox"/>
An "in-care-of" address or hold mail address that is the sole address provided for the entity	<input type="checkbox"/>	<input type="checkbox"/>

Note 2: U.S. Indicia**Substantial Owners**

	Yes	No
Shareholder/ trustee/ partner/ director is a U.S. citizen or lawful permanent resident	<input type="checkbox"/>	<input type="checkbox"/>
Place of birth of shareholder/ trustee/ partner/ director is in U.S.	<input type="checkbox"/>	<input type="checkbox"/>
Shareholder/ trustee/ partner/ director has a U.S. address or U.S. phone number	<input type="checkbox"/>	<input type="checkbox"/>

Declaration: I/ we hereby confirm that the Tax Self Certification provided by the customer and the information contained herein above is correct to the best of my /our information, and that I/ we have not rendered any advice or assistance in any manner whatsoever intended to circumvent any provision/ requirement of FATCA and Bank's policies and instructions in this regard. Furthermore, if subsequently anything contrary to the position mentioned above comes to my/ our knowledge I/ we will have the customer information / status updated accordingly.

Name _____ Signature: _____ Date: _____
(RM/ Accounts Officer)

Name _____ Signature: _____ Date: _____
(Branch Manager)

Centralized Account Management Dept.

Customer CIF/ Base Number: _____

Customer FATCA Status:

<input type="checkbox"/> Specified U.S. person	<input type="checkbox"/> Non- U.S. person	<input type="checkbox"/> Non-participating FFI
<input type="checkbox"/> U.S. owned Passive NFFE	<input type="checkbox"/> Direct Reporting NFFE	<input type="checkbox"/> Recalcitrant
<input type="checkbox"/> Other (as per W-8 form and FATCA due diligence from)	Specify: _____	

Processor Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____