



Nutan Nagarik Sahakari Bank Ltd.

P-5000-01-2023 F-249

(Multi State - Scheduled Bank)
Regd. Office : Central (Admn.) Office : Opp. Samarsheshwar Mahadev,
Nr. Law Garden, Ellisbridge, Ahmedabad-380006.
Phone : 079-26443724, 26444558 Toll Free : 18002333737
E-mail: admin@nutanbank.com Website : www.nutanbank.com

CIF

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Other Than Individual

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines/instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type*

New Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*

Entity Constitution Type* (Other Specify) (Please refer instruction A at the end)

Date of Incorporation / Formation* DD-MM-YYYY Date of Commencement of Business DD-MM-YYYY

Place of Incorporation / Formation* Country of Incorporation / Formation*

PAN* Form 60 furnished TIN or Equivalent issuing Country IN

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction B at the end)

- Officially valid document(s) in respect of person authorised to transact.
- Certificate of Incorporation / Formation Registration Certificate
- Memorandum and Articles of Association Partnership Deed Trust Deed
- Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf Bye Laws
- Activity Proof-1 (For Sole Proprietorship Only) Activity Proof-2 (For Sole Proprietorship Only) Other

3. ADDRESS* (Please see instruction C at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2*

Line 3* City / Town / Village*

District* PIN / Post Code* State / U.T. Code* ISO 3166 Country Code* IN

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2*

Line 3* City / Town / Village*

District* PIN / Post Code* State / U.T. Code* ISO 3166 Country Code* IN

4. CONTACT DETAILS

Tel. (Off) - FAX -

Mobile 91 - Email ID

Mobile 91 - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)



Nutan Nagarik Sahakari Bank Ltd.

P-3,000-08-2021 F-251

(Multi State - Scheduled Bank)
Regd. Office : Central (Admn.) Office : Opp. Samartheshwar Mahadev,
Nr. Law Garden, Ellisbridge, Ahmedabad-380006.
Phone : 079-26443724, 26444558 Toll Free : 18002333737
E-mail: admin@nutanbank.com Website : www.nutanbank.com

Annexure A1

CIF

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with ** are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick '✓' in the box the section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.



For office use only Application Type* New Update Delete
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON* (Please refer instruction D & E at the end)

Addition of Related Person Deletion of Related Person Updation KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Prefix First Name Middle Name Last Name

Name*

Maiden Name

Father / Spouse Name

Mother Name

Date of Birth*

Gender* M-Male F-Female T-Transgender

PAN* / Form 60 furnished

2. PROOF OF IDENTITY AND ADDRESS*

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

PHOTO*

Signature / Thumb Impression

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar

II E-KYC Authentication

III Offline verification of Aadhaar

IV Deemed Proof of Address - Document Type code

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick ✓ wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines/instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type* New Update Delete

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

- Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person (if available*) if KYC number is available, only 'Related Person Type' & 'Name' is mandatory

- Related Person Type*** Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Poser of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS(Please refer instruction E at the end)

Name* (Same as ID proof)	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender			
Nationality*	<input type="checkbox"/> In-Indian <input type="checkbox"/> Others (ISD 3166 Country Code <input type="text"/>)			
PAN*	<input type="text"/>	<input type="checkbox"/> Form 60 furnished		

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II. E-KYC Authentication
- III. Offline verification of Aadhaar

PHOTO*



Signature / Thumb Impression

Address

Line 1*

Line 2

Line 3*

District* Pin / Post Code* State / U.T Code* City / Town / Village* ISO 3166 Country Code*

1.3 CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

- Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II. E-KYC Authentication
- III. Offline verification of Aadhaar
- IV Deemed PoA
- V Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

1.4 CONTACT DETAILS (All communications will be sent on provided Mobile No./Email-ID) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I / We hereby give consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : - - Place :

3. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received Certified Copies E-KYC data received from UIDAI Data received from offline verification
- Digital KYC Process Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]



Nutan Nagarik Sahakari Bank Ltd

FATCA-CRS Declaration for Entities

Details under FATCA and CRS

(Please consult your professional tax advisor for further guidance on you tax residency, if required)

1. Name of Entity

2. Customer ID

3. City of Incorporation

4. Country of Incorporation

5. Address Type Registered Office Business Branch Office

6. Address for Tax Residence purpose

Landmark City

State Country

PIN Code

7. Entity Constitution Type:

(Sole Proprietorship, Partnership Firm, HUF, Private Limited Company, Public Limited Company, Society, AOP/BOI, Trust, Liquidator, Limited Liability Partnership, Artificial Juridical Person, Others specify)

8. Date of Incorporation:

9. PAN

10. Identification type and Identification Number (if TIN or US GIIN not provided):

Company Identification Number

Global Entity Identification Number

Other (please specify & provide)

11. Issuing country for identification number provided in 8. Above

12. Please indicate all the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Identification Number%	Identification Type (TIN or Others%, please specify)

* In case Tax Identification Number is not available, kindly provide functional equivalent\$

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here:

Entity Type

- a. Is the Entity a Financial Institution or Direct Reporting Non Financial Entity? (Please fill Part A and submit the GIIN)
- b. Is the Entity a Non Financial Entity (NFE) and publically traded company? (Please fill Part B Point no 1)
- c. Is the Entity a related Non Financial Entity (NFE) of publically traded company? (Please fill Part B Point no 2)
- d. Is the Entity is Active Non Financial Entity (NFE)? (Please fill Part B Point no 3)
- e. Is the Entity is Passive Non Financial Entity (NFE) ? (Please fill Part B Point no 4 and submit UBO* details)

UBO* - Ultimate Beneficial Owner / Controlling Person

FATCA-CRS declaration

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)

1	We are a (please tick as appropriate) <input type="checkbox"/> Financial institution ⁶ or <input type="checkbox"/> Direct reporting NFFE ⁷	GIIN: _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity: _____	GIIN not available (please tick as applicable): Following options available only for Financial Institutions: <input type="checkbox"/> Not required to apply for (Please specify sub-category ¹⁰ _____) Please provide with Form W8-BEN-E <input type="checkbox"/> Not obtained – Non-participating FFI
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FATCA-CRS Declaration for Entities

<i>Part B (to be filled by NFEs other than Direct Reporting NFEs) (please fill any one as appropriate)</i>	
1	<p>Is the Entity a publicly traded company¹ (that is, a company whose shares are regularly traded on an established securities market)</p> <p><input type="checkbox"/> Yes Name of the stock exchange _____ (please specify any one stock exchange upon which the stock is regularly traded)</p>
2	<p>Is the Entity a related entity² of a publicly traded company - a company whose shares are regularly traded on an established securities market</p> <p><input type="checkbox"/> Yes Name of the listed company, the stock of which is regularly traded _____ Name of the stock exchange _____ Nature of relation: <input type="checkbox"/> Subsidy of listed Company <input type="checkbox"/> Controlled by a listed Company</p>
3	<p>Is the Entity an active³ NFE</p> <p><input type="checkbox"/> Yes Nature of business _____ Please specify the sub-category of Active NFE: ____ (Mention code – refer 2c of Part D)</p>
4	<p>Is the Entity a passive⁴ NFE</p> <p><input type="checkbox"/> Yes Nature of business _____</p>

⁵ In case Tax Identification Number is not available, kindly provide functional equivalent
[#] These details are mandatory for passive NFEs as per the FATCA declaration

13. Controlling Person/Ultimate Beneficial Owner details to be provided only for Passive NFE

- Please provide declaration in the form provided for Individuals for Controlling Person/ Ultimate Beneficial Owner.

FATCA Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with ABC or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

Certification

I have understood the information requirements of this Form (read along with the FATCA Instructions & Definitions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Name: _____

¹ Refer 2a of Part D ⁶ Refer 1 of Part D ¹⁰ Refer 1A. of Part D
² Refer 2b of Part D ⁷ Refer 3(vii) of Part D
³ Refer 2c of Part D
⁴ Refer 3(iii) of Part D

FATCA-CRS Declaration for Entities

Designation: _____

Signature: _____

Date: ___/___/___

Place: _____

Part D: FATCA-CRS Instructions & Definitions

1. **Financial Institution (FI)** - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- **Depository institution:** is an entity that accepts deposits in the ordinary course of banking or similar business.
- **Custodial institution** is an entity that holds as a *substantial portion* of its business, holds financial assets for the account of others and where its *income attributable to holding financial assets and related financial services equals or exceeds 20 percent* of the entity's gross income during the shorter of-
 - a) The three financial years preceding the year in which determination is made; or
 - b) The period during which the entity has been in existence, whichever is less.

(iii) **Investment entity** is any entity:

- That *primarily conducts a business* or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - (ii) Individual and collective portfolio management; or
 - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons ;

or

- The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- (i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) the period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- **Specified Insurance Company:** Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

1A **FIs not required to apply for GIIN:**

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund

FATCA-CRS Declaration for Entities

04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI (if you select this category, please provide Owner Reporting Statement or an Auditor's Letter with required details as mentioned in Form W8 BEN E)

1. **Non-financial entity (NFE) – Any entity that is not a financial institution**

Types of NFEs that are regarded as excluded NFE are:

<i>a. Publicly traded company (listed company)</i> A company is publicly traded if its stock are regularly traded on one or more <i>established securities markets</i> (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)	
<i>b. Related entity of a publicly traded company</i> The NFE is a related entity of an entity of which is regularly traded on an established securities market;	
<i>c. Active NFE : (is any one of the following):</i>	
<i>Code</i>	<i>Sub-category</i>
01	Less than 50 percent of the NFE's gross income for the preceding financial year is <i>passive income</i> and less than 50 percent of the assets held by the-NFE during the preceding financial year are assets that produce or are held for the production of <i>passive income</i> ;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> • It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;

FATCA-CRS Declaration for Entities

	<ul style="list-style-type: none"> • The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p><i>Explanation.-</i> For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <p>(I) an Investor Protection Fund referred to in clause (23EA);</p> <p>(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</p> <p>(III) an Investor Protection Fund referred to in clause (23EC),</p> <p>of section 10 of the Act;</p>
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3. Other definitions

<i>(i) Related entity</i>	An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.
<i>(ii) Passive NFE</i>	<p>The term passive NFE means</p> <p>(a) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or</p> <p>(b) an investment entity defined in clause 1(iii)(b) of these instructions.</p> <p>(c) a withholding foreign partnership or withholding foreign trust;</p> <p>(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)</p>
<i>(iii) Passive income</i>	<p>The term passive income includes income by way of :</p> <p>(1) Dividends,</p> <p>(2) Interest</p> <p>(3) Income equivalent to interest,</p> <p>(4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE</p> <p>(5) Annuities</p> <p>(6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income</p> <p>(7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,</p> <p>(8) The excess of foreign currency gains over foreign currency losses</p> <p>(9) Net income from swaps</p> <p>(10) Amounts received under cash value insurance contracts</p> <p>But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.</p>

FATCA-CRS Declaration for Entities

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide RBI circular no. DBOD.AML.BC.No.71/14.01.001/2012-13 dated January 18, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of/ entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

<i>(A) Controlling Person Type:</i>	
<i>Code</i>	<i>Sub-category</i>
C01	CP of legal person-ownership
C02	CP of legal person-other means
C03	CP of legal person-senior managing official
C04	CP of legal arrangement-trust-settlor
C05	CP of legal arrangement--trust-trustee
C06	CP of legal arrangement--trust-protector
C07	CP of legal arrangement--trust-beneficiary
C08	CP of legal arrangement--trust-other
C09	CP of legal arrangement—Other-settlor equivalent
C10	CP of legal arrangement—Other-trustee equivalent
C11	CP of legal arrangement—Other-protector equivalent
C12	CP of legal arrangement—Other-beneficiary equivalent
C13	CP of legal arrangement—Other-other equivalent
C14	Unknown

(v) Specified U.S. person – A U.S person other than the following:

- (a) a corporation the stock of which is regularly traded on one or more established securities markets;
- (b) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (c) the United States or any wholly owned agency or instrumentality thereof;
- (d) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

FATCA-CRS Declaration for Entities

<p>(e) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;</p> <p>(f) any bank as defined in section 581 of the U.S. Internal Revenue Code;</p> <p>(g) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;</p> <p>(h) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);</p> <p>(i) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;</p> <p>(j) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;</p> <p>(k) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;</p> <p>(l) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or</p> <p>(m) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.</p>																												
<p>(vi) <i>Owner documented FFI</i></p> <p>An FFI meets the following requirements:</p> <p>(A) The FFI is an FFI solely because it is an investment entity;</p> <p>(B) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;</p> <p>(C) The FFI does not maintain a financial account for any nonparticipating FFI;</p> <p>(D) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and</p> <p>(E) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FFI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.</p>																												
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<p>(viii) <i>Exemption code for U.S. persons</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">Sub-category</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)</td> </tr> <tr> <td>B</td> <td>The United States or any of its agencies or instrumentalities</td> </tr> <tr> <td>C</td> <td>A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities</td> </tr> <tr> <td>D</td> <td>A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)</td> </tr> <tr> <td>E</td> <td>A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)</td> </tr> <tr> <td>F</td> <td>A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state</td> </tr> <tr> <td>G</td> <td>A real estate investment trust</td> </tr> <tr> <td>H</td> <td>A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940</td> </tr> <tr> <td>I</td> <td>A common trust fund as defined in section 584(a)</td> </tr> <tr> <td>J</td> <td>A bank as defined in section 581</td> </tr> <tr> <td>K</td> <td>A broker</td> </tr> <tr> <td>L</td> <td>A trust exempt from tax under section 664 or described in section 4947(a)(1)</td> </tr> <tr> <td>M</td> <td>A tax exempt trust under a section 403(b) plan or section 457(g) plan</td> </tr> </tbody> </table>	Code	Sub-category	A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)	B	The United States or any of its agencies or instrumentalities	C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities	D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)	E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)	F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state	G	A real estate investment trust	H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940	I	A common trust fund as defined in section 584(a)	J	A bank as defined in section 581	K	A broker	L	A trust exempt from tax under section 664 or described in section 4947(a)(1)	M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
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Nutan Nagarik Sahakari Bank Ltd.

(MULTI STATE-SCHEDULED BANK)

Declaration of Beneficial Ownership

I/We confirm and declare that



Proprietary Concern

I am the sole proprietor and the beneficiary/ controlling person



Partnership/Limited Liability Partnership

We are the partners, who whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than 15% of capital or profits of the partnership.



Company (Private/Public Unlisted/listed)

I/We the directors or persons having controlling ownership interest i.e. having ownership/entitlement of more than 25% of capital/profits/property or controlling through voting rights, agreement, arrangement etc.



Trust/AOP/Society/Club/Body of Individual/HUF/Other



I/We, the settler, trustee, the protector, the beneficiaries with 15% & above interest in the trust exercise ultimate effective control over the trust through a chain of control or ownership.



I/We the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than 15% of the property or capital or profits of association, society, club or body of individuals.



As there are not natural persons with ownership as stated above, I/we, declare that we are having controlling ownership.

Sr.No.	Full Name of BO/Controlling Person (s)	% of Stake	Relation Type (Annex-A)	Controlling person (Annex-B)	Signatory in the Account Y/N	KYC form Submitted
1						
2						
3						
4						
5						
6						

I/We hereby state and confirm that what is stated above is true and correct information. I/We undertakes that any changes in the controlling persons, persons exercising control or having controlling ownership interest as declared in the table above will be notified to the bank immediately. I/We agree to indemnify and keep indemnified at all times form and against all costs, charges, damages, penalties (including reasonable attorney fees) suffered and I or incurred by the Bank any act or omitted to be done on the above declaration.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Signature(s) of the Proprietor/Partner/Director/Trustee/Authorised Signatories along with the stamp of entity.



Download Consent Form

Dear Sir/Madam

I, _____]

S/o / D/o / W/o _____],
give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry.

I understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number etc.

Signature: [customer signature]

Date: [date]



For Office Use Only

- ❖ On the basis of Consent given by Customer [_____
(Name of customer)] I searched for his/her CKYC Number on CERSAI portal
using below proofs. (Tick proofs by which you have searched)

Pan: - Aadhar: - Driving Licence:-

Election Card: - Passport: - Narega Job card:-

Registration Certificate:- Ckyc Number: -

Certificate of Incorporation/Formation:-

- After Searching with all above ticked Proof I found Below CKYC number and
name (send "Central KYC Registry | Know Your Customer (KYC) Downloaded
Form).

CKYC Number:-

CKYC Name:-

- After Searching with all above ticked Proof I did not found CKYC number
generated.

Branch seal: - _____

Date: _____

Branch Officer/ Manager Signature:- _____