



## 5. FATCA Details

Place of Birth \_\_\_\_\_ Country of Birth ☐ INDIA ☐ Other \_\_\_\_\_

Are you a US person? ☐ Yes ☐ No Is your Tax Residency Other than India ☐ Yes ☐ No Any other information \_\_\_\_\_

If any of the above is yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below :

Sr. No	Country of Tax Residency	Tax Identification No (TIN)	Identification Type
1			
2			
3			

Note: # In case of outside tax residency, kindly refer website <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759> for correct TIN structure. Please note this data is uploaded to KRA and reportable to Income Tax authorities, accuracy is of utmost importance.

## 6. REMARKS (If any)

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## 7. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from Central KYC Registry and KRAs through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRAs, CKYCR and other Intermediaries with whom I have a business relationship for KYC purposes only.

PHOTO

(1) 

Signature of Applicant

Date : \_\_\_\_\_

Place : \_\_\_\_\_

## 8. 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 ☐ Video Based KYC

This is to certify that I have carried out in-person verification in respect of the client mentioned in the KYC form.

### KYC VERIFICATION CARRIED OUT BY

Date DD MM YYYY  
Emp. Name \_\_\_\_\_  
Emp. Code \_\_\_\_\_  
Emp. Designation \_\_\_\_\_  
Emp. Branch \_\_\_\_\_

[Employee Signature]

### INSTITUTION DETAILS

Name : SHAREKHAN LIMITED  
Code IN0344

[Institution Stamp]