



601, Brigade International Financial Center, GIFT SEZ, GIFT CITY, Gandhinagar, Gujarat

FATCA Information Sheet and Undertaking			
This form is to be submitted for each individual/Authorized signatory/Beneficial Owner/Director Separately			
Name of the individual/Authorized Signatory/Beneficial Owner /Director			
Customer ID / account number			
Name of the account			
	U.S. Indica	Fill Details in the Column	U S Person
1	Citizenship		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Place of Birth		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Address		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Telephone Number		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Standing Instructions to transfer funds to or from an account maintained in the United states		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	A Power of Attorney signatory authority granted to a person with a U.S. address		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	U.S. "in-care-of" or "hold mail" Address		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	US Permanent Resident Card (Green Card) Holder		<input type="checkbox"/> Yes <input type="checkbox"/> No

a.	If answer any of the above is 'YES', the individual is classified as 'U S PERSON'	
b.	Please attach documents in support of above position	
c.	If answer any of the above is 'YES', please attach the applicable form – 'W-88EN' or 'W-9' or Applicable Form (available in IRS website)	
d.	If answer any of the above is 'YES', please provide us the US Tax Identification Number	US Tax ID #:

Declaration
 I hereby declare that I have understood FATCA and submit this declaration in compliance of FATCA requirement. I also declare and confirm that the information provided above is true, accurate and complete and the same is as per applicable laws/guidelines. I hereby authorize Punjab National Bank or any of its affiliates (including branches) to share my information with domestic and overseas tax authorities to establish my tax liability in any jurisdiction, or as the case may be. I agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. Any change in status at any time will be promptly notified to the Bank.

Name:		Signature			
Place:					
Date:					
For Office Use only: As declared by the captioned party, the, FATCA applicability:			Yes		No