HDFC BANK
We understand your world

CUSTOMER UPDATION FORM FOR RE KYC - NON-INDIVIDUALS

(field marked with*"" are mandatory)

Bar code

CUSTOMER ID OF ENTITY

Date : D D M M Y Y Y Y

CUSTOMER ID OF PROPRIETOR/KARTA

PAN NUMBER OF PROPRIETOR/KARTA

CUSTOMER Name Prefix (Mr./Miss/Mrs.)

NAME OF PROPRIETOR/KARTA FIRST NAME / MIDDLE NAME / SURNAME

NAME OF ENTITY

PAN OF ENTITY

• * MAILING ADDRESS & CONTACT

☐ There is no change in our mailing address.
(Note: Address proof to be provided)

☐ I/ We wish to change my/our mailing address/contact details as below.
(Note: Address proof to be provided for address change)

* Shop No/Bldg Name

* Road Name

* Landmark

* City PIN Code

* State Country

Tel (Off) STD – NUMBER Extension Number Fax No.

Tel (R) STD – NUMBER

* Mobile No.

* E-mail ID

• * REGISTERED OFFICE ADDRESS

☐ Please tick in case of registered address is same as mailing address

* Shop No/Bidg Name

* Road Name

* Landmark

* City PIN Code

* State Country

* Registered Address Type ☐ Owned ☐ Rented/Leased

* Business Details (Please tick on the appropriate Sub Category against the Type of Entity)

* Type of Entity :-

☐ Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Public / Private limited / One Person Company ☐ HUF

☐ Government ☐ Bank ☐ Societies ☐ Insurance ☐ Self Help Group ☐ Foreign Bodies

☐ Clubs ☐ Non-Government Organizations ☐ Mutual Fund ☐ Association ☐ Trust

Sub-Category of Entity:

PUB / PVT LTD COMPANY	GOVERNMENT	FOREIGN BODIES	TRUST	BANK
☐ Financial Services Company	☐ Central	☐ Foreign Govt.	☐ Charitable Trust	☐ Indian Commercial Bank
☐ PSU	☐ State	☐ Project Office	☐ Public Trust	☐ Foreign Resident Bank
☐ Others	☐ Local Authorities	☐ Branch Office	☐ Private Trust	☐ Co-Operative Bank
ASSOCIATION	☐ State Electricity Boards	☐ Liaison Office	☐ Religious Trust	
☐ Business Association	☐ Quasi Government Bodiews	☐ Consulates / Embassies	☐ Educational Trust	**SOCIETIES**
☐ Unregistered Association	☐ Others _____	☐ Others _____	☐ PF Trust	☐ Credit Co-operative
☐ Other Association				☐ Non Credit Co-operative

93318/28.01.2021

HDFC BANK
We understand your world

Self Employed Professional (Please Tick) :

☐ CA / CS / ICWA / CMA	☐ Lawyer	☐ Doctor
☐ Architect	☐ I T Consultant	☐ Others (Pl Specify) _____

* Nature of Business (Please Tick) :

☐ Manufacturing	☐ Service Provider	☐ Stock Broker	☐ Real Estate	☐ Agriculture
☐ Retail Trading	☐ Wholesale Trading	☐ Others (Pl Specify) _____		

Details of Activity: _____

Date of Incorporation: D D M M Y Y Y Y

Annual Turnover (In Figures): _____

Annual Turnover (In Words): _____

Whether Involved in: ☐ Import ☐ Export

Value (Rs. Lacs) _____

IEC No: _____

* Nature of Industry (Please Tick) :

☐ Automobile	☐ Restaurants	☐ IT/Software/BPO	☐ Agricultural Commodities
☐ Petrol Pump	☐ Forex Dealer/Bullion	☐ Media / Entertainment	☐ Leasing & Hire Purchase
☐ Contractors	☐ Chit Funds	☐ Construction	☐ Housing Finance
☐ Oil	☐ Fisheries/Poultry	☐ Steel/Hardware	☐ Fertilizers-Chemicals-Seeds-pesticides
☐ Consultancy	☐ Cements/Paints	☐ Dairy/food processing	☐ Electronics-computer hardware
☐ Education	☐ Engineering Goods	☐ Shroff	☐ Issue & Portfolio Management
☐ NBFC	☐ Pharmaceuticals	☐ Textile/Garments	☐ Hospital/Nursing Home/Clinics
☐ Retail Jewelry	☐ Hotels/Resorts	☐ Printing/publishing	☐ FMCG
☐ Furniture/Timber	☐ Consumer Durables	☐ Travel/Touring Agency	☐ Term Lending Institutions
☐ Broking	☐ Money Lender	☐ Marble/Granite	☐ Auto Finance
☐ Advt. Agencies	☐ Transportation / Logistics	☐ Others (Pl Specify) _____	

I submit a self attested photocopy of the following as:-

Entity Proof 1)

2)

Address proof of Entity

Identity proof of Proprietor / Karta

Signature of Authorised Signatory 1

Signature of Authorised Signatory 2

Signature of Authorised Signatory 3

Place _____

Date: _____

I / We hereby solemnly declare that the information provided above with respect to my / our account is up to date and correct.

FOR BRANCH USE ONLY

DATE : D D M M Y Y Y Y

Sourcing Branch Name ; _____ Signature of PB: _____ PB CODE: _____

Branch code

Signature of BDA: _____ BDA CODE: _____

Signature/Customer ID verified /Address Change Verified

CUSTOMER ACKNOWLEDGEMENT COPY

Reference Number _____ cknowledgement Date : D D M M Y Y Y Y Signature of Bank Official _____

HDFC BANK
We understand your world

Extended Annexure - CKYC For Non-Individual Entities (For Account opening and Re-KYC)

{All fields are mandatory}

Date: DD / MM / YYYY AOF Number _____

Name of the entity:

Customer ID
(Applicable for existing Customer)

Document submitted for Identity of Entity (Please tick and mention document number):

- ☐ **Certificate of Incorporation**
- ☐ **Registration Certificate**
- ☐ **Partnership Deed**
- ☐ **Trust Deed**
- ☐ **Memorandum & Article of Association**
- ☐ **Resolution of Board / Managing Committee**
- ☐ **Activity Proof 1 (For Sole Proprietorship)**
- ☐ **Activity Proof 2 (For Sole Proprietorship)**

Document submitted for Mailing Address (Please tick and mention document number):

- ☐ **Certificate of Incorporation**
- ☐ **Registration Certificate**
- ☐ **Any other document**

(Please specify) _____

Beneficial Owner details {All fields are mandatory}

1	Name of Beneficial Owner	1) _____	2) _____
2	Current Address ☐ Tick if same as FATCA Part B		
	Address – City		
	Address – State		
	Address – Country		
	Address - Pin Code		

HDFC BANK
We understand your world

Authorized Signatories details {All fields are mandatory}

1	**Name of Authorized Signatory**	1) _____	2) _____
2	**Father's name**		
3	**Proof of Identity** (Tick relevant and mention the details)	☐ Passport No. ☐Voter ID No ☐ Driving License No. ☐ Aadhaar No. ☐ NREGA Job Card No. ☐ Letter from National Population register Mention ID No. _____	☐ Passport No. ☐ Voter ID No. ☐ Driving License No.☐ Aadhaar No. ☐ NREGA Job Card No. ☐ Letter from National Population register Mention ID No. _____
4	**Proof of Address** (any one) (Please select any one Address proof)	☐ Passport No. ☐ Voter ID No. ☐ Driving License No. ☐ Aadhaar No. ☐ NREGA Job Card No. ☐ Letter from National Population register Mention ID No. _____	☐ Passport No. ☐ Voter ID No. ☐ Driving License No. ☐ Aadhaar No. ☐ NREGA Job Card No. ☐ Letter from National Population register Mention ID No. _____
5	**Current Address** ☐ Tick if same as AOF		
	Address – City		
	Address – State		
	Address – Country		
	Address - Pin Code		
6	**Politically exposed person (Mandatory)** Politically exposed person are individuals who are or have been entrusted with prominent public function in India or in a foreign country, e.g., Head of State or of Governments, Senior Government / Judicial / Military	Applicant PEP / Relative or Close Associate of PEP: ☐ Yes ☐ No	Applicant PEP / Relative or Close Associate of PEP: ☐ Yes ☐ No
		Officers, Senior Executives of State-owned corporations, important political party officials, etc., I hereby agree that the Bank reserves the right to close the account, in case, the aforesaid declaration is found to be untrue. In the event of any change in this declaration and/or if subsequently become a Politically Exposed Person(s) or a relative of a Politically Exposed Person, after the opening of account, I hereby agree to promptly inform the Bank regarding the same and forthwith submit the relevant Politically Exposed Person (PEP) declaration at an HDFC Bank Branch.	
7	Recent Colour Photographs: (Photo is Non- mandatory for Account opening)	Paste recent colour photograph here	Paste recent colour photograph here
8	Signature:	Name :- _____	Name: _____

HDFC BANK FATCA Declaration & Beneficial Owner updation Form for Entities

BARCODE / AOF Number

Date: DD / MM / YYYY **Place:** _____

1. Name of Entity: _____

2. Customer ID (Applicable for existing customer): _____

3. a) Country of incorporation: _____ b) Place/City of incorporation: _____

c) Date of commencement of business : __ / ___ / _____

4. a) Is the entity a tax resident of any country/ies outside India ☐ Yes ☐ No
(If Yes, please fill Annexure 1)

b) Is the entity incorporated or organized in the United States (including a Trust, if the trustee is a U.S. citizen or resident) ☐ Yes ☐ No (If Yes, please fill Annexure 1)

5. Questions relevant for entity FATCA and CRS classification(Please consult your professional tax advisor for further guidance on tax residency and FATC A & CRS c lassification)

a. Is the entity a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the above mentioned entity types

☐ Yes ☐ No (If yes, FATCA-CRS TERMS & CONDITIONS / declaration below will be applicable; If No, go to next question)

b. Is the entity a Financial Institution[1] (FI) **OR** a Direct Reporting NFE ☐ Yes ☐ No (If Yes, please fill Annexure 1; If No, please go to next question)

c. Is the entity a publicly traded corporation/ a related entity of a publicly traded corporation

i. Publicly traded corporation ☐ Yes ☐ No (If Yes, please specify any one stock exchange upon which the stock is regularly traded)

Name of the stock exchange _____

ii. Related entity of a publicly traded corporation ☐ Yes ☐ No (If Yes, please provide below details):

Name of the listed company, the stock of which is regularly traded _____

Name of the stock exchange _____

Nature of relation: ☐ Subsidiary of the listed company ☐ Controlled by a listed company or under common control

(If answer to Q.5(c)(i) or Q.5(c)(ii) above is Yes, please sign the declaration below)

d. Does the entity have any ultimate beneficial owners (incl. controlling persons) who are tax residents (incl. U.S. citizens/green card holders) of countries other than India

☐ Yes ☐ No **(If yes, please fill Annexure 1)**

Note: If the entity is not listed in any of the stock exchange, then please fill Authorized Signatory / Beneficial Owner Update Form mandatorily.

[1] Including a Foreign Financial Institution

FATCA-CRS TERMS & 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 HDFC Bank 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 green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

Certification

Under penalty of perjury, I/we certify that:

I/We understand that HDFC Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. HDFC Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.

I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

I/We agree that as may be required by domestic regulators/tax authorities, HDFC Bank may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.

I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and definitions in Part C to this Form) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Customer Signatures as per Mode of operation in the Account

I/We confirm that all the details mentioned in consolidated annexure for opening the account are correct.

Name: _____ Name: _____ Name: _____

V. April 25

ANNEXURE – 1

(THIS ANNEXURE IS IN CONTINUTATION TO THE "EXTENDED DECLARATION FOR ENTITIES" AND IS REQUIRED TO BE FILLED BASED ON RESPONSES IN THE MAIN FORM)

PART A: Details required from all customers filling Annexure

6. a) Identification Number (please provide any one) ({Mandatory}

Select ID Type ☐ CIN ☐ Global Entity Identification No. ☐ TIN ☐ Other_____

Provide the ID Number for above_____

b) Identification Number issuing country_____

ADDRESS & CONTACT DETAILS (Mandatory)

7. Address for tax purpose: ☐ Same as registered Address ☐ Same as mailing Address

8. Address type for the above: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PART B: To be filled as applicable

9. Details of foreign tax residency and associated TIN (please fill if answer to Q.4(a) or Q.4(b) is YES):

Country/(ies) of tax residency	Tax Identification Number%	Identification Type (TIN or Other%, please specify)

% In case Tax Identification Number is not available, kindly provide functional equivalent[2]

10. Is the entity a specified U.S. Person (please fill if answer to Q.4(b) is YES) ☐ Yes ☐ No (If No, please mention entity's exemption code[3]: _____)

11. Entity FATCA classification and other details (Mandatory):

11(A) - (to be filled by Financial Institutions or Direct Reporting NFEs)* - please fill if answer to Q.5(b) is YES

1.	We are a: ☐ Financial institution[4] OR ☐ Direct reporting NFE[5] (please tick as appropriate) *If the entity is a Financial Institution and located outside India, please fill 9(B)	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: ☐ **Applied for** ☐ **Not required to apply for** (Please specify sub-category[6] _____) ☐ **Not obtained**

[2]It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.
[3]Refer Part C, 3 (viii) of
[4]Refer 1(i), 1(ii) & 1(iv) of Part C
[5]Refer 3(vii) of Part C
[6]Refer 1A. of Part C (Please check above reference in FATCA-CRS Definition for Non-Individual Entities available on Form Center-HDFC Bank)

11(B) - (to be filled by Financial Institution that is a tax resident outside India) (Mandatory)

1.	Whether the Financial Institution islocated in a CRS jurisdiction? ☐ Yes ☐ No (Please refer to the list of signatories to CRS given in the following link http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/) (If Yes, Q 2 and Q3 are not required. If No, please go to Qs. 2)
2.	Whether FI is an 'Investment Entity'? ☐ Yes ☐ No (Please refer definition 1(iii) of Part C of the FATCA-CRS declaration) (If yes, please go to Qs. 3)
3.	The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable[7] to investing, reinvesting, or trading in financial assets. ☐ Yes ☐ No (**If Yes**, please additionally fill **Annexure 2**)

11(C) - (please fill ANY ONE as appropriate; to be filled by NFEs other than Direct Reporting NFEs) - please fill if answer to Q.5(d) is YES

C1	Is the Entity an active NFE[8]	☐ Yes ☐ No Please specify the sub-category of Active NFE:_____ (Mention code – refer 2c of FATCA-CRS Definition for Non-Individual Entities available on Form Centre.
C2	Is the Entity a passive NFE[9] (if Yes, please fill **Annexure 2)**	☐ Yes ☐ No

[7]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) thethree-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 inexistence.
[8]Refer 2c of Part C
[9]Refer 3(ii) of Part C
(Please check above reference in FATCA-CRS Definition for Non-Individual Entities available on Form Center-HDFC Bank)

HDFC BANK
We understand your world

Annexure – 2

Beneficial Owner Declaration (For Company/Partnership/LLP/AOP/BOI/Trust/Society)

AOF Number _____

1	Name of the controlling person (mandatory)		
2	Entity Type (mandatory)	☐ Pub/Pvt Co. ☐ LLP ☐ Partnership ☐ Trust ☐ Association ☐ Society ☐ Club ☐ HUF ☐ Bank ☐ Insurance ☐ SHG ☐ Foreign Bodies ☐ NGO ☐ Mutual Fund ☐ Government	
3	Controlling person type code (mandatory)		
4	Date of birth (mandatory)		
5	PAN / Form 97		
6	Customer ID (if available)		
7	Percentage of ownership/capital/profits (mandatory)		
8	Place / City of Birth (mandatory)		
9	Country of Birth (mandatory)		
10	Gender (mandatory)	☐ Male ☐ Female ☐ Third Gender	☐ Male ☐ Female ☐ Third Gender
11	Marital Status (mandatory)	☐ Married ☐ Unmarried ☐ Others	☐ Married ☐ Unmarried ☐ Others
12	Father's name (mandatory)		
13	Nationality (Please specify country) (mandatory)		
14	Aadhaar No (Optional)		
15	Mother's Name (optional)		
16	Maiden Name (if any)		
17	Country of tax residence* (Mandatory)		
18	Tax identification number (or functional equivalent of country other than India) %		
19	TIN type (for country other than India)		
20	Address (Mandatory)		
	Address - City (Mandatory)		
	Address - State (Mandatory)		
	Address - Country (Mandatory)		
	Address - Pin Code (Mandatory)		
21	Address Type for above (Mandatory)	☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office	☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office

HDFC BANK
We understand your world

22	Mobile Number (Mandatory)		
23	Telephone Number (with ISD &STD code)		
24	Occupation Type (Mandatory)	☐ **S - Service Provider** ☐ **O - Others** ☐ **B-Business** ☐ **X - Not Categorized**	☐ **S - Service Provider** ☐ **O - Others** ☐ **B-Business** ☐ **X - Not Categorized**
25	Proof of Identity[@] (Mandatory) (Tick relevant and mention the details)	☐ Passport No. ☐ Voter ID No. ☐ Driving License No. ☐ Aadhaar No. ☐ NREGA Job Card No. ☐ Letter from National Population register ☐ Any other Government issued Doc Mention ID no _____ Expiry Date: DD / MM / YYYY	☐ Passport No. ☐ Voter ID No. ☐ Driving License No. ☐ Aadhaar No. ☐ NREGA Job Card No. ☐ Letter from National Population register ☐ Any other Government issued Doc Mention ID no _____ Expiry Date: DD / MM / YYYY
26	Proof of Address (Mandatory) (**attach self attested proof**) (any one) (Please select any one Address proof)	☐ Passport No. ☐ Voter ID No. ☐ Driving License No. ☐ Aadhaar No. ☐ NREGA Job Card No. ☐ Letter from National Population register ☐ Any other Government issued Doc Mention ID no _____ Expiry Date: DD / MM / YYYY	☐ Passport No. ☐ Voter ID No. ☐ Driving License No. ☐ Aadhaar No. ☐ NREGA Job Card No. ☐ Letter from National Population register ☐ Any other Government issued Doc Mention ID no _____ Expiry Date: DD / MM / YYYY
27	Spouse's name (Optional)		
28	Recent color Photographs (Photo is Non- mandatory for Account opening)	Please paste recent color Photograph here	Please paste recent color Photograph here
29	Politically Exposed Person declaration: ("Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, Senior Politicians, Senior Governments or Judicial or military officers, Senior executives of state-owned corporations and important political party officials)	Applicant PEP / Relative or Close Associate of PEP ☐ Yes ☐ No	Applicant PEP / Relative or Close Associate of PEP ☐ Yes ☐ No

- I hereby agree that the Bank reserves the right to close the account, in case, the aforesaid declaration is found to be untrue. In the event of any change in this declaration and/or if subsequently become a Politically Exposed Person(s) or a relative of a Politically Exposed Person, after the opening of account, I hereby agree to promptly inform the Bank regarding the same and forthwith submit the relevant Politically Exposed Person (PEP) declaration form at an HDFC Bank Branch.
- I/We hereby declare that, other than those declared above, there is/ are no other beneficial owners holding **Controlling ownership in the captioned Company/LLP/Firm/AoP/BoI/Trust/Society above the prescribed threshold limit.
- I/We hereby confirm that the information provided herein is accurate, complete and updated and we agree/ undertake to inform the changes, if any, to HDFC Bank within 30 days of such change.

Name of Director/Partner/Member/Trustee

_____

(Signature & seal as per mode of Operation)