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| **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 |  |

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|  | ***U.S.Indica*** | **Fill Details in the Column** | **U S Person** |
| 1 | Citizenship |  | Yes | No |
| 2 | Place of Birth |  | Yes | No |
| 3 | Address |  | Yes | No |
| 4 | Telephone Number |  | Yes | No |
| 5 | Standing Instructions to transfer funds to or from an account maintained in the United states |  | Yes | No |
| 6 | A Power of Attorney signatory authority granted to a person with a U.S. address |  | Yes | No |
| 7 | U.S. “in-care-of” or “hold mail” Address |  | Yes | No |
| 8 | US Permanent Resident Card (Green Card) Holder |  | Yes | No |

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| 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 **US Tax ID #:**provide us the US Tax Identification Number |
| **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. |

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| Name: |  | Signature |
| Place: |  |
| Date: |  |

For Office Use only:

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| As declared by the captioned party, the, FATCA applicability:  |  | Yes |  | No |
| Documents verified : Yes No Not applicable**Dy. Chief Executive Officer** |