



FATCA & CRS Declaration - Individual

PAN Trading DP Code

Name

Place of Birth Country of Birth

Nationality

Annual Income Below Rs. 1 Lac Rs. 1 Lac to 5 Lac Rs. 5 Lac to 10 Lac
 Rs. 10 Lac to 25 Lac Rs. 25 Lac to 1 Crore > 1 Crore

Net Worth Amount Rs..... Net Worth as on DDMMYYYY
(Net worth should not be older than 1 year)

Occupational Business Private Sector Professional Government Service Public Sector
Detail . Agriculturist Housewife Student Retired Forex Dealer Others PI. Specify

Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)

Are you a tax resident of any country other than India Yes No

If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number below.

Sr. No.	Country	Tax Identification Number	Identification Type <i>(TIN or Other, please specify)</i>
1.			
2.			
3.			

DECLARATION

I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Ms Hem Securities Ltd./ Hem Finlease Pvt. Ltd. for any modification to this information promptly.

I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).

Sign here: (I)

Date :

Place :

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3 (iv) (A) of Part C)			
Company of Tax residency*			
PAN*			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID*			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) ⁵			

* To include US, where controlling person is a US Citizen or green card holder
 † If UBA is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position I Designation like Director I Settlor of Trust I Protector of Trust to be specified wherever applicable.
 ‡ In case Tax Identification Number is not available, kindly provide functional equivalent
 \$ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory I Comp < Iny Secretary

DECLARATION

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Name

Designation

Sign here: (I)

Date:

Place: