

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

FATCA/CRS Declaration Form

Any alterations/corrections made in the form need to be duly signed by the policy owner. Tick (✓) the relevant box Kindly fill in BLOCK LETTERS ONLY

Policy / Application Number: e-Insurance Account Number:

Name of the Policy Owner:

Title First Name Middle Name Surname

A. Are you holding citizenship of any other country? Yes No If yes, please provide country name/s: _____

B. Are you a tax resident of any other country? Yes No If yes, please provide unique Tax Identification Number/s: _____

If the response to A or B is "Yes" please provide below details

Father's Name:

Title First Name Middle Name Surname

Country of Birth: India Other _____ (Specify)

Are you of Indian Origin: Yes No _____ (Specify)

Country of Permanent residence: India Other _____ (Specify)

Date from which you become a permanent resident of Country mentioned above:

Country of Current residence: India Other _____ (Specify)

Contact details while abroad

Type of address: Residential /Business Registered Office

Address while abroad: _____

Area: _____ City/Town/Village: _____

State: _____ Pin: _____

Email ID: _____ Mobile No.: _____

Telephone No.: _____ Residence: _____ Office: _____

Kindly note, this email id will be used for registration of 'Go Green' and will lead to discontinuance of physical statements.

Tax details of other countries

Country*	Tax Identification Number %	Identification Type (TIN or Other %, please specify)

* In case Tax Identification Number is not available, kindly provide functional equivalent*

% To also include USA, where the individual is a citizen/ greencard holder of USA

Declaration

I hereby declare that the foregoing statements and answers are true and correct in every respect and I am agreeable for treating this as a part of the Original Application form. I agree that repatriation of all payments/settlement's/claims/maturities etc. will be in INR only and will be as per the exchange control regulations prevailing from time to time in India and subject to withholding tax if any, prevailing from time to time. I have understood the information requirements of this form (read along with the relevant Instructions pertaining to CRS/FATCA) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I agree to provide documents and information including bank statements as may be required from time to time for claims, compliance and statutory purposes by Aditya Birla Sun Life Insurance Company Limited (ABSL). I agree that any change in my residential status, payment details and other details will be communicated to ABSL immediately on change but not later than 10 days of such change. I have read the 'FATCA-CRS Instructions' section of this document and have filled in the details in light of the same. I also agree to the requirements contained in the said section.

Signature of the Policy Owner: _____

Signature of the Life to be insured: _____

Witness Name: _____ Witness Contact No: _____

Address: _____

Signature

Date:

Details under FATCA/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 10 days. Towards compliance with such laws, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

¶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.

Please note that you may receive more than one request for information if you have multiple relationships with Aditya Birla Sun Life Insurance Company Limited (ABSLI) 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.

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,
16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,
Elphinstone Road, Mumbai - 400013
+91 22 6723 9100 | CIN: U99999MH2000PLC128110
www.adityabirlasunlifeinsurance.com

Life Insurance

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1800-270-7000