



Know Your Customer (KYC) and FATCA Application Form (Resident Individuals / NRI)

Please fill the information in CAPITAL Letters and ☒ in appropriate places

The information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and RBI guidelines on Know Your Customer
For existing Depositor, the information furnished herein will supersede the information available in the records of SFL

Customer's Details (as per KYC documents)

Customer ID: _____ *PAN (*Form 60) _____
(If existing Investors)

CKYC No _____ *Gender : M ☐ F ☐ Others ☐
(if any)

*Date of Birth

*Name _____

*Father Name _____

*Mother Name _____

Spouse Name (If Married) _____

Country of Birth _____ City of Birth _____

*Communication Address: _____

City _____ State _____ *Pin _____

Country _____ Birth Place _____

*Nationality _____ *Citizenship _____

*Permanent Address: _____

City _____ State _____ *Pin _____

Country _____

*Mobile No _____ # Email ID _____

* Fields are Mandatory # Mandatory for E-Receipt *If investment amount <= Rs.50,000/- & Pan not available

*Occupation Type: ☐ Salaried ☐ Professional ☐ Self Employed
☐ Student ☐ Housewife ☐ Retired ☐ Other (Please specify _____)
*If Self Employed: ☐ Manufacturing ☐ Professionals ☐ Service Provider ☐ Agriculture ☐ Trader
Nature of Business: ☐ Jewellers/Bullion ☐ Real Estate ☐ Stock Broker ☐ Other (Please specify _____)
*Please tick (✓) If the following is applicable to you ☐ Politically Exposed Person (PEP) ☐ Relative of PEP ☐ Not Applicable

*Annual Income:
☐ Upto Rs. 3 Lakhs ☐ Above Rs. 3 Lakhs - 6 Lakhs ☐ Above Rs. 6 Lakhs - 15 Lakhs ☐ Above Rs. 15 Lakhs - 30 Lakhs ☐ Above Rs. 30 Lakhs

Source of Fund:
☐ Salaried ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Sale of Asset ☐ Other (Please Specify) _____

*Proof of Identity (Self Attested)

☐ Aadhaar issued by UIDAI Expiry Date _____
☐ Passport _____
☐ Driving Licence _____
☐ Voter ID Card _____
☐ Others : _____

*Proof of Address (Self Attested)

☐ Aadhaar issued by UIDAI Expiry Date _____
☐ Passport _____
☐ Driving Licence _____
☐ Voter ID Card _____
☐ Others : _____

Please tick applicable tax resident declaration: (Any one)*

☐ I am a tax resident of India and not resident of any other country or ☐ I am a tax resident of the country/ies mentioned below

Country	Tax identification Number	Identification Type (TIN or Other please specify)	Address Type for Tax Purpose <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered office
			Address for Tax Purpose <input type="checkbox"/> Communication <input type="checkbox"/> Permanent <input type="checkbox"/> Please note Below
			Pin: _____ State: _____ Country: _____

#To also include USA, where the individual is a citizen/green card holder of USA %In case Tax Identification No. is not available, kindly provide functional equivalents.

Depositor Declaration

I/We certify that:

- (i) I/We have read and understood the FATCA/CRS Terms and Conditions and hereby accept the same.
(ii) All the particulars (including Taxpayer identification Number) given hereby are true, correct and complete to the best of my/our knowledge and belief.
(iii) I/We shall submit a new form to Shriram Finance Ltd., within 30 days if any information or certification in this form becomes incorrect/changed.
(iv) I/We agree that as may be required by regulators, Shriram Finance Ltd., may be required to report my/our details to such regulators or close or suspend my/our account without any obligation of advising me/us of the same.
(v) I/We understand that Shriram Finance Ltd. is relying on this information for the compliance of FATCA/CRS and agree not to hold Shriram Finance Ltd., their employees, authorised agents, service providers, liable for any consequences/losses/costs/ damaged in

case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating /delay in intimating any changes to the above particulars.

(vi) I/We agree to indemnify Shriram Finance Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S." person status or other Country Residential status or in respect of any other information as may be required under applicable tax laws.

(vii) I/We certify that: a. I/We is (1) an applicant taxable as a US Person under the laws of the United States of America (U.S.) or any state or political subdivision thereof or therein, including the District of Columbia of any other states of the U.S., (i) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, (This clause is applicable only if the depositor is a US Person/Citizen) b. I/We is an applicant taxable as a tax resident under the laws of country outside India.
(This clause is applicable only if the depositor is a Tax resident outside India).

Place : _____ *Date : ____/____/____

*Signature : _____

For Office Use Only

Documents Received ☐ Certified Copies

Checked by _____

KYC VERIFICATION CARRIED OUT BY

Emp. Name : _____
Emp. Code : _____
Designation : _____
Date : _____

INSTITUTION DETAILS

Name : _____
Code : _____

Employee signature

