

**FATCA Customer Questionnaire for Entities / Corporate - FORM A**

Title of Account		Account No.	
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**Classification for FATCA Purposes**

- A. Is your entity incorporated / organized / resident in U.S.? Yes  No   
(A company created in U.S., established under the laws of U.S. or a U.S. tax payer)
- B. Is your entity incorporated / organized / resident other than U.S.? Yes  No
- C. Is your entity a public listed company or an affiliate of a public listed company? Yes  No
- D. Does your entity have U.S mailing / business/ registered address? Yes  No
- E. Does your entity have U.S. Telephone Number? Yes  No
- F. Does your entity have standing instruction to pay amount to a U.S. address or U.S. based account? Yes  No
- G. Does the entity have a Power of Attorney or authorized signatory with a U.S. mailing address? Yes  No
- H. Does the entity have an “in-care-of” or “hold mail” U.S address that is the sole address provided? Yes  No
- I. Is the entity’s income effectively connected with the conduct of a trade or business in the U.S.? Yes  No

**(If you have answered yes to any of the above questions please complete requested additional details on Form B)**

- Is your entity Exempt Beneficial Owner (EBO)? Yes  No   
**(If yes then fill Section A)**
- Is your Entity a Financial Institution? Yes  No   
**(If yes then fill Section B)**
- Is your Entity a Non Foreign Financial Institution (NFFE)? Yes  No   
**(If yes then fill Section C)**

**Section A: Exempt Beneficial Owner**

**Tick the applicable category of Exempt Beneficial Owner**

- Foreign governments and their political subdivisions and wholly owned instrumentalities an agencies
- International organizations and their wholly owned instrumentalities and agencies
- Foreign central banks of issue
- Foreign retirement funds
- Governments of U.S. possession
- Foreign investment entities that are wholly owned by one or more other exempt beneficial owners

**Section B: Financial Institution**

**Tick the applicable category of financial institution**

- FI resident in U.S. or U.S territory  Sponsored Entity
- Excepted FFI  Deemed Compliant FFI
- Non – Participating FFI  Participating FFI
- Other  Please Specify \_\_\_\_\_

Kindly provide Global Intermediary Identification Number (GIIN) \_\_\_\_\_

If the Financial Institution does not have GIIN, please provide reason \_\_\_\_\_

## Section C: Non Foreign Financial Entities (NFFE)

Tick the applicable category of financial institution

Active NFFE* <input type="checkbox"/>	Passive NFFE** <input type="checkbox"/>	Other Excepted NFFE <input type="checkbox"/>	Direct Reporting NFFE <input type="checkbox"/>
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\*Refer Glossary for the conditions of Active NFFE

\*\*If you select **Passive NFFE** from the above, please provide in full the details requested in the table below of any Controlling Persons, who hold more than 10% or more interest in the Passive NFFE by vote or value.

*Particulars of Beneficiaries/ Owners / Shareholder's / Trustee's or Settlers / Partner's / Director. (Controlling Person, who holds more than 10% or more interest in Passive NFFE by vote or value)*

Name	U.S. Citizen / Green Card Holder/ Tax Resident				Place of Birth	Contact Number (with Country Code)	TIN (If applicable)
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				

Ownership %	Position	Address

I/we authorized signatories of \_\_\_\_\_, acknowledge and declare under the penalties of perjury that information provided on Form A and on Form B (where applicable) is correct and true and complete to the best of my / our knowledge and belief. I/we under the penalties of perjury agree to provide supporting evidence and provide updates incase any of the aforementioned information changes. Incase Summit Bank Limited ("the Bank") has any reason to believe that the disclosed information is incorrect, the Bank reserves the right to take suitable action against me / us.

I/we hereby provide consent to and authorize Summit Bank Limited, or any of its affiliates ("the Bank") for the following, in respect of any local or foreign laws or regulations applicable to the Bank:

- (a) to disclose, furnish or share information pertaining to my/our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction; and
- (b) to deduct withholding tax on my/our account when required to do so by domestic or overseas regulators or tax authorities or pay out from my/our account(s) such amounts as may be required according to applicable laws, regulations agreements with regulators or authorities and directives.
- (c) to comply with any obligations, requirements, policies, procedures, measures or arrangements for sharing information within the group of the Bank and/or any other use of information in accordance with any group wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing, fiscal evasion, avoidance of taxation or other unlawful activities.

We shall indemnify and hold the Bank harmless against any claim, damages, costs, expenses and other direct and/or indirect consequence of the Bank disclosing, furnishing and sharing any information pertaining to our bank account with any domestic or overseas regulators or tax authorities.

I/we understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my application or other appropriate action taken against me.

I/we undertake to notify the Bank within thirty (30) calendar days if there is a change in any information which we have provided to the Bank herein.

I/we undertake to complete, sign and provide such additional forms as may be prescribed from time to time and required to be furnished to the Bank in relation to the disclosure contained herein. We confirm that we have obtained an express consent from the ultimate beneficiary owner of our company to your using and disclosing information for the above purposes.

Authorized Signatory 1	Authorized Signatory 2
Title:	Title:
Signature	Signature
Date:	Date:
Account Holder <input type="checkbox"/> Power of Attorney <input type="checkbox"/>	Account Holder <input type="checkbox"/> Power of Attorney <input type="checkbox"/>
Others (Please Specify) <input type="checkbox"/>	Others (Please Specify) <input type="checkbox"/>

**FATCA Customer Questionnaire for Entities / Corporate - FORM B**

Title of Account		Account No.
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**A. Incorporated / organized / resident in the U.S.**

If yes then, U.S. Tax Identification Number \_\_\_\_\_

If No, please provide name of the country in which the entity is incorporated or organized \_\_\_\_\_

Place of incorporation of Parent Company (if applicable) \_\_\_\_\_

**B. Publicly Listed**

If publicly listed, please provide the names of exchange on which the entity is listed: \_\_\_\_\_

**C. U.S Mailing / Business Registered Address**

Address:		
City:	Country:	PO Box:

**D. US Contact Number**

Please provide US. Contact Number (with country code) \_\_\_\_\_

**E. Standing Instruction**

Instructions to transfer funds to any U.S. account

Please mention details: \_\_\_\_\_

**F. Power Of Attorney (POA)**

Please provide details of POA's:

Nationality:	Contact No.	Place of Birth:
Address:		
City:	Country:	PO Box:

**G. Hold Mail**

Please provide 'in care of' address or hold mail address:

Address:		
City:	Country:	PO Box:

**H. Trading Partner**

Please provide details of significant U.S. trading partner:

Nature of trade / business:
Name/s of U.S. entity/s with whom you trade / do business:

**Note:**

In case of U.S. Entity or Specified U.S. person, provide W9 form, otherwise provide applicable W8 form and documentary evidence to establish foreign status.

