



# FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance

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PAN / PEKRN*									
Name									
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others _____ (please specify)					
Place of Birth			Country of Birth						
Gross Annual Income Details in INR Net Worth in INR. In Lacs & Date [Optional]	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details [Please tick any one (√)]	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Public Sector <input type="checkbox"/> Professional <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others [Please specify]					
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information [if applicable]	_____ [Please specify]					

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes  No

If "Yes", please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1.				► Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				► Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A ► The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B ► No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
- Reason C ► Others – Please specify the reasons \_\_\_\_\_

**Declaration:**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [Quantum/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature: \_\_\_\_\_

**Acknowledgement**

We Quantum Mutual Funds acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. \_\_\_\_\_ PAN\_\_\_\_\_ on dd-mmm-yyyy

Date: \_\_\_\_\_ Signature with Name, Emp. ID & Seal \_\_\_\_\_

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