

Date :

Branch :

FATCA DECLARATION – Individual Customers

Customer Name :

SECTION A

1. Please indicate if you are a US Citizen or Green Card Holder?

Yes

No

If "Yes", please provide

i) Copy of US Passport / Green Card

ii) Form W9

iii) Taxpayer Identification Number (TIN)

If "No" please proceed to SECTION B.

SECTION B

2. Please indicate if your place of birth is in USA?

Yes

No

If "Yes", please provide copy of Certificate of Loss of Nationality (if applicable)

3. Please indicate if you have a current US address or telephone number?

Yes

No

(Including Home, Mailing, P.O. Box, "Care Of" or "Hold Mail")

If "Yes", please provide the applicable details:

Street Address :

Zip Code :

City :

State :

Residence No.:

Mobile No.:

If Question (2) or (3) is answered "Yes", please provide Form W8 BEN

The undersigned applicant acknowledges and undertakes that the information provided above is true and correct. The applicant takes all responsibility for any untrue or incorrect declarations and indemnifies and holds Doha Bank harmless against any damages, claims or demands that may arise in the future. Should there be any subsequent change to the above noted declarations the customer is required to inform Doha Bank of such change within thirty (30) days of occurrence.

Customer Signature

Branch Authorised Signatory

Know Your Customer (KYC) Application Form | Individual | Related Person

1. DETAILS OF RELATED PERSON (Please refer to annexure)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available)

Related Person Type Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

If KYC number and name are provided, below details of section 1 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON (Please refer to annexure)

A- Passport Number Passport Expiry Date

B- Voter ID Card Passport Place of Issue

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

S- Simplified Measures Account - Document Type code Identification Number

2. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date :

Place :

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date

Emp. Name

Emp. Code Emp. Designation Emp. Branch