# **CUSTOMER INFORMATION FORM**

For Non-Individual Entities (To be filled by applicant only)



NOTE: 1. Please fill the fo 3. This is a MACH						pass	s th	irou	gh a	SC	AN	NE			I* are mandatory. shall be at sole discre	etion	of Deutse	che Bank	AG, Ir	ndia.
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*Father / Spouse																TIN/SSN			*US Person	Y	Ν
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*Aadhaar Card No.	Authorised Signatory	Y N C	Dwner Y	N Percent	Share Holding _		
Passport No.	Senior Citizen	<b>Yes</b> (please at	ttach age proof)	No			
Passport issuing Country	Date of Issue D D M	ΜΥΥ	Y Y Date of	Expiry D	D M M Y	ΥΥ	Y
Driving License No			Voter ID No				
Others							
DIN (Mandatory for Dire	ectors & Partners in case of a LLP)	CKYC No					

#### \*Declaration

#### Please Fill in for Partnership Firm

1	sd/
2	sd/-
3	sd/
4	sd/
5.	sd/-

#### (Attach a list of partners if it exceeds the space above)

(Attach a list of partners if it exceeds the space above) IWe have read and understood Bank's General Business Conditions (a copy of which has been sent to me/us is in my/our possession) governing the business relationship with the Bank and those special conditions relating to various services including but not limited to Accounts, ATM, Phone Banking, Debit Card, Internet Banking, Bill Payment, etc. IWe accept and agree to be bound by the said Bank's General Business Conditions including those excluding/limiting the Bank liability. I/We agree, understand and acknowledge that Bank may at its absolute discretion, reject, discontinue or terminate any of the services or transactions, completely or partially, with notice (personal or public) to me/us, for any reason whatsoever including any violation of applicable laws or internal policies of the Bank. I/We agree that Bank may debit my account for service charges as applicable from time to time, live confirm that I/We any<sup>2</sup> rere sident of India. I/We hereby invocably authorize the Bank to monitor my/our account and disclose, from time to the man, any information on or relating to my/our account for succeptance of which I/we herewith confirm, and all other rules and conditions of the Bank know any Authority or Credit Bureaus or third party. without my/our specific consent The Bank's General Business Conditions, the receipt and acceptance of which I/we herewith confirm, and all other rules and conditions of the Bank has duly explained to me/us that submission of Aadhaar number/Copy of Aadhaar Card to Deutsche Bank, I/we confirm and all gree that the Bank has duly explained to me/us that submission of Aadhaar number/Aadhaar Card is no longer mandated for the purpose KYC for bank accounts and I/we have the option to submit any other documents considered as a valid proof for the purpose of KYC as per the Reserve Bank of India intercitor. Howe ear, I/we are provide my/our Aadhaar number/Aadhaar ar unber/Aadhaar Gard submitted by me to Deutsche Bank. I/We further

IWe hereby provide my consent for validating my/our Aadhaar number for the purpose of updating my/our Aadhaar number against my/our banking relationships held with Deutsche Bank. IWe have been given to understand that my/our information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law and the bank shall maintain confidentiality of my/our information provided herein. My/Our personal/KYC details may be shared with/downloaded from the central KYC registry.

I/We confirm that we are authorised to represent and disclose the shareholder and UBO information on behalf of the shareholders and UBO. I/We confirm that the information declared is true and valid.

I/We confirm that we are fine to receive our CKYC number on the above stated email-IDs

Information pursuant to Anti-Money Laundering Regulations

[] I/We am/are the beneficial owner of all assets run through my/our own account(s) opened with Deutsche Bank

The beneficial owner of some/all assets run through the account is/are (name and address of person for whom the account(s) are maintained)

IWe will update the Bank in case of any change in my/related party/UBO details provided at the time of opening the account which includes address change, change in industry, change in employment etc. Foreign Exchange Management Act, 1999 (FEMA)

We hereby declare that the transactions relating to foreign exchange routed through your Bank do not involve, and are not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made hereunder. IWe also hereby agree and undertake to give such information/documents as will reasonably satisfy you about the transactions in terms of the above declaration.

The information including Landline Number, Mobile Number and Email ID as mentioned above (apart from being used for mandatory account verification and maintenance purposes) may also be used by Deutsche Bank AG, India to contact the customer and offer carefully selected products and services from time to time either itself or through its agents or authorised representatives. Please indicate if you are agreeable to receiving such offers: [] Yes [] No

## \*Customer Signature (Sign within the box and use black ink for Signature)

I/We also hereby agree and undertake to give such information/documents as will reasonable satisfy you about the transactions in terms of the above declaration. To be signed by all Authorise Signatories / all Partners / Sole Proprietor / at least two Directors / Karta

Photograph	Authorised Signatory 1: Date:	Photograph	Authorised Signatory 2: Date:
Photograph	Authorised Signatory 3: Date:	Photograph	Authorised Signatory 4: Date:

#### SELF-CERTIFICATION FOR ENTITY CLIENTS (Only valid along with the Customer Information Form)

The U.S. Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) require Deutsche Bank AG and its affiliates (collectively "Deutsche Bank") to collect and report certain tax related information about its clients.

Please complete the sections below as directed and provide any additional information as may be required. If the tax residence of an Account Holder is located outside the country of the Deutsche Bank entity requesting this form and also in a Reportable Jurisdiction then the Account Holder will be a Reportable Jurisdiction Person and Deutsche Bank is legally bound to report the relevant information on this form to the appropriate tax authorities.

A branch of an Entity is treated as an Entity for the purposes of the CRS and the form should be completed with details for the branch, and not that of its parent.

U.S. tax forms may be required in addition to this Self-Certification.

- If you are a non-U.S. entity, receiving income that constitutes U.S. Source Fixed and Determinable Annual or Periodical (FDAP) income, please
  provide a completed IRS W-8 series tax form.
- If you are a U.S. entity please provide a completed IRS Form W-9.

This form is for entities only. Do not complete this form for an Individual Account Holder. Instead you should complete and provide the Self Certification for Individual Clients which can be obtained from your Deutsche Bank Relationship Manager.

If you have any remaining questions about how to complete this form or about how to determine your tax residence status you should contact your tax adviser or local tax authority. Deutsche Bank will not be in a position to provide assistance beyond the information contained within this guide as by law we are not permitted to give tax advice.

#### Part 1 – Entity Certification

#### Part 1 (a) – Financial Institutions

If this entity is a Financial Institution (FI), please select the FI's status from	n
one of the options below.	

- 1. Please select FI FATCA classification and provide GIIN in Line 2:
  - i. Participating Foreign FI
  - ii. Registered Deemed Compliant Foreign FI (including Reporting Model 1 FFI)

iii. Reporting Model 2 Foreign FI

- Please provide the Entity's GIIN (Global Intermediary Identification Number):
- If the Entity does not have a GIIN but is sponsored by another entity, which has a GIIN, please provide the following:

Sponsor's GIIN:

Sponsor's Name:

4.	If the Entity does not have a GIIN (under Part 1(a) – Line 2) or cannot
	provide a GIIN from a Sponsor (Part 1(a) - Line 3), please provide the
	reason why the Entity cannot provide a GIIN for FATCA purposes:

i.	It is a FFI, which has applied for a GIIN and has not yet received a GIIN.

- ii. It is an Exempt Beneficial Owner (e.g. an international organisation)
- iii. It is a Certified Deemed Compliant FFI (e.g. a FFI with low value accounts)
- iv. It is an Owner Documented FFI
- v. Non-reporting FFI (e.g. Trustee Documented Trust)
- vi. Non-Participating FFI
- vii. Limited FFI
- 5. Please select FI CRS classification
  - i. Depository Institution, Custodial Institution or Specified Insurance Company
  - ii. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

# In this case please complete the table in Appendix 1"Controlling Persons"

iii. Other Investment Entity

#### or Part 1 (b) – Non Financial Entities – NFEs

- If the Entity is not a Financial Institution (i.e. a Non Financial Entity, NFE), please select the Entity's status from one of the options below.
  - i. Active NFE a corporation the stock of which is regularly traded on an established securities market or a related entity of such a corporation.
     If you have ticked (i), please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (i) is a Related Entity of:

- ii. Active NFE Government Entity, Central Bank or International Organisation
- iii. Active NFE other
- iv. Passive NFE

In this case please complete the table in Appendix 1"Controlling Persons"

v. Direct / Sponsored Direct Reporting NFFE

If the Entity is a Direct Reporting NFFE, please provide the GIIN.

If the Entity is a Sponsored Direct Reporting NFFE, please provide the name and GIIN of the Sponsoring Entity.

Entity's GIIN:

Sponsor's GIIN:

Sponsor's Name:

Please check this box to confirm that the sponsoring Entity has agreed with the entity identified above (that is not a participating FFI) to act as the sponsoring entity for this entity.

A Financial Institution may be subject to registration, due diligence, withholding and reporting obligations under FATCA and CRS. Please note that Deutsche Bank cannot provide you with tax advice, including advising which entity classification is the most appropriate for your situation. If you are not sure how to complete this form, please consult your tax advisor.

#### Part 2 - Country of Residence for Tax Purposes and related TIN or functional equivalent

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country indicated.

If the Account Holder is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal office is located.

If the Account Holder is tax resident in more than three countries please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

Reason A - The country where I am liable to pay tax does not issue TINs its residents.

**Reason B** - The Account Holder is otherwise unable to obtain a TIN or equivalent number.

(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason.)

Reason C - No TIN is required. (Note: only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed.)

7. Country of Tax Residence	8. Local Tax Identification Number (TIN)	9. TIN Type	10. If no TIN available enter Reason A, B or C

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	
	11. I certify that for the purposes of taxation the Account Holder is not Tax Resident in any other country other than the countries indicated in Part 2

11. I certify that for the purposes of taxation the Account Holder is not Tax Resident in any other country other than the countries indicated in above.

#### Part 3 – Declaration and Signature

I hereby certify that for the purposes of taxation the Account Holder is not a tax resident in any country other than the country/countries indicated in Part 1B above.

I am aware that income deriving from the Account(s), as well as related transactions, may trigger a tax liability in accordance with applicable legislation and that this may be reflected in the Account Holder's tax reporting.

I confirm that all assets held by the entity with Deutsche Bank, as well as any and all income and gains related thereto, are fully declared in the relevant tax filings in compliance with governing legislation, and will also be fully declared in all future tax filings in order to ensure their accurate taxation as required by the laws of the country of tax residence.

I confirm that I have the capacity to sign for the entity identified in Part 1 of this Self-Certification Form (including the appendices, if applicable, and any attachment hereto) ("Self-Certification") in respect to all the accounts to which this Self- Certification relates.

I acknowledge and agree that the information contained in this Self-Certification and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.

I declare that all statements made in this Self-Certification are, to the best of my knowledge and belief, correct and complete.

I undertake to advise Deutsche Bank promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide Deutsche Bank with a suitably updated Self-Certification within 30 days of such change in circumstance. Deutsche Bank also hereby remind you that the information supplied by you in this Self-Certification is provided pursuant Bank, setting out how Deutsche Bank may use and share the information supplied by you to Deutsche Bank.

Please check this box to confirm that you have the capacity to sign for the entity identified in Part 1 of this form in respect to all the accounts to which form relates.

Print Name:	Signature:
Date (dd/mm/yyyy):	
Note: Please indicate the capacity in which you are signing the Self-Certification (for example 'Authorised Signatory or Officer'). If signing under a power of attorney, please also attach a certified copy of the power of attorney.	

## For Bank Use Only

*Customer Category	Private Banking	Business Banking	Personal Banking	*Source of Lead
*Lead Generated By		]	*Customers Sourced By	
*Customer Managed By			Private Banking Team Cod	e
Customer Risk Profile	Very Conservative	Conservative	Moderate Aggressive	Very Aggressive
Payroll Company/ Promo/ Ca	mpaign Code	Sol		Code
Area Manager/ Service Mang	jerSignature	Employee		
Imaging OC Done	Signature			
Aadher Reference No.				

# 1)

2)					
4)					

# 

I, the undersigned,	hereby declare that I am carrying on
business under the name and style of	as its Sole Proprietor
Name of Sole Proprie	torship
/Proprietress and as such am solely responsible for the liability the	reof. No other person or persons has
any interest in the said proprietary concern.	

I request you, Deutsche Bank,\_\_\_\_\_ Branch to open a\_\_\_\_\_ account ("the account") for the said proprietary concern.

I also request and authorize the Bank to honor all cheques or orders which maybe drawn or bills accepted or notes made or receipts for monies owing by the Bank to the proprietary concern duly signed on behalf of the said concern in the manner as instructed in respect of operations of the Account including through channels by the Sole Proprietorship with the Bank and for all cheques, guarantees or other orders, which maybe drawn or bills accepted or notes or negotiable instruments passed on the Sole Proprietorship's behalf or receipts for money owing by you to the Sole proprietorship and to debit such cheques, guarantees, orders, bills, notes or negotiable instruments to the Sole proprietorship's Account(s) with you whether such Account or Accounts be for the time being in credit or overdrawn, or may become overdrawn of such debit without prejudice to the Bank's right to refuse to allow any overdraft and I shall be responsible for the repayment of any such overdraft and interest.

I shall advise the bank in writing of any change that may take place in the constitution of my proprietary concern and I shall be liable to the Bank on any obligations which maybe standing the concern's name on the Bank's books and until all such obligations shall have been liquidated.

I hereby confirm that I will operate the Account and avail of the products and services offered by the Bank through its website and phone banking channel and opted by me from time to time.

I hereby confirm that I have read and understood the Terms & Conditions applicable to such Account and services relating thereto and shall always be bound by and abide with them and their amendments from time to time.

(Signature of the Sole Proprietor)

Note: The declaration is to be given on the letterhead of the Sole Proprietorship firm or signed and stamped by the Proprietor with the firm's stamp/seal. Sole Proprietorship firms are not allowed to open Demat Accounts

#### **Appendix 1 Controlling Persons**

Controlling Persons are defined as natural persons and exercise control over the entity or the shareholders of the entity based on local Anti-Money Laundering (AML) requirements. Where that entity is treated as a Passive Non-Financial Entity ("Passive NFE") then a Financial Institution is required to determine whether or not these Controlling Persons are Reportable Persons.

In the case of a Trust this means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the Trust (including through a chain of control or ownership). In the case of a legal arrangement other than a Trust, it means persons in equivalent or similar positions.

Please continue on a separate sheet if necessary, signing, dating and attaching the sheet to this form.

If the Controlling Person(s) are U.S. citizen or resident of the U.S. for tax purposes then they should additionally complete a W-9 form.

Please check this box to confirm that the Entity does not have any Controlling Person.

	First Name				Family Name / Surname				
	Address Da			Date of Birth and Place of Birth (City/Town, Country)					
	Country of Tax Residence     Tax Identification Number (TIN)     TI       Country of Tax Residence     Tax Identification Number (TIN)     TI		Postal Code			Country (do not abbreviate)			
rson			Tax Identification Number (TIN)		TIN Туре		If no TIN is available then please provide explanation		
ng Pe			Tax Identification Number (TIN)		TIN Туре				
rollin	Country of Tax R	esidence	Tax Identification Number (TIN)		TIN Туре				
Conti	Controlling Legal Person		Ownership	Others Means	Senior Managing Official				
	Person Type	Legal Arrangement - Trust	Settlor	Trustee		Protector	Bene	ficiary	Others
	Legal Arrangement - Others		Settlor Equivalent	Trustee Equivalent		Protector Equivalent		ficiary valent	Others Equivalent

	First Name				Family Name / Surname					
	Address	Address				Date of Birth and Place of Birth (City/Town, Country)				
	City / Town		State / Province		Postal Code		Country (do not abbreviate)			
rson	Country of Tax Residence		Tax Identification Number (TIN)		ТIN Туре		If no TIN is available then please provide explanation			
g Pe	Country of Tax Residence		Tax Identification Number (TIN)		TIN Туре					
'ollin	Country of Tax R	Country of Tax Residence Tax Identification Number		umber (TIN)	TIN Туре		]			
<b>Controlling Person</b>	Controlling Legal Person Owners		Ownership	Others Means		Senior Managing	g Official			
	Person Type	Legal Arrangement - Trust	Settlor	Trustee		Protector	Bene	ficiary	Others	
		Legal Arrangement - Others	Settlor Equivalent	Trustee Equivale	ent	Protector Equivalent	Bene Equiv	ficiary valent	Others Equivalent	

	First Name Fi					Family Name / Surname				
	Address				Date of Birth and Place of Birth (City/Town, Country)					
	City / Town		State / Province		Postal Code			Country (do not abbreviate)		
rson	Country of Tax Residence Tax		Tax Identification N	Tax Identification Number (TIN)		TIN Туре		If no TIN is available then please provide explanation		
g Pe			Tax Identification Number (TIN)		TIN Type					
rollin			Tax Identification Number (TIN)		TIN Туре					
Conti	Controlling	Legal Person	Ownership	vnership Others Means		Senior Managing Official				
	Person Type	Legal Arrangement - Trust	Settlor	Trustee		Protector	Bene	ficiary	Others	
		Legal Arrangement - Others Settlor Trustee Equiva		ent	Protector Equivalent		ficiary valent	Others Equivalent		

					Family Name / Surname				
					Date of Birth and Place of Birth (City/Town, Country)				
	City / Town		State / Province		Postal Code			Country (do not abbreviate)	
rson	Country of Tax Residence Country of Tax Residence		Tax Identification Number (TIN)		TIN Туре			If no TIN is available then please provide explanation	
g Pe			Tax Identification Number (TIN)		TIN Type				
olling.			Tax Identification Number (TIN)		TIN Туре				
Contr			Ownership Others Means		Senior Managing Official				
	Person Type	Legal Arrangement - Trust	Settlor	Trustee		Protector	Bene	ficiary	Others
	Legal Arrangement - Others		Settlor Equivalent	Trustee Equivale	ent	Protector Equivalent		ficiary /alent	Others Equivalent

#### Appendix 2: Due Diligence for Citizenship / Residency by Investment

#### Due Diligence for Citizenship / Residency by Investment

"Citizenship by Investment" (CBI) and "Residence by Investment" (RBI) schemes are being offered by a substantial number of jurisdictions / countries and allow foreign individuals to obtain citizenship or temporary or permanent residence rights on the basis of local investments or against a flat fee.

Under Section VII of the CRS, financial institutions are required to perform additional due diligence if the individual account holder(s) or beneficial owner(s) and controlling person(s) of the entity account has sole tax residency in a CBI or RBI jurisdiction (per the OECD list<sup>1</sup>).

Full name of beneficial owner/s or controlling person/s of Entity Account:

1.	Did you obtain residence rights under a CBI / RBI scheme?	Yes	No
2.	Do you hold residence rights in any other jurisdiction(s)?	Yes	No
3.	Have you spent more than 90 days in any jurisdiction(s) during the previous or current calendar year?	Yes	No
4.	Have you filed income tax returns in any other jurisdiction(s) during the previous or current calendar year?	Yes	No

If you have answered "Yes" to any of the above questions, please list the jurisdiction(s) not already reflected in Part 2 or Appendix 1 above (as applicable).

In addition, please reflect these jurisdiction(s) as Country of Tax Residence along with Tax Identification Number (TIN) in the Part 2 or Appendix 1 (as applicable or provide a reasonable explanation why the jurisdiction(s) is not a tax residency.

#### Part 4 - Declaration and Signature

I understand that the information supplied by me in this Self-Certification form (including any attachment hereto) is covered by the full provisions of the terms and conditions governing my/the Account Holder's relationship with Deutsche Bank setting out how Deutsche Bank may use and share the information supplied by me to Deutsche Bank.

I acknowledge that the information contained in this Self-Certification form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I declare that all statements made in this Self-Certification are, to the best of my knowledge and belief, correct and complete. I undertake to advise Deutsche Bank promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide Deutsche Bank with a suitably updated Self-Certification within 30 days of such change in circumstances.

I certify that I am the Account Holder or authorised to sign for the individual who is the Account Holder of all the income to which this Self-Certification form relates and/or am using this Self-Certification to document myself as an individual who is the Account Holder.

Deutsche Bank also hereby remind you that the information supplied by you in this Self-Certification is provided pursuant to the full terms and conditions governing the Account and your contractual relationship with Deutsche Bank, setting out how Deutsche Bank may use and share the information supplied by you to Deutsche Bank.

If you are signing and completing Appendix 2 in relation to a Controlling Person (but not a Beneficiary), the following applies: the declaration under Part 3 of the Entity Self-Certification above shall be incorporated into Appendix 2 and made a part hereof. By signing and completing Appendix 2, I acknowledge and agree that the declaration under Part 3 of the Entity Self-Certification above are deemed to be made by me.

If you are signing and completing Appendix 2 as or on behalf of a Beneficiary, the following applies: the declaration under Part 4 of Appendix 2 above shall be incorporated into Appendix 2 and made a part hereof. By signing and completing this Appendix, I acknowledge and agree that the declaration under Part 4 of Appendix 2 above are deemed to be made by me.

Print Name:	Signature:
Date (dd/mm/yyyy):	
<b>Note:</b> When this Self-Certification is signed in relation to Controlling Person (but not as a beneficiary), please refer to the note under the signature block of Part 4 of the Entity Self-Certification above.	
When this Self-Certification is signed by or on behalf of the Beneficiary and if the Beneficiary does not have the capacity to execute this Self-Certification then it may be signed by an authorised representative of the Beneficiary. In that event, please indicate the capacity in which this Certification is being signed.	

<sup>1</sup> Jurisdictions as of Q2-2021: Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dominica, Grenada, Malta, Panama, Saint Kitts and Nevis, Saint Lucia, Seychelles, Turks and Caicos Islands, United Arab Emirates and Vanuatu. This reflects the current state of the OECD's analysis of CBI/RBI schemes as of Q2-2021, and will be updated by OECD on an ongoing basis.