



4. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID)			
Tel.(Off/Res)	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	Mobile (2)	<input type="text"/>
Email ID	<input type="text"/>		

5. FATCA / CRS Information		
<b>Do you satisfy any of the criteria mentioned below:-</b>		
	Yes	No
a. Citizen of any country other than India(dual/multiple) [including green card]		
b. Country of birth is any country other than India		
c. Tax resident of any country/ies other than India		
d. POA or a mandate holder who has an address outside India		
e. Address or telephone number outside India.		

If answer to any of the above questions is a YES or in case of NRI account ,please fill the below details :-

Country#	Tax Identification Number	Identification Type(TIN or other*, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>

# to also include USA, where the individual is a citizen/green card holder of USA  
 \* In case Tax Identification Number is not available, kindly provide functional equivalent

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill below details)			
<input type="checkbox"/> Addition of Related Person		<input type="checkbox"/> Deletion of Related Person	
KYC Number of Related Person (If available*)	<input type="text"/>		
Related Person Type	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative
Name	<input type="text"/>		
(If KYC number and name are provided, below details are optional)			
Proof of Identity of Related Person			
Identity Proof Submitted	<input type="text"/>	Number	<input type="text"/>
		Exp. Date	<input type="text"/>
Other (any document notified by the Central Govt.)		Identification No.	<input type="text"/>
Simplified Measures Account-Document Type Code		Identification No.	<input type="text"/>

**7. REMARKS (If any)**

**8. 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.

I hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered mobile number / email address.

**Subject to applicable laws, I hereby give consent to share my FATCA/CRS information with domestic/overseas regulators or tax authorities wherever necessary. I also declare and confirm that the FATCA/CRS details given as per point no-5 above are true, correct & complete. I further confirm that I have read and understand the FATCA/CRS terms and conditions and hereby accept the same.**

Date :

Place :

 (2)

**Signature / Thumb Impression of Applicant**

Note : Separate KYC to be done for each client in case of more then one account holder (for Demat Account only).

FOR OFFICE USE ONLY			
Details of Employee /AP/ Authorized Signatory	Documents Verified with Originals	Client Interviewed by & IN-Person Verification done by	DD / MM / YYYY
			Farsight Securities Limited Code - IN0242
Name			Seal / Stamp of the Intermediary
Designation/Code			
Date	DD / MM / YYYY	DD / MM / YYYY	
Signature			