

IDBI Federal Life Insurance Co Ltd

IRDAI Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
 22nd Floor, A Wing, Marathon Futurex, N. M. Joshi Marg, Lower Parel (E). Mumbai - 400013.
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www.idbifederal.com

FATCA/CRS DECLARATION FOR INDIVIDUALS

(Kindly fill in Block Letters)

Application number/ Customer ID:

Policy number:

PLEASE FILL THE INFORMATION BELOW AS REQUESTED

No.	Particulars	Policyholder / Life Insured / Assignee / Payer	Joint Applicant
1.	Name		
2.	Are you a tax resident of any country other than India?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Are you a citizen of USA (Including green card holder)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If answer to both the question in Point No. 2 and 3 is no, please sign the declaration

If answer to any of the question in Point No. 2 & 3 is yes, please provide details below:

(Please indicate all countries in which you are resident for tax purposes and associated details)

No.	Particulars	Policyholder / Life Insured / Assignee / Payer	Joint Applicant
4.	Country/(ies) of Tax residency (it also include USA, where the individual is a citizen/ green card holder of USA)		
5.	Tax Identification Number (TIN) (In case TIN is not available, kindly provide functional equivalent)		
6.	Identification Type (TIN or Other, please specify)		
7.	Residence Address for Tax purpose (including City, State, Country and Pin code) Address Type: 1- Residential or Business, 2- Residential, 3- Business, 4- Registered Office		
8.	Father Name (If PAN not available)		
9.	Mobile/ Telephone Number (including ISD & STD code)		
10.	*Email ID:		
11.	Date of Birth		
12.	Gender (Male, Female, Others)		
13.	City of Birth		
14.	Country of Birth		
15.	Proof of Identity - Documents submitted (A-Passport, B-Election Id Card, C-PAN Card, D-ID Card, E-Driving License, H-NREGA job card)		
16.	Identification No. - for the identification type mentioned above (mandatory if no PAN provided)		
17.	Nationality (Please specify) (if national of more than one country, please mention all the countries separated by a comma)		

Note: Your email id will be registered for "Go Green" and all future communications regarding your policy/ies will be sent to this email id. This may lead to discontinuance of physical statements.

Certification:

Under penalty of perjury, I/We certify that:

- I understand that IDBI Federal Life Insurance is relying on this information for the purpose of determining the status of the policy holder named above in compliance with FATCA/CRS. IDBI Federal Life Insurance is not able to offer any tax advice on FATCA or CRS or its impact on the policy holder. I shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect or changes.
- I agree that as may be required by domestic regulators/tax authorities, IDBI Federal Life Insurance may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my policies/ account, as appropriate.
- I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA/CRS Terms and Conditions below and hereby accept the same.
- I hereby give my consent to IDBI Federal Life Insurance to contact me or send any communication related to my policy/ies on my mobile number/email ID.
- I hereby give my consent to IDBI Federal Life Insurance to send any communication related to my policy/ies on my WhatsApp Account.

Name & signature of Policyholder/ Life Insured/Assignee/Payer

D	D	/	M	M	/	Y	Y	Y	Y
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Name & Signature of Joint Applicant

Place: _____

FATCA/CRS TERMS AND CONDITIONS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Life Insurance Companies to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our policy holders. Towards compliance, we may be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the policy/account or any proceeds in relation thereto.

Please note that you may receive more than one request for information if you have multiple relationships with IDBI Federal Life Insurance. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.