Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



PROTECTING INVESTING FINANCING ADVISING

FATCA/CRS Declaration Form

Any alterations/corrections made in the form need to be duly signed by the	policy owner. Tick (\checkmark) the relevant box Kindly fill in BLOCK LETTERS ONLY			
Policy / Application Number: e-I	Insurance Account Number:			
Name of the Policy Owner:				
Title First Name	Middle Name Surname			
A. Are you holding citizenship of any other country? Yes No	f yes, please provide country name/s:			
B. Are you a tax resident of any other country? Yes No If yes, please provide unique Tax Identification Number/s:				
If the response to A or B is "Yes" please provide below details				
Father's Name:				
Title First Name	Middle Name Surname			
Country of Birth: India Other	(Specify)			
Are you of Indian Origin: Yes No	(Specify)			
Country of Permanent residence: India Other	(Specify)			
Date from which you become a permanent resident of Country mentioned above: 💿 🗈 🕅 🕅 🖓 🔨 🕎				
Country of Current residence: India Other	(Specify)			
Contact details while abroad				
Type of address: Residential /Business	Registered Office			
Address while abroad:				
Area:	City/Town/Village:			
State:	Pin:			
Email ID:	Mobile No.:			
Telephone No.: Residence:	Office:			
Kindly note, this email id will be used for registration of 'Go Green' and will lead to discon-	ntinuance of physical statements.			

Tax details of other countri

Country#	Tax Identification Number %	Identification Type (TIN or Other [%] , please specify)

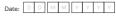
% In case Tax Identification Number is not available, kindly provide functional equivalent\$

* To also include USA, where the individual is a citizen/ greencard holder of USA

Declaration

I hereby declare that the foregoing statements and answers are true and correct in every respect and I am agreeable for treating this as a part of the Original Application form. I agree that repatriation of all payments/settlement's/claims/maturities etc. will be in INR only and will be as per the exchange control regulations prevailing from time to time in India and subject to withholding tax if any, prevailing from time to time. I have understood the information requirements of this form (read along with the relevant Instructions pertaining to CRS/FATCA) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I agree to provide documents and information including bank statements as may be required from time to time of claims, compliance and statutory purposes by Aditya Birla Sun Life Insurance Company Limited (ABSLI). I agree that any change in my residential status, payment details and other details will be communicated to ABSLI immediately on change but not later than 10 days of such change. I have read the 'FATCA-CRS Instructions.' section of this document and have filled in the details in light of the same. I also agree to the requirements contained in the said section.

Signature of the Policy Owner:	Signature	of the Life to be insured:
Witness Name:		Witness Contact No:
Address:		



FATCA-CRS Instructions:

Details under FATCA/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA and CRS, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 10 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

^{\$}It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Please note that you may receive more than one request for information if you have multiple relationships with Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Aditya Birla Sun Life Insurance Company Limited (Formerky Known as Birla Sun Life Insurance Company Limited) Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1, 15° Floor, Jupiter Mill Compound, 041, Senapati Bapat Marg, Ephinstone Road, Aumbai - 4000130 Ptc.128110 www.adityabilasulifeinsurance.com

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