

Information required for compliance with the operating guidelines

To be filled in by Individuals

** All the questions described above are on the basis of the guidelines issued by CBDT*

Policy No/Application No: _____

Customer Name : _____

Instructions: Please tick as appropriate and fill necessary details

1. Please mention the country of -

a) Birth : _____

b) Citizenship: _____

2. U.S. A. (United States of America) place of birth (Yes/No): _____

If country in point no. 1 is other than India or if U.S.A. person status in point no. 2 is "Yes" then please update the details in point no 3 as given below:

3. TIN (Tax Identification Number) / Functional Equivalent Number details:

Sr no	TIN or Functional equivalent no.	Country of Issue
1		
2		
3		
4		
5		

4. Do you have a current mailing address or residence address (Including a Post Office Box) in a jurisdiction(s) outside India?

YES ☐ NO ☐

If 'Yes' then please provide the mailing/residence address details;

Address Line 1 : _____

Address Line 2 : _____

City/Town : _____

State : _____

Country : _____

Postal code : _____

5. Do you have any address (Current /permanent) with a 'hold mail' or 'in care of' address in a jurisdiction(s) outside India?

YES ☐ NO ☐

If 'Yes', then provide the address details;

Address Line 1 : _____

Address Line 2 : _____

City/Town : _____

State : _____

Country : _____

Pin code : _____

6. Do you have a telephone number outside India?

YES ☐ NO ☐

If 'Yes' then please provide the details along with country code of the country;

Phone number(s) : _____

7. Is there a 'Power of Attorney (POA)' or 'signatory authority (SA)' granted to a person with an address in jurisdiction outside India?

YES ☐ NO ☐

If 'Yes', then please answer the following;

(i) Name of the person to whom the Power of Attorney or Signatory Authority is granted;

(ii) Address of the person to whom the Power of Attorney or Signatory Authority is granted;

(iii) Whether POA or SA is currently effective?

YES ☐ NO ☐

(iv) If answer to the above question (iii) is 'Yes' then please mention the time up to which the POA or SA is valid and effective

If answer to any of the above question 5- 7 is "NO" then please provide **certificate of residence issued by an authorized government body (e.g- self-attested copy of passport, driving licence, Adhaar card, etc)** establishing the account holder's **/policyholder's non reportable status.** (Any valid identification issued by an authorized government body, including a government agency or a municipality that includes the individual's name and is typically used for identification purposes)

8. Are there any standing instructions of funds transfer (with respect to any financial account other than a depository account) into any of your account maintained in a jurisdiction outside India?

If 'Yes', please provide the details of the policyholder (Name, account number and bank details)

Account number : _____

Policyholder name : _____ YES ☐ NO ☐

Name of the Bank : _____

Address of the Bank (including country) : _____

Declaration by the Proposer/Trustee/Assignee:

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life assurance with Canara HSBC Life Insurance Company Ltd (the 'Company') and that failure to disclose any material fact known to me may invalidate the contract.

I am not restricted /prohibited from proposing for this policy of insurance under the laws of any country that I am subject to. I understand that my purchase of a policy of insurance from the Company may create legal, tax or other financial/ reporting obligations for me under the laws of the country of which I hold citizenship or reside in. I shall be solely responsible for undertaking and fulfilling any obligations that I may have under the laws of such country/ies and shall not hold the Company liable under any circumstance in the event of a default on my part in fulfilling the said obligations. I acknowledge and agree that any information provided by the Company is not intended to provide legal, accounting or tax advice and I shall not rely on the same in this regard. I will seek independent professional legal, accounting and tax advice prior to the purchase of the policy of insurance from the Company, where necessary.

Date & Place : _____

Signature of Proposer/Trustee/Assignee : _____

Name of Customer : _____


FATCA_CRS Questionnaire/Version 1.2

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IRDAI Regn. No. 136


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