



FATCA Customer Questionnaire for Entities / Corporate - FORM A

Title of Account		Account No.	
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Classification for FATCA Purposes

- A. Is your entity incorporated / organized / resident in U.S.? Yes No
(A company created in U.S., established under the laws of U.S. or a U.S. tax payer)
- B. Is your entity incorporated / organized / resident other than U.S.? Yes No
- C. Is your entity a public listed company or an affiliate of a public listed company? Yes No
- D. Does your entity have U.S mailing / business/ registered address? Yes No
- E. Does your entity have U.S. Telephone Number? Yes No
- F. Does your entity have standing instruction to pay amount to a U.S. address or U.S. based account? Yes No
- G. Does the entity have a Power of Attorney or authorized signatory with a U.S. mailing address? Yes No
- H. Does the entity have an “in-care-of” or “hold mail” U.S address that is the sole address provided? Yes No
- I. Is the entity’s income effectively connected with the conduct of a trade or business in the U.S.? Yes No

(If you have answered yes to any of the above questions please complete requested additional details on Form B)

- Is your entity Exempt Beneficial Owner (EBO)? Yes No
(If yes then fill Section A)
- Is your Entity a Financial Institution? Yes No
(If yes then fill Section B)
- Is your Entity a Non Foreign Financial Institution (NFFE)? Yes No
(If yes then fill Section C)

Section A: Exempt Beneficial Owner

Tick the applicable category of Exempt Beneficial Owner

- Foreign governments and their political subdivisions and wholly owned instrumentalities an agencies
- International organizations and their wholly owned instrumentalities and agencies
- Foreign central banks of issue
- Foreign retirement funds
- Governments of U.S. possession
- Foreign investment entities that are wholly owned by one or more other exempt beneficial owners

Section B: Financial Institution

Tick the applicable category of financial institution

- FI resident in U.S. or U.S territory Sponsored Entity
- Excepted FFI Deemed Compliant FFI
- Non – Participating FFI Participating FFI
- Other Please Specify _____

Kindly provide Global Intermediary Identification Number (GIIN) _____



If the Financial Institution does not have GIIN, please provide reason _____

Section C: Non Foreign Financial Entities (NFFE)

Tick the applicable category of financial institution

Active NFFE* <input type="checkbox"/>	Passive NFFE** <input type="checkbox"/>	Other Excepted NFFE <input type="checkbox"/>	Direct Reporting NFFE <input type="checkbox"/>
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*Refer Glossary for the conditions of Active NFFE

If you select **Passive NFFE from the above, please provide in full the details requested in the table below of any Controlling Persons, who hold more than 10% or more interest in the Passive NFFE by vote or value.

Particulars of Beneficiaries/ Owners / Shareholder's / Trustee's or Settlers / Partner's / Director. (Controlling Person, who holds more than 10% or more interest in Passive NFFE by vote or value)

Name	U.S. Citizen / Green Card Holder/ Tax Resident				Place of Birth	Contact Number (with Country Code)	TIN (If applicable)
	Yes		No				
	Yes		No				
	Yes		No				
	Yes		No				

Ownership %	Position	Address

I/we authorized signatories of _____, acknowledge and declare under the penalties of perjury that information provided on Form A and on Form B (where applicable) is correct and true and complete to the best of my / our knowledge and belief. I/we under the penalties of perjury agree to provide supporting evidence and provide updates incase any of the aforementioned information changes. Incase Summit Bank Limited ("the Bank") has any reason to believe that the disclosed information is incorrect, the Bank reserves the right to take suitable action against me / us.

I/we hereby provide consent to and authorize Summit Bank Limited, or any of its affiliates ("the Bank") for the following, in respect of any local or foreign laws or regulations applicable to the Bank:

- (a) to disclose, furnish or share information pertaining to my/our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction; and
- (b) to deduct withholding tax on my/our account when required to do so by domestic or overseas regulators or tax authorities or pay out from my/our account(s) such amounts as may be required according to applicable laws, regulations agreements with regulators or authorities and directives.
- (c) to comply with any obligations, requirements, policies, procedures, measures or arrangements for sharing information within the group of the Bank and/or any other use of information in accordance with any group wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing, fiscal evasion, avoidance of taxation or other unlawful activities.

We shall indemnify and hold the Bank harmless against any claim, damages, costs, expenses and other direct and/or indirect consequence of the Bank disclosing, furnishing and sharing any information pertaining to our bank account with any domestic or overseas regulators or tax authorities.

I/we understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my application or other appropriate action taken against me.

I/we undertake to notify the Bank within thirty (30) calendar days if there is a change in any information which we have provided to the Bank herein.

I/we undertake to complete, sign and provide such additional forms as may be prescribed from time to time and required to be furnished to the Bank in relation to the disclosure contained herein. We confirm that we have obtained an express consent from the ultimate beneficiary owner of our company to your using and disclosing information for the above purposes.

Authorized Signatory 1	Authorized Signatory 2
Title:	Title:
Signature	Signature
Date:	Date:
Account Holder <input type="checkbox"/> Power of Attorney <input type="checkbox"/>	Account Holder <input type="checkbox"/> Power of Attorney <input type="checkbox"/>
Others (Please Specify) <input type="checkbox"/>	Others (Please Specify) <input type="checkbox"/>



FATCA Customer Questionnaire for Entities / Corporate - FORM B

Title of Account		Account No.	
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A. Incorporated / organized / resident in the U.S.

If yes then, U.S. Tax Identification Number _____

If No, please provide name of the country in which the entity is incorporated or organized _____

Place of incorporation of Parent Company (if applicable) _____

B. Publicly Listed

If publicly listed, please provide the names of exchange on which the entity is listed: _____

C. U.S Mailing / Business Registered Address

Address:		
City:	Country:	PO Box:

D. US Contact Number

Please provide US. Contact Number (with country code) _____

E. Standing Instruction

Instructions to transfer funds to any U.S. account

Please mention details: _____

F. Power Of Attorney (POA)

Please provide details of POA's:

Nationality:	Contact No.	Place of Birth:
Address:		
City:	Country:	PO Box:

G. Hold Mail

Please provide 'in care of' address or hold mail address:

Address:		
City:	Country:	PO Box:

H. Trading Partner

Please provide details of significant U.S. trading partner:

Nature of trade / business:
Name/s of U.S. entity/s with whom you trade / do business:

Note:

In case of U.S. Entity or Specified U.S. person, provide W9 form, otherwise provide applicable W8 form and documentary evidence to establish foreign status.



FATCA Due Diligence - Entities

For Bank Use Only

Title of Account	Form No.
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Please confirm the Customer's FATCA status by checking the relevant box by "✓"

	Yes	No	If yes, please provide form W-9
Is the entity specified U.S. person?	Yes	No	If yes, please provide form W-9
Is the entity Financial Institution?	Yes	No	If yes, please provide form W-9 or W-8 BEN E or other W8 form; providing the relevant FATCA status.
Is the entity Exempt Beneficial Owner	Yes	No	If yes, please provide form W8 BEN E or other W8 form as applicable
Is the entity an Active NFFE?	Yes	No	If yes, please provide form W8 BEN E
Is the entity a Direct Reporting NFFE?	Yes	No	If yes, please provide form W8 BEN E and GIIN
Is the entity a Passive NFFE and 10% or more of the entity is owned by U.S. citizen?	Yes	No	If yes, please provide form W8 BEN E
Does the entity have one or more U.S. indicia listed in Note 1?	Yes	No	If yes, please provide form W8 BEN E / other W8 form (as applicable) or similar documentation establishing foreign status
Does the entity substantial owners have one or more U.S. indicia listed in Note 2?	Yes	No	If yes, please provide form W- BEN E; and U.S. /Non-U.S. passport/ID or similar documentation establishing foreign citizenship; or written explanation regarding U.S. citizenship.
Is the entity's income effectively connected with the conduct of a trade or business in the U.S.	Yes	No	If yes, please provide form W8 ECI

Note 1: U.S. Indicia**Corporate**

- Place of incorporation or organized in the U.S.
- Listed on U.S. Stock Exchange
- U.S. mailing / business / registered mailing address
- Telephone number for the entity in U.S.
- An offshore obligation, standing instructions to pay amounts to a U.S. address or U.S. based account
- Power of attorney or signatory authority granted to a person with U.S. address
- An "in-care-of" address or "hold mail" address that is the sole address provided for the entity.

Note 2: U.S. Indicia**Substantial owner**

- Shareholder/trustee/partner/director is a U.S. citizen or lawful permanent resident
- Place of birth shareholder/trustee/partner/director is in U.S.
- Shareholder/trustee/partner/director has a US address or US phone number

Account Maintenance UnitCustomer Signatory / Base Number

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FATCA Status:Specified U.S. person Non-U.S. person Non-Participating FFI U.S. owned Passive NFFE Direct Reporting NFFE Recalcitrant Other (As per W8 forms and FATCA Due Diligence Form) *Please Specify* _____**BDO / RM / CSO****OM/BM**

PA Number: