

**FATCA Self-Assessment Questionnaire – Individuals**

**Foreign Account Tax Compliance Act (“FATCA”)**

This form must be completed by all individuals (including joint account holders) who wish to establish a customer relationship with State Bank of India.

Please complete in BLOCK LETTERS

Name of the Customer: _____
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Please  Yes or No to the following questions (as applicable):

<b>1. Are you a US Citizen?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>2. Are you a Green Card holder?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>3. Are you a US tax Resident?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>4. Are you born in the US?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>5. Do you have a US residential or correspondence Address? * Note 1</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>6. Do you have a US Telephone number?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>7. Have you issued a standing instruction to transfer funds to an account with US address?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>8. Have you given Power of Attorney or Signature Authority to a person with US address?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>9. Is the only address you have with the bank a “Hold Mail” address?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

I confirm the information provided above is true, accurate and complete.

I hereby consent for State Bank of India or any of its affiliates (collectively “the Bank”) to share my information with domestic and overseas tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and

agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I agree and undertake to notify the Bank within 30 calendar days if there is any change in any information which I have provided to the Bank.

Signature

Date

\* Note 1: Shop and ship address maintained by customers will not be considered as a relevant address for this purpose

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**Appendix 1: FATCA Self-Assessment Questionnaire – Individuals – Continued...**

**For Bank Use**

**Evaluation of US Status of customers:**

Criteria	US Status	What needs to be done
a. If answer to all questions is "No"	Non US Person	No action required
b. If answer to any of questions 1 to 3 is "Yes"	US Person	Obtain Form W 9 + Branch Manager Approval
c. If answer to any of questions 1 to 3 is "No" AND		
If answer to question 4 is "Yes"	Person with US Indicia	Obtain Form W 8 BEN + Renunciation of US Citizenship certificate + a Non US Citizenship ID
If answer to any of the question 5 to 9 is "Yes"	Person with US Indicia	Obtain Form W 8 BEN + a Non US Citizenship ID

**US Status of the customer:** .....

Documents Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed By <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	Date:
Signature of Operations Official	Signature of FATCA Nodal Officer