

Financial Profiling Form

(Individual / HUF / Sole Proprietorship / Partnership)



Live more,
Bank less

A GUIDE TO OUR SERVICES

- We, DBS Bank India Limited (DBS), are a banking company incorporated in Singapore and having its branch offices in India, we provide certain services and market, distribute and refer certain third party products and services.
- The DBS Bank India Limited representative who has contacted you is authorised to shortlist products for you from our list of product providers.
- We have contractual arrangements with various product providers. For the list of product providers, please contact your Relationship Manager/Service Manager.
- The information that you provide in this form will form the basis for us to shortlist investment products for your consideration. If you do not provide complete and accurate disclosures in the financial needs analysis process, any product that is short listed may not be appropriate for your needs and financial situation.
- Disclosure of Interests: We may receive different fees, remuneration or benefits (including commissions / trailer fees / incentives) from product providers for marketing distributing & referring or selling their products to you.
We and our affiliates (including the directors and/or employees) may also perform or seek to perform broking, investment banking and other financial services for the product providers.
- Reviews: We suggest you to review your financial objectives and situation on a regular basis (at least annually) or when significant changes in your economic situation and/or personal circumstances warrant it. Please inform our representative to update your records to ensure we have your updated information at all times.
- If you have any queries after the transaction, you may contact:
 - Your Relationship Manager
 - Our Customer Service Manager

BRANCH DETAILS

Branch Name:

Date of Submission:

FIRST / SOLE APPLICANT

Category : Individual HUF Society Trust Club Association Others (Please specify) _____

Salutation : Mr Mrs Ms Dr Prof Others (Please specify) _____

Name* (Name as per ID proof) :
First Name Middle Name Last Name

KYC Number :

Existing Account Details (if applicable) : CIF First Holder

*Maiden Name (if applicable) :
First Name Middle Name Last Name

*Fathers Name :
First Name Middle Name Last Name

*Mothers Name :
First Name Middle Name Last Name

*Spouse Name (if applicable) :
First Name Middle Name Last Name

*Resident Status : Resident Individual Foreign National Person of Indian Origin Non Resident Indian

*Nationality : IN-Indian Others (ISO 3166 Country Code)

*Date of Birth :

*Place of Birth (Two digit -state/UT code as per Indian Motor Vehicle Act, 1988) : State/UT code

*Country of Birth : IN-Indian Others (ISO 3166 Country Code)

*Gender : Male Female Third Gender

*Community : Sikh Christian Buddhist Muslim Zoroastrian Hindu Jain Others _____
(Pl. specify)
In accordance with requirement prescribed vide circular dated 05/07/2007 & 03/09/2007 issued by the RBI, request you to kindly provide the following information as may be applicable to you.

*Category : SC ST General Others (Please specify) _____

*Marital Status : Single Married Others (Please specify) _____

Contact Details : Email:
 Mobile*: +91 Number
 Office No*.: +91 Area code Number
 Resident*.: +91 Area code Number
 Fax No*.: +91 Area code Number

*Proof of Address (PoA) (Certified copy of any one of the PoA needs to be submitted) : Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card
 Others (Please specify) _____

*Current Residential Address :
 /Overseas Address
 Landmark
 City Pin code
 State ISO 3166 Country Code: IN-India Others

* Permanent Residential Address :

 Landmark
 City Pin code
State ISO 3166 Country Code: IN-India Others

* Office/Business Address :

 Landmark
 City Pin code
State ISO 3166 Country Code: IN-India Others

Mailing Address : Permanent residence Current residence Office address

Residence : Self owned Owned by parents Lease Since

*Education : Under graduate Graduate Post Graduate Others (Please specify) _____

*Profession / Employment : Salaried [Private Public Gov't Sector] Business Professional# Student
 Housewife Self Employed Retired Others (Please specify) _____

*Profession details# : CA Doctor Lawyer Others (Please specify) _____

*Name of employer / Firm :

*Line of business / Industry :

*Income p.a. : Upto Rs 10 Lakhs Rs 10 Lakhs – 25 Lakhs
 Rs 25 – 50 Lakhs Rs 50 Lakhs and above

*Net Worth (in INR) : As on

*Source of funds : Salary Business Inheritance Savings Others (Please specify) _____

*Purpose and Reason for opening the account : Savings Investments Family Maintenance Others (Please specify) _____

Politically Exposed Person (PEP) Status : I am PEP I am Related to PEP Not Applicable

*Proof of Identity : Certified copy of any one of the following Proof of Identity to be submitted

Passport Details : Date of Issue Expiry Date
Number Place of Issue

Driving License : Expiry Date

Voter's Id Cards :

*PAN number :

UID (Aadhar) :

NREGA Job Card :

Others :

Identification Number (Any document notified by the central government)

Remarks :

SECOND APPLICANT

Category : Individual HUF Society Trust Club Association Others (Please specify) _____

Salutation : Mr Mrs Ms Dr Prof Others (Please specify) _____

Name* (Name as per ID proof) : _____
First Name Middle Name Last Name

KYC Number : _____

Existing Account Details (if applicable) : CIF _____ First Holder _____

*Maiden Name (if applicable) : _____
First Name Middle Name Last Name

*Fathers Name : _____
First Name Middle Name Last Name

*Mothers Name : _____
First Name Middle Name Last Name

*Spouse Name (if applicable) : _____
First Name Middle Name Last Name

*Resident Status : Resident Individual Foreign National Person of Indian Origin Non Resident Indian

*Nationality : IN-Indian Others (ISO 3166 Country Code) _____

*Date of Birth : DD MM YY YY

*Place of Birth : _____ State/UT code

Two digit -state/UT code as per Indian Motor Vehicle Act, 1988

*Country of Birth : IN-Indian Others (ISO 3166 Country Code) _____

*Gender : Male Female Third Gender

*Community : Sikh Christian Buddhist Muslim Zoroastrian Hindu Jain Others _____
(Pl. specify)
In accordance with requirement prescribed vide circular dated 05/07/2007 & 03/09/2007 issued by the RBI, request you to kindly provide the following information as may be applicable to you.

*Category : SC ST General Others (Please specify) _____

*Marital Status : Single Married Others (Please specify) _____

Contact Details : Email: _____
 Mobile*: +91 _____ Number _____
 Office No*.: +91 _____ Area code _____ Number _____
 Resident*.: +91 _____ Area code _____ Number _____
 Fax No*.: +91 _____ Area code _____ Number _____

*Proof of Address (PoA) : Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card
Certified copy of any one of the PoA needs to be submitted
 Others (Please specify) _____

*Current Residential Address: /Overseas Address : _____

 _____ Landmark _____
 _____ City _____ Pin code _____
 State _____ ISO 3166 Country Code: IN-India Others _____

* Permanent Residential Address : _____

 _____ Landmark _____
 _____ City _____ Pin code _____
 State _____ ISO 3166 Country Code: IN-India Others _____

* Office/Business Address : _____

 _____ Landmark _____
 _____ City _____ Pin code _____
 State _____ ISO 3166 Country Code: IN-India Others _____

Mailing Address : Permanent residence Current residence Office address

Residence : Self owned Owned by parents Lease Since DD MM YY YY

*Education : Under graduate Graduate Post Graduate Others (Please specify) _____

*Profession / Employment : Salaried [Private Public Gov't Sector] Business Professional# Student
 Housewife Self Employed Retired Others (Please specify) _____

*Profession details# : CA Doctor Lawyer Others (Please specify) _____

*Name of employer / Firm : _____

*Line of business / Industry : _____

*Income p.a. : Upto Rs 10 Lakhs Rs 10 Lakhs – 25 Lakhs
 Rs 25 – 50 Lakhs Rs 50 Lakhs and above

*Net Worth (in INR) : _____ As on DDMMYYYY

*Source of funds : Salary Business Inheritance Savings Others (Please specify) _____

*Purpose and Reason for opening the account : Savings Investments Family Maintenance Others (Please specify) _____

Relationship with the 1st holder : Parent In Law (s) Spouse Child Sibling Other (Please specify) _____

Politically Exposed Person (PEP) Status : I am PEP I am Related to PEP Not Applicable

*Proof of Identity : Certified copy of any one of the following Proof of Identity to be submitted

Passport Details : Date of Issue DDMMYYYY Expiry Date DDMMYYYY
Number _____ Place of Issue _____

Driving License : _____ Expiry Date DDMMYYYY

Voter's Id Cards : _____

*PAN number : _____

UID (Aadhar) : _____

NREGA Job Card : _____

Others : _____
Identification Number _____ (Any document notified by the central government)

Remarks : _____

THIRD APPLICANT

Category : Individual HUF Society Trust Club Association Others (Please specify) _____

Salutation : Mr Mrs Ms Dr Prof Others (Please specify) _____

Name* (Name as per ID proof) : _____
First Name Middle Name Last Name

KYC Number : _____

Existing Account Details (if applicable) : CIF _____ First Holder _____

*Maiden Name (if applicable) : _____
First Name Middle Name Last Name

*Fathers Name : _____
First Name Middle Name Last Name

*Mothers Name : _____
First Name Middle Name Last Name

*Spouse Name (if applicable) : _____
First Name Middle Name Last Name

*Resident Status : Resident Individual Foreign National Person of Indian Origin Non Resident Indian

*Nationality : IN-Indian Others (ISO 3166 Country Code) _____

*Date of Birth : DDMMYYYY

*Place of Birth : _____ State/UT code _____
Two digit -state/UT code as per Indian Motor Vehicle Act, 1988

Voter's Id Cards :

*PAN number :

UID (Aadhar) :

NREGA Job Card :

Others :

Identification Number (Any document notified by the central government)

Remarks :

* Applicable only in case of Individuals **Not mandatory

MODE OF OPERATION

Mode of Operation : Single Joint Either or Survivor Anyone or Survivor
Do you want your investment account to be part of the Household relationship?

Household Relationship : Yes No If yes, Relationship Name : _____
 Financial Profiling Customer No. :

Who owns the funds of this investment? (you can select more than one)
 Applicant 1 Applicant 2 Applicant 3

iBANKING / mBANKING

<input type="checkbox"/> 1st Appl.	<input type="checkbox"/> Yes, I would like to apply for iBanking & mBanking <input type="checkbox"/> Yes, I would like to apply for iBanking only kindly disable mBanking	<input type="checkbox"/> No, I would not like to apply for iBanking & mBanking
<input type="checkbox"/> 2nd Appl.	<input type="checkbox"/> Yes, I would like to apply for iBanking & mBanking <input type="checkbox"/> Yes, I would like to apply for iBanking only kindly disable mBanking	<input type="checkbox"/> No, I would not like to apply for iBanking & mBanking
<input type="checkbox"/> 3rd Appl.	<input type="checkbox"/> Yes, I would like to apply for iBanking & mBanking <input type="checkbox"/> Yes, I would like to apply for iBanking only kindly disable mBanking	<input type="checkbox"/> No, I would not like to apply for iBanking & mBanking

I/We hereby confirm that I/We have applied for DBS Bank India Limited ("Bank") Internet Banking (iBanking)/ Mobile Banking (mBanking) Services and hereby agree that iBanking / mBanking Services shall be made available to me/us by the Bank from time to time. I/We acknowledge and confirm that my/our use of the iBanking / mBanking services shall be governed by the Bank's prevailing iBanking / mBanking Terms and Conditions (copies of which are available at any of the Bank's branches in India and on the Bank's web-site at www.dbsbank.in) and I/we hereby declare that I/we have read and fully understood the said terms and conditions and accept the same. I/we agree and understand that the Bank reserves the right to reject any application for iBanking / mBanking without providing any reason. I/we hereby instruct and authorise the Bank to mail/courier my/our Internet Banking ID and Password (collectively "Security Codes") relating to my/our access to the iBanking / mBanking services to my/our address as per the Bank's records and I/we agree that the risk of non-receipt and/or disclosure of the Security Codes to an unauthorised third party shall be fully borne by me/us. I/we confirm and agree that the Bank shall not be held responsible in any way for any losses that may be suffered by me/us as a result of such non receipt or disclosure of the Security Codes to an unauthorised third party. I/we agree that in case I/we have multiple accounts (where the mode of operation is single/either or survivor/anyone or survivor) maintained with the Bank, all such accounts shall be automatically linked to my/our User ID.

I/We shall be fully responsible for any of the linked accounts getting debited based on the instruction(s) given through my/our User ID and Password and I/We also agree that the Bank will not be responsible or held responsible and agree not to make any claim or demand against the Bank in this regard.

I/We are aware of charges/fees applicable for iBanking / mBanking Services. I/We hereby agree to be bound by the revised charges/fees applicable from time to time available on the Bank's website for iBanking / mBanking Services.

Note : Please note that for availing mobile banking services, customer needs to have internet banking access as well. Please note that for accessing mobile banking services, you need to have DBS iBanking user id and password.

Yes I/we confirm I/we have applied for iBanking mBanking we accept the terms & conditions governing these services.

X

1st Applicant Signature

X

2nd Applicant Signature

X

3rd Applicant Signature

CONSENT FOR MARKETING OFFERS (mandatory)

At DBS Bank India Limited we always strive to serve you better. One of our ways is to ensure that you are kept up to date with our latest promotions, as well as any products & services that may be suited to your needs.

Yes, I/We would like to receive from DBS Bank India Limited marketing materials and information through telephone calls, all forms of mobile messaging (including SMS or MMS), fax, email and/or post.

No, I/We do not wish to receive any DBS Bank India Limited marketing materials and information through telephone calls, all forms of mobile messaging (including SMS or MMS), fax, email and/or post. I understand that I/We will not be contacted only on the phone/mobile no.(s) / email id registered in your records.

Please Note: If you have opted to receive marketing materials and information from us via, mobile messaging or telephone calls, you will receive, mobile messages or calls from us only if your number is not on the National Do-Not-Call Register.

Notwithstanding anything written herein above you may receive some communication from us (emails/sms/calls, etc) irrespective of you being on "The Do Not Disturb" list for the following reasons:

- In response to your queries you have made to DBS Bank India Limited in writing or verbally
- Calls made to verify the details furnished by you under any application to DBS Bank India Limited
- Calls made to conduct credit checks or card misuse related checks in the event of any irregular transaction being observed.
- Calls made to abide by the regulations including for Internet banking passwords / change in static data

Risk Profiling Questionnaire to be done on:

Risk Profiling Questionnaire		Score	<input type="checkbox"/> Applicant 1	<input type="checkbox"/> Applicant 2	<input type="checkbox"/> Applicant 3
1	What is your ideal investment time period?				
	A. Less than 1 year	5			
	B. 1 to less than 3 years	6			
	C. 3 to 7 years	7			
	D. More than 7 years	8			
2.	What kind of instruments have you invested in before or are currently invested in? (you may select more than one)				
	A. - Savings Accounts - Fixed Deposits				
	B. - Life Insurance - General Insurance				
	C. Liquid/Money Market Funds - Short Term Bonds - Debt/Income Funds - Capital Protection Oriented Funds				
	D. Equity Funds Stocks PMS				
	E. - Principal or Non Principal Protected Structures (e.g. Equity-linked Debentures) - Currency/Interest Rate Futures Trading - Commodities Trading - Private Equity Funds - Offshore Investment Products				
	F. Leveraged Investment Products				
3	Which option below can accurately describe your investment knowledge and experience?				
	A. I have no investments or insurance knowledge or experience	5			
	B. Minimal: I have limited knowledge or experience of investments or insurance.	6			
	C. Moderate: I have knowledge or experience of any of the following: stocks, bond/debt funds, balanced funds	7			
	D. Good: Apart from the products like stock, bond/debt funds, balanced funds, I have knowledge or experience of any of the following: equity funds, fund of funds, PMS	8			
	E. Extensive: Apart from the products like equity funds, fund of funds, PMS, I have knowledge or experience of any of the following: private equity funds, principal and non principal protected structures, offshore investment products and leveraged investments, commodities/currency and interest rates futures.	9			
4	How much average potential capital loss is acceptable to you in a negative return year? Higher returns generally means taking on greater risk?				
	A 4% Minimal capital loss	0			
	B 10% Small capital loss	8			
	C 16% Moderate capital loss	11			
	D 36% High capital loss	14			
	E > 36% Significant capital loss	17			
5	Taking into account my overall cash flow and net worth, I feel secure about my financial situation over the next 12 months?				
	A I disagree	5			
	B I somewhat agree	6			
	C I agree	7			
	D I strongly agree	9			
		Total			

Note: The Risk Profiling will be done on the owner of the funds. If there is more than one owner, the Risk Profiling may be done on any one of the owners, to be selected by you. (Please choose the right option above)

Please choose your Risk Profile based on the above responses

Risk Score Range	Risk Profile	Description
<input type="checkbox"/> 15 to 24 - C1	Defensive	- Your priority is protecting your capital and you are willing to accept minimal risks . In return, you understand that you may receive minimal or low returns.
<input type="checkbox"/> 25 to 29 - C2	Conservative	- Your priority is to maintain your investment capital while seeking some investment returns. - You would prefer to achieve limited returns higher than short-term deposit rates by investing in low risk-rated products which have simple structure are not exposed to high volatility or low liquidity.
<input type="checkbox"/> 30 to 34 - C3	Moderate	- Your goal is to obtain moderate investment returns, either through income or capital appreciation, and are willing to take on moderate investment risk - You are willing to invest in moderately risk-rated products which are not exposed to high volatility or low liquidity.
<input type="checkbox"/> 35 to 39 - C4	Balanced	- Your goal is to obtain higher investment returns, either through income or capital appreciation, and are willing to take on higher investment risk. - You are willing to bear with more volatile returns, lower liquidity , and some risk of losing part of the principle investment.
<input type="checkbox"/> 40 to 43 - C5	Dynamic	- Your focus on maximizing investment returns opportunistically in an unconstrained manner , and you are willing to take on high levels of investment risk to do so. - You are comfortable with investing in complex or risk product with higher expected returns but also higher risk of loss, and you are prepared for volatile returns, low liquidity, and the possibility of losing part or all of your capital.

CLIENT'S DECLARATION & WARRANTY

Mandatory for all Clients: (To be completed by the client only)

- I/We have completed the Financial Profiling Form myself/ourselves. For any question which may be unfamiliar to me/us, your representative has explained to me/us its meaning. **OR**
- Your representative will complete the form on my/our behalf using information provided by me/us. I/We acknowledge that the completed form has been checked by me and is in accordance with my/our response.

Mandatory for Joint Investments: (To be completed by the client only)

We _____ / _____ / _____ declare that _____ / _____ / _____ is/are the Owner(s) of the Funds and confirm that the Financial Profiling has been done on the owner(s) of funds. We authorize any of the joint holder(s) of the account to sign any transaction documents for and on behalf of us and we confirm that any such execution by any of the joint holder(s) shall bind us. I/We undertake that if the joint holder signing the transaction form (signatory) has not been profiled, then the owner(s) of the funds will discuss the transaction with the signatory and authorize him/her to sign the transaction form.

I/We request DBS Bank India Limited to undertake Financial Profiling services in the name(s) as mentioned in the form with the Bank on the terms and conditions set out hereinafter. The financial profiling services are being undertaken for investing into various financial instruments. I/We understand and acknowledge that the value of the products is subject to fluctuations and past performance may not be indication of the performance in future.

I/We acknowledge that I/we understand the following:

1. Before making a decision to invest in any investment product, I/We will ensure that I/We understand the features of the investment product(s), the benefits and risks involved in investing in that product(s), and assess the suitability of the product(s) against my/our risk appetite, financial means and investment objectives. Otherwise, I/We will not invest in the investment product(s). If I/We wish to do so nonetheless, I/We will ensure that I/we obtain relevant independent advice on such matters as is appropriate before investing in such product(s).
2. I/We understand that DBS Bank India Limited has the absolute discretion to decline the sale, referral or distribution of any product to any person while DBS Bank India Limited has its own internal guidelines relating to the sale, referral or distribution of products, investors should seek advice from their own financial adviser and assess the suitability of the product(s) against their risk appetite, financial means and investment objectives before making any investment decision. Investors should not rely on DBS Bank India Limited internal guidelines relating to the sale, referral or distribution as the basis, whether solely or otherwise, for their investment decision.
3. I/We confirm having read and understood and agree(s) to be bound by any amendments and additions to the terms and conditions as may be communicated by the Bank to the Sole/First Applicant from time to time. In case of Joint Applicants, all the Applicants will be joint and severally bound by the Terms and Conditions.
4. I/We declare that all the details in relationship record of the Applicant(s) are true and correct and any instructions given to the Bank to transact business on behalf of the Applicant(s) shall be in conformity with the applicable laws as maybe in force from time to time.
5. I/We will go through the advice given to me by the Bank and will consult any other professional if required before investing in the products short-listed by the Bank. The Bank does not guarantee safety of capital or performance of the investments into the financial products with the Bank. The bank's financial profiling process is only an advice to assist in my investments and does not result in any commitment on performance and returns of the financial products.
6. At the time of entering into specific transactions, I/We will go through the Bank's website www.dbs.com/in for the updated commission structure payable to the Bank by AMCs for different competing schemes of various Mutual Funds/Insurance Products/Other Referral Products offered by the Bank. In addition, I/We understand that DBS Bank India Limited earns 50% of the revenue earned by Motilal Oswal Securities Limited and Trust Capital for client referrals made to them. The bank earns 100% revenue from A K Capital Finance, A K Capital Services and A K Stockmart
7. For clients interested in purchase and sale of Corporate Bonds, DBS Bank India Limited will refer the clients to Trust Capital, A K Capital Finance, A K Capital Services and A K Stockmart. DBS Bank India Limited does not take responsibility for the product suitability and quality of corporate bonds purchased by the client and the client should seek independent advice before making investment.
8. For clients interested in purchase and sale of stocks and equity linked underlings in primary & secondary market, DBS Bank India Limited refers the clients to Motilal Oswal Securities Limited. DBS Bank India Limited does not take any responsibility for the quality of stocks bought by the client and/or advice provided by Motilal Oswal Securities and the client should take independent advice before making investments.
9. By signing below, I hereby apply for DBS Bank India Limited (Bank) Internet Banking Services as may be made available to me by the Bank from time to time. Further I acknowledge that my use of the Internet Banking Services shall be governed by the Bank's prevailing Internet Banking Terms and Conditions (copies of which are available at any of the Bank's branches in India and on the Bank's web-site at www.dbsbank.in) and I declare that I have read and fully understood the said terms and conditions and accept the same. I agree and understand that the Bank reserves the right to reject any application for internet banking without providing any reason. I hereby instruct and authorize the Bank to mail / courier my internet banking ID and Password (collectively "Security Codes") relating to my access to the Internet Banking Services to my address as per the Bank's records and I agree that the risk of non-receipt and / or disclosure of the Security Codes to an unauthorized third party shall be fully borne by me. I confirm and agree that the Bank shall not be held responsible in any way for any losses that may be suffered by me as a result of such non receipt or disclosure of the Security Codes to an unauthorized third party. I agree that in case I have multiple accounts (where the mode of operation is single/either or survivor/anyone or survivor) maintained with the Bank, all such accounts shall be automatically linked to my User ID.
10. I/We am/are the beneficial owner(s) & ultimately own or have effective control of the above account.
11. I/We understand for the clients who are interested in availing Loan Against Securities (LAS), DBS Bank India Limited (Bank) refers such clients to ECL Finance Limited (Edelweiss). I/We hereby confirm that I/We are hereby approaching ECL Finance Limited (Edelweiss) for the LAS without any form of solicitation or inducement being exercised on me/us by DBS Bank India Limited or its staff. I/We understand that DBS Bank India Limited does not take any responsibility for the advice provided by ECL Finance Limited (Edelweiss) and the I/We will ensure to take independent advice before availing this facility. I/We understand that ECL Finance Limited (Edelweiss) pays DBS Bank India Limited between 0.50% to 0.75% of utilized amount for clients referred by DBS Bank India Limited as referral fees. The referral fee is subject to change from time to time.
512. I/We hereby provide my/our consent for sharing my details mentioned above with Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/Email.

1st Applicant

Signature across
Photograph

2nd Applicant

Signature across
Photograph

3rd Applicant

Signature across
Photograph

X

Signature

X

Signature

X

Signature

1st Applicant Name

2nd Applicant Name

3rd Applicant Name

Date : _____

I had met with the above named applicant in-person and verified his/her identity & photograph and hereby certify that the applicant had signed above in my presence. I understand the consequences of verification done by me.

RM Signature : _____ RM Name : _____ RM Code : _____

I am aware that this form has been completed by the Bank's representative. I have checked the content of the form before signing.

SELF CERTIFICATION ON USA CITIZENSHIP/ TAX RESIDENCY STATUS AND COMMON REPORTING STANDARD*

INDIVIDUALS ONLY

1st Applicant

Tax Residency Status - USA (Please tick [✓] one of the boxes only)

For US federal income tax purposes, I represent and warrant that:

I am not a US person¹/ Tax Resident [?] Green Card Holder.
Please provide one of the following documents:
 • *copy of non-US passport; or* • *non-US government issued identification.*
 Additionally, if you were born in the US, please provide:
 • *copy of certificate of loss of nationality of the US or*
 • *reasonable explanation that you do not have such a certificate:*

I am a US person¹/ Tax Resident [?] Green Card Holder.
Please provide your US Taxpayer Identification Number (TIN) or Social Security Number (SSN).

_____|_____|_____|-|_____|-|_____|_____|

I confirm that I am **no longer a US person¹**
Please provide one of the following documents:
 • *copy of non-US passport; or*
 • *one of the following:*
 a) *copy of certificate of loss of nationality of the US or*
 b) *I-407 Form or*
 c) *reasonable explanation that you do not have such a certificate:*

TAX RESIDENCY STATUS - INDIA AND COUNTRIES OTHER THAN USA

I am a Tax Resident² of India. I am a Tax Resident² of a country other than India and USA.
Please provide one of the following documents: copy passport; or Government issued identification

Country of Tax Residency ²	Tax Identification Number (TIN) ³ or equivalent If no TIN Available, enter Reason* & explanation A, B or C
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

2nd Applicant

Tax Residency Status - USA (Please tick [✓] one of the boxes only)

For US federal income tax purposes, I represent and warrant that:

I am not a US person¹/ Tax Resident [?] Green Card Holder.
Please provide one of the following documents:
 • *copy of non-US passport; or* • *non-US government issued identification.*
 Additionally, if you were born in the US, please provide:
 • *copy of certificate of loss of nationality of the US or*
 • *reasonable explanation that you do not have such a certificate:*

I am a US person¹/ Tax Resident [?] Green Card Holder.
Please provide your US Taxpayer Identification Number (TIN) or Social Security Number (SSN).

_____|_____|_____|-|_____|-|_____|_____|

I confirm that I am **no longer a US person¹**
Please provide one of the following documents:
 • *copy of non-US passport; or*
 • *one of the following:*
 a) *copy of certificate of loss of nationality of the US or*
 b) *I-407 Form or*
 c) *reasonable explanation that you do not have such a certificate:*

TAX RESIDENCY STATUS - INDIA AND COUNTRIES OTHER THAN USA

I am a Tax Resident² of India. I am a Tax Resident² of a country other than India and USA.
Please provide one of the following documents: copy passport; or Government issued identification

Country of Tax Residency ²	Tax Identification Number (TIN) ³ or equivalent If no TIN Available, enter Reason* & explanation A, B or C
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

3rd Applicant

Tax Residency Status - USA (Please tick [✓] one of the boxes only)

For US federal income tax purposes, I represent and warrant that:

I am not a US person¹/ Tax Resident [?] Green Card Holder.
Please provide one of the following documents:
 • *copy of non-US passport; or* • *non-US government issued identification.*
 Additionally, if you were born in the US, please provide:
 • *copy of certificate of loss of nationality of the US or*
 • *reasonable explanation that you do not have such a certificate:*

I am a US person¹/ Tax Resident [?] Green Card Holder.
Please provide your US Taxpayer Identification Number (TIN) or Social Security Number (SSN).

_____|_____|_____|-|_____|-|_____|_____|

I confirm that I am **no longer a US person¹**
Please provide one of the following documents:
 • *copy of non-US passport; or*
 • *one of the following:*
 a) *copy of certificate of loss of nationality of the US or*
 b) *I-407 Form or*
 c) *reasonable explanation that you do not have such a certificate:*

TAX RESIDENCY STATUS - INDIA AND COUNTRIES OTHER THAN USA

I am a Tax Resident² of India. I am a Tax Resident² of a country other than India and USA.
Please provide one of the following documents: copy passport; or Government issued identification

Country of Tax Residency ²	Tax Identification Number (TIN) ³ or equivalent If no TIN Available, enter Reason* & explanation A, B or C
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

NOTES

- a) ¹Definition of "US person" : A citizen or permanent resident of the United States (e.g. US Green Card holder or someone who meets the requirements to be considered a resident under the "substantial presence test"); US corporations, partnerships, estates and trusts; Any other person that is not a foreign (i.e. non-US) person (as defined under US federal tax law).
- b) ²Definition of "Tax Resident" Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are resident in the jurisdiction on the following website: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760> In general, you will find that tax residence is the country/jurisdiction in which you live. Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). For more information on tax residence, please consult your tax adviser or the information at the OECD automatic exchange of information portal mentioned above.
- c) ³A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual & and is used to identify the individual for the purpose of administering tax laws of such jurisdiction.
- d) *Reasons: **A**- I am resident of a country/jurisdiction which does not issue TIN to its residents. **B**- I am otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the above table if you have selected this reason). **C**- TIN is not required. (Note: To be selected only if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.)

SELF CERTIFICATION

1. I certify that the information provided herein is true, complete and accurate. If any information herein changes or becomes inaccurate in any way, I shall immediately inform DBS Bank India Limited ("DBS") of such change or inaccuracy within 30 calendar days from the date I had knowledge of such change or inaccuracy. I undertake to promptly provide to DBS Bank India Limited such other information, documents or evidence which DBS Bank India Limited may require in connection with such change.
2. I consent to the collection, use, disclosure and processing of my personal data by DBS Bank India Limited for the purposes of this Certification.
3. I consent to DBS Bank India Limited disclosing any information herein (including providing this Certification and details of accounts held by me) to any third party including any Indian or overseas government authority for the purposes of confirming or investigating the content of this Certification.
4. For parent/guardian/trustee signing on behalf of a person under the age of 18 – I/We warrant that I/we have the legal right (whether under statute, court order, instrument or otherwise) to sign this Certification, and have obtained that individual's prior consent to such collection, use, disclosure and processing of his/her personal data by DBS Bank India Limited for the purposes of this Certification. I/We consent on behalf of that individual to DBS Bank India Limited disclosure of his/her personal data in accordance with clause 3.
5. For person(s) signing on behalf of a mentally incapacitated person – I/We warrant that I/we have the legal right (whether under statute, court order, instrument or otherwise) to sign this Certification, including consenting on behalf of that individual (i) to such collection, use, disclosure and processing of his/her personal data by DBS Bank India Limited for the purposes of this Certification; and (ii) to DBS Bank India Limited disclosure of his/her personal data in accordance with clause 3.

X

1st Applicant Signature

X

2nd Applicant Signature

X

3rd Applicant Signature

Date :

1) Please sign as per Bank's records.

2) Thumbprints must be affixed in the presence of a bank staff.

3) If you are signing this form on behalf of a person per clause 4 or 5 above, please provide your name and NRIC/Passport number next to your signature/thumbprint.

FOR BANK USE ONLY

Branch Name			
Attended by /CS (Signed in Presence of):	Name	Signature	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
IDS (ID Document Submitted):			
	(1st Applicant)		
	(2nd Applicant)		
	(3rd Applicant)		
	ID Name	ID Number	
IDV (ID Document Verified By):	Name	Signature	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
SV (Signature Verified By):	Name	Signature	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

NAME MISMATCH DECLARATION - 1ST APPLICANT

This is to confirm that my name on application form differs from that of the name appearing on my passport / PAN card / other _____
 _____ (Specify document type) supporting document available with me. In view of the above, you are requested to open the
 account in the name of _____ as being my valid name and accept the same for all future
 correspondence and banking transactions.

I undertake to indemnify the Bank for any loss or damages that it may incur on account of permitting me in having different signatures/name for having
 transactions at my bank account maintained with your Bank.

1st Applicant Name & Signature _____

Authorized By : Name _____ Signature _____ Date :

NAME MISMATCH DECLARATION - 2ND APPLICANT

This is to confirm that my name on application form differs from that of the name appearing on my passport / PAN card / other _____
 _____ (Specify document type) supporting document available with me. In view of the above, you are requested to open the
 account in the name of _____ as being my valid name and accept the same for all future
 correspondence and banking transactions.

I undertake to indemnify the Bank for any loss or damages that it may incur on account of permitting me in having different signatures/name for having
 transactions at my bank account maintained with your Bank.

2nd Applicant Name & Signature _____

Authorized By : Name _____ Signature _____ Date :

NAME MISMATCH DECLARATION - 3RD APPLICANT

This is to confirm that my name on application form differs from that of the name appearing on my passport / PAN card / other _____
 _____ (Specify document type) supporting document available with me. In view of the above, you are requested to open the
 account in the name of _____ as being my valid name and accept the same for all future
 correspondence and banking transactions.

I undertake to indemnify the Bank for any loss or damages that it may incur on account of permitting me in having different signatures/name for having
 transactions at my bank account maintained with your Bank.

3rd Applicant Name & Signature _____

Authorized By : Name _____ Signature _____ Date :

FOR OFFICE USE ONLY

Document Name	Customer Service Checklist	Operations Checklist
Profiler		
Proposal		
Financial Profiling form with T & C		
Debit Mandate Form & POA		
Identity Proof		
Address Proof		

DBS Treasures Yes No

Certification Record Exists Yes No

Relationship Manager (RM) Name :	Customer Service Manager (CSM) Name :	Account opening Authorized by :
RM Code :	CSM Code :	Name :
RM Sign :	CSM Sign :	Sign :

OPERATIONS CHECKLIST

Doc Checked :	Doc Verified :	Pan verified on IT website:	Date :
CIF Created :	CIF Verified :	CIF No. 1:	
		CIF No. 2:	
		CIF No. 3:	Date :
Profiling Updated :	Profiling Authorized :	Signature Scanned :	Signature Verified :
RM Name Updated :	RM Name Authorized :		
Conversion Tier ID :			

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ACKNOWLEDGEMENT SLIP (To be handed over to Customer)

We acknowledge the receipt of your Financial Profiling Form

The terms and conditions, features and charges with regard to your investment account opening request has been explained to you by the relationship Manager.

Your investment account will be set up subject to KYC checks.

Relationship Manager Details:

Name _____ Signature _____ Date :



Live more,
Bank less

Customer Care (24x7): **India Helpline (Toll Free)** : 1800 209 4555 / 1800 103 9897,
International Helpline : +91-44-66854555 / +91-44-49021150

Email: customercaresindia@dbs.com | Visit us at: www.dbsbank.in

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