

FORTUNE WEALTH MANAGEMENT COMPANY INDIA (P) LIMITED

1056, AVINASHI ROAD COIMBATORE-641 018

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Address Type	<input type="checkbox"/> Residential Or	<input type="checkbox"/> Residential Or	<input type="checkbox"/> Residential Or
	<input type="checkbox"/> Business Residential	<input type="checkbox"/> Business Residential	<input type="checkbox"/> Business Residential
	<input type="checkbox"/> Business	<input type="checkbox"/> Business	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office
	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified	<input type="checkbox"/> Unspecified

Country/countries of tax residency	Tax Identification Number (TIN)/ functional equivalent number	TIN / functional equivalent Issuing Country	Documents provided (copy of certificate of tax residence or copy of TIN or others)	Date upto which the documentary evidence is valid

Remarks if any : _____

DETAILS OF RELATED PERSON [In case of addition/deletion of related persons please provide the following information]	
<input type="checkbox"/> Related Person Type <input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Nominee Assignee <input type="checkbox"/> Authorised Representative <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficiary	Name of the Related Person _____ Document submitted as proof of identity of the related person _____

Declaration and Undertakings
 The Customer/account holder certifies that:

- The information provided in the Form is in accordance with Section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962.
- The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self certification alongwith documentary evidence.
- I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- It shall be my responsibility / our responsibilities to educate myself / ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.

× Signature of the 1 st Holder	× Signature of the 2 nd Holder	× Signature of the 3 rd Holder
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Date :

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Place : _____