

CRS – Self Certification Form

(Please complete and sign this form. For Joint Life Policies, each life assured will have to complete a separate form)

Policy Number/s :

Full Name :

Mobile No : Email ID :

Date of Birth : Place of Birth : Country :

Nationality : Present Country of Residence :

Are you a tax resident in any other country apart from present country of residence? YES NO

Did you obtain residency under a residency by investment scheme? YES NO

(For details on tax residency of a country please refer to OECD site <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>)

If YES, Please complete the following table indicating:

- where the Account Holder is tax resident and
- The Account Holder's TIN (Tax Identification Number e.g. PAN) for each country/jurisdiction indicated.

If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

Reason A : The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B : The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain)

Reason C : No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

	Country/Jurisdiction of tax residence	TIN or equivalent	If no TIN available tick the Reason			Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
			A	B	C	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby confirm the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for the LIC (International) BSC(C) or any of its affiliates (including branches) (collectively "the Company") to share my information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction. I agree and undertake to notify the Company within 30 calendar days if there is a change in any information which I have provided to the Company.

Signature of the Life Assured / Proposer / Assignee

Date: ___ / ___ / _____ Place:

FOR OFFICE USE

Answer the following	Yes	No	If Yes, answer the following	Yes	No*
Is the Customer Non-Resident?	<input type="checkbox"/>	<input type="checkbox"/>	Country of Tax Resident declared?	<input type="checkbox"/>	<input type="checkbox"/>

* If the answer is 'No', please contact the customer to provide the required information.

Processed by

Checked by

Approved by