



Declaration Form for Compliance of Foreign Account Tax Compliance Act (FATCA)

The Head of Branch
United Commercial Bank Limited

..... **Branch**

This form must be completed by-

- a) Any individual who wishes to open a Bank Account.
- b) Who maintains a Bank Account.

Customer ID :

Account Number :

Name of the Account :

Dear Sir,
I do hereby furnish my particulars and the declaration as detailed below ;
(Please complete in **(BLOCK LETTERS)**)

Name of Account Holder :

Country of Residence :

Country of Birth :

Please check/mark " **Yes or No** for each of the following questions:

- | | Yes | / | No |
|--|--------------------------|---|--------------------------|
| 1. Are you a U.S. Resident? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2. Are you a U.S. Citizen? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3. Do you hold a U.S. Permanent Resident Card(GreenCard)? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 4. Do you have substantial US ownership i.e. 10% or more
(this could be in the US or outside the US and these
could be financial or Non-Financial entities)? | <input type="checkbox"/> | | <input type="checkbox"/> |

I here by confirm the information provideda aboveis true,accurate and complete.

Subject to applicable local laws,I hereby give consent to United Commercial Bank Limited orany of its affiliates (including branches) (collectively "the Bank")to share my information with domestic or overseas regulators or tax authorities where necessary to establish my taxliability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities,I consent and agree that the Bank may with hold,and pay out, from my account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives. Applicable Regulations means all applicable laws, values and regulations as in force from time to time including without limitation the Foreign Account Tax Compliance Act (FATCA) or analogous law in any relevant jurisdiction. Any Anti-Money Laundering legislation, and any values of a relevant regulatory authority in the jurisdiction the account is opened.

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

Signature of Application/Account Holder

Name :

Date :

Signature of Authorized Officer

Name :

Designation :

Date :