FATCA & CRS Declaration (Individual)									
PAN									
Are you a tax resident of any country other than India Yes No If yes please indicates the all countries in which you are resident for tax purpose and the associated Tax ID number									
Sr. Country	Tax Identification Number	Identification Type (TIN or Other, please specify)							
I.		( c. c , p. c c , p.							
2.									
3.									
DECLARATION									
I have read and understood the information requirements and the Terms & Conditions mentioned in this Form (read along with FATCA & CRS instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Silver Stream Equities Pvt Ltd. for any modification to this information promptly.  I further agree to abide by the provisions of the scheme related documents inter alia provisions of FATCA & CRS on Automatic Exchange of Information (AEOI).  Date: D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
For Investor convenience, Silver Stream Equities Pvt Ltd (SSEPL) collecting this mandatory information for updating across all Group Companies of SSEPL whether you are already an investor or would become an investor in future.									
Please submit the form fully filled, signed, for all the holders, separately, and submit at your nearestSSEPLbranch or you can dispatch the hard copy to-									
Silver Stream Equities Private Limited  Corporate Office: 507,05th Floor, Western Edge-1, Western Express Highway, Borivali East, Mumbai-400066.									
For Detail Terms & Conditions please visit https://silverstream.co.in									

PAN No.								
UID								
Email ID							-	
Relationship with t	the BO*			77				
Date of Birth (Man	COURSES INCOME.					_		
if Nominee is a N	Minor)							
Name of the Gua of Nominee (if the	ne							
nominee is mino First Name*	or)				82	20		
Middle Name				iá a	85	- 8		
Last Name*								
Address of the Guardian of nom	ninee*							
City*	-							
State*								
PIN*	-							
Country*	-					-		
	_						<u> </u>	
Age Telephone No.	_							
Fax No.							-	
E-mail Id								
Relationship of the								
Guardian with the N	lominee*							
allocation of sec	urities*			,			*	
Residual Securities [please tick any one r If tick not marked def be first nominee]	one nominee.* d default will							
Note : One witnes  Details of the	ss shall attest sig					entary	document executed by me/us.	
Name	of Witness			Addı	ress of Witness		Signature of Witness	
and be bound by th are true and to the change(s) in the de	he same and by t best of my/our l etails / Particular	he Bye knowled s menti	Laws as are in fo lge as on the da oned by me / us	orce from terms of the	om time to time. I / We declare naking this application. I/We ag	that ( ree ar any fa	s & conditions and agree to abide b the particulars given by me/us abov nd undertake to intimate the DP an lse / misleading information given b iitable action.	
	First / Sole Holder or Guardian (in case of Minor)			Second Holder			Third Holder	
Name			,					
Signatures			<b>F</b>		(			
					1 5	atures	should be preferably in blue ink)	
Application No			Ackno		se Tear Here) dgement Receipt		Date :	
We hereby acknowledge	owledge the rec	eipt of t	the Account Op	ening	Application Form :			
Name of the Sol	e / First Holder				910			
Name of Second	d Holder							
Name of Third I	me of Third Holder							
(35)		30					100 100 100 100 100 100 100 100 100 100	