



Annexure 'A'

Life Insurance Corporation of India (LIC)

Self-Certification Form for Individuals

(Section 285BA of the Income-tax Act, 1961 relating to FATCA/CRS reporting)

(All the information should be mandatorily provided by each of Policyholder/ Joint Policyholders/ Annuitant/ Joint Annuitant/ Beneficiary/Assignee/ Re-assignee/ Payee.)

CUSTOMER ID:

Policy Holder/ Joint Policy Holder/ Annuitant/ Joint Annuitant/ Beneficiary/Assignee/ Re-assignee/Payee (Kindly tick the relevant category)		Proposal/Application Number/ Policy Number		
Name:				
Residence for Tax Purposes in Jurisdiction(s) outside India: YES / NO If "NO" then kindly acknowledge and submit <input type="checkbox"/> I hereby certify that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. Date: _____ Place: _____				
(If "YES" then mandatorily to fill the balance details acknowledge and submit				
For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):				
Country/countries of tax residency*	Address in the jurisdiction for Tax Residence	Tax Identification Number (TIN)/Functional equivalent Number (Kindly attach proof of TIN / functional equivalent)	TIN/ Functional equivalent Number Issuing Country	Validity of documentary evidence provided

*If country of tax residency is one of the jurisdictions [#] that allows residence and citizenship by investment(CBI/RBI) and is notified by The Organisation of Economic Cooperation and Development (OECD), also fill the additional declaration in Part II, mandatorily				
Father's Name (<i>mandatory</i>):				
Spouse's Name (<i>optional</i>):				
Gender (<i>mandatory</i>):				
PAN (<i>optional only if father's name and date of birth provided</i>)				
Aadhar Number (<i>Optional</i>):				
Identification Type (<i>mandatory</i>): <input type="checkbox"/> Passport <input type="checkbox"/> Election Id Card <input type="checkbox"/> PAN Card <input type="checkbox"/> ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Letter <input type="checkbox"/> NREGA job card <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised				
Identification Number (<i>As given in proof of identity document. This information is mandatory if PAN or Aadhar number is not provided</i>):				
Occupation Type (<i>mandatory</i>): Permissible values are: <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorised				
Occupation (<i>Optional</i>):				
Date of Birth(<i>mandatory</i>):				
Place of Birth(<i>mandatory</i>):				
Country of Birth(<i>mandatory</i>):				
Citizenship(<i>mandatory</i>):				

Nationality(<i>mandatory</i>):		
Address type(<i>mandatory</i>)		
<input type="checkbox"/> Residential Or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified		
Address(all sub-fieldsmandatory):		
Number, Building Name, Street, Locality		City/Town
State/Province/County	Postal Code	Country
Mailing address (if different from above):		
Building Name, Street, Locality		City/Town
State/Province/County	Postal Code	Country
Telephone number / mobile number:		

Part II - Additional declaration to the self-certification form

(to be given by the person whose country of tax residency is one of the jurisdictions that is notified by The Organisation of Economic Cooperation and Development (OECD)[#] (# Jurisdictions notified as of July 2021: Antigua and Barbuda, Bahamas, Bahrain, Barbados, Cyprus, Dominica, Grenada, Malta, Saint Kitts and Nevis, Saint Lucia, Seychelles, Turks and Caicos Islands, United Arab Emirates (UAE), and Vanuatu)

Sr. No	Particulars	Details of the Policy Holder/ Joint Policy Holder/ Annuitant/ Joint Annuitant/ Beneficiary/Assignee/ Re-assignee/Payee
1.	Name of Jurisdiction(s) covered in OECD list in which you are tax resident	

2.	Did you obtain residence rights under any CBI/ RBI scheme in the above jurisdiction? (Yes / No)	
3. (a) (b) (c)	Do you hold residence rights in any other jurisdiction(s) (i.e. other than jurisdiction provided in (1) above)? - Yes / No If Yes, please state the Name of Such Country(s) Are you a tax resident of such Country (Yes/ No)	
4.(a) (b) (c)	Have you spent more than 90 days in any other jurisdiction(s) (other than jurisdiction provided in (1) above) during the previous year? - Yes / No If Yes, please state the Name of such Country(s) Are you are a tax resident of such Country (Yes/ No)	
5.(a) (b) (c)	Have you filed personal income tax returns during the previous year in any other jurisdiction (other than jurisdiction provided in (1) above) – Yes/ No If Yes, please state the Name of such Country(s) Are you are a tax resident of such Country (Yes/ No)	

If you answered “Yes” to any of the questions 3(c) /4(c) /5(c) above, then kindly provide the following details for such country(s):

Country/countries of tax residency	Address in the jurisdiction for Tax Residence	Tax Identification Number (TIN)/Functional equivalent Number (Kindly attach proof of TIN / functional equivalent)	TIN/ Functional equivalent Number Issuing Country	Validity of documentary evidence provided

Declaration and Undertakings

I/We, certify that:

- a) It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- b) the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence 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,
- c) I/We permit/authorise Life Insurance Corporation of India to collect, store, communicate and process information relating to the Account and all transactions therein, by Life Insurance Corporation of India 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,
- d) 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 along with documentary evidence,
- e) I / We also agree that in case of our failure to disclose any material fact known to us, now or in future, Life Insurance Corporation of India may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA for the purpose or take any other action as may be deemed appropriate by Life Insurance Corporation of India if the deficiency is not remedied by us within the stipulated period.
- f) I / We hereby accept and acknowledge that Life Insurance Corporation of India 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 Life Insurance Corporation of India.
- g) I/We also agree to furnish such information and/or documents as Life Insurance Corporation of India may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I/We shall indemnify Life Insurance Corporation of India for any loss that may arise to Life Insurance Corporation of India on account of providing incorrect or incomplete information.

Date: _____ Signature (s)

Place: _____ Name:

General Instruction for filling the form

Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- (1) Section 285BA of the Income-tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962 and guidance issued by the Central Board of Direct Taxes should be referred to.
- (2) Tax identification number / functional equivalent is mandatory to be provided along with proof of such number
- (3) Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an

equivalent level of identification (a “Functional equivalent”), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

- (4) Country of tax residence could be based on number of days stay in that country or on the basis of citizenship (e.g. US citizen is US tax resident) or based on immigration rules of that country (e.g. US green card holder is a US tax resident), etc. Accordingly, details should be provided of the Country of tax residence.
- (5) Life Insurance Corporation of India does not provide advice on your tax residency and you will need to provide the information based on your understanding and advice from your tax consultant.