

## Account Opening form suppliment - FATCA (Individuals)

To,

## Wealthstreet Advisors Private Limited

A-1101, Mondeal Heights, Besides Novotel Hotel,

S.G. Highway, Ahmedabad-380015.

| Plea  | ase Furnish The Below Information Along With Supporting   | g Docur | nent       | S |   |   |  |    |   |  |  |  |   |   |        |   |
|---|---|---------|------------|---|---|---|--|----|---|--|--|--|---|---|--------|---|
| Na  | me  |         | 263<br>107 | ļ |   |   |  |    |   |  |  |  | 1 |   | i<br>l |   |
| Co  | Country of Residence                                      |         | Γ          | Π | Ť | Ĩ |  |    |   |  |  |  |   |   |        |   |
| Country of Birth  |   |         |            |   | Γ |   |  |    | Ĩ |  |  |  |   |   |        |   |
| Plea  | ase check () Yes or No to each of the following questions |         |            |   |   |   |  |    |   |  |  |  |   |   |        |   |
| 1.  | Are you a U. S. Resident ? Yes No                         |         |            |   |   |   |  |    |   |  |  |  |   |   |        | ] |
| 2.  | Are you a U. S. Citizen ? Yes No                          |         |            |   |   |   |  |    |   |  |  |  |   |   |        | ] |
| 3. Do you hold a U.S. Permanent Resident Card (Green Card Holder) ?   |   |         |            |   |   |   |  | No |   |  |  |  |   |   |        | ] |
| 4. If answer to any of the questions from 1 to 3 is Yes then please provide you Tax Yes No<br>Identification Number which is your Social Security Number in Form W9 |   |         |            |   |   |   |  | C  |   |  |  |  |   | ] |        |   |

I hereby confirm that the information provided above is true, accurate and complete.

Subject to applicable laws I hereby consent for **Wealthstreet Advisors Private Limited (WSAPL)** or any of its affiliates (including branches) (collectively **Wealthstreet Advisors Private Limited (WSAPL)** to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in my jurisdiction.

Where required by the domestic or overseas regulators or tax authorities, I consent and agree that

**Wealthstreet Advisors Private Limited (WSAPL)** may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify **Wealthstreet Advisors Private Limited (WSAPL)** within 30 calendar Days if there is any change in information which I have provided to **WSAPL**.

(Client Signature)

Date —