

Customer Number *																			
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* To be filled by LIC International

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

Full Name					Date of Birth (DD/MM/YYYY)		
Place of Birth	Town or City		Country		Nationality		

Present Country of Residence	
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Are you a tax resident in any other country outside UAE? 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"/>	

Signature of Declarant (Policy holder): _____

Declarations and Signature:

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.

Name of Policy holder	Signature	Mobile Number

	Name	Signature	Mobile Number
Witness By			

Place:

Date:

For LIC (International) Use Only

CRS Checklist

	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.

		Name	Signature	Date
Claims/PS Department	Processed by			
	Sr. Admin Manager /Resident Manager			