

COMMON ACCOUNT OPENING FORM FOR ALL PUBLIC SECTOR BANKS (Non Individual)



ACCOUNT OPENING FORM (NON INDIVIDUALS)								
A. Fields marked with '*' are mandatory fields . B. Tick '□' wherever applicable . C. Please fill the date in DD-MM-YYYY format . C. Please fill the date in DD-MM-YYYY format .								
CIF NO. D. Please fill the Form in English and In BLOCK Letters. F. Please read section wise detailed guidelines Instructions								
G. List of two character ISO 3166 country codes and List of two character ISO 3166 country codes and List of State/U.T. Code as per Indian Motor Vehicle Act, 1988								
available in the General Instructions. ACCOUNT HOLDER TYPE*: US REPORTABLE OTHER REPORTABLE (PLEASE REFER TO GENERAL available before the section number and strike for the								
INSTRUCTIONS POINT 'A' AT PAGE No. 14) sections not required to be updated. J. KYC number is Mandatory for Update Application								
K. Definition of Important Terms are at the End I/WE DO NOT HAVE ANY ACCOUNT WITH SBI OR								
I/WE HAVE AN ACCOUNT WITH SBI & THE ACCOUNT NUMBER IS								
1. ENTITY DETAILS* (Please refer General Guidelines Point 'C')								
NAME OF THE ENTITY*:								
(IN BLOCK LETTERS)								
DATE OF COMMENCEMENT OF BUSINESS*: (APPLICABLE IN CASE OF PUBLIC LIMITED COMPANIES)								
DATE OF INCORPORATION/FORMATION*- PAN*: OR FORM 60 (FOR ENTITIES OTHER THEN								
(FOR ENTITIES TAX RESIDENT OF INDIA ONLY, PAN IS EQUIVALENT TO TIN) PLACE OF INCORPORATION FORMATION*:								
GSTN:								
ENTITY CONSTITUTION TYPE*: (PLEASE REFER INSTRUCTION B IN GENERAL INSTRUCTIONS)								
CIN: (ONLY APPLICABLE IN CASE OF A COMPANY)								
2. PROOF OF IDENTITY (Pol)* (Please refer 'D' in General Instructions)								
CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE OTHER								
OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTHORIZED TO TRANSACT RESOLUTION OF BOARD / MANAGING COMMITTEE MEMORANDUM AND ARTICLE OF ASSOCIATION / PARTNERSHIP DEED/ TRUST DOCUMENT ACTIVITY PROOF (FOR SOLE PROPRIETORSHIP ONLY)								
3. DETAILS OF RELATED PERSON/ BENEFICIAL OWNER*								
(An 'Annexure II' to be filled for each related person please refer point 'G' in General Instructions)								
NUMBER OF RELATED PERSONS*: (A RELATED PERSON CAN BE DIRECTOR, PROMOTER, KARTA, TRUSTEE, PARTNER, AUTHORISED SIGNATORY, BENEFICIARY, BENEFICIAL OWNER, COURT APPOINTED OFFICIAL)								
NUMBER OF BENEFICIAL OWNERS*: (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER SHOULD BE DETERMINED SEPARATELY OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)								
4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Please see instruction 'E' at the end)								
3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*								
REGISTERED OFFICE ADDRESS IN INDIA (IF APPLICABLE)/ PLACE OF BUSINESS*								
ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED								
PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION / FORMATION REGISTRATION CERTIFICATE								
LINE 1*:								
LINE 2:								
LINE 3: CITY/ TOWN/VILLAGE*:								
DISTRICT*: PIN/POST CODE*:								
STATE / UT NAME CODE*: COUNTRY CODE*: (ISO 3166)								
3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *								
SAME AS CURRENT / PERMANENT ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESSES, PLEASE FILL 'ANNEXURE III')								
ADDRESS TYPE*: RESIDENTIAL BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED								
PROOF OF ADDRESS*: CERTIFICATE OF INCORPORATION PORMATION REGISTRATION CERTIFICATE								
LINE 1*:								
LINE 2:								
LINE 3: CITY / TOWN / VILLAGE*:								
DISTRICT*: PIN / POST CODE*: STATE / LIT NAME CODE*: (ISO 3166) COLINTRY CODE*:								

SAME AS CURRENT OF EDMANISHT OVERSEAS ADDRESS DET			AL ADDRESS DETAILS					
SAME AS CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS SAME AS CORRESPONDENCE / LOCAL ADDRESS DETAILS								
ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDE				PECIFIED				
PROOF OF ADDRESS (FOR ENTITIES REGISTERED OUTSIDE INDIA)*:	REGISTRATION CER	TIFICATE OR EQUIVALENT	CERTIFICATE OF	FINCORPORATION/FORMAT	ION			
LINE 1*:								
LINE 2:								
LINE 3:		СП	TY / TOWN / VILLAGE*:					
STATE*: COUNTRY CODE*: (ISO 3166)								
5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer Instruction 'F' at the end)								
TEL. (OFF):	TEL. (RES):							
FAX:								
MOBILE 1:	MOBILE 2:							
EMAIL ID 1:	PIODICE 2.							
EMAIL ID 2:								
6. NATURE OF BUSINESS		7						
MANUFACTURER TRADER	RETAILER	SERVICE PROVIDER		/ IMPORT	OTHERS			
INDUSTRY CODE*: (PLEASE REFER TO INDUSTRY CODE	S ON PAGE 7) OTHER	RS:						
ANNUAL TURNOVER 0-5 LAKH 5-10 LAKH 10-25 L	AKH 25 LAK	KH- 1CR. 1-	-5 CR. 5	-50 CR. 50-:	100 CR. 100 CR <			
DEALING WITH SBI: SINCE (YEAR)					BRANCH.			
		REDIT FACILITIES (SBI) (IF			BIANCII.			
7. TYPE OF ACCOUNT								
CURRENT ACCOUNT SAVINGS BANK AC	COUNT	RECURRING DEPOSIT	Т	ERM DEPOSIT	SPECIAL TERM DEPOSIT			
OTHER PLEASE SPECIFY:					G. 2011 2 1211 1321 3311			
OTHER PLEASE SPECIFI.								
8. MODE OF OPERATIONS								
SINGLY JOINTLY SEVERALLY	AS PER BOARD RES	SOLUTION OT	HERS: (PLEASE SPECIF	FY)				
9. SERVICES REQUIRED (Tick the required service (Cl	narges may be applica	able))						
			QUEQUE	2011	DUCINESS DEDIT CARD			
CORPORATE INTERNET BANKING: VIEWING RIGHTS		TION RIGHTS	CHEQUE BO		BUSINESS DEBIT CARD			
POS FACILITY (CARD SWIPING MACHINE)		SMS ALERTS	CASH PICK UP FACI	LITY	STATE BANK COLLECT			
E - HAND SHAKE INSTA DEPOSIT CARD	XPRESS	S DEBIT CARD	OTHER					
(HOST TO HOST INTEGRATION) STATEMENT FREQUENCY: MONTHLY		QUARTERLY	HALF-YEA	ADIV				
		QO/IRTERE!	HALF-IE					
E-STATEMENT TO BE SENT TO EMAIL ID:								
SMS ALERTS TO BE SENT ON : MOBILE 1 OR MOBILE 2	(PLEASE REFER TO T	THE MOBILE NUMBERS GIVE	EN IN CONTACT DETAIL	S IN AOF PART 1)				
	(PLEASE REFER TO T	HE MOBILE NUMBERS GIVE	EN IN CONTACT DETAIL	S IN AOF PART 1)				
SMS ALERTS TO BE SENT ON : MOBILE 1 OR MOBILE 2	(PLEASE REFER TO T	THE MOBILE NUMBERS GIVE	EN IN CONTACT DETAIL	S IN AOF PART 1)				
SMS ALERTS TO BE SENT ON: MOBILE 1 OR MOBILE 2 10. ACCOUNT VARIANT ACCOUNT VARIANT NAME: (PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH)			EN IN CONTACT DETAIL	S IN AOF PART 1)				
SMS ALERTS TO BE SENT ON : MOBILE 1 OR MOBILE 2 10. ACCOUNT VARIANT ACCOUNT VARIANT NAME:			EN IN CONTACT DETAIL	S IN AOF PART 1)				
SMS ALERTS TO BE SENT ON: MOBILE 1 OR MOBILE 2 10. ACCOUNT VARIANT ACCOUNT VARIANT NAME: (PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH)	BANK / FINANCIAL IN	NSTITUTION		S IN AOF PART 1) DATE				
SMS ALERTS TO BE SENT ON : MOBILE 1 OR MOBILE 2 10. ACCOUNT VARIANT ACCOUNT VARIANT NAME: (PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH) 11. UNDERTAKING : CREDIT FACILITY FROM OTHER	BANK / FINANCIAL II	NSTITUTION IK(S)/ FINANCIAL INSTITUT	ION (S) OR					
SMS ALERTS TO BE SENT ON: MOBILE 1 OR MOBILE 2 10. ACCOUNT VARIANT ACCOUNT VARIANT NAME: (PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH) 11. UNDERTAKING: CREDIT FACILITY FROM OTHER I/WE AM/ARE NOT AVAILING ANY CREDIT FACILITY(IES) / LOAD	BANK / FINANCIAL II	NSTITUTION IK(S)/ FINANCIAL INSTITUT	ION (S) OR ED BELOW: BRANCH		"FOR OFFICE USE" NOC RECEIVED			
SMS ALERTS TO BE SENT ON: MOBILE 1 OR MOBILE 2 10. ACCOUNT VARIANT ACCOUNT VARIANT NAME: (PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH) 11. UNDERTAKING: CREDIT FACILITY FROM OTHER I/WE AM/ARE NOT AVAILING ANY CREDIT FACILITY(IES) / LOAN(S) FROM	BANK / FINANCIAL II I(S) FROM ANY OTHER BAN OTHER BANKS/ FINANCIAL	NSTITUTION IK(S)/ FINANCIAL INSTITUT INSTITUTIONS AS DETAILI ADDRESS OF THE E	ION (S) OR ED BELOW: BRANCH	DATE				
SMS ALERTS TO BE SENT ON: MOBILE 1 OR MOBILE 2 10. ACCOUNT VARIANT ACCOUNT VARIANT NAME: (PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH) 11. UNDERTAKING: CREDIT FACILITY FROM OTHER I/WE AM/ARE NOT AVAILING ANY CREDIT FACILITY(IES) / LOAN(S) FROM	BANK / FINANCIAL II I(S) FROM ANY OTHER BAN OTHER BANKS/ FINANCIAL	NSTITUTION IK(S)/ FINANCIAL INSTITUT INSTITUTIONS AS DETAILI ADDRESS OF THE E	ION (S) OR ED BELOW: BRANCH	DATE	NOC RECEIVED			

DETERMINE* WHETHER THE ENTITY IS 'FI' OR 'NFE' [AN ENTITY CAN BE EITHER AN 'FI' OR 'NFE', IT CAN NOT BE BOTH] FINANCIAL INSTITUTION (FI): (IF FINANCIAL INSTITUTION (FI) IS TICKED, PLEASE ALSO FILL ANNEXURE I & ANNEXURE II FOR ALL THE RELATED PERSON) (BANKS, INSURANCE AGENCIES, NBFCS ETC.) OR										
NON FINANCIAL ENTITY (NFE): IF ENTITY IS NFE, WETHER IT IS*: ACTIVE NFE OR PASSIVE NFE										
AN ENTITY CAN BE EITHER AN 'ACTIVE NFE' OR A 'PASSIVE NFE', IT CAN NOT BE BOTH - SEE INSTRUCTIONS 'H' IN GENERAL GUIDELINES FOR ACTIVE & PASSIVE NFE)										
NUMBER OF CONTROLLING PERSON(S): (APPLICABLE ONLY IN CASE OF PASSIVE NFE, FILL ANNEXURE II FOR EACH CONTROLLING PERSON)										
TO BELLO CONTROLLING ENGOLOGY.										
DIRECT REPORTING NON FINANCIAL FOREIGN ENTITY (NFFE): YES NO										
IF YES PLEASE PROVIDE GIIN OF DIRECT REPORTING NFFE:										
LEGAL ENTITY IDENTIFIER (L.E.I CODE. NO.): AS & WHEN APPLICABLE)										
COUNTRY OF RESIDENCE AS PER TAX LAWS *										
TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES (IF TICKED "YES" THEN THERE IS NO NEED TO FILL IN THE BOX BELOW) FATCA 8	CRS BOX									
TAX RESIDENT OF US: YES NO (IF 'YES', PLEASE PROVIDE US TIN) US TIN:										
IF TAX RESIDENT OF US, WHETHER THE PERSON IS										
A US PERSON YES NO (A TAX RESIDENT OF US IS US PERSON, SEE INSTRUCTION 'J')										
A SPECIFIED US PERSON (SEE INSTRUCTIONS 'K') YES NO (IF SPECIFIED US PERSON IS YES, THEN THE ENTITY IS US REPORTABLE)										
TAX RESIDENT OUTSIDE INDIA OTHER THAN US: YES NO										
IF 'YES', PLEASE PROVIDE COUNTRY CODE & TIN / FUNCTIONAL EQUIVALENT:										
IF TAX RESIDENT OUTSIDE INDIA OTHER THAN US IS "YES", WHETHER ENTITY FALLS IN ANY OF THE FOLLOWING CATEGORY (TICK FROM THE FOLLOWING CATEGORY										
AS APPLICABLE - IF NONE OF THE FOLLOWING CATEGORY IS MARKED "YES" THEN THE ACCOUNT IS AN "OTHER REPORTABLE ACCOUNT")										
I. ANY CORPORATION THE STOCK OF WHICH IS REGULARLY TRADED ON ONE OR MORE ESTABLISHED SECURITIES MARKET YES NO										
II. ANY CORPORATION THAT IS A RELATED ENTITY OF A CORPORATION DESCRIBED IN (I) ABOVE YES NO										
III. A GOVERNMENTAL ENTITY YES NO										
IF ANY OF THE ITEM (I) TO (I) IN THE ACCOUNT IS NOT AN										
IV. AN INTERNATIONAL ORGANIZATION YES NO IF ANY OF THE ITEM (I) TO (VI) IS TICKED 'YES'THE ACCOUNT IS NOT AN "OTHER REPORTABLE ACCOUNT"										
V. A CENTRAL BANK YES NO										
VI. A FINANCIAL INSTITUTION YES NO IF ENTITY IS NEITHER A TAX RESIDENT OF INDIA OR US NOR A TAX RESIDENT OUTSIDE INDIA										
OTHER THAN US, THEN THE FIELD NO RESIDENCE FOR TAX PURPOSE WILL BE 'YES'										
NO RESIDENCE FOR TAX PURPOSE YES NO										
IF 'YES' PLEASE PROVIDE , COUNTRY CODE WHERE THE PRINCIPAL OFFICE OF THE ENTITY LOCATED COUNTRY CODE										
MULTIPLE TAX RESIDENCY*: YES NO (IF 'YES', PLEASE FILL THE TABLE BELOW)										
1. IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY.										
1. IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY. 2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY.										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER)										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY.										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER)										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER OR EQUIVALENT) (CIN), EIN OR OTHER, PLEASE SPECIFY)										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER)										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER OR EQUIVALENT) (CIN), EIN OR OTHER, PLEASE SPECIFY)										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US IF ISSUED BY JURISDICTION (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS*										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: LINE 2: STATE:										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER OR EQUIVALENT) (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: CITY:										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: LINE 2: STATE:										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: LINE 2: STATE:	ER									
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER OF EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: LINE 2: LINE 3: PIN: PIN:	ER									
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: LINE 2: LINE 3: COUNTRY OF TAX RESIDENCE OUTSIDE INDIA TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION TYPE (TIN, COMPANY IDENTIFIC	ER									
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: LINE 2: LINE 3: TAX IDENTIFICATION NUMBER OR EQUIVALENT, PIN: COUNTRY OF TAX RESIDENCE OUTSIDE INDIA TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION TYPE (TIN, COMPANY	ER									
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: LINE 2: LINE 3: COUNTRY OF TAX RESIDENCE OUTSIDE INDIA TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION TYPE (TIN, COMPANY IDENTIFIC	ER									
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER OTHER THAN US ADDRESS* ADDRESS*	ER									
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US IF ISSUED BY JURISDICTION TAX IDENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY) ADDRESS* LINE 1: LINE 2: LINE 3: COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY DENTIFICATION NUMBER OR EQUIVALENT, (CIN), EIN OR OTHER, PLEASE SPECIFY ADDRESS* LINE 1: CITY:										
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER OTHER THAN US ADDRESS* ADDRESS*	ER									
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY. COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION CITY: LINE 1: LINE 2: LINE 3: COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER OTHER THAN US TAX IDENTIFICATION NUMBER OR EQUIVALENT, IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER OTHER THAN US ADDRESS* LINE 1: CITY: CI	ER									

							FORM	160	ONLY	'FO	R FOF	R ENT	TITIE	ES O	ГНЕ	RTH	EN C	OMPA	NIES	AND	PARTN	ERSH	IPS (I	n Ca	se P/	AN is	not i	Avail	able)										
NAME:																									Τ											Т	T		
(SAME AS ID	PRO	OF)																																	_				
IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION & THE ACKNOWLEDGEMENT NUMBER																																							
	IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR THE FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD																																						
AGRICULTU	IRE IN	ICOME	(RS)		T	Τ											0	THER	THAN	N AGR	ICULT	JRAL I	NCO	ME												T	T	T	
	VERIFICATION																																						
I																												-											
of my know Act 1961 co																																							ne Tax
Verified too	day, t	he				day o	f			20		-																											
Place:																																							
																																		Siar	natu	ire oʻ	fthe	Decla	arant
NOMINA	TIOI	N : Ap	plic	able	Onl	y Foi	r Sole	Pro	oprie	tor	rship)																						o.g.					
I/WE	WAN ⁻	т то м	IAKE	A NOI	MINA ⁻	ΓΙΟΝΙ	IN MY/O	UR	ACCC)UN	T OR																												
I/WE	DO N	IOT WA	ANT	О МА	KE A	NOMI	NATION	۱IN	MY/O	UR A	ACCO	UNT																											
NOMINA	TIOIT	N FO	RM	DA1)																																		
Nomination	n und	ler Sed	tion	45Z c	fthe	Bank	ing Reg	gula	ition A	Act,	, 1949	9 and	d Ru	le 2(1) of	Ban	king (Comp	anie	s (Noi	minatio	on) Ru	les 1	985	in th	e re	spec	t of	Bank	Dep	osit	s.			_				
I/We									nomin	ate	thefo	ollow	ing	pers	on to	who	om in	the ev	ent o	of my															e		OMIN SERIA		
given below	, may	beret	urne	dbySt	ateB	ank o	fIndia														_ (Nam	eand	addre	esso	fbrar	nch	offic	ein	which	the	depo	osit	held).					
DETAILS OF																													7										
Type of Dep	osit:											ACC	OU	NIN	0:																								
DETAILS	OF 1	THE	101	1INE	E																																		
	O .																																			T	$\overline{}$		
NAME:																							_									_							
		VITH T	HE D	EPOS	TOR	:															_ AGE	: _]	DATE	OF	BIRTI	H OF	NON	1INE	: [L	L		
NAME:		VITH T	HED	EPOSI	TOR	: 															_ AGE	: [_]	DATE	OF	BIRTI	НОЕ	NON	IINE									
NAME:		VITH T	HED	EPOSI	TOR	: 															_ AGE	:			DATE	OF	BIRTI	H OF	NON	MINE!									
NAME:		VITH T	HE D	EPOSI	TOR										PIN:						_ AGE	: [S1	TATE		OF	BIRTI	н оғ Т Т	NON	MINE!									
NAME: RELATIONS ADDRESS:		VITH T	HE D	EPOSI	TOR										PIN:	:					_ AGE		_	TATE						MINE!									
NAME: RELATIONS ADDRESS:	SHIP W						'e appo	int	Shri/S	- Smt.					PIN:	:							_	TATE						AINE				_ag	le_				years
NAME: RELATIONS ADDRESS: CITY:	SHIP W						'e appo	int	Shri/\$	§ 6mt.					PIN:								_	TATE						MINE!				ag	ie_				years
NAME: RELATIONS ADDRESS: CITY:	SHIP W						le appo	int	Shri/S	6mt.					PIN:								_	TATE						I	E: [ag	je_				years
NAME: RELATIONS ADDRESS: CITY:	HIPW	is a m	inor	on this	s date	e, I/W						ae eve	ent (ofm			minor	's dea	ath de		CIF NO.	OF No	DMIN	TATE	tobe	fille				MINE!	E:			ag	je_				years
NAME: RELATIONS ADDRESS: CITY: As the nom	HIPW	is a m	inor	on this	s date	e, I/W						ae eve	ent	ofm			minor	's dea	ath di		CIF NO.	OF No	DMIN	TATE	tobe	fille				I				ag	je				years
NAME: RELATIONS ADDRESS: CITY: As the nom	HIPW	is a m	inor	on this	s date	e, I/W						ae eve	ent	ofm			minor	r's dea	ath de		CIF NO.	OF No	DMIN	TATE	tobe	fille		LCP(DD):			num	ıb im			n of t	the A		years
NAME: RELATIONS ADDRESS: CITY: As the nom	hHIP W	is a m	inor	on this	s date	e, I/W	ehalf of	the	nomi	inee	in th					ur/r				uring	CIF NO.	OF No	OMINO	TATE	tobe	fille		LCP(DD):			num	ub im			n of t	the A		
NAME: RELATIONS ADDRESS: CITY: As the nom Address to receive to Personal Do Witness 1 N	the ar	is a m mount	inor	on this	s date	e, I/W	ehalf of	the	nomi	inee	e in th	e if ap	plic	ant i		ur/r				uring	CIF NO.	OF No	OMIN ofti	TATE (to be	fille	d by L	LCP®	Signa			num	ub im			n of t	the A		
NAME: RELATIONS ADDRESS: CITY: As the nom Address to receive to	the ar	is a m mount	inor	on this	s date	e, I/W	ehalf of	the	nomi	inee	e in th	e if ap	plic	ant i		ur/r				uring	the mi	OF No	oftlin)	TATE DEE(to be	fille	d by L	LCP(Signa	ature	/ Tr			npres		n of f	the A		
NAME: RELATIONS ADDRESS: CITY: As the nom Address to receive to Personal Do Witness 1 N	the ar	is a m mount	inor	on this	s date	e, I/W	ehalf of	the	nomi	inee	e in th	e if ap	plic	ant i		ur/r				uring	CIF NO.	OF No	oftlin)	TATE DEE(to be	fille	d by L	LCP(Signa	ature	/ Tr			npres		n of f	the A		
NAME: RELATIONS ADDRESS: CITY: As the nom Address to receive to Personal Do Witness 1 N	the ar	is a m mount	inor a of the street of the st	on this	s date	e, I/W	ehalf of	the	nomi	inee	e in th	e if ap	plic	ant i		ur/r				uring	CIF NO.	OF No	oftlin)	TATE HEE(tobe	fille	d by L	LCP(Signa	ature	/ Tr			npres		n of f	the A		

APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of
 my/our knowledge and belief and I/We undertake to inform you of any changes therein,
 immediately. In case any of the information is found to be false or untrue or misleading or
 misrepresenting, I/weam/areaware that I/we may be held liable for it.
- 2. I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI
- I/We certify and declare that The Company does belong to the class of companies specified
 in sub-rule (2) of the Companies Rules 2017 (Restrictions on number of Layers) and it
 (Company) does not have more than two layers of subsidiaries. (As per the details given in
 Ministry of Corporate Affairs, Gazette notification No. 793 dated 21st Sept 2017.
- $I/We\ affirm\ and\ declare\ that\ I/We\ have\ read\ over\ and\ understood\ the\ rules\ and\ regulations$ $of the \, State \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, relating \, to \, various \, services \, offered \, by \, the \, Bank \, of \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, those \, tho \, India \, ("Bank") \, and \, tho \, India \, ("Bank") \, and$ including but not limiting to debit card/internet banking/SMS banking/Telebanking/Mobile Banking/Virtual Banking and any other facilities. I/We agree to abide by the same as amended/modified from time to time by the Bank/ Regulator/ Government published through circulars, notifications, notice board/ websites/ new spaper publications, etc. I/We waive the rights, if any, to have personal notice in respectof such amendments/ modifications. I/We agree that the transactions and requests executed in my/our account(s) by me/authorized person through internet, mobile, telebanking or virtual banking under my/our User ID and password/PIN/OTP will be legally binding on me/us & I/We am/are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/ details/OTP/PIN, etc., in such matters. I/We agree that Bank has got all the rights to debit my/our account for any service charge, expenses or other dues which the Bank is entitled/ liable to recover from me. I/We also authorise the Bank and agree to close/ discontinue my $account \, without \, any \, notice \, to \, me \, in \, case \, of \, any \, violation \, of \, laws/rules/ \, regulations \, or \, terms$ and conditions of maintaining the account . I/We hereby undertake to inform the Bank on any change in my communication address or constitution, and I/We shall submit the address proof in case of transfer of my account from one branch to another branch.
- 5. In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI for identification and / or address proof towards the compliance of KYC norms under the PMLA, 2002 and I hereby agree that the Bank may verify the same with UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank.
- I/We confirm and declare that I/We am/are not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
- 7. I/Weagree that my/our personal KYC details may be shared with Central KYC registry or any other competent authority. I/We hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I/We also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
- I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
- 9. I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign

- $Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and {\it I} or any other similar arrangements.$
- 10. I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/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 my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.
- 11. I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self-certification as above is provided to the Bank.
- 12. I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time.
- 13. I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- 14. I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me/us.
- 15. I/We undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
- 16. I/We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
- 17. I/We have been advised of Monthly average/minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision/change and such revision/changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect.
- 18. I/We Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account, failing to which I understand my account will cease to be operational as per GOI guidelines, amending Prevention of Money laundering (Maintenance of Records) Rules 2005. (In case the account is opened without Aadhaar / PAN)
- 19. In case, deemed OVDs are submitted for current address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing to which I understand that my account may cease to be operational as per GOI quidelines at the material time.
- 20. I confirm and undertake that I will not deal in Virtual Currencies and will not use my account for any services related Virtual Currencies or facilitate any person or entity, in dealing with or settling virtual currencies.
- 21. I/We undertake to keep MAB (Monthly Average Balance) in the account as prescribed under the respective account scheme and agree to pay the penalty if MAB is not maintained.

	Please paste			Please paste			Please paste	
	photograph			photograph			photograph	
	here			here			here	
Signature of	Authorized Signatory 1 (Do r	ot overlap)	Signature of	f Authorized Signatory 2 (Do n	ot overlap)	Signature of	f Authorized Signatory 3 (Do n	ot overlap)
Name:			Name:			Name:		
Designation	:		Designation	:		Designation	:	
Date:			Date:			Date:		
	ture, Seal and e Verifying Official			nture, Seal and e Verifying Official			nture, Seal and e Verifying Official	
								5

FOR OFFICE USE ONLY 1. APPLICANT(S) INTERVIEWED AND PURPOSE ASCERTAINED (SPECIFY THE PURPOSE): 2. WHETHER SELF - CERTIFICATION & DOCUMENTS SUBMITTED BY THE CUSTOMERS HAVE BEEN VERIFIED AND FOUND CORRECT AND RELIABLE: YES NO (CARE: BRANCH TO PROCEED WITH OPENING OF ACCOUNT ONLY WHEN THIS CERTIFICATION IS "YES") 3. THRESHHOLD LIMIT IS RS: 4. DOCUMENTS RECEIVED : SELF CERTIFIED TRUE COPIES NOTARY 5. RISK CATEGORY: HIGH MEDIUM LOW 6. IN PERSON VERIFICATION CARRIED OUT AND SIGNATURE OF THE APPLICANT VERIFIED BY: IDENTITY VERIFICATION: DONE 7. AUTHORISED OFFICIAL HAS VERIFIED THE ACTIVITY OF PROPRIETARY CONCERN AT THE ADDRESS MENTION IN ACCOUNT OPENING FORM: _ PF NO.: _ OFFICIAL NAME: DESIGNATION: DATE: SS NO.: SIGNATURE: **OPEN CIF** QUEUE NO. INITIALS (AUTHORISED SIGNATORY) DATE: **OPEN THE ACCOUNT BRANCH MANAGER / AUTHORISED OFFICIAL (SIGNATURE)** ACCOUNT NUMBER: ACCOUNT OPENED ON: REMARKS (IF ANY): **ASSISTANT (SIGNATURE) OFFICER (SIGNATURE)** NAME:_ NAME: EMP./OFFICIAL NAME: _ EMP./OFFICIAL NAME: S.S No. / P.F No.: S.S No. / P.F No.: EMP./OFF. DESIGNATION: EMP./OFF. DESIGNATION: EMP./OFF. BRANCH: EMP./OFF. BRANCH: ACCOUNT CLOSED ON: _ ___ACCOUNT TRANSFERRED TO _ BRANCH ON_ AUTHORISED OFFICIAL (SIGNATURE) **CURRENT ACCOUNT RULES** Whenever the customer does not use alternate channels for opening the Current Account, payments to credit of an account with the Bank should ordinarily be accompanied by a payin slip duly signed by the constituent. Slips with counterfoils will be supplied in book form and the entry of the transactions made in the counterfoil will be authenticated by the initials of an authorised employee of the Bank. The depositor should satisfy himself that the transaction is so certified. Cheques must be drawn on the Bank's printed forms. The Bank reserves its right to refuse payment of any cheque drawn otherwise. The bank reserves the right to refuse payment of rany cheque drawn otherwise. The bank reserves the right to refuse payment of cheques that have been altered in any way unless the alternation is authenticated by the drawer under full signature. Cheques should be drawn in such a way as to prevent alteration after issue, and the signature should be uniform with that on record at the Bank. Constituents should not overdraw their accounts, even for small amounts without having made previous arrangements. Overdraft are granted in current accounts on terms as per extant instructions. Interest will be charged at the rates stipulated by the Bank and calculated upon the daily balances. The Bank will register instructions from the drawer regarding cheques lost, stolen, etc. but Statements of accounts will be sent to constituents periodically and can be obtained at any time on application. The entries of accounts should be carefully examined by the constituent, and, if any errors or omissions are discovered, the attention of the Bank must be drawn to them immediately. The Bank will not be responsible for any loss arising from neglect of this precaution. Any change in the address of the constituent must be promptly advised to the Bank. In all their correspondence with the Bank and on pay-in slips etc. constituents should clearly mention the account number allotted at the time of opening of the account. Accounts may be transferred at the request of the constituents to any other office of the 13. The Bank accepts securities and shares for safe custody and realisation of interest, dividends, etc. on terms which may be had on application. 14. The Bank reserves the right to alter/add to/delete any of these rules at any time. The Bank will register instructions from the drawer regarding cheques lost, stolen, etc. but cannot guarantee depositors against loss in such cases in the event of such a cheque being The bank collects bills, drafts, cheques, pay and pension bills, etc. on behalf of constituents. In personal accounts, the Bank offers up to a specified limit immediate credit in respect of cheques, drafts, dividend warrants, etc., payable at outstation branches. Local cheques, etc. will be cleared under CTS Clearing Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against until they have been realised. Bills, notes, etc. not payable on demand, intended for realisation by the Bank, should be sent at least one clear day before due date. The Bank accepts standing instructions on accounts for making periodic remittances, etc. **INDUSTRY CODES** 43. STEEL / HARDWARE 01. AIRLINES / AVIATION 15. CASINOS 29. IMPORT / EXPORT 44. STOCKS & SHARES 02. ADVERTISING AGENCY 16. CEMENTS / PAINTS 30. MANUFACTURING 45. TECH STARTUPS 03 AGRICULTURE / ALLIED INDUSTRIES 17 CHIT FUNDS 31. MONEY LENDER 46. TELECOMMUNICATION 04. AUTOMOBILES 18. CONSUMER DURABLES 32. MEDIA / ENTERTAINMENT 47. TEXTILES / GARMENTS 05. AUTOPARTS 19. COURIER / CARGO 33. MEDICAL / HEALTHCARE 48. TRAVEL & TOURISM 20. CONSTRUCTION / REAL ESTATE 06. AUTO FINANCE 34. MARBLE & GRAINITE 49. TRANSPORTATION & LOGISTICS

07. ARMS DEALER 21. CONSULTANCY 35. OIL & GAS 50. FOREX DEALERS / BULLION 08. BANKING / FINANCIAL SERVICES 22. ELECTRONICS **36. PETROL PUMPS** 51. PROFESSIONALS (DOCTOR, LAWYER, 09. ENGINEERING / CAPITAL GOODS 23. FURNITURE / TIMBER 37. PHARMACEUTICALS ENGG. CONSULTING. HR) 10. FERTILIZERS / CHEMICALS / SEEDS / 38. POWER / ELECTRICITY 24. GOVERNMENT BODIES 52. RETAIL CHAIN / FMCG 11. PESTICIDES 25. HOTELS / RESTAURANTS 39. PRINTING / PUBLISHING 53. IT SERVICES 12. FISHERIES / POULTRY 26. HOSPITALS / CLINICS / NURSING HOME **40. RELIGIOUS INSTITUTIONS** 13. GEMS / JEWELLERY 27. INFRASTRUCTURE 41. SCIENCE & TECHNOLOGY 42. SCHOOL/COLLEGES/INSTITUTES 14. CALL CENTERS / BPO 28. INSURANCE

We declare and certify our entity status under Rules 114F to 114H of the Income tax Rules, 1962 notified vide CBDT Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015, as under:

		Tick status of Financial Institution	Yes							
		Name of Entity								
1.	a)	Depository Institution								
	b)	Custodial Institution								
	c)	Investment Entity which is not a passive NFE								
	d)	Specified Insurance Company								
2.		Owner-Documented FI with substantial US owner(s) – details of substantial US Owner to be captured as per Annexure-II								
3.		Reporting Financial Institution								
4.		If 2 OR 3 above is yes, please provide Global Interme	ediary Ident	ification N	lumber (GIIN)					
5.		Non-Participating Financial Institution								
6.		Non-Reporting Financial Entity (If Yes , Please Tick	one of the c	ategory in	the Table below)					
	S No.	Category of NRFI	()	S No.	Category of NRFI			()	
	1.	Governmental Entity;		13.	Provident fund					
	2.	International Organisation;		14.	An Indian investment entity which is wholly held by NRF referred to in (i) to (xiii) above and where any debt intered held by a depository institution or NRFIs referred to in (i	ebt interest is				
	3.	Central Bank;		15.	Qualified credit card issuer;					
	4.	Treaty Qualified Retirement Fund;		16.	Specified Investment entity as per CBDT rules (Rule 11	4F(5)(f));				
	5.	Narrow Participation Retirement Fund;		17.	Exempt collective investment vehicle;					
	6.	Broad Participation Retirement Fund;		18.	Trustee-documented Indian Trust;					
	7.	Pension Fund of a Governmental Entity;		19.	Financial Institution with a local client base;					
	8.	Pension Fund of an International Organisation;		20.	Local Bank (including Regional Rural Bank, Urban Coope State Cooperative Banks / District Central Cooperative Local Area Banks provided that the assets test as in Exp to Rule 114F(5);	Banks,				
	9.	Pension Fund of a Central Bank;		21.	Financial Institution with only low-value accounts;					
	10.	Non-public fund of the armed forces;		22.	Sponsored investment entity and controlled foreign corporation (in case of any U.S. reportable account);					
	11.	Employees' state insurance fund;		23.	Sponsored closely held investment vehicle (in case of any U.S. reportable account)					
	12.	Gratuity Fund; 24. An Indian investment entity which is wholly held by NRFIs referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFIs referred to in (i) to (xiii) above								
7.		Sponsored Investment Entity								
	a)	GIIN of Sponsored entity								

We certify that we have the capacity to sign for the Financial Institution as per CBDT rules/RBI guidelines.
Date:
Place:

SIGNATURE(S)

NAME OF THE AUTHORIZED PERSON OF ENTITY

PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CHILD OWNER* AND CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* PRITECTOR OF RELATED PERSON OWNER PERSON / BENEFICIAL OWNER* INCASE OF TRUST INCA	PERSONAL DETAILS OF CONTROLLING PERSON-CP	(FOR PASSIVE NFI	E ONLY) / RELATED PERSON-RP/ BENEFICIAL OWNER ANNEXURE – II							
BRANCHTO ATTRIBUTES STAND OF MARK AND CODE TO. PRINCHIOS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* DITTIVIANCE DITT	(SEPARATE FORM FOR EACH CONTROLLING PERSON / RELATED PERSON/BENEFICIAL OWNER TO BE FILLED IN)									
APPLICATION TOPES OF ROX SENTENCIA PRESSOR SELECT DESIGNAL SELECT DESIG		FOR OFFICE USE ONL	PHOTOGRAPH							
SENTATION RECOVER PROJECT PROVIDED BY ADDITION OF CONTROLLING PERSON / BENEFICIAL OWNER * IDITIALIS OF CONTROLLING PERSON / BELEFOND / BENEFICIAL OWNER * Please refer General Instruction	APPLICATION TYPE* NEW UPDATE		OFTHE							
ENTRYMANE I. DETAILS OF CONTROLLING PERSON RELATED PERSON / BENEFICIAL OWNER* Pleaser refor General Instruction 1: 1. ACETAILS OF CONTROLLING PERSON FOR PRESIDE PERSON / BENEFICIAL OWNER* ACRITICAL SOF CONTROLLING PERSON DELETION OF CONTROLLING PERSON DELETION OF CONTROLLING PERSON OF PRESIDENT	ADDI ICANIT (CD/DD) CIENIO									
DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER* DETAILS OF CONTROLLING PERSON IF PRESIVE NEE Only):										
1. DETAILS OF CONTROLLING PERSON/ RELATED PERSON / BENEFICIAL OWNER* (Please refer General instruction): A DETAILS OF CONTROLLING PERSON (For Passive NEC Only): A DETAILS OF CONTROLLING PERSON (For Passive NEC Only): A DETAILS OF CONTROLLING PERSON DELETION OF CONTROLLING PERSON UPDATE CONTROLLING PERSON DETAILS VIC. NUMBER OF ANALASE 7; DELETION OF CONTROLLING PERSON IF INCINAMER IS ANALASE, ONLY CONTROLLING POPE A NAME IS ANALOGORY TYPE OF CONTROL. NAME OF CONTROL. NAME OF CONTROL. SETTIOR EQUINALIST TRUSTEE SHORT MANAGER COPPICALS NAME OF CONTROL SETTIOR EQUINALIST TRUSTEE SHORT MANAGER CONTROLLING PERSON OPEN NAME OF CONTROL SETTIOR EQUINALIST TRUSTEE SHORT MANAGER CONTROLLING PERSON OPEN NAME OF CONTROL SETTIOR EQUINALIST DELETION OPEN NAME OF CONTROL NAME OF CONTROL SETTIOR EQUINALIST SHORT MANAGER PERSON OPEN NAME OF CONTROL SENECTION SHORT MANAGER PERSON OPEN NAME (SAME OF RELATED PERSON) DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON OPE	CP/RP Account No.:									
1. DETAILS OF CONTROLLING PERSON/ RELATED PERSON / BENEFICIAL OWNER* (Please refer General instruction): A DETAILS OF CONTROLLING PERSON (For Passive NEC Only): A DETAILS OF CONTROLLING PERSON (For Passive NEC Only): A DETAILS OF CONTROLLING PERSON DELETION OF CONTROLLING PERSON UPDATE CONTROLLING PERSON DETAILS VIC. NUMBER OF ANALASE 7; DELETION OF CONTROLLING PERSON IF INCINAMER IS ANALASE, ONLY CONTROLLING POPE A NAME IS ANALOGORY TYPE OF CONTROL. NAME OF CONTROL. NAME OF CONTROL. SETTIOR EQUINALIST TRUSTEE SHORT MANAGER COPPICALS NAME OF CONTROL SETTIOR EQUINALIST TRUSTEE SHORT MANAGER CONTROLLING PERSON OPEN NAME OF CONTROL SETTIOR EQUINALIST TRUSTEE SHORT MANAGER CONTROLLING PERSON OPEN NAME OF CONTROL SETTIOR EQUINALIST DELETION OPEN NAME OF CONTROL NAME OF CONTROL SETTIOR EQUINALIST SHORT MANAGER PERSON OPEN NAME OF CONTROL SENECTION SHORT MANAGER PERSON OPEN NAME (SAME OF RELATED PERSON) DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON DELETION OFFILIATED PERSON OPEN NAME (SAME OF RELATED PERSON OPE	FNITTYAIAME									
CHARLES OF CONTROLLING PERSON GELETON OF CONTROLLING PERSON UPDATE CONTROLLING PERSON DETAILS ADDITION OF CONTROLLING PERSON DELETON OF CONTROLLING PERSON UPDATE CONTROLLING PERSON DETAILS CHARLES OF LICIAL PERSON OWNER-HP OTHER MEANS SING MANAGING OFFICIALS INCASE OF LICIAL PERSON SETTLOR TRUSTEE COUNTLINT ROTCCTOR SENERICARY OPHERS INCASE OF LICIAL PERSON SETTLOR TRUSTEE COUNTLINT ROTCCTOR-COUNTLINT SENERICARY OPHERS INCASE OF LICIAL PERSON SENERICARY OPHERS INCASE OF LICIAL PERSON SENERICARY SENERICARY SENERICARY OPHERS SENERICARY OPHERS INCASE OF LICIAL PERSON PREMATE PERSON SENERICARY SENERICARY OPHERS SENERICARY OPHERS	ENTITY NAME:									
ADDITION OF CONTROLLING FERSON DELETION OF FROM PERSON UPDATE CONTROLLING FERSON DETAILS ADDITION OF CONTROLLING FERSON DELETION OF CONTROLLING FERSON UPDATE CONTROLLING FERSON DETAILS ADDITION OF CONTROLLING FERSON DELETION OF THE MEANS SIND MANAGING OFFICIALS INCOME OF LICIAL FERSON OWNER-IPP OTHER MEANS SIND MANAGING OFFICIALS INCOME OF LICIAL FERSON SETTLOR TRUSTEE - DOWNER-IPP PROTECTOR BENEFICIANY OTHER - DOWNER-IPP INCOME OF THE MEANS SETTLOR TRUSTEE - DOWNER-IPP PROTECTOR BENEFICIANY OTHER - DOWNER-IPP INCOME OF THE MEANS SETTLOR TRUSTEE - DOWNER-IPP PROTECTOR BENEFICIANY OTHER - DOWNER-IPP INCOME OF THE MEANS SETTLOR SETTLOR TRUSTEE - DOWNER-IPP PROTECTOR - DOWNER-IPP PROTECTOR - DOWNER-IPP INCOME OF THE MEAN OF BOX CAN BENEFICIAL OWNER SETTLOR TRUSTEE PATRICAL ADTHORSOUS DISMOSTRY HORSE THAN ONE BOX CAN BENEFICIAL OWNER SETTLOR TRUSTEE PATRICAL ADTHORSOUS DISMOSTRY INCOME DAMAGE DOWNER-IPP PROTECTOR BENEFICIAL OWNER SETTLOR TRUSTEE PATRICAL ADTHORSOUS DISMOSTRY INCOME DAMAGE DOWNER-IPP PROTECTOR DOWNER SETTLOR TRUSTEE PATRICAL ADTHORSOUS DISMOSTRY PARTICIPATED FERSON DOWNER-IPP PROTECTOR DOWNER DOWNER DOWNER DOWNER PARTICIPATED FERSON DOWNER										
ADDITION OF CONTROLLING PERSON DELETION OF CONTROLLING PERSON UPDATE CONTROLLING PERSON DETAILS KYCHUMBER & FANKLABLE, 11: OFFICE TRANSPORT OFFICE TRANSPORT OFFICE TRANSPORT TYPE OF CONTROLLING PERSON OWNERSHIP OFFICE TRANSPORT OFFICE TRANSPORT TYPE OF CONTROLLING PERSON OWNERSHIP OFFICE TRANSPORT OFFICE TRANSPORT TYPE OF CONTROLLING PERSON OWNERSHIP OFFICE TRANSPORT OFFICE TRANSPORT THOUSE OF FRUST: SETTLOR TRUSTEE PROTECTOR BENEFICIARY EQUIVALENT OTHER EQUIVALENT TRUSTEE OFFICE TOR SENDER CAN TO THE REQUIVALENT OTHER EQUIVALENT OTHER EQUIVALENT TRUSTEE OWNERSHIP TRUSTEE EQUIVALENT OTHER EQUIVALENT OTHER EQUIVALENT TRUSTEE OWNERSHIP TRUSTEE EQUIVALENT OTHER EQUIVALENT OTHER EQUIVALENT TRUSTEE OWNERSHIP OWNERSHIP OWN	1. DETAILS OF CONTROLLING PERSON / RELATED P	ERSON / BENEFICI	CIAL OWNER*							
ADDITIONOF CONTROLLING PERSON DELETION OF CONTROLLING PERSON WHO AT CONTROLLING PERSON DETAILS KYC NUMBER BY AWAR ARE *1	(Please refer General Instruction):									
RYCHUMBERS ANALARLE 1:	1. A DETAILS OF CONTROLLING PERSON (For Passive	e NFE Only) :								
RYCHUMBERS ANALARLE 1:	ADDITION OF CONTROLLING PERSON	DELETION OF CONTROL	LLING PERSON LIPDATE CONTROLLING PERSON DETAILS							
TYPE OF CONTROL: IN CASE OF TRUST: SETTLOR OTHER MEANS SENIOR MANAGING OTTICALS IN CASE OF TRUST: SETTLOR TRUSTE PROTECTOR BENEFICIARY OTHER-COUNALENT TRUSTEE PROTECTOR BENEFICIARY OTHER-COUNALENT TRUSTEE PROTECTOR-COUNALENT BENEFICIARY-COUNALENT OTHER-COUNALENT TRUSTEE NECKSEE OF CHARACTER SENIOR MANAGING OTTICALS SENIOR MANAGING OT		T T T T T								
NCASE OF TRUST. SETTLOR TRUSTEE PROTECTOR BENEFICIARY OTHER COUNTED NOTE OF THE LIGAL ARRANGEMENT. SETTLOR COUNTED TRUSTEE PROTECTOR BENEFICIARY OTHER COUNTED NOTE OF THE LIGAL ARRANGEMENT. SETTLOR COUNTED TRUSTEE PROTECTOR BENEFICIARY OTHER COUNTED NOTE OF THE LIGAL ARRANGEMENT. SETTLOR COUNTED TRUSTEE PROTECTOR BENEFICIARY OTHER COUNTED IN CASE OF CHANNOWN 1. B DETAILS OF RELATED PERSON DELETION OF RELATED PERSON UPONTE RELATED PERSON PROTECTION OTHER COUNTED ADDITION OF RELATED PERSON DELETION OF RELATED PERSON UPONTE RELATED PERSON PROTECTION OTHER COUNTED RELATED PERSON TRANSLED PROTECTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION OTHER OTHER SENERICIARY BENEFICIARY BENEFICIARY BENEFICIARY DESCRIPTION OTHER 2. PERSONAL DETAILS* (Please refer instruction Gil at the end) NAME ISAME ASID PROOPT! DESCRIPTION DESCRIPTI	KYC NUMBER (IF AVAILABLE *):		(IF KYC NUMBER IS AVAILABLE, ONLY' CONTROLLING TYPE' & 'NAME' IS MANDATORY)							
RICASE OF TRUST: SETTLOR TRUSTEE PROTECTOR BENEFICIARY ODNES RICAGAL RARMAGEMENT: SETTLOR-FOUNALENT TRUSTEE-EQUIVALENT PROTECTOR-COUVALENT BENEFICIARY DIEGOLARMAGEMENT: SETTLOR-FOUNALENT TRUSTEE-EQUIVALENT PROTECTOR-COUVALENT BENEFICIARY-COUVALENT DIEGOLARMAGEMENT: SETTLOR-FOUNALENT TRUSTEE PROTECTOR PROTECTOR-COUVALENT BENEFICIARY-COUVALENT DIEGOLARMAGEMENT: ADDITION OF RELATED PERSON SELECTION OF RELATED PERSON DELECTION PROMOTER PROMOTER MARTA TRUSTEE PARTNER AUTHORISED SIGNATORY PROBLET MANDER EXOCAN BE INCIDENT MANDER SENT AUTHORISED SIGNATORY PROBLET MANDER SENT AUTHORISED SIGNATORY PROBLET MANDER SENT AUTHORISED SIGNATORY PROBLEMAGE SENT AUTHORISE		OTHER MEANS	SENIOR MANAGING OFFICIALS							
INCASE OF UNINDAM INCAS OF		J 7								
IN CASE OF DUNNIONS 1.8 DETAILS OF RELATED PERSON ADDITION OF RELATED PERSON DELETION OFRELATED PERSON UPDATE RELATED PERSON DITTALS ADDITION OF RELATED PERSON DELETION OFRELATED PERSON UPDATE RELATED PERSON DITTALS KYC. NUMBER OF RELATED PERSON PAGE ALIE! PARTINER AUTHORISED SIGNATORY	IN CASE OF OTHER]								
ADDITION OF RELATED PERSON ADDITION OF RELATED PERSON DELETION OF RELATED PERSON PARAMETERS ANALABLE; OF RYC NUMBER IS ANALABLE, ONLY RELATED PERSON TYPE & NAME IS ANALABLE; OF RYC NUMBER IS ANALABLE, ONLY RELATED PERSON TYPE & NAME IS ANALABLE; OF RYC NUMBER IS ANALABLE, ONLY RELATED PERSON TYPE & NAME IS COUNTRY ON THERS ### COUNTRY CAPACITY OF ANALABLE OF THE STANDARD OF THE STANDARD		TRUSTEE-EQUIVALE	ENT PROTECTOR-EQUIVALENT BENEFICIARY-EQUIVALENT OTHER-EQUIVALENT							
ADDITION OF RELATED PERSON DELETION OFRELATED PERSON UPDATE RELATED PERSON DETAILS KYCNLMBER OF RELATED PERSON IF AVAILABLE? BENEFICIAN OF RELATED PERSON TYPE* 6. NAME IS MANDATORY) RELATED PERSON TYPE*: DIRECTOR PROMOTER KARTA TRUSTE PARTNER AUTHORISED SIGNATORY MORE THAN ONE BOX CAN DETAILS* (Please refer instruction Gil at the end) PREFIX FIRST NAME ME NAME AND DELETION OF RELATED PERSON TYPE* 6. NAME IS MANDATORY) MADENNAME (BANKA): DIRECTOR NAME NAME AND NAME NAME AND NAME AND NAME AND NAME AND NAME AND NAME (BANKA): DIRECTOR NAME NAME (BANKA): DIRECTOR NAME NAME (BANKA): DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	IN CASE OF UNKNOWN									
EXCNIMBER OF RELATED PERSON ITYPE*: DIRECTOR PROMOTER RARTA TRUSTEE PARTINER AUTHORISED SIGNATORY RELATED PERSON TYPE*: DIRECTOR PROMOTER RARTA TRUSTEE PARTINER AUTHORISED SIGNATORY RECATED PERSON TRUSTEE PARTINER AUTHORISED SIGNATORY RECATED PERSON TYPE*: DIRECTOR PROMOTER RARTA TRUSTEE PARTINER AUTHORISED SIGNATORY RECATED PERSON TRUSTEE PARTINER AUTHORISED SIGNATORY RESPONSE AS APPLICABLE COUNT PAGE NO. 18) THERE S PARTINER AUTHORISED SIGNATORY RESPONSE PARTINER AUTHORISED SIGNATORY RESPONSE NAME*: DIRECTORY RECATED PERSON OF INDIAN ORIGIN RESPONSE NAME*: DIRECTORY RECATED PERSON OF INDIAN ORIGIN RESPONSE NAME*: DIRECTORY DIRECTORY RECATED PERSON OF INDIAN ORIGIN RESPONSE NAME*: DIRECTORY DIRECTORY RECATED PERSON OF INDIAN ORIGIN RESPONSE NAME*: DIRECTORY DIRECTORY DIRECTORY RECATED PERSON OF INDIAN ORIGIN RESPONSE NAME*: DIRECTORY DIRECTORY DIRECTORY RECATED PERSON OF INDIAN ORIGIN RESPONSE NAME*: DIRECTORY DIRECTORY DIRECTORY RECATED PERSON OF INDIAN ORIGIN RESPONSE NAME*: DIRECTORY DIRECTORY DIRECTORY DIRECTORY RECATED PERSON ORIGINATIONAL PROFINGINAL PROFINGING DIRECTORY RECATED PARTINE ORIGINATIONAL PROFINGING DIRECTORY RECATED PARTINE ORIGINATIONAL PROFINGING DIRECTORY RECATED PARTINE ORIGINATIONAL PROFINGING DIRECTORY RECATED PART	1. B DETAILS OF RELATED PERSON									
RELATED PERSON TYPE*: DIRECTOR										
MORE THAN ONE EDXCAN BETICKED AS APPLICABLE COURT APPOINTED OFFICIAL BENEFICIALY BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO. 18) 7. PER FIX FIRSTNA ME MIDD D LENAME LASTNA ME MIDDENAME (IF ANY **): MAIDEN NAME (IF ANY **): MANDATORY IF RELATED PERSON TYPE IS DIRECTOR DOTHER NAME THAN OF THE NAME DOTHERS MARTIAL STATUS*: MARRIED MINARRIED MIN	KYC NUMBER OF RELATED PERSON (IF AVAILABLE*):		(IF KYC NUMBER IS AVAILABLE, ONLY' RELATED PERSON TYPE' & 'NAME' IS MANDATORY)							
MORE THAN ONE BOX CAN BE TICKED AS APPLICABLE COURT APPOINTED OFFICIAL BENEFICIALY BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO. 18) OTHERS 7. PR E F I X A M E A S T N A M E MADENNAME (IF ANY*): MADENNAME (IF ANY*): FATHER NAME*: SPOUSE NAME*: MOTHER NAME*:	RELATED PERSON TYPE*: DIRECTOR PR	ROMOTER	KARTA TRUSTEE PARTNER AUTHORISED SIGNATORY							
2. PERSONAL DETAILS* (Please refer Instruction G II at the end) NAME (SAME AS ID PROOF)*: NAME (SAME AS ID PROOF)*: MAIDEN NAME (IF ANY*): MAIDEN NAME (IF ANY*): FATHER NAME*: SPOUSE NAME*: MOTHER NAME *: MARIAL STATUS*: MARRIED UNMARRIED OTHERS NATIONALITY: IN-INDIAN OTHERS (ISO 3166) MARRIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT INDIAN FOREIGN NATIONAL PERSON OF INDIAN ORIGIN CITIZENSHIP*: INDIAN OTHERS OTHERS OVERNMENT SECTOR OCUMATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) POLITICALLY EXPOSED PERSON: YES NO Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, e.g. Heads of States or of Government s, senior government f, Judicial / military officers, senior government f, Judicial / military officers, senior government f, Judicial / military officers, senior government f, public lampting officers, senior government f, Judicial / military officers, senior governme	(MORE THAN ONE BOX CAN									
NAME (SAME AS ID PROOF)*: MAIDEN NAME (IFANY*): FATHER NAME*: SPOUSE NAME*: MOTHER NAME *: UID / AADHAAR NO: DINI (DIRECTOR IDENTIFICATION NUMBER): GENDER: M * MALE F - FEMALE T - TRANSGENDER MARITAL STATUS*: MARRIED UNMARRIED UNMARRIED OTHERS OTHERS NATIONALITY: IN-INDIAN OTHERS COUNTRY CODE (ISO 3166) PERSON OF INDIAN ORIGIN PERSON OF INDIAN ORIGIN POLITICALLY EXPOSED PERSON: YES NO POLITICALLY EXPOSED PERSON: YES NO POLITICALLY EXPOSED PERSON: (CODE FOR INDIA'S 'IN') POLITICALLY EXPOSED PERSON: COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA'S 'IN') POLITICALLY EXPOSED PERSON: (CODE FOR INDIA'S 'IN') COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA'S 'IN') POLITICALLY EXPOSED PERSON: (CODE FOR INDIA'S 'IN') COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA'S 'IN') POLITICALLY EXPOSED PERSON: (CODE FOR INDIA'S 'IN')	BE TICKED AS APPLICABLE) COURT APPOINTED OFFICIAL									
NAME (SAME AS ID PROOF)*: MAIDEN NAME (IF ANY*): FATHER NAME*: SPOUSE NAME*: MOTHER NAME *: MANDATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: MARRIED UNMARRIED OTHERS NATIONALITY: MARRIED UNMARRIED OTHERS NATIONALITY: MARRIED UNMARRIED OTHERS NATIONALITY: MARRIED UNMARRIED OTHERS NATIONALITY: MOTHER NAME PERSON OF INDIAN OTHERS OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) O - OTHERS (PROFESSIONAL SELF EMPLOYED RETIRED HOUSEWIFE STUDENT) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO art of given or of Novembers 1, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.	2. PERSONAL DETAILS* (Please refer Instruction G II a	it the end)								
MAIDENNAME (IF ANY*): FATHER NAME*: SPOUSE NAME*: MOTHER NAME*: UID / AADHAAR NO: UID / AADHAAR NO: UID / AADHAAR NO: UID / AADHAAR NO: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO:: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO:: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO:: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO:: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO:: MANDATORY IF RELATED PERSON TYPE IS DIRECTOR) OHERS OHERS NATIONALITY: IN-INDIAN OTHERS OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) O - OTHERS (PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) POLITICALLY EXPOSED PERSON: OCCUPATION TYPE*: B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO A foreign country, eg. Heads of States or of Governments, senior government / Judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.	PREFIX F I R S	T N A M E	MIDDLENAME LASTNAME							
FATHER NAME*: SPOUSE NAME*: MOTHER NAME *: UID / AADHAAR NO.: DIN (DIRECTOR IDENTIFICATION NUMBER): DATE OF BIRTH*: DIM AND ATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: DIM AND ATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: DIM AND ATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: DIM AND ATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: DIM AND ATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: DIM AND ATORY IF RELATED PERSON TYPE IS DIRECTOR) OF HERS OCCUPATION TYPE*: DIM AND ATORY IF RELATED PERSON OF INDIAN ORIGIN OF HERS OCCUPATION TYPE*: DIM AND ATORY IF RELATED PERSON OF INDIAN ORIGIN OF HERS OCCUPATION TYPE*: DIM ADDRESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) POLITICALLY EXPOSED PERSON: YES NO COUNTRY CODE OF TAX RESIDENCE*: OCUNTRY CODE OF TAX RESIDENCE*: OCCUPATION TYPE SECTOR OF OTHERS OCCUPATION TYPE*: OCCUPA	NAME (SAME AS ID PROOF)*:									
SPOUSE NAME*: MOTHER NAME *: UID / AADHAAR NO: DIN (DIRECTOR IDENTIFICATION NUMBER): DATE OF BIRTH*: OR AADHAAR ENROLMENT NO: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO: DIN (DIRECTOR) DATE OF BIRTH*: OR AADHAAR ENROLMENT NO: DATE OF BIRTH*: OR AADHAAR ENROLMENT NO: OR AADHAAR ENROLMENT NO: UMANDATORY IF RELATED PERSON TYPE IS DIRECTOR) OTHERS OTHERS NATIONALITY: IN-INDIAN OTHERS OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, e.g. Heads of States or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers, senior executives of states or of Governments, senior government / judicial / military officers,	MAIDEN NAME (IF ANY*):									
MOTHER NAME *: UID / AADHAAR NO: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO: DIN (DIRECTOR IDENTIFICATION NUMBER): (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: O	FATHER NAME*:									
UID / AADHAAR NO: DIN (DIRECTOR IDENTIFICATION NUMBER): OR AADHAAR ENROLMENT NO: DIN (DIRECTOR IDENTIFICATION NUMBER): (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: D D M M Y Y Y Y GENDER: M - MALE	SPOUSE NAME*:									
DIN (DIRECTOR IDENTIFICATION NUMBER): (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: DEVICE OF BIRTH*:	MOTHER NAME *:									
DIN (DIRECTOR IDENTIFICATION NUMBER): (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR) DATE OF BIRTH*: DEVICE OF BIRTH*:	LUD (AADUAADNO)		OD AADUAAD FAIDO MENTAIO							
DATE OF BIRTH*: D M Y Y Y Y GENDER: M - MALE F - FEMALE T- TRANSGENDER MARRIED UNMARRIED OTHERS NATIONALITY: IN-INDIAN OTHERS (ISO 3166) RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT INDIAN FOREIGN NATIONAL PERSON OF INDIAN ORIGIN CITIZENSHIP*: INDIAN OTHERS OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO POlitically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.										
GENDER: M - MALE F - FEMALE T - TRANSGENDER MARRIED UNMARRIED OTHERS NATIONALITY: IN-INDIAN OTHERS COUNTRY CODE (ISO 3166) RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT INDIAN FOREIGN NATIONAL PERSON OF INDIAN ORIGIN CITIZENSHIP*: INDIAN OTHERS OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO Air foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.	DIN (DIRECTOR IDENTIFICATION NUMBER):		(MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)							
MARITAL STATUS*: MARRIED UNMARRIED OTHERS NATIONALITY: IN-INDIAN OTHERS COUNTRY CODE (ISO 3166) RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT INDIAN FOREIGN NATIONAL PERSON OF INDIAN ORIGIN CITIZENSHIP*: INDIAN OTHERS OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) O - OTHERS (PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc. COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS "IN ")	DATE OF BIRTH*:									
RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT INDIAN FOREIGN NATIONAL PERSON OF INDIAN ORIGIN CITIZENSHIP*: INDIAN OTHERS OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) O - OTHERS (PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc. COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS "IN")	GENDER: M - MALE F - FEMALE	T- TRANS	SGENDER							
RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT INDIAN FOREIGN NATIONAL PERSON OF INDIAN ORIGIN CITIZENSHIP*: INDIAN OTHERS OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) O - OTHERS (PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.	MARITAL STATUS*: MARRIED UNMARRIED	OTHERS	NATIONALITY: IN-INDIAN OTHERS COUNTRY CODE							
OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) O - OTHERS (PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO A foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc. COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS "IN ")	RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL	NON RESID								
OCCUPATION TYPE*: S - SERVICE (PUBLIC SECTOR PRIVATE SECTOR GOVERNMENT SECTOR) O - OTHERS (PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO A foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc. COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS "IN ")	CITIZENSHIP*: INDIAN OTHERS									
O - OTHERS (PROFESSIONAL SELF EMPLOYED RETIRED HOUSE WIFE STUDENT) B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO NO aforeign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc. COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS " IN ")		TOD DOUGHT OF	COVERNMENT SECTORY							
B - BUSINESS NOT CATEGORIZED POLITICALLY EXPOSED PERSON: YES NO ROUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS " IN ") (ISO 3166) POlitically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.										
POLITICALLY EXPOSED PERSON: YES NO ROUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS " IN ") (ISO 3166) Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.	O - OTHERS (PROFESSION	NAL SELF EMPL	LOYED RETIRED HOUSEWIFE STUDENT)							
POLITICALLY EXPOSED PERSON: YES NO a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc. (CODE FOR INDIA IS " IN ") (ISO 3166)	B - BUSINESS NOT CATEG	ORIZED	Politically exposed person are individuals who are or by a boop entructed with a very inent and life function in							
COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS " IN ") (ISO 3166)	POLITICALLY EXPOSED PERSON : YES	POLITICALLY EXPOSED PERSON: YES NO a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers,								
		IS " IN ")	senior executives or state-owned corporations, important political party officials, etc.							
		R COUNTRY OR TERRITO	DRY OUTSIDE INDIA* YES NO (IF NO, PLEASE FILL THE DETAILS IN COLOUMN 6 & 7 IN PAGE 2)							

PAN /TAX IDENTIFICATION NUMBER OR EQUIVALENT*:	(IF JURISDICTION OF RESIDENCE FOR 'TAX PURPOSE' IS INDIA ONLY, THE PAN IN THIS FIELD')							
PLACE / CITY OF BIRTH*: COUNTRY CODE (ISO 3166)	DF BIRTH*:							
3. PROOF OF ADDRESS IF AADHAAR / PAN DOES NOT HAVE CURRENT ADDRESS								
(ONE CERTIFIED COPY OF ANY ONE OF THE FOLLOWING OVD WITH CURRENT ADDRESS NEEDS TO BE SUBMITTED)								
A- PASSPORT B- VOTER ID CARD C- DRIVING LICENCE	D- NREGA JOB CARD IDENTITY NUMBER:							
F- LETTER ISSUED BY NATIONAL POPUL ATION REGISTER CONTAINING	Issued Date:							
OR Date of Expiry:								
PROOF OF ADDRESS IN CASE OVD IN POINT NO 3 ALSO DOES NOT CONTAIN UPDATED ADDRESS.								
ONE CERTIFIED COPY OF ANY ONE DEEMED OVD NEEDS TO BE SUBMITTED ADDRESS TYPE*: RESIDENTIAL ADDRESS RESIDENTIAL BUSINESS F	REGISTERED OFFICE UNSPECIFIED							
PROOF OF ADDRESS*: UTILITY BILLS MUNICIPAL TAX RECEIPT PENSION PAYMENT ORD								
STATE/CENTRAL/GOVT/STATUTORY OR REGULATORY BODIES/PUBLIC SECTOR UNDERTAKINGS/SCHEDULED								
4. ADDRESS DETAILS:								
PERMANENT SAME AS CURRENT ADDRESS								
DOCUMENT NO. / IDENTIFICATION NUMBER*								
ISSUED BY*:	ISSUE DATE*:							
ISSUED AT*:	EXPIRY DATE (IF APPLICABLE)*:							
LINE 1*:	EAFINI DATE (IF AFFEICABLE)							
LINE 2:	CITY (TOWN VIVI ACE)							
LINE 3:	CITY/TOWN/VILLAGE*:							
DISTRICT*:	PIN / POST CODE*:							
STATE / UT NAME CODE*:	COUNTRY CODE*: (ISO 3166)							
5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer Instruction 'F' at the end)								
5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refe	er Instruction 'F' at the end)							
5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please reference (OFF): FAX:	er Instruction 'F' at the end) TEL. (RES):							
TEL. (OFF): FAX:	TEL. (RES):							
TEL. (OFF): FAX: MOBILE 1:								
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1:	TEL. (RES):							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2:	MOBILE 2:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1:	MOBILE 2:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2:	MOBILE 2: MOBILE 2: in any other Country or Territory Outside India as Under:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or	MOBILE 2: MOBILE 2: in any other Country or Territory Outside India as Under:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or	MOBILE 2: MOBILE 2: in any other Country or Territory Outside India as Under:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or	MOBILE 2: MOBILE 2: in any other Country or Territory Outside India as Under:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN.	MOBILE 2: MOBILE 2: MOBILE 2: In any other Country or Territory Outside India as Under: BY JURISDICTION IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY)							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN. 1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenshi 2. A person residing in US including US green card holder.	MOBILE 2: MOBILE 2: MOBILE 2: In any other Country or Territory Outside India as Under: BY JURISDICTION IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY)							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN. 1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenshi 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year.	MOBILE 2: MOBILE 2: MOBILE 2: In any other Country or Territory Outside India as Under: BY JURISDICTION IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY) p).							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN. 1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenshi 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year. 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENCE.	MOBILE 2:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN. 1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenshi 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year. 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENTIAL BUSINESS BUSINE	MOBILE 2: MOBILE 2: MOBILE 2: In any other Country or Territory Outside India as Under: BY JURISDICTION IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY) p).							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN. 1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenshi 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year. 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENTIAL BUSINESS RESIDENTIAL BUSINESS LINE 1*:	MOBILE 2:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN. 1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenshi 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year. 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENTIAL BUSINESS RESIDENTIAL BUSINESS LINE 1*: LINE 1*:	MOBILE 2:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN. 1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenshi 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year. 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS LINE 1*: LINE 2: LINE 2: LINE 3:	TEL. (RES): MOBILE 2: MOBILE 2:							
TEL. (OFF): FAX: MOBILE 1: EMAIL ID 1: EMAIL ID 2: 6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or COUNTRY OF TAX RESIDENCE# TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED # In case, country of tax residence is India, PAN is treated as TIN. 1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenshi 2. A person residing in US including US green card holder. 3. Certain persons who spend more than 180 days in US each year. 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENTIAL BUSINESS RESIDENTIAL BUSINESS LINE 1*: LINE 1*:	MOBILE 2:							

8. FORM - 60 (In Case PAN is not Ava	ailable)							
NAME: (SAME AS ID PROOF)								
IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PABOVE TRANSACTION IS HELD	& THE ACKNOWLEDGEMENT NUMBER ER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE							
AGRICULTURE INCOME (RS) OTHER THAN AGRICULT	TURAL INCOME							
VERIFICATION								
$I = \frac{1}{2} - $								
Verified today, the								
9. APPLICANT DECLARATION								
 I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and be any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we 								
$\bullet My/Our personal KYC details may be shared with Central KYC Registry.$								
$\bullet \ \ I/We here by consent to receiving information from central KYC Registry through SMS/Email on the above register through the contraction of the contraction of$	red number/emailaddress							
• I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No.DBR.AML.BC.No.36/ 14.01.0 modification/amendmentthereof.	· · · · · · · · · · · · · · · · · · ·							
• I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and/or any other similar arrangements.								
• I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/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 my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.								
 I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the dat otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or ur along with documentary evidence as and when so required; nevertheless all declaration and undertaking given he provided by me unless revised self certification as above is provided to the Bank. 	ndergoes a change. I further undertake to provide fresh and valid self–certification							
 I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take issued by CBDT/RBI/GoI from time to time 	right to put restrictions in the operations of my account or to close it or to report to							
• I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on maintenance of the account.	account of any change in law either in India or abroad in relating to the operation or							
$\bullet \ \ I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.$								
I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defer incomplete information by me/us.	ct/mistake in the details provided herein or on account of providing incorrect or							
DATE:								
PLACE:	Signature(s) Name of the Applicant							
	**							
ATTESTATION / FOR OFFICE USE	ONLY							
DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY RISK CATEGORY	ORY: HIGH MEDIUM LOW							
IN PERSON VERIFICATION CARRIED OUT BYIDENTITY VERIFICATION: DONE	DATE:							
EMP/OFFICIAL SIGNATURE EMP/OFF.	NAME:							

_EMP./OFF. DESIGNATION:

S.S No. / P.F No.: _

_EMP./OFF. BRANCH:

APPLICATION FORM FOR MULTIPLE CORRESPONDENCE/ LOCAL ADDRESS (Separate Form to be filled in for multiple Address) ANNEXURE – III								
INSTRUCTIONS: • FIELDS MARKED WITH '*' ARE MANDATORY • PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS								
APPLICATION TYPE*: UPDATE UPDATE								
KYC NUMBER (TO BE FILLED BY FINANCIAL INSTITUTION):								
(KYC NUMBER OF ENTITY IS MANDATORY FOR UPDATE REQUEST)								
PROOF OF ADDRESS (POA)								
CORRESPONDENCE / LOCAL ADDRESS DETAILS*								
SAME AS CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS								
ADDRESS TYPE*:								
RESIDENTIAL OR BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED								
LINE 1*:								
LINE 2:								
LINE 3: CITY/TOWN NAME*:								
DISTRICT*: COUNTRY NAME:								
STATE / PINI/POST CODE*								
UTNAME*:								
CONTACT DETAILS (If communication has to be done on Mobile/email the following Mobile No/Email ID will be used)								
TEL. (OFF):								
MOBILE NO.:								
EMAILID:								
APPLICANT DECLARATION								
 I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it. My/Our personal KYC details may be shared with Central KYC Registry. I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address 								
DATE: SIGNATURE (S) PLACE: NAME OF THE AUTHORIZED PERSON OF ENTITY								
ATTESTATION / FOR OFFICE USE ONLY								
DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY RISK CATEGORY: HIGH MEDIUM LOW								
IN PERSON VERIFICATION CARRIED OUT BYIDENTITY VERIFICATION: DONE DATE:								
EMP/OFFICIAL SIGNATURE EMP/OFF. NAME:								

___ EMP./OFF. BRANCH: _

___EMP./OFF. DESIGNATION: __

S.S No. / P.F No.: ___

For Branch use Only

We certify that the beneficial owner (s) of the said firm has / have been determined on the basis of declaration made by the above mentioned Company / Firm / Trust and the details furnished above have been verified from information, whenever available, in public domain.

(Signature of the Branch Head / Branch Operation Head)

Name:

S.S No. / P.F No.:

Date:

GENERAL INSTRUCTIONS:

- A. Clarification / Guidelines for filling 'For Office Use Only' section
- 1. Account Type: Simplified should be used for FPI Category I and Category II only.
- 2. Account Holder Type:

US Reportable (FATCA) Other Reportable (Other than FATCA) C1- Passive Non- Financial Entity F1- Owner- Documented FI with specified US owner(s) with one or more controlling person that F2-Passive Non -Financial Entity is a Reportable person with substantial US owner(s) C2- Other Reportable Person F3- Non- Participating FFI C3- Passive Non- Financial Entity F4- Specified US person that is a CRS Reportable F5-Direct Reporting NFFE XX- Not Applicable XX- Not Applicable

B. Clarification / Guidelines for filling 'Entity Constitution type' section Entity Constitution Type

A- Sole Proprietorship B- Partnership firm C- HUF D- Private Limited Company E- Public Limited Company	H- Trust I- Liquidator J- Limited Liability Partnership K- Artificial Juridical Person L- Public Sector Banks	N- Foriegn Portfolio O- Section 8 Companies (Companies Act, 2013) P- Artificial Judicial Person X- Not Categorized
F- Society G- Association of Persons (AOP)/ Body of Individuals (BOI)	M- Government Departments/ Agency	Z- Others

$C. \ Clarification/Guidelines for filling `Entity Details' section$

- For sole proprietorship Concerns, in case of non-availability of PAN, Form 60 needs to be furnished
- 2. Identification Type: T- TIN, C- Company Identification Number, G-US GIIN, E- Global Entity Identification Number (EIN), O- Others
- 3. 'Date of Commencement of Business' is mandatory for companies, and other entities may provide if applicable.
- ${\sf D\ Clarification/Guidelines} \ for filling \ 'Proof of Identity [Pol]' section$
 - 1. Certified copies of all the relevant documents, as applicable, needs to be submitted.
 - 2. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.
 - 3. Details of the Required Documents for different Entity Constitution Types are mentioned in Page 16 (KYC Documents Required)
- E Clarification / Guidelines for filling 'Proof of Address [PoA]' section
 - 1. State / U.T Name and Pin / Post Code will not be mandatory for Overseas addresses.
- 2. In case of multiple correspondence / local addresses, please fill 'Annexure III'
- ${\sf F} \quad {\sf Clarification/Guidelines} \ {\sf forfilling'ContactDetails's ection}$
 - 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
 - 2 Do not add '0' in the beginning of Mobile number.
- ${\sf G-Clarification/Guidelines} for filling `Controlling/Related Person Details' section$
- i. Fill Separate Annexure (A11) for each Controlling/Related Person/Beneficial Owner.
- ii. Personal Details
 - 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
 - 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.
- iii. Resident outside India for tax purposes
- 1 Provision for capturing multiple Tax residency details is made available (Annexure III)
- 2 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 ("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)

- iv. ProofofIdentity[Pol]
 - 1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.
 - 2 Mention identification / reference number if 'Z-Others (any document notified by the central government)' is ticked.
- v. Proof of Address [PoA]
 - 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State/U.T Name and Pin/Post Code will not be mandatory for Overseas addresses.
- vi. Section 1 A to be filled for Controlling Person and Section 1 B to be filled for related Person.
- vii. The details of Controlling Persons are required only if the Legal Entity is Passive NFE as defined in the Income Tax Rules
- viii. If KYC number of Related or Controlling person is available, no other details except 'Person Type' and 'Name of the Controlling/Related Person' are required.

"Controlling Person" means the natural person who exercises control over an entity and includes a beneficial owner as determined under sub-rule (3) of rule 9 of the Prevention of Money-laundering (Maintenance of Records) Rules, 2005.

Explanation 1.- In determining the beneficial owner, the procedure specified in the following circular as amended from time to time shall be applied, namely:-

- (i) DBOD.AML.BC. No.71/14.01.001/2012-13, issued on the 18th January, 2013 by the Reserve Bank of India; or
- (ii) CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of India: or
- (iii) IRDA/SDD/GDL/CIR/019/02/2013, issued on the 4th February, 2013 by the Insurance Regulatory and Development Authority.

Explanation 2.- In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent or similar position.

Type of legal entity	Type of controlling person (CP)	Permissible values		
Sole proprietorship	Sole proprietor	CP not required		
Hindu Undivided Family	• Karta	C09 – CP of legal arrangement - Other-settlor equivalent; or		
		C10- CP of legal arrangement - Other-Trustee equivalent		
	Each Coparcener	C12 - CP of legal arrangement - Other-beneficiary equivalent		
Partnership	Ownership	C01- CP of legal person - ownership		
	Other means	C01- CP of legal person – other means		
	Senior managing officials	C03 - CP of legal person – senior managing official		
Company	Ownership	C 01 -CP of legal person - ownership		
	Other means	C 02 -CP of legal person – other means		
	Senior managing official	C 03 - CP of legal person – senior managing official		
Society	Ownership	C 01 -CP of legal person - ownership		
	Other means	C 02 - CP of legal person – other means		
	Senior managing official	C 03 - CP of legal person – senior managing official		
AOP/BOI	Members (owners)	C 01 - CP of legal person - ownership		
	Settlor Equivalent	C 09 – CP of legal arrangement –Other-settlor equivalent		
	Trustee equivalent	C 10 – CP of legal arrangement – Other-trustee equivalent		
	Protector Equivalent	C 11 – CP of legal arrangement – Other-protector equivalent		
	Beneficiary Equivalent	C 12 – CP of legal arrangement – Other-beneficiary equivalent		
	Others	C 13 – CP of legal arrangement – Other-Other equivalent		
Trust	Settlor	C 04 – CP of legal arrangement – Trust-settlor		
	Trustee	C 05 – CP of legal arrangement – Trust-trustee		
	Protector	C 06 – CP of legal arrangement – Trust-protector		
	Beneficiary	C 07 – CP of legal arrangement – Trust-beneficiary		
	Others	C 08 – CP of legal arrangement – Trust-Other		
Liquidator		CP not required		
Limited Liability Partnership	Partners(ownership)	C 01 - CP of legal person - ownership		
	Other means	C 02-CP of legal person – other means		
	Senior Managing officials	C 03 - CP of legal person – senior managing official		
Artificial Juridical Person	Equivalent of Settlor	C 09 – CP of legal arrangement – Other-settlor equivalent		
	• Trustee	C 10 – CP of legal arrangement - Other - trustee equivalent		
	Protector	C 11 – CP of legal arrangement - Other - protector equivalent		
	Beneficiary	C 12 – CP of legal arrangement - Other - beneficiary equivalent		
	• others	C 13 – CP of legal arrangement - Other - Other equivalent		

H. Passive NFE : It means

- i. Any NFE which is not an Active NFE, or
- ii. An investment entity the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described in the note below.
- iii. Not a withholding for eign partnership or withholding for eign trust
 - ("Withholding foreign partnership" means a foreign partnership that has entered into a withholding agreement with the United States of America in which it agrees to assume primary withholding responsibility for all payments which are made to it for its partners, beneficiaries or owners).

Note:

- 1. Any entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:-
- i. Trading in money market instruments (Cheques, bills, certificates of deposit, derivatives etc.); foreign exchange; exchange, interestrate and index instruments; transferable securities; or commodity futures trading; or
- ii. Individual and collective portfolio management; or
- $iii. \quad Otherwise investing, administering, or managing financial assets or money on behalf of other persons.$

Explanation 1:- An entity is treated as primarily conducting as a business one or more of the activities described in 1 above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets for purposes of Investment Entity that is a Passive Entity, if the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) the three-year period ending on 31st march of the year preceding the year in which the determination is made; or (ii) the period during which the entity has been in existence.

Explanation 2:- The term "investment entity" does not include an Entity that is an active non-financial entity because it meets any of the criteria in sub-clauses (iv), (v), (vi) or (vii) of clause (A) of Explanation to clause (6) of Rule 114F.

Passive income - includes income by way of: (i) dividends; (ii) interest; (iii) income equivalent to interest; (iv) rents and royalties (other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the non-financial entity); (v) annuities; (vi) the excess of gains over losses from the sale or exchange of financial assets that gives rise to the passive income; (vii) the excess of gains over losses from transactions (including futures, forwards, options, and similar transactions) in any financial assets; (viii) the excess of foreign currency gains over foreign currency losses; (ix) net income from swaps; or (x) amounts received under cash value insurance contracts:

Provided that passive income will not include, in the case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

 $Related \, Entity - an entity \, is a \, "related \, entity \, "of another \, entity \, if either \, entity \, controls \, the \, other \, entity, \, or \, the \, two \, entities \, are \, under \, common \, control. \, and \, control \, entity \, is a \, "related \, entity \, "of another \, entity \, if either \, entity \, ent$

Explanation. - For the purpose of this clause control includes direct or indirect ownership of more than fifty per cent of the vote and value in an entity.

Active NFE is any one of the following

- less than fifty per cent of the entity's gross income for the preceding financial year is passive income and less than fifty per cent of the assets held by the entity during the preceding financial year are assets that producer are held for the production of passive income; OR
- ii. the stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market.
 - Explanation.- For the purpose of this sub-clause, an established securities market means an exchange that is recognized and supervised by a Governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange; OR
- $iii. \quad the entity is a Governmental Entity or an International Organization or a Central Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the foregoing; OR and the contral Bank or an entity wholly owned by one or more of the contral Bank or an entity wholly owned by one or more of the contral Bank or an entity wholly owned by one or more of the contral Bank or an entity wholly owned by one or more of the contral Bank or an entity wholly owned by one or more of the contral Bank or an entity wholly owned by one or more of the contral Bank or an entity wholly owned by one or more of the contral Bank or an entity wholly owned by one or more of the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly owned by the contral Bank or an entity wholly who entity who$
- iv. substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution:
 - Provided that an entity shall not qualify for this status if it functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; OR
- v. the entity is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a financial institution, provided that the entity shall not qualify for this exception after the date that is twenty four months after the date of the initial organization of the entity OR
- vi. the entity was not a financial institution in the past five years, and is in the process of liquidating its assets or is reorganizing with intent to continue or recommence operations in a business other than that of a financial institution; OR
- vii. the entity primarily engages in financing and hedging transactions with, or for, related entities which are not financial institutions, and does not provide financing or hedging services to any entity which is not a related entity, provided that the group of any such related entities is primarily engaged in a business other than that of a financial institution; OR

 $\ viii.\ the\,entity\,meets\,all\,of\,the\,following\,requirements, namely:$

- a. It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India exclusively for professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;
- $b. \quad It is exempt from income-tax in India;\\$
- $c. \quad It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;\\$
- d. The applicable laws of the entity's country or territory of residence or the entity's formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased; and
- e. The applicable laws of the entity's country or territory of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organization, or escheat to the government of the entity's jurisdiction of residence or any political subdivision thereof.

Explanation. - For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely: - the following shall be treated as fulfilling the criteria provided in the said sub-clause as the following shall be treated as fulfilling the criteria provided in the said sub-clause as the following shall be treated as fulfilling the criteria provided in the said sub-clause as the following shall be treated as fulfilling the criteria provided in the said sub-clause as the following shall be treated as fulfilling the criteria provided in the said sub-clause as the following shall be treated as fulfilling the criteria provided in the said sub-clause as the following shall be treated as fulfilling the criteria provided in the said sub-clause as the fulfilling the criteria provided in the said sub-clause as the fulfilling the criteria provided in the said sub-clause as the said

- I. an Investor Protection Fund referred to in clause (23EA);
- II. a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and
- III. an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act

J. A US Person is any of the following

- a A U. S. citizen or Tax Resident of US; OR
- b. A partnership or a corporation organized in the US or under the law of the US or any states thereof; OR
- c. A trust (i) where a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U. S. Persons have the authority to control all substantial decisions of the trust, OR
- . an estate of the decedent that is a citizen or resident of the United States.

K. Specified US Person - A US Person other than the following

- a. A corporation the stock of which is regularly traded on one or more established securities markets
- b. Any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (a)
- c. The United States or any wholly owned agency or instrumentality thereof
- d. Any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
- e. Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
- f. Any bank as defined in section 581 of the U. S. Internal Revenue Code;
- g. Any real estate investment trust as defined in section 856 of the U. S. Internal Revenue Code
- h. Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U. S.C. 80a-64)
- i. Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- j. Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
- k. A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- I. A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
- $m.\ \ Any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code S$

L. Direct Reporting NFFE

A direct reporting NFFE will mean an NFFE that elects to report directly to the US IRS certain information about its direct or indirect substantial U.S. owners, in lieu of providing such information to FIs with which the NFFE holds a financial account. Direct Reporting NFE registers with the US IRS to obtain GIIN. Such Direct Reporting NFFEs are required to be reported under Rules 114F to 114H

		COU	NTRY CODI	ES (ISO 3166)			
Country	Country	Country	Country	Country	Country	Country	Country
Afabanistar	Code	Dominican Bozzaklia	Code DO	Libra	Code	Coint Diorro and Minister	Code
Afghanistan	AF	Dominican Republic		Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands Albania	AX AL	Ecuador Egypt	EC EG	Liechtenstein Lithuania	LI LT	Saint Vincent and the Grenadines Samoa	VC WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former	1-10	Saudi Arabia	SA
Andorra	AD	Littled	LIX	Yugoslav Republic of	MK	Saddi Arabia	JA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	Al	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the	
						South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Territory							
Brunei Darussalam	BN	Heard Island and McDonald					
		Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor	
,						Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic					_		
Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic o		Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curação !Curação	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan	DL	Laitibla	211
Ozech Republic	02	Lacvia	LV	da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		
Dominica	ויום	Liberia	LIX	Summer faith (French part)	CII		
			STATE C	ODES			
		STOETWO DIGIT STATE /UT	CODES AS D	ED INDIANI MOTOR VEHICLE AC	T 10001		
	L	ST OF TWO-DIGIT STATE / U.T.C	LODES AS P	EN INDIAN MOTOR VEHICLE AC	1, 1900 1		
State/U.T		Code State/U.T		Code	State/U.T		Code
			radach				
Andaman & Nicobar		AN Himachal Pr		HP	Pondicher	у	PY
Andhra Pradesh		AP Jammu& Ka	ashmir	JK	Punjab		PB
Arunachal Pradesh		AR Jharkhand		JH	Rajasthan		RJ
Assam		AS Karnataka		KA	Sikkim		SK
Bihar		BR Kerala		KL	Tamil Nadu	I	TN
Chandigarh		CH Lakshadwe	ер	LD	Telengana		TS
					•		
Chattisgarh		CG Madhya Pra		MP	Tripura		TR
Dadra and Nagar Haveli		DN Maharashtr	a	MH	Uttar Prade	esh	UP
Daman & DILI		DD Manipur		MM			UA
					144		
Delhi		DL Meghalaya		ML	West Beng	al	WB
Goa		GA Mizoram		MZ	Other		XX
Gujarat		GJ Nagaland		NL			
•							
Haryana		HR Orissa		OR			

HR

Haryana

Orissa

OR

1 Proprietorship Prop	e (e.g. Certificate of Practice a, etc.) e of Proprietary Concern. eflected duly authenticated/ is not submitted an Officially uly signed by the authorized btained; lif; and
6. License/ Certificate of practice issued in the name of the proprietary concern by any professional body incomporated under status issuedby institute of Confactountants of India, institute of Confactountants of India, institute of Company Speciates also did not be a controlled in the Company Special Security of the Company Special Security of Concernity the Office of Director General of Foreign Fractountal Company Special Security and the Company Special Security of Concernity of Concernity and Confactours of Concernity Security (Concernity Security) and the Company Special Security of Concernity Security (Concernity Security) Security (Concernity)	e of Proprietary Concern. effected duly authenticated/ is not submitted an Officially uly signed by the authorized btained; if; and
8. The complete income Tax Return (not just the acknowledgment) in the name of the sole proprietor where the firm's income is a acknowledged by the income Tax such thorities. 9. Utility bills such as electricity, water and land line telephone bills in the name of the proprietary concern 1. Registration Certificate (incase of registered firms). 2. Partnership feed dated	eflected duly authenticated/ is not submitted an Officially uly signed by the authorized btained; if; and
2 Partnership Firms 1. Registration Certificate (incase of registered firms): 2. Partnership deed dated	uly signed by the authorized btained; ff; and
3. PAN of the PartnershipFirm 4. (a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number Valid Document shall be submitted. Other Documents: 5. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake disignatory, (knowsure) 1. Partnership letter dated	uly signed by the authorized btained; ff; and
5. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake disjanatory.(Annexure IV) 6. Mode of operation in case of Partnership to be indicated clearly in AOF (Viz. All Partners jointly/severally (singly). Partner 1 & 2 jointly/severally (singly) etc.) 7. Partnership letter dated	btained; lf;and
(Viz. All Partners) intelv/severally (singly). Partner 1.8.2 jointly/severally (singly) etc.) 7. Partnership letter dated	lf; and
(To be compulsorily obtained in case of partnership firms) 8. Addresses of the Power of Attorney holders 9. PoA granted to a partner or employee of the firm to transact business on its behalf 10. PAN of all partners & beneficial owners Separate Annexure II for each beneficial owner to be obtained. 1. Certificate of Incorporation dated	lf; and
10. PAN of all partners & beneficial owners Separate Annexure II for each beneficial owner to be obtained. 1. Certificate of Incorporation dated	lf; and
2. Memorandum of Association registered on	lf; and
3. A resolution from the Board of Directors and Power of Attorney granted to its managers, officers or employees to transact on its behal 4. (a) Pan or Form 60 issued to managers, officers or employees holding an attorney to transact on the company's behalf or in case Permis submitted and Officially valid Document shall be submitted. Other Documents 5. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake do signatory. (Annexurel V) 6. Certificate of commencement of business (in case of Public Limited Company) 7. CINNo	lf; and
5. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake designatory.(Annexure IV) 6. Certificate of commencement of business (in case of Public Limited Company) 7. CIN No	
7. CINNo	aly signed by the authorized
9. Proof of Current Address 10. Any officially valid document/ Identification of those who have authority as per POA granted to operate the account (as applicable to of all such persons operating the account and beneficial owners 11. Certificate of Registrar of Joint Stock Companies dated	
of all such persons operating the account and beneficial owners 11. Certificate of Registrar of Joint Stock Companies dated	individual accounts) and KYC
b. The company was registered before 1913 and does not invite the public to subscribe for shares. c. The company is Limited by guarantee and does not have a share capital). 12. Certified copy of a resolution dated	
We hereby certify that the following resolution of the Board of Directors of the Board of the Board held on the	
whether the same be overdrawn or not, or relating to the transactions of the company." sd/- Sd/- Sd/- Chairman Directors Secretary 13. PAN of the Chairman / Managing Director / Chief Promoter etc of all Related persons or beneficial owners, Separate Annexure II for obtained. 4 Societies/ Association / Clubs Other Documents Other Documents Other Documents	oany was passed of a meeting
Chairman Directors Secretary 13. PAN of the Chairman / Managing Director / Chief Promoter etc of all Related persons or beneficial owners, Separate Annexure II for obtained. 4 Societies/ Association / Clubs Other Documents as applicable to Accounts of unincorporated Associations or Body of Individuals. Copy of the PAN or Form 60 of the Entity Other Documents	jiven relating to the account,
obtained. 4 Societies/ KYC Documents as applicable to Accounts of unincorporated Associations or Body of Individuals. Copy of the PAN or Form 60 of the Entity Association / Clubs Other Documents	r each beneficial owner to be
	Obtained.
Resolution of managing body for opening the account Copy of the By Laws dated	fthe Society, regarding the
4. Government / Military Order datedobtained (whichever applicable). 5. PAN of Chairman / MD/ Chief Promoter/Secretary etc. of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owners.	ricial owner to be obtained.
5 Hindu Undivided Family (HUF) 1. Joint Hindu Family Letter dated	
3. PAN of Karta 4. PAN of adult coparceners 5. PAN Card of Joint Hindu Family	
6. On death of a coparcener, birth of a coparcener and a minor coparcener attaining majority (18 years), a fresh JHF letter (COS 38) has to Declaration that a) the depositor is the Karta of the Joint Family, b) the deposit belongs to JHF	beexecuted
6 Trusts KYCDocuments 1. Registration Certificate;	
2. Trust Deed; and 3. PAN or Form 60 of the Trust; and 5. Trust Deed;	
 (a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number is not Document shall be submitted. Other Documents 	
 5. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake dusignatory. (Annexure IV) 6. Copy of relevant extracts of trust deed dated	: submitted an Officially Valid
 Copy of relevant extracts of trust deed dated	uly signed by the authorized

KYC Documents Required for opening Current Accounts:

SI No	Type of Entity	KYC Documents
		8. Power of Attorney granted to transact business on its behalf (wherever applicable),
		9. PAN oftrustees, executors, administrators, etc. of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained.
		10. Proof of current address
		11. All Trust Accounts to be invariably assigned "High Risk"
7	Unincorporated	1. Resolution of the managing body of such association or body of individuals;
	association or body	2. Power of attorney granted to transact on its behalf;
	ofindividuals	3. PAN or Form 60 of the entity.
		4. (a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted.
		5. Such information as may be required by the bank to collectively establish the legal existence of such an association or body of individuals.
		6. PAN of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained
		7. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV)
		• In Case of Political Parties, along with above mentioned document these 4 other documents will also be attached:
		a. Certificate from the Election Commission confirming that "the political party is registered under section 29A of Representation of people Act, 1951 (43 of 1951) and secured not less than one percent of the votes polled in the last general election to the House of the People or the Legislative Assembly, as the case may be".
		b. Memorandum or Rules and regulations of the political party.
		c. Photograph of the person who has been authorised to transact the account, i.e. to whom Power of Attorney is granted.
		d. Documents in respect of proof of address of the political party.
8	Executors,	Proof of Identity for Executors, Administrators and Liquidators
	Administrators	1. Probate or letter of administration or authority under the Companies Act dated obtained (for inspection. Entry in miscellaneous
	and Liquidators	documents register and return). A copy of the same is retained
		 In case more than one executors / administrators / liquidators are appointed, letter of authority signed by all of them regulating the conduct of the account, must be obtained.
		II. Executors/administrators/liquidators cannot normally delegate their powers to third parties.
	III. PAN of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained Proof of Residence for Tax purpose	
		IV. With respect to an entity, any official document issued by an authorised Government body, Including a Government agency or a municipality, which includes the name of the entity and either the address of its principal office in the country or territory in which it claims to be a resident or the country or territory in which the entity was incorporated or organised;
		V. TIN letter is sued by the respective Government body/agency in case of entity resident in any country or territory outside India.
9	Govt. Authorities	a) Documents showing name of the person authorised to act on behalf of the entity
	& Juridical Persons	b) Documents, as specified in section 16, of the person holding an attorney to transact on its behalf and
		c) Such Documents as may be required by the RE to established the legal existence of such an entity / juridical person.

Officially Valid Documents:

The list of OVDs consist only the following Five:

- **Passport**
- **Driving licence**
- 3 Proof of possession of Aadhaar Number: Where the customer submit his proof of position of Aadhaar Number as on OVD, he may submitted in such form as are issued by the Unique Identification Authority of india.
- Voter's Identity Card issued by Election Commission of India
- Job card issued by NREGA duly signed by an officer of the State Government
- Letter issued by the National Population Register containing details of name, address.

(Aadhaar and PAN are MANDATORY and not part of OVDs)

Deemed Officially Valid Documents

The Following documents shall be deemed to be officially valid documents for the limited purpose of proof of address:

- (i)
- Property or Municipal Tax Receipt (ii)
- Pension or Family Pension Payment Orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address
- Letter of all otment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, Public Sector Undertakings, and the contraction of the

Scheduled Commercial Banks, Financial Institutions and Listed Companies and leave and license agreements with such employers allotting official accommodation.

WHO IS A BENEFICIAL OWNER:

- $\label{thm:continuous} The beneficial owner, as per Rule 9 (3) of PML Amendment Rules 2013 is determined as under: (a) where the customer is a company, the beneficial owner is natural person(s), who is a company of the person of the customer is a company of the person of the pers$ whether acting alone or together, or through one or more juridical person, has/have a controlling ownership interest or who exercises control through other means.
 - Explanation.-For the purpose of this sub-clausei) "Controlling ownership interest " means ownership of or entitlement to more than
 - twenty-five percent of shares or capital or profits of the company; ii) "Control" shall include the right to appoint majority of directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements. Where the customer is a partnership firm, the beneficial owner is the natural person(s),
- who, whether acting along or together, or through one or more juridical person, has/have ownership of/entitlement to more than 15% of capital or profits of partnership;
- Where the customer is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting along or together, or through one or more juridical person, has/have ownership of or entitlement to more than15% of the property or capital or profits of such associations or body of individuals; Explanation: Term 'body of individuals' includes societies. Where no natural person is identified under (a), (b) or (c) above, the beneficial owner is the relevant natural person who holds the position of senior managing official. Where the client is the trust, the identification of the beneficial owner(s) shall include the control of the beneficial owner (s) and include the control of the beneficial owner (s) and include the beneficial owner (
- identification of the author of the trust, the trustee, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership. Where the client or the owner of the controlling interest is a company listed on a stock
- exchange or is a subsidiary of such a company, it is not necessary to identify and verify the identity of any share holder or beneficial owner of such companies.

TEAR FROM HERE (Ple	ease make sure the above machine readable o	code is not damaged while tear	ing off)			
ACKNOWLEDGEMENT						
1. NAME:		DATE:				
2. DOCUMENTS DEPOSITED (I)			-			
(II)	(III)		-			
(IV)	(V)		_			

BRANCH MANAGER