

Note:
The liability of the Company does not commence until the proposal has been accepted, duly conveyed to the applicant and premium has been realized by SBI General Insurance Company Limited. ("Company").

OFFICE USE ONLY

Policy Issuing Office Address & Code

Quote No : Inward No :

Receipt No : Receipt Date :

Business Type: New Rollover Renewal (In case of renewal please share policy number -----)

Sales Channel Type: Agency Direct Corporate/Broker

INTERMEDIARY'S DETAILS

Intermediary Name	<input type="text"/>
Intermediary code	<input type="text"/>
Intermediary Contact Details	<input type="text"/>
GSTN/ ISDN	<input type="text"/>

DETAILS ABOUT PROPOSER AND POLICY PERIOD:

Name of the Proposer*:

Present Address*:
(Current Residing Address)

City: Village:

Gram Panchayat: State:

PIN code: Landmark:

My Present Address is same as Permanent Address

Permanent Address*:

City: Village:

Gram Panchayat: State:

PIN code: Landmark:

Nationality: Date of Birth*:

Gender*: Male Female Other Marital Status*: Married Unmarried

Nature of Business: Email ID:

Aadhar Number*: PAN*: /Form 60/61 (If PAN not available):

Passport/Driving License/Voter ID:

Profession: Salaried Self-Employed Other Details:

Contact No.*: Mobile No.: Alternate Contact No.:

GSTN/ISDN: If applicable

Do You wish to cover Your family under this Policy? Yes No

*(please note: Family is restricted and limited to spouse and maximum 2 dependent children up to 18 years only)

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Cyber VaultEdge, UIN: IRDAN144RP0059V01202122 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

NOMINEE DETAILS*

Nominee 1

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

*Mobile no.: Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name: Branch Name:

Nominee 2

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

*Mobile no.: Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name: Branch Name:

Bank Account Number: IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Name:

*Relationship with Nominee: *Date of Birth:

Note (*) marked fields are mandatory

Current Insurance Details with SBI General

Policy Number	<input type="text"/>
Period of Insurance	<input type="text"/>

Are you or any of the proposed applicant _____, please tick whichever is applicable: Yes No

HNI Jeweller NGO Film Actor/ Producer PEP

If yes, please provide details for all person(s) in a separate sheet.

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

COVER AND SUM INSURED DETAILS

Limit of liability - Section based Limit Aggregate Limit [Tied-up Limit] Rs. _____

Section	Cover Name	Select Cover	Select Limit of Liability (Rs) (Please tick ✓ if 'Section based Limit' is opted)	
1	Theft of Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
2	Identity theft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000

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			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
3	Data Restoration / Malware Decontamination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
4	Cyber Bullying, Stalking and loss of Reputation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
5	Cyber Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
6	Online Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
7	Online Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
8	Social Media and Media Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000

9	Network Security Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
10	Privacy Breach and Data Breach liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
11	Privacy Breach and Data Breach by third party	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
12	Smart Home Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
13	Liability for intentional misbehavior of underage persons*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000

(*Note – The cover no 13 can be opted for family and this cover is not available for individual policy)

Has any Computer System (e.g. incl smartphone) owned by you or your family (if applicable) ever been hacked in the past?

Yes No

If "Yes", please provide details _____

Has any claim been made by you in respect of the risks to which this proposal relates?

Yes No

If "Yes", please provide details _____

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Have you or your family (if applicable) ever made a demand, claim and complaint or filed a lawsuit against third party alleging invasion or interference of rights of privacy or the inappropriate disclosure of personal information?

Yes No

If "Yes", please provide details _____

Have you or your family (if applicable) ever been a victim of online fraud and/or online-defamation?

Yes No

Auto Renewal – Yes No

Digital only policy – Yes No

ELECTRONIC INSURANCE ACCOUNTS DETAILS

Policy No. / Application No.	Insurer Name	Period of Insurance (from – to)	Sum Insured	Claims lodged during the preceding years

I want Cyber VaultEdge Policy, SBI General Insurance Company Limited related information in –

Physical Format - Yes No e-Format (electronic) as & when applicable - Yes No

Choose your Insurance Repository (For those selecting e-Format)

(a) NSDL Database Management Ltd (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)

(c) Karvy Insurance Repository Ltd. (d) CAMS Insurance Repository Services Ltd

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer registry number) is (If available)

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____ Date:

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

PREMIUM DETAILS*

Mode of Payment: Cheque EFT Debit Card / Credit Card

Payment Details:

Cheque / Journal No.: Date:

Bank Name: IFS Code:

Bank Account Number: Branch Name:

Card details: Master Visa Card No.:

Card Expiry Date: Amount:

SBIGI does not accept Cash for Premium Payments against the Policy.

KYC DOCUMENTS ATTACHED

Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill
 Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate

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Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

Signature of Insured

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by SBI General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer SBI General Insurance Company Limited along with the date from which the insurance Cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment.)

VERNACULAR DECLARATION

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) _____

_____ (Relation with the Proposer/Primary insured) _____ adult and inhabitant of (city) _____ and residing at _____ do hereby certify that I have read out and explained

the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

AGENT'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

Signature of Agent

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Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

- Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - "Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**
 - "Control"** shall include the right to appoint majority of the 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 client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals.
- Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent 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.