# **PROPOSAL FORM**

## STAND-ALONE MOTOR DAMAGE COVER FOR PRIVATE CAR

#### Note:

1). Policy wordings are available on request. 2). Please complete all sections in capitals and tick the boxes wherever applicable 3). Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void 4). Geographical area of operation: INDIA.

#### Go Smart Flexi Cover (Pay As You Drive):

Do you want to opt for GO Smart Flexi cover (Pay as you drive) ? Yes No If yes, kindly fill the details in the "OPTIONAL ADD ON COVERS" section.

For Office Use:										
RM/SP/Agent Code:	RM/SP/Agent Name:									
RM/SP/Agent Contact No:	Agreement Code:									
Agreement Name:	Inspection Lead No:									
Inward No:	Quote No:         Image: Contract of the second									
Receipt No:	Receipt Date:   D   M   Y   Y									
Business Sector:	Urban Rural Social									
Proposal For:	New Policy Roll-Over Renewal Endorsements Others									
Period of Insurance:	Policy Period OD: From/									
	Policy Period TP: From/									
	Policy Period PA (Owner Driver): From/hrs ofhrs/////									
Proposer's Details:	(Registered Owner of the Vehicle) *Mandatory									
*Full N ame:	F       i       r       s       t       N       a       m       e       N       a       m       a       n       n									
*If you have existing reprovide Customer ID /	elationship with SBI General Insurance then please // Policy Number:									
*Date of birth: DD	M M Y Y Y Y     Age:     *Gender:     Male:     Female:     Others:									
*Marital Status:	Single: Married: Divorced: Widowed:									
Profession:	Salaried: Self-Employed: Others: Detail:									
*Occupation / Nature	e of Business:									
Annual Gross Income	:									
PAN*:	/ Form 60/61 (if Available):									
Aadhaar Card No.:	*GSTN/ISDN: If applicable									
Present Address*:										
	Village/City: Pin code: Pin code:									
	Gram Panchayat: State:									
My Present Address is	same as Permanent Address:									
Permanent Address:	Area									
	Village/City: Pin code: Pin code:									
	Gram Panchayat: State: State:									
Mobile No. (India)	Phone.(India)									
Alternate No.	E-mail Id:									
	o Wheeler Insurance Policy and related information in: SMS: WhatsApp: Email ID: rmat (electronic); as & when applicable									

Preferred Mode of Contact:	Corporate:	Yes	No
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\*Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person?

Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

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.

#### Nominee Details\*:

Nominee 1																																			
*Name:																																			
*Relationship with Nominee:																	*D	ate	e o	fΒ	irt	hо	fN	on	nin	ee:	D	D	1	M /	M	Y	Y	Y	Y
*Nominee Mobile no:																	Ε	ma	ail I	d:															
Percent of Claim Payable:																																			
Present Address:																																			
Permanent Address:																																			
Bank details of nominee:	Bar Bar Nu	nk /	Aco	cou																			me ode												
*Where Nominee is a	mir	nor	, pl	eas	se	giv	et	he	de	eta	ils	of	Ap	рс	oin	te	e//	٩u	tho	oriz	zec	l pe	ers	on	•										
*Relationship with Nominee:																					*	Da	te	of	Bir	th:	D	D	Λ	M /	Μ	Y	Y	Y	Y
Nominee 2																																			
*Name:																																			
*Relationship with Nominee:																	*D	ate	e o	fΒ	irt	hо	fΝ	on	nin	ee:	D	D	1	M /	Μ	Y	Y	Y	Y
*Mobile no.:																	E	ma	ail I	d:															
Percent of Claim Payable: Present Address:																																			
Permanent Address:												-										-	-			+	+	+	+	_	_		_	_	
Bank details of	Bar	ak I																	Bri		 h		me												
nominee:	Bar Nu	nk /	Ac	cou																			ode												
*Where Nominee is a	mir	nor	, pl	eas	se	giv	et	he	de	eta	ils	of	Ap	рс	oin	te	e//	۹u	the	oriz	zec	lpe	ers	on											
*Relationship with Nominee:																					*	Da	te	of	Bir	th:	D	D	)   /	M /	M	Y	Y	Y	Y
Vehicle Details:																																			
Vehicle Type:						Ir	ndi	ge	no	us		Ir	mp	or	te	d					V	ehi	cle	is		Bra	and	IN	ew	/					
Make of the vehicle:																																			
Model & variant of th	e ve	ehio	cle																																
Type of Body						S	Sec	lar	ר [		Ha	ntcl	hba	ас	k			sι	JV		ŀ	lig	h E	nd											
Cubic Capacity/KW															L		1																		
Colour																																			
Year of Manufacture	oft	he	ve	hic	le																														
claimer: SBI General Insurance Co ails on the risk factor, terms and co																																			

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. I 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. | Stand-Alone Motor Damage Cover for Private Car, UIN: IRDAN144RP0001V01201920 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

No

Yes

Engine No of the vehicle			
Chassis No of the vehicle			
Registration No. of the vehicle			
Registered as	Private		
RTO where the vehicle is / will be registered			
Date of Registration/New Purchase			
Seating Capacity including Driver			
Usage of vehicle	Business:		Private:
Fuel Used	Petrol Diesel	CNG LPG	Electric Hybrid
Insured vehicle Odometer reading at the time of inception	Kilometers at start	Date:	
Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the policy? If Yes, Kindly provide the details for the same	Yes No		
Financier Details:			
Name of the:		Hypothecation	Hire Purchase Lease
Contract/Loan Application			
Financial Institution's Name:			Branch:
Account Number:			

## Insured Declared Value (IDV) of the Vehicle:

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
•	-	•
The Insured's Declared Value (IDV) of the vehicle will be deemed to be	Not exceeding 6 Months	5%
the 'SUM INSURED' for the purpose of this Policy and shall be fixed for each year of the Policy at the commencement of Policy period for the insured vehicle.	Exceeding 6 months but not exceeding 1 year	15%
The IDV of the vehicle (and side car/accessories if any fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling	Exceeding 1 year but not exceeding 2 years	20%
price of the brand and model of the insured vehicle at the com- mencement of insurance/renewal and adjusted for depreciation (as per schedule alongside).	Exceeding 2 years but not exceeding 3 years	30%
The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only.	Exceeding 3 years but not exceeding 4 years	40%
IDV of vehicles beyond 5 years of age and of obsolete models of vehicles is to be determined on the basis of understanding between the Insurer and Insured.	Exceeding 4 years but not exceeding 5 years	50%

Insured's Declared Value (IDV	IDV Year 1	IDV Year 2	IDV Year 3
A. Vehicle Value			
B. Electrical Accessories Details: Make Model Year of Manufacture			
C. Non Electrical Accessories			

D. Trailer Value		
E. CNG/LPG kit not provided by Manufacturer		
Total IDV Sum of (A+B+C+D+E)		

Other Vehicle D	Details										
Member of Auto	mobile A	Association	of India?	Yes No							
Membership No				Expiry Dat	e						
Is the vehicle approved by AR/ If Yes, pleases pr a) Name of Mar b) Whether app Association of	h Certificat er and type by Automo	e)? of device	Yes Yes	No No							
Is the vehicle Handicapped/ M duly endorsed as	challenged		Yes	No							
Whether any mo done in the ver specification? If Yes, pleases g	m the mak	er's standard	Yes	No							
/conversions Vehicle will be us	od for D	vivina Tuiti									
Whether the		•		Yes	No						
conventional sou			en by non-	Yes If yes, CNG	No i, LPG, Bi- F	uel electric, if yes pl	ease provide details.				
Is the vehicle in g furnish details	jood sta	te of repair	? If NO, please	Yes No							
The Vehicle belor	ngs to Fc	oreign Emba	ssy/consulate	Yes No							
Vehicle will be u licensed for gene		-	-	Yes No							
City where the v	ehicle w	ill primarily	be used	1							
Have you been this vehicle?	previou	sly insured	in respect of	Yes No							
If so, are you ent from your previo	ous Insur	rer?		Yes No							
If Yes, kindly indi				20%	25%	35% 45% 5	0% 55% 65%				
Please provide t											
Please Provide th											
Claim(s) reporte	d during	) the last 5 y									
Year		1	2		3	4	5				
No of Claims Amount											
I/We hereby dec expiring policy	period(( incorrec	Copy of Po	licy enclosed)	. I/We furth	ner undert		M has arisen in the eclaration is found Il stand forfeited.				
-											

Restrict Third Party Damage Cover Limit Restrict Third Party Damage Cover Limit to ₹6000/- *TPPD Discount - Not applicable in SAOD	Yes No
What is the Deductible you wish to opt for?	<ul> <li>Standard Minimum Deductible (Std Min Deductible is, ₹1000/- for Pvt Cars with Cubic Capacity upto 1500 and ₹2000/- for Pvt Cars above 1500 Cubic Capacity from each and every claim)</li> <li>₹2,500/- + Standard Minimum Deductible</li> <li>₹5,000/- + Standard Minimum Deductible</li> <li>₹7,500/- + Standard Minimum Deductible</li> <li>₹15,000/- + Standard Minimum Deductible.</li> <li>I hereby agree to the above ticked deductible to be applied on each and every claim I lodge on the Company.</li> <li>Signature of Proposer</li> </ul>
About the Usage Of the Motor Vehicle	
What will be the Average Daily use of the vehicle?	Less Than 50 Kms ;Between 50 and 100 Kms ;Between 101 to 250 Kms ;Above 251 Kms.
Where will the vehicle be generally driven on? (Please tick multiple, if required )	Express Way ;National Highways ;State Highways ;City Roads ;Town/Village Roads ;Private Roads ;
Is the vehicle, Imported without payment of Customs Duty	Yes No

Customs Duty	res
Whether extension of Geographical Area to the following countries is required?	Yes No
If $% \left( {{{\rm{Yes}}},{\rm{Please}}} \right)$ tick the countries to which the	Bangladesh Bhutan Nepal Pakistan
extension is required	Sri Lanka
Is the vehicle Company Maintained?	Yes No
Where will the vehicle be generally parked	Roadside Public Parking; Roadside Outside Parking;
a) During the Day	Open Parking Lot ; Covered Parking Lot
	Locked Covered Garage;
	Within Enclosed Compound of Residence / Office / Factory.
b) During the Night	Roadside Public Parking; Roadside Outside Parking;
	Open Parking Lot ; Covered Parking Lot
	Locked Covered Garage;
	Within Enclosed Compound of Residence / Office / Factory.

# **Previous Vehicle Insurance History**

Is the previous insurance in your name?	Yes No
Date of Purchase of the vehicle	
Has any Insurance company ever	Yes No
a. Declined the proposal	Yes No
b. Cancelled the policy or refuse to renew	Yes No
c. Required an increase of Premium Imposed special conditions or excess	Yes No

#### **Add-On Covers**

You wish to opt for any of the below mentioned Add-On's by paying additional Premium? (Addon applicable as per policy cover type opted)

Depreciation Reimbursement	Yes No										
	Number of claims – 2 Claims Unlimited Claims										
	Type of Garage – SBIG Preferred Garage Any Garage										
Protection of NCB	Yes No										
Return to Invoice	Yes No										
Cover for Key replacement	Yes No (Maximum up to ₹65,000/-)										
Inconvenience Allowance	Yes No ₹1,000/- ₹2,000/- ₹3,000/-										
	(If yes, kindly select one option from below daily limit)										
Loss of Personal Belongings	Yes/No (If yes please share Sum Insured ₹) *Maximum limit ₹50,000/-										
Enhanced PA cover for Insured (Owner driver)	Yes/No (If yes please share Sum Insured ₹) *Maximum limit ₹50,000/- *Available only to Individual owner driver who has opted CPA cover for ₹15,00,000/										
Enhanced PA Cover for Unnamed       Yes/No (If yes please share Sum Insured ₹											
Enhanced PA for Paid Driver	Yes/No (If yes please share Sum Insured ₹) *Maximum limit ₹5,00,000/- *Has opted basic cover for ₹2,00,000/										
Basic Road Side Assistance	Yes No										
Additional Road Side Assistance	Yes No										
Engine Guard	Yes No										
Cover for Consumables	Yes No										
EMI Protector	Yes No (If yes, Please specify EMI Amount ₹)										
Emergency Medical Expenses	Yes No Yes/No If yes Specify SI – 50K / 100K										
Go Smart – Flexi Cover	Yes No Kilometres Opted,										
	KMs Opted Select										
	<ol> <li>Less than 1,000 Kms</li> <li>Greater than 1,000 Kms and Less than 2,000 Kms</li> <li>Greater than 2,000 Kms and Less than 3,000 Kms</li> </ol>										
	<ol> <li>Greater than 3,000 Kms and Less than 4,000 Kms</li> <li>Greater than 4,000 Kms and Less than 5,000 Kms</li> </ol>										
	6. Greater than 5,000 Kms and Less than 6,000 Kms										
	7. Greater than 6,000 Kms and Less than 7,000 Kms										
	8. Greater than 7,000 Kms and Less than 8,000 Kms										
	<ol> <li>Greater than 8,000 Kms and Less than 9,000 Kms</li> <li>Greater than 9,000 Kms and Less than 10,000 Kms</li> </ol>										
	11. More than or equal to 10,000 Kms										
Wall charger and associated	Yes No										
accessories	If yes, provide: Serial no./ charger identification number:										

	Coverage for Additional charger required: If yes, provide: Invoice value Serial no./ charger identification number: _	Yes No	
	Senarno./ charger identification number.		
Battery Guard	Yes No		
Professional Fees for App Restoration Cover	Yes No Sl Opted		
Vehicle Replacement Edge	Yes No		
Tyre & Rim Secure	If Yes, provider Serial no.		
	Serial No	Year of Manufacture	
	Tyre 1		
	Tyre 2		
	Tyre 3		
	Tyre 4		

# Other Optional Covers (Applicable for Package & Bundled Policy)

Legal Liability to Paid Driver	Yes If yes, No.	No of Driv	/ers				
Legal Liability to Employees (Mandatory when vehicle is owned by Company /organisation)	Yes If yes, No. capacity o				(Ma	iximum upto	seating
Do you wish to include Personal Accident cover on Named basis? If							
yes, provide details of name and		Nam	e		CSI	Nominee	Relationship
Capital Sum Insured:-	1 2						
PA Owner Driver Cover	Yes	No					
(PA) Personal Accident Cover If sele	cted yes, p	lease p	rovide belo	w details			
Mandatory Nominee Details:							
Nominee Name							
Date of Birth							
Relationship with owner driver							
Name of Appointee							
Appointee Relationship							
PA to Un named Passenger	Yes	No	SI		No. of p	ersons	
PA to paid Driver	Yes	No	SI		No. of p	ersons	

# **Drivers Details**

The vehicle will be driven by: Self & spouse Others	Driver Name
Drivers Experience: Driving License No: Drivers Age: Driving Experience of spouse yrs; Age of spouseyrs; Driving License No:	

Does the Driver suffer from defective vision or hearing or any physical infirmity	Yes No If yes, please specify
Has the Driver been involved /convicted for causing accident	Yes No
Circumstances of Accident/Claim:	Loss/Cost

## Payment Details\* (Cheque, DD, EFT, DEBIT/CREDIT CARD)

Premium Amount ₹: Cheque No./EFT No.:			
Date:       D       M       Y       Y       Premium payment option:       Cheque	DD EFT Debit Card/Credit Card		
Bank Name:	IFS Code:		
Bank Account Number:			
Branch Name:	Card details: Master Visa		
Card No.:	xpiry Date: M M Y Y Y Y		

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

### Bank Account Details for Process of Refund\*:

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder	
Bank Name:	Branch Name:
Bank Account No.:	IFSC Code:
MICR Code:	

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

#### **Declaration:**

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability
  of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a
  concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of
  the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any
  payment received from me/us without interest.

- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.
- The details filled in the proposal form would be used for new as well as for renewal purpose.

Date: DDMMYYYY	
Place:	Signature of Proposer
Electronic Insurance Accounts Details	
I want Private Car Insurance Policy - Package and related information in: Physical Format e-Format (electronic); as & when applicable.	
Choose your Insurance Repository (For those selecting e-Format)	
NSDL Database Management Ltd. Centrico Insurance Reposito as CDSL Insurance Reposito	ory Limited ( Formerly Known ry Limited )
Karvy Insurance Repository Ltd. 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,, he General Insurance Company for the retrieval and downloading of my G Records Registry. I understand that this information is essential for the updated records for insurance services. I acknowledge that SBI Genera CKYC information in compliance with all applicable data protection law valid until revoked in writing by me. I have read and understood the t usage of my CKYC information and voluntarily provide my consent. Customer Name:	e purpose of ensuring accurate and I Insurance Company will handle my ws and regulations. This consent is
Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (0	Officially Valid Documents).
	-
KYC Documents Attached         Pan Card       Telephone Bill       Passport       Government UID         Utility bills not older than       Driving Licence       Electricity Bill       Fast on the second seco	Voter's Identity Card Ration Card Aadhaar Card
AML Guidelines (Premium Payment shall be made by the Policyholder of th	ne Policy)
I/ We hereby confirm that all premiums have been/ will be paid from bond been/ will be paid out of proceeds of crime related to any of the offence liste Act 2002. I/We understand that the Company has the right to call for docum insurance Company has the right to cancel the insurance contract in case competent court of law under any statues, directly or indirectly governing to India.	ed in Prevention of Money Laundering ents to establish source of funds. The I am/ have been found guilty by any
Nationality: Indian Non-Indian If Non-Indian, please specify Cou	intry:
Type of Organization (Only applicable if policy is issued in group basis):	
Corporations       Governments       Non-Governmental Organization         International Organization       Partnership       Cooperatives       Se	ns Society Trust
I hereby declare that the current address is different from the available in th Data Repository.	e Central identities Yes No

Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)

Signature of Proposer

## Declaration (If signed in Vernacular language / If you have affixed Thumb impression above)

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).

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.

Date: DDMMYYYY		
Place:		
	Signature of the Witness Insured	Signature/Thumb impression of the
	Proposer/Primary.	

## **Agent Declaration**

١,

\_\_\_\_ (Full Name) in my capacity as an Insurance

Advisor/ Specified Person of the Corporate Agent/Authorized 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.

Date: DDMMYY	Agent Name:	
	SP Name:	
Place:	SP Code:	Signature of A cont
	License No.:	Signature of Agent

# Insurance Act 1938, Section 41 – Prohibition Of Rebates

- 1. 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 the 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 prospectuses or tables of the Insurer
- 2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to 10 Lakh rupees.

### **INSURANCE IS THE SUBJECT MATTER OF SOLICITATION**



# 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:

- a) 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.
  - 1. **"Controlling ownership interest"** means ownership of or entitlement to more than ten percent of shares or capital or profits of the company;
  - 2. **"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;
- b) 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

- c) 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.
- d) 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.
- e) 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.