

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹ 5 Crore but does not exceed ₹ 50 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

*Quote No:

*Business Type: New Rollover Renewal *Incase of renewal, please share Policy Number

*Policy No.:

*Branch Office Name:

*Branch Office Code:

*Segment: Corporate Retail SME-1 SME-3

*Sales Channel Type: Agency Direct Corporate/ broker

*Intermediary Name:

*Intermediary Code: *Agreement Code:

*SP Name: *SP Code-Party ID:

*SP Mobile No.:

*RM ID:

Note: In this section the * mark is for all the mandatory fields.

Details about Proposer and Policy Period:

1. Name of the Proposer's*:

Loan Account No.:

Do you have an existing relationship with SBI General? Yes No If Yes, please mention the Customer ID

Customer ID: SBI Employee ID:

2. Address*:

City: State:

PIN: Gender*: M F Other

3. Contact Details*: Mobile No: Alternate Mobile No:

4. Aadhaar No.*: Marital Status*: Married Unmarried

PAN*.: /Form 60/61 (if Available):

Profession: Salaried Self-Employed Others Date of Birth*:

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.

GSTIN: Email ID*:

6. Contact person details (where proposer is not an individual)

a. Name b. Designation

7. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions

8. Period of Insurance:

From

D	D	M	M	Y	Y	Y	Y
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 to

D	D	M	M	Y	Y	Y	Y
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14. Are you or any of the proposed applicants are Politically Exposed Person? Yes No

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.

Nominee Details*

Nominee 1

*Name:

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*Relationship with Nominee:

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 *Date of Birth of Nominee:

D	D	M	M	Y	Y	Y	Y
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Mobile no.:

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 Email Id:

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Percent of Claim Payable:

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Permanent Address:

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Bank details of nominee: Bank Name:

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 Branch Name:

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Nominee 2

*Name:

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*Relationship with Nominee:

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 *Date of Birth of Nominee:

D	D	M	M	Y	Y	Y	Y
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Mobile no.:

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 Email Id:

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Percent of Claim Payable:

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Permanent Address:

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Bank details of nominee: Bank Name:

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 Branch Name:

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Bank Account Number:

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 IFSC Code:

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

*Name:

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*Relationship with Nominee:

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 *Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Note (*) marked fields are mandatory

Business and Location of Business:

1.	Business of the Proposer						
2.	Location of risk/business to be covered - full postal address with Pin Code.	Sl.No.	Address	PIN Code	Occupancy	Age of Unit	Floor*

*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)

Details about business covered at the insured location:

1.	Details of Insured property	Please tick in the space below :
a.	Offices, Shops, Hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Industrial / Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside Industrial/ Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>

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d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>								
e.	Utilities located outside Industrial/Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>								
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>								
g.	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹.....								
h.	Others (please specify)									
2.	If used as warehouse / godown (no located in a manufacturing unit), please give the list of goods stored.									
3.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)									
4.	If used as an Industrial Manufacturing unit please state whether the factory is working or silent?									
5.	Fire Protection devices installed	Please tick the correct answer in the box below.								
		Portable Extinguishers <input type="checkbox"/>								
		Small bore hose reels <input type="checkbox"/>								
		Trailer Pumps/Fire engines <input type="checkbox"/>								
		Hydrant System <input type="checkbox"/>								
		Sprinkler System <input type="checkbox"/>								
		Fixed Water Spray System <input type="checkbox"/>								
		Foam System <input type="checkbox"/>								
		Fire Alarm System <input type="checkbox"/>								
		Gas Flooding System <input type="checkbox"/>								
		Others, please specify below. <input type="checkbox"/>								
6.	Indicate whether AMC (Annual Maintenance Contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>								
6. Construction details										
a.	Please state material used	Please tick the correct answer in the box.								
	i. Walls	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
	ii. Floor	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
	iii. Roof	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
Note: Kutcha : Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/ plastic cloth/asphalt/ canvas/tarpaulin and the likes are treated as Kutcha Construction. Pucca : Buildings other than Kutcha are treated as Pucca constructions										
b.	Number of Floors									
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>	Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years										
5-10 years										
10-20 years										
Above 20 years										
7.	Distance between the risk to be covered and nearest Fire Brigade									
8.	Whether you have insured the same property with any other Insurance Company with the same type of coverage (Give details)									
9.	Whether Insurance was declined by any other Company (Give details)									

10. Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium	Claim
		₹	₹
		₹	₹
		₹	₹
	TOTAL	₹	₹
11. Is Political Violence cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
12. Is Third Party Liability cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
13. Do you Long Term Relation with SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> 1st Renewal <input type="checkbox"/> 2nd Renewal <input type="checkbox"/> 3rd Renewal <input type="checkbox"/> 4th Renewal <input type="checkbox"/> 5th and above renewal.		
14. Do you have any other policy from SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> Existing Customer		
15. What is the Flood Exposure at the risk location? Please select any one option. (Note - Usually Flood Exposure is High to Extreme if the risk is located near a River /Lake / Water body)	<input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme		
16. What is the Cyclone Exposure at the risk location? Please select any one option. (Note - Usually Cyclone Exposure is High to Extreme if the risk is located near Coastal area)	<input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme		

Sum Insured and Other details of Insured Property (Indicate Sum Insured on the following basis):

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
 - For raw material: Landed Cost;
 - For stock in process: Input cost;
 - For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.
- * Contract Price is in respect only of goods sold but not delivered, for which (You are responsible and with regard to which under the conditions of the sale, either wholly or to the extent of the damage. The Company's liability shall be based on the Contract Price).

1.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total
									₹
									₹
									₹

Standard add-ons:

1. Do You want to opt for Floater Cover?: Yes / No (strike off what is not applicable). If yes, give details below:

1. Floater Cover (for stocks at various locations)	Location (Postal Address with PIN Code)	Sum Insured (in ₹)
i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/>		

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II. Do You want to opt for Declaration Policy? Yes / No (strike off what is not applicable). If Yes, give details below:

2. Stocks which fluctuate in value to be covered on (monthly) declaration basis:

Amount (₹): _____

Add-ons:

Sr No	Add on Name	Please select (√/x)	Sum Insured
1.	Involuntary betterment/ technological advancements clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2.	Impact damage by Insured's Own Vehicle	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3.	Accidental Damage Cover Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4.	Electrical Clause /Electrical Installation Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5.	Brand and Trade Mark Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6.	Adequacy of Sum Insured	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7.	Leakage and Contamination Cover		
a)	Where the tanks are within the Insured's own premises		
	Leakage Cover Only	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
	Leakage & Contamination	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
b)	Where the tanks are located elsewhere		
	Leakage Cover Only	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
	Leakage & Contamination	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8.	EMI Protection cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9.	Loss of Rent and Additional Expenses of Rent for an Alternate Premises	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10.	Deterioration of Stocks		
a)	Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
b)	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

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.

Bank Details (For Refund Process*)

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

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Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

Name of Account Holder	<input type="text"/>
Bank Name	<input type="text"/>
Branch Name	<input type="text"/>
Bank Account No	<input type="text"/>
IFSC Code	<input type="text"/>
MICR Code	<input type="text"/>

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.

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

Declaration by Insured:

I/ We hereby declare that the value insurable assets is more than ₹5 Crore but less than ₹50 Crore and the statements made by me / Us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the _____.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date:

Place:

Signature of the Proposer

Electronic Insurance Accounts Details:

I would like Bharat Laghu Udyam Suraksha and related information in e-Format (electronic)

I have eIA Number:

I don't have an eIA and I would like to apply for eIA with:
 NSDL Data Management
 CSDL Insurance Repository Ltd
 Karvy Insurance Repository Ltd
 CAMS Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (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).

AML Guidelines: (Premium Payment shall be made by the Policyholder of the Policy)

I/ We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the Insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian/Non- Indian If Non-Indian, please specify the Country: _____

Type of Organisation:
 Corporation
 Government
 Non-Governmental Organisation
 Society
 Trust
 Partnership
 International Organisation
 Cooperative
 Section 25 Companies

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I hereby declare that the current address is different from the available in the Central identities Data Repository.

Yes No. Customer can submit CKYC form for updation.

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

Signature of Proposer :

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.

Licence No.: _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Place: _____ Signature of the Agent: _____

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) _____

_____ (Relationship 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 my/our knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
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 Place: _____ Signature of the Witness _____

Signature/Thumb impression of the Proposer/Primary Insured

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 of 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 a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

Any Person Making Default In Complying With The Provisions Of This Section Shall Be Punishable With Fine Which May Extend Up To Rupees Ten Lakhs.

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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.