

PROPOSAL FORM

SARAL SURAKSHA BIMA, SBI GENERAL INSURANCE COMPANY LIMITED

Unique Reference Number: SBIG/SSB/V.01/310321

Important:

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.

2. Kindly contact the Company's Offices or Intermediary for any doubts or clarifications on the proposal form.

Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by SBI General Insurance Company Limited. ("Company").

*Quote No.:																								
*Branch Office Name:																								
*Branch Office Code:																								
*Business Type:	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	*Incase of renewal, please share Policy Number																					
*Policy No.:																								
*Segment:	Corporate <input type="checkbox"/>	Retail <input type="checkbox"/>	SME-1 <input type="checkbox"/>	SME-3 <input type="checkbox"/>																				
*Sales Channel Types:	Banca <input type="checkbox"/>	Agency <input type="checkbox"/>	Direct <input type="checkbox"/>	Broker <input type="checkbox"/>	Corporate Agent <input type="checkbox"/>																			
*SP Name:													*SP Code-Party ID:											
*SP Mobile Number:																								
*RM ID:							*PF ID - SME - 3 Cases:																	

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

A. Intermediary:

Intermediary Name:																								
Intermediary Code:																								
Intermediary Contact Details:																								
Agreement Code:																								

B. Proposer Details: (* Mandatory Fields)

Name of the Proposer*:	S U R N A M E M I D D L E N A M E F I R S T N A M E																									
Address*:																										
City:													State:													
Pin code:							Gender*:	M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>																
Date of Birth*	D D M M Y Y Y Y						Marital Status*:	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow(er) <input type="checkbox"/>															
Contact Details*:	Mobile No.:												Alternate Mobile No.:													
Aadhaar No.:	X X X X X X X X X X												PAN*:							/Form 60/61* (If PAN not available):						
Passport/Driving License/Voter ID:																										
Profession*:	Salaried <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Others <input type="checkbox"/>	Pls add details																						
Email ID*:													Nationality*:													
Nature of Business*:													Annual Income*:													
Period of Insurance*:	From: D D M M Y Y Y Y to D D M M Y Y Y Y																									
GSTN/ISDN (If applicable):																										

Disclaimer: SBI General Insurance Company Limited I 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. | Saral Suraksha Bima, SBI General Insurance Company Limited, UIN: SBIPAIP21639V012021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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.

government companies, important party officials.

Are You Employee of SBI Group of Company? Yes ☐ No ☐

If Yes, then mention Name of Group and Employee Number _____

C. Policy Details:

Policy Type: Individual ☐ Family Individual ☐

Policy Period: From

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

 To

D	D	M	M	Y	Y	Y	Y
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D. Sum Insured (In Rs.):

Note- Minimum Sum Insured Rs. 2,50,000/- and maximum Sum Insured is Rs. 1,00,00,000/- (In multiples of 50,000)

E. Base Cover And Optional Cover:

Base Cover		Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Accidental death + Permanent Total Disability (PTD) + Permanent Partial Disability (PPD)	Sum Insured						
Optional Covers	Yes / No	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Temporary Total Disablement							
Hospitalization Expenses due to Accident							
Education grant							

F. Details Of The Person Proposed To Be Insured:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name of the Insured*						
Gender*						
Date of Birth*						
Marital Status*						
Relationship with the Proposer*						
Occupation*						
Nationality* (Indian/ Non-Indian/ Non-resident Indian/ Other)						
ABHA (Ayushman Bharat Health Account) number (if available) :						

I/We hereby provide consent to share my/our medical records with the insurer or TPA ☐

If ABHA number is not available, it can be created at www.healthid.ndhm.gov.in

Note: Here Family Includes Self, Spouse, Dependent Children, Dependent Parents & Dependent Parents in law (Maximum up to 6 members can be covered under one policy)

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G. Nominee Details:

In the event of death of the primary insured proposer any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee must be immediate relative (Mother, Father, Spouse, Son, and daughter) of proposer.

Insured Name	Nominee Name	Nominee Relationship	Nominee contact details	Nominee Age

Where Nominee is a minor, give the details of Appointee.

Name of the Appointee	Relationship with Nominee	Appointee contact details	Address of Appointee

H. Previous/Existing Insurance

Are you applying for portability / Migration: Yes ☐ No ☐

(If "Yes", please fill the separate portability form also)

Does any person to be insured presently hold any Health Insurance / Critical Illness Insurance Policies with SBIG or any other insurer?

Yes ☐ No ☐ If Yes, then provide below details

Previous / Existing Insurance Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Policy Number						
Insurer's Name						
Period of Insurance						
Sum Insured						
Premium Paid (Rs)						
Claim Details (if any) Incurred Claim (Outstanding + Received): Claim Ratio (%):						

I. Medical Information:

Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Do you engage in racing on wheels or horseback, Big game hunting, mountaineering, winter sports, skating or ice hockey, ballooning or polo or sports of similar nature?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you suffered or do you suffer from: • Any physical defect or infirmity • Gout or Arthritis or Diabetes, Paralysis • Fits or any kind or any other chronic Disease, Any other disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Is this proposal for insurance in addition to: • Any other Accident Policy? [Including if covered under any Group Personal Accident Policy / Credit card schemes] (If so, give name of each Company, policy number and Amount of Insurance.) • Any other Employee Scheme (If so, give name of each Company and Amount of Insurance.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any Company • Declined to issue a policy to you? • Declined to continue your Insurance? Imposed any restriction or special conditions? (If yes, please furnish the details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, then please specify the complete details: _____

J. Premium Payment And Bank Account Details:

Premium amount (in figure): ₹

(in words) ₹

Premium Payment Mode: ☐ Annual ☐ Quarterly ☐ Half Yearly ☐ Monthly Date:

Premium Payment Options: ☐ Cheque ☐ DD ☐ Card Cheque No.:

Bank Name: Branch Name:

Bank Account No: IFSC Code:

Payment Options: ☐ Cheque ☐ Debit Card ☐ Credit Card Others: Please Specify: _____

Card Type: ☐ Master ☐ Visa Expiry Date: Relationship with Proposer: _____

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

K. 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 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.

Bank Account

Cheque No.: Cheque Date:

Bank Name: Branch Name:

Name of A/c. Holder: IFSC Code:

Bank Account No: 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.

L. Electronic Insurance Account Details Section:

I would like Saral Suraksha Bima and related information in	Physical Format <input type="checkbox"/> E-Format (electronic) <input type="checkbox"/>
I have e-Insurance Account & the No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I would like to apply for eIA with	NSDL Data Management <input type="checkbox"/> Karvy Insurance Repository Ltd <input type="checkbox"/> CSDL Insurance Repository Ltd <input type="checkbox"/> CAMS Repository Services Ltd <input type="checkbox"/>
CKYC No (Central Know Your Customer Registry Number), (if available)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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).

M. Declaration For Update Via Digital Mode:

"I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/ services from SBI General Insurance Company Limited related to my insurance policy through my registered mobile number & email".

Date:

Place: _____

Signature of Insured:

N. 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 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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian ☐ Non-Indian ☐ Non-resident Indian(NRI) ☐ Others ☐

If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

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

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O. Insurer Declaration:

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.)

P. Declarations On Behalf Of All Persons Proposed To Be Insured:

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."
6. I/We hereby declare that the premium paid under this transaction is being paid by me/us through a bank account in my/our name or a Credit/Debit Card or through a Prepaid Payment Instrument (Wallet), held by me/us in my our name as a account holder and is not a third party payment made by any other person on my/our behalf.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

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Signature of Insured

Q. Proposer Declaration:

The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

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Signature of Proposer

R. Agent Declaration:

I, _____ (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.

Licence No. _____

Date:

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

Place: _____

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Signature of Agent

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S. 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.

Date:

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

Place: _____

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Signature of the Witness

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Signature/Thumb impression of the Proposer/Primary Insured

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 are 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.

SECTION 41 OF INSURANCE ACT, 1938

- 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 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.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lakhs.

AML Declaration as per AML Master Guideline 2022:

1. 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**.

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.

Date:

Signature of Policyholder: