

PROPOSAL FORM

DIRECTORS & OFFICERS LIABILITY INSURANCE



INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

Put a (✓) mark wherever applicable

For Office Use only:

Branch office Code :

Broker/Agent Name & code: Code:

I. PROPOSER'S DETAILS

1. Name of the Proposer

2. Address of the Proposer: Communication Address (Please tick): () Registered Address () Business Address

Registered Office Address :

Plot No/Door No. and building name

Road name Area

City Pin code State

Phone No. E-mail Id

Website

PAN*: / Form 60/61 (if Available): Aadhaar Card No.:

Business Address. () please tick here if it is same as registered address. Not applicable in case of Individual.

Plot No/Door No. and building name

Road name Area

City Pin code State

Phone No. E-mail Id

Website

3. Proposer's Trade or Business:

4. Type of Organisation: Public Private Charitable Trust

Non-Profit Organisation Statutory Body Housing Society

Other (Please specify):

5. How long have you been in business (in years):

6. Total Turnover:

Particulars	Domestic	Non OECD Exports	OECD Exports	USA & Canada Exports	Total
Last Year(20__)	INR	INR	INR	INR	INR
For Proposed Period	INR	INR	INR	INR	INR

7. Has Proposer operated under a different name and/or changed country of registration within the last five (5) years? Yes No

If Yes please provide the details.

8. Are You or any of the proposed applicants are Politically Exposed Person? Yes No

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

9. Declaration for Source of Funds for Premium Payment if Premium is more than INR 500000/- and above

Source of funds: (please state % under each head – totalling upto 100%)

Salaries	Business Property	House	Capital Gains	Investments	Agriculture	Others	Total
							100%

II. RISK DETAILS

10. No of locations

Located in country	Offices	Manufacturing units/Plants	Depots/Warehouses/Gowdown/Tank farms	Others (please specify)
India				
OECD				
Non OECD				
USA & Canada				

11.	Net worth of the Proposer (Total Assets)				INR
	a) Net worth of the Subsidiaries & affiliate entities based in USA & Canada.				INR
12.	Please provide details on				
	1. Global Market Capitalisation				INR
	2. USA Market Capitalisation				INR
13.	Details of Share Capital				
	Class of Share	Number of Shares issued	Number of Shares Authorised	Number of shares owned by directors and officers (directly or beneficially)	
14.	Is coverage for subsidiaries required? If yes, please provide the following information				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name of subsidiary	Business of the Subsidiary	Country of Registration	% owned	Assets & Revenue
15.	Is Proposer or any of its subsidiaries listed				
	i. Listed on any Stock Exchange?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	ii. Traded in any other way?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide following details:				
	Name of Subsidiary Entity	Type of Security Traded	Exchange where listed	Level of Listing (Direct, ADR, GDR, 144a etc)	Ticker/Stock Symbol
16.	Describe fully any other class of securities convertible to ordinary shares and give the respective voting rights per class				
17.	Number of Shares sold (directly or beneficially) by each Director during last 12 months:				
	i. Did the Proposer repurchase shares directly from their Directors and Officers?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	ii. If yes, were these shares purchased at then market value?				Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Please provide the details of the shareholder controlling or owning (directly or beneficially) more than 5% of Proposer's share capital or voting rights				
	Name	% of Share Capital/voting rights held		Board Representation	
				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"/>	

19.	Is Proposer a subsidiary of another entity? If yes, provide the details	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	<table border="1"> <thead> <tr> <th>Name of Entity</th> <th>Business of the Holding Company</th> <th>Country of Registration</th> <th>% owned</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Entity	Business of the Holding Company	Country of Registration	% owned										
Name of Entity	Business of the Holding Company	Country of Registration	% owned												
20.	Has Proposer publicly revealed in the past 24 months or does it contemplate within next 12 months, if any?														
	i. Consolidation or merger with any other entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	ii. Sale or distribution of assets or stock. Or assets, other than in ordinary course of action (if yes, please provide the details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
21.	Has Proposer filed in the past 18 months or does it contemplate filing within next 12 months, any registration statement with government authority for offering of securities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
22.	Has Proposer filed in the past 18 months or does it contemplate filing within next 12 months, any registration statement with government authority for offering of securities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
		Not Permitted <input type="checkbox"/>													
	a) If yes, have the shareholders duly approved such provisions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
		Not required by law <input type="checkbox"/>													
	Please provide a copy of the indemnification provisions in the Memorandum of Articles of Association or other Corporate Bylaws.														
23.	Has Proposer adopted any anti-takeover provisions dealing with corporate control in their Memorandum and Articles of Association or Corporate Bylaws? If yes, please provide the details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
		Not Permitted <input type="checkbox"/>													
24.	Do any of the Proposed Insured Company/ies or any of its Subsidiaries' Directors and Officers presently act in the capacity of a director, officer, trustee, regent, governor or employee of any outside Company? If yes and coverage is requested, please provide details as per related party disclosure in annual report	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
25.	Do any of the Proposed Insured Company/ies or any of its Subsidiaries' Directors and Officers presently act in the capacity of a director, officer, trustee, regent, governor or employee of any outside Company? If yes and coverage is requested, please provide details as per related party disclosure in annual report	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
26.	Has Proposer and/or any of its Subsidiaries and/or its Associate Companies at any time over the last three years been in breach of any of its debts, covenants or loan agreements? If yes, please provide the details	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
27.	Are you considering any legal or financial or Managerial reorganization/restructuring? If yes, please provide the details	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
28.	Have you at any time over last 3 years changed your auditors, external lawyers or if applicable, your external security counsel? If yes, please provide the details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
29.	Have you ever restated your financial results or have knowledge of a matter which may cause you to restate your financial statement in next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
30.	Have you been declared Sick or Potential Sick Company or have you made application to BIFR or equivalent body established under Sick Industrial Companies (Special Provisions) Repeal Act, 2003?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
31.	Do you have any express written policies on any of the following in place?														
	a) Corporate Governance Principles	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	b) Code of Business Conduct and Ethics Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	c) Insider Trading Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	d) Audit Committee Charter	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	e) Corporate Communication Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	f) Risk Management Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	g) Remuneration Committee Charter	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	h) Conflict of Interest Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
	i) Whistleblower Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>												

32.	Audit committee is in place? If yes, answer the following	Yes <input type="checkbox"/> No <input type="checkbox"/>
	a) Chairperson of the committee is non-executive director	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Meets at regular interval and have at least 6 meeting during the year	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Have minimum 3 members having knowledge of finance & company law	Yes <input type="checkbox"/> No <input type="checkbox"/>
33.	Board of Directors	<input type="checkbox"/> Executive Director or
	a) Chairman of the company is	<input type="checkbox"/> Non-Executive Director
	b) Total no of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) No of Independent Directors	
	d) Meets at regular interval and have at least 6 meeting during the year	
34.	Do you have written procedure and protocols in place to ensure that you comply with any continuous disclosure obligations arising pursuant to any legislation, listing rules or other law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	a) If yes, are all relevant directors, officers or employees	
	(i) Provided with a copy of the manual and/or guidelines	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(ii) Have they received regular training in relation to the same	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Who is responsible for ensuring compliance with continuous disclosure obligation	
35.	Has any executive officer or member of the board of directors resigned or been forced to resign for reason other than retirement, poor health or promotions? If yes, please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
36.	Has there been any fine or penalty imposed against you or any of your directors or officers within last 5 years? If yes, please provide the details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
37.	Have you or any of your directors, officers or employee been involved in any of the following?	
	a) Any anti-competitive, price fixing, tax, copyright or patent litigation	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Any civil, criminal, administrative or regulatory action, proceeding or investigation regarding any violation or potential violation or any central or state law and regulations	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Any shareholder actions, class actions or derivative suits	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If your answer is Yes for any of above please furnish the details on the same.	
III. COVER DETAILS		
38.	Period of Insurance	From: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
39.	Retroactive Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
40.	Limit of Indemnity Required	
	Any one Accident Limit (AOA)	INR
	Aggregate during policy period (AOY)	INR
	AOA to AOY Ratio	<input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> 1:4
41.	Please indicate the Voluntary Excess opted for by the Insured (as as percentage of indemnity limit per accident)	
42.	Territorial scope required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada
43.	Jurisdiction required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada
44.	Extensions Required (Please tick yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)	
	(i) Coverage for Outside Directorship Liability. If yes please answer the following	
	a. No. of outside directorships held (please provide the details of all the directorships held)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Is any director of your organisation a director of any outside entity which is registered in USA/Canada or have subsidiary/holding company in USA/ Canada	Yes <input type="checkbox"/> No <input type="checkbox"/>

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. | Directors & Officers Liability Insurance, UIN: IRDAN144CP0012V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Name of Organisation where Outside Directorship is Held	Business of the Company	Country of Registration	No of Directors holding Directorship	Position Held in outside entity
(ii) Employment Practices Cover. If yes, please provide the following information Total no of Employees: _____ USA & Canada Employees:_____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) Crisis Management cover			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iv) Pollution Defence Cost extension cover			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(v) Major Shareholder coverage. If yes, cover is required for major shareholder holding share capital or voting rights up to			5% <input type="checkbox"/>	10% <input type="checkbox"/>
			15% <input type="checkbox"/>	20% <input type="checkbox"/>

IV. PRIOR INSURANCE AND CLAIM DETAILS

45. Please provide claim history for the last three years

Year	Type of Loss	Total Amount paid / Outstanding (INR)	Defence cost (INR)

46. Are you aware of any any act, error, omission, fact or circumstance, incidents, conditions, which may result in a claim under this Policy? If yes please provide the details. Yes No

47. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details. Yes No

48. Has any insurer ever terminated your cover? If yes please provide the details. Yes No

49. Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? If yes attach complete details. Yes No

50. Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may give rise to a claim being made against the Company and/or any Director and/or Officer. If Yes, attach complete details. Yes No

51. Has anyone aware of any facts or circumstances which might affect the ability of the Proposer to meet its debts as and when they fall due? If yes, please provide the details Yes No

52. Are you at present insured under Directors & Officers Liability Insurance cover? If yes, please provide the following details. Yes No

Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/YY)	Limit of Indemnity (INR) (AOA)	Limit of Indemnity (INR) (AOY)	Retroactive date (DD/MM/YY)	Premium (INR)
	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

As an attachment to this Proposal Form, please include the following (where applicable):

1. Most recent Report and Accounts, Annual Report, and/or Form 20-F filing with the USA regulatory authorities (if applicable).
2. Latest available interim financial statements.
3. The notice to shareholders and proxy statement for both the last and next scheduled annual meeting.
4. Most recent prospectus, Form F-1 and/or Form F-6 filing with the USA regulatory authorities (if applicable).
5. Complete list of all Directors and Officers to be covered including their name and position.

I/We desire to effect an insurance in terms of the Directors & Officers Liability Insurance policy of the Company against the Limit of Indemnity mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein. I/We agree that this declaration shall be the basis of the

contract between me/us and the Company and be incorporated herein.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Date:

Place:

Proposer's Signature with company stamp

Name of Proposer

Designation of proposer

V. 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/ies has/have 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

VI. DECLARATION BY PROPOSER

I/We hereby declare that 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 SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

Signature of the Agent

VII. AGENT 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:

Place:

Signature of the Agent

VIII. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Directors & Officers Liability Insurance and related information in: Physical Format e-Format (electronic)

I have eIA Number:

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).

IX. 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).

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:

Place: _____

X. PROHIBITION OF REBATES (Under 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 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 liable for a penalty, which may extend to Ten Lakh rupees.

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: