

## GRIHA RAKSHA PLUS

**OFFICE USE ONLY:**

Policy Issuing Office Address :																									
													Code:												
Intermediary/Agent Name:																									
Code (if any):													Sales Channel Type: Agency <input type="checkbox"/> Direct <input type="checkbox"/> Corporate/ Broker <input type="checkbox"/>												
Business Sector:	Urban <input type="checkbox"/> Social <input type="checkbox"/> Rural <input type="checkbox"/>																								

## DETAILS ABOUT PROPOSER AND POLICY PERIOD

[illegible]

**Plases specify the details of Co applicants**

Sr. no.	Name of co-applicant	Date of Birth
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

Present Address\*:

(Current Residing Address)

City:  Village:

Gram Panchayat:  State:

PIN code:  Landmark:

My Present Address is same as Permanent Address ☐

Permanent Address*:	<div></div>																											
City:	<div></div>	Village:	<div></div>																									
Gram Panchayat:	<div></div>	State:	<div></div>																									
PIN code:	<div></div>	Landmark:	<div></div>																									

Date of Birth\*: 

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

 Gender\*: M ☐ F ☐ Other ☐ Marital Status\*: ☐ Married ☐ Unmarried

[illegible]

Passport / Driving License/ Voter Id:

Occupation: Salaried ☐ Self Employed ☐ Any Other ☐ Email ID\*:

Mobile No\*: 



 Alternate Mobile No\*:

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.

I. Are you the owner / tenant ? Owner ☐ Tenant ☐ II. Is the premises is occupied by the owner (landlord) : Yes ☐ No ☐

Proposal Type: ☐ Housing Society Risk ☐ Individual Dwelling      Type of Policy: ☐ Group Policy ☐ Individual Policy

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

[illegible]

Loan amount: 

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 Period of Insurance: From: 

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

 to 

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

(No of Years in case of long-term policy: \_\_\_\_\_) **Note: For long term policy, Period shall not exceed 20 years.**

Note (\*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

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4. Are you or any of the proposed applicants or close relatives is/are associated to 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:

\*Relationship with Nominee:

\*Date of Birth of Nominee:

D

D

M

M

Y

Y

Y

Y

Nominee Mobile No.:

Email Id:

Percent of Claim Payable:

Present address:

Permennat address:

Bank details of nominee\*:

Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

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

\*Relationship with Nominee:

\*Date of Birth:

D

D

M

M

Y

Y

Y

Y

Bank details of Appointee\*:

Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

Nominee 2

\*Name:

\*Relationship with Nominee:

\*Date of Birth of Nominee:

D

D

M

M

Y

Y

Y

Y

Nominee Mobile Number:

Email Id:

Percent of Claim Payable:

Present address:

Permennat address:

Bank details of nominee\*:

Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

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

\*Relationship with Nominee:

\*Date of Birth:

D

D

M

M

Y

Y

Y

Y

Bank details of Appointee\*:

Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

Note (\*) marked fields are mandatory

COVERS OPTED

5. Is there any policy in place for the same property? ☐ Yes ☐ No

If Yes, please provide the details

6. Cover/s required: (When Home Building and Home Contents)

Home Building & Home Contents ☐ Home Building Only ☐ Home Contents Only ☐

## Location of Home Building

7. Full postal Address:

City:  State:  Pincode:

8. Is it in a multi-storey building ☐ or is it a standalone house ☐

9. In case of multi-storey building, please provide the floor number of Your house:

10. Is there a basement to Your house? ☐ Yes ☐ No

In case of Basement, If there are contents in it, please provide the Sum Insured:

## Details of Home Building

### 11. Sum Insured (SI) for Home Building:

a. SI for residential structure of Your Home including fittings and fixtures (in ₹):

b. SI for additional structures (in ₹):

Additional Structure	Sum Insured (₹)
<input type="text"/>	<input type="text"/>

12. Carpet area of structure of Home in square metres/ square feet :

13. Rate of Cost of Construction per square metre/ square feet at the policy Commencement Date :

14. Age of Home Building: Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years ☐

### 15. Construction Details

#### Please note the following:

(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 like are treated as Kutcha Construction. Construction other than Kutcha Construction is a 'Pucca Construction')

i) Walls Construction\*: Kutcha ☐ / Pucca ☐ Floor Construction\*: Kutcha ☐ / Pucca ☐ Roof Construction\*: Kutcha ☐ / Pucca ☐  
(\*strike out what is not applicable)

ii) Is the building under construction? Yes ☐ No ☐

iii) If Yes, please provide expected date of completion

iv) if already constructed, year of construction

### 16. Home Contents Cover

If You have opted for Home Contents cover, please provide item wise Sum Insured for General Contents.  
(Sum Insured represents cost of replacement)

Furniture & Fixtures  Electrical & Electronic items  Others

• Are there any Fire Protection Devices? Yes ☐ No ☐ • Is your building certified by IGBC? Yes ☐ No ☐

## Optional Covers (available on payment of additional premium)

### 17. I. Acts of terrorism

Do you wish to opt for below coverage under Terrorism Cover?

• Political Violence cover required – Yes ☐ / No ☐ • Third Party Liability Cover required – Yes ☐ / No ☐

II. Architect & surveyor fee Up to 5% of claim amount - Yes ☐ No ☐

III. Removal of debris up to 2 % of the claim amount - Yes ☐ No ☐

#### IV. Cover for (Please Tick)

Loss of Rent: ☐ I. Sum Insured:  (Rent per month x number of months) II. Number of Months:

Rent for Alternative Accommodation: ☐ I. Sum Insured:  (Rent per month x number of months)

II. Number of Months:

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V. Do You require 'Personal Accident Cover' for Yourself and Your Family? Yes ☐ No ☐

If Yes, Please provide the details below :

Nomination Details:

Cover for	Name	DOB/ Age	Sum Insured	Name of Nominee	Relationship	Address of the Nominee	Age of nominee
Self			₹ xxxx				
Spouse			₹ xxxx				
Child -1			₹ xxxx				
Child -2			₹ xxxx				
Mother / Mother-inLaw			₹ xxxx				
Father/ Father-inLaw			₹ xxxx				

Where Nominee is a minor, give the details of Appointee

Name of the Appointee : \_\_\_\_\_ Relationship: \_\_\_\_\_

VI. Do You require 'Cover for Valuable Contents on Agreed Value Basis Yes ☐ No ☐

(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)

If Yes, please mention the total amount:

Valuable Contents	Jewellery Items (others)	Valuable items (others)
Sum Insured Opted		

Valuation certificate to be attached.

VII. Accidental Damage Cover – General Contents Yes ☐ No ☐

VIII. Temporary Resettlement Expenses Yes ☐ No ☐

IX. EMI Protection

EMI amount           3 Months ☐ 6 Months ☐ Sum Insured

X. Utility Expense Cover Yes ☐ No ☐

XI. Electrical Clause / Electrical Installation Clause Yes ☐ No ☐

XII. Tenant Liability Cover Yes ☐ No ☐

XIII. Pet Insurance Yes ☐ No ☐

XIV. Loss of Key Yes ☐ No ☐

Premium Details\*:

Premium Amount ₹:           Cheque No./ Pay Ref. No.:           Date:

Premium payment option: Cheque ☐ DD ☐ Debit Card / Credit Card ☐ EFT ☐

Bank Name:  Branch Name:

IFSC Code:                Bank Account No

Card Details\*: Master ☐ Visa ☐ others ☐ Card No\*

Expiry Date\*:

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.

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**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

**Claims details**

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

**Declaration by Insured**

- 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 the 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 purposes.

Do you suffer from any disability? Yes ☐ No ☐

If Yes, please state the type of disability. \_\_\_\_\_ Please share the percentage of disability. \_\_\_\_\_

UDID Number \_\_\_\_\_

Date:

Place: \_\_\_\_\_

\_\_\_\_\_

Signature of the Proposer

**ELECTRONIC INSURANCE ACCOUNTS DETAILS**

I would like Griha Raksha Plus and related information in: Physical Format ☐ e-Format (electronic) ☐

I have eIA Number:

I don't have an eIA and I would like to apply for eIA with:

- (a) NSDL Database Management Ltd ☐
 (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐  
 (c) Karvy Insurance Repository Ltd. ☐
 (d) CAMS Insurance Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (if available):

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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: 

D	D	M	M	Y	Y	Y	Y
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Kindly visit our website [www.sbigeneral.in](http://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 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:

Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin

If Foreign National please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

If Person of Indian Origin 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 8 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

#### 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
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Place: \_\_\_\_\_

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

#### 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

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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.

Agent Name:

SP Name:

SP Code:  License No.:

Date:

Place :

Signature of Agent

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.

Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

**Please note the following for Sum Insured (SI) for Home Building section:**  
(The amount required to construct Your Home Building at the policy Commencement Date. The amount is calculated as follows:

**a. For residential structure of Your Home including fittings and fixtures:**  
Carpet area of the structure in square metres/square feet X Rate of Cost of Construction at the policy Commencement Date.  
The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.

**b. For additional structures:** the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)

Details of Home Contents

**Please note the following:**

**I. Home Contents** refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

**II. General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

**Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

## 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.