

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

*Business Sector: Urban Rural Social Others

*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:

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:

Present Address*: (Current Residing Address)

City: Village:

Gram Panchayat: State:

PIN code: Landmark:

My Present Address is same as Permanent Address

Permanent Address*:

City: Village:

Gram Panchayat: State:

PIN code: Landmark:

Date of Birth*: 6. Gender*: M F Other

Contact Details*: Mobile No: Alternate Mobile No:

Aadhaar No. *: Marital Status*: Married Unmarried

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

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. | SBI General Bharat Laghu Udyam Suraksha, UIN: IRDAN144RP0030V02202021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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

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

GSTIN: Email ID*:

Contact person details (where proposer is not an individual)

a. Name b. Designation

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

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Period of Insurance: From to

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.

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Nominee Details*:

Nominee 1

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

*Mobile no.: Email Id:

Percent of Claim Payable:

Permanent 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.

| |
|----------------------|
| <input type="text"/> |
|----------------------|

*Relationship with Nominee: *Date of Birth:

*Bank details of Appointee: Bank Name: Branch Name:
 Bank Account Number: IFSC Code:

Nominee 2

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

*Mobile no.: Email Id:

Percent of Claim Payable:

Permanent 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.

| |
|----------------------|
| <input type="text"/> |
|----------------------|

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*Relationship with Nominee:

*Date of Birth:

*Bank details of Appointee: Bank Name:

Branch Name:

Bank Account Number:

IFSC Code:

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* |
| | | <input type="text"/> |
| | | <input type="text"/> |
| | | <input type="text"/> |
| *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"/> |
| 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"/> | | |

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| 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 | <table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>TOTAL</td> <td>₹</td> <td>₹</td> </tr> </tbody> </table> | Year | Premium | Claim | | ₹ | ₹ | | ₹ | ₹ | | ₹ | ₹ | | ₹ | ₹ | TOTAL | ₹ | ₹ |
| 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:

I. 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 / No

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"/> | |

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(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 Bharat Laghu Udyam Policy 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):

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).

KYC Documents Attached

Pan Card Passport Government UID Voter's Identity Card Aadhaar Card
 Telephone Bill Registration Certificate Ration Card Driving Licence
 Electricity Bill Utility bills not older than 2 months

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: 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 _____

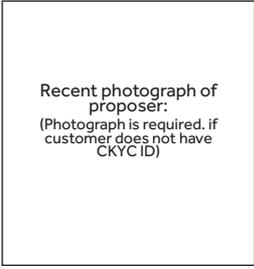
If Person of Indian Origin please give details for resident country and address _____

Type of Organisation: Corporation Government Non-Governmental Organisation Society
(Only applicable if policy issued on Group Basis) 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.

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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 |
|---|---|---|---|---|---|---|---|

 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 |
|---|---|---|---|---|---|---|---|

 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.

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:

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