

## SBI GENERAL FLEXI HOME INSURANCE



1. This proposal is for covering Home Building and/or Home Contents, if opted against Fire & Add-On Covers for Additional Perils
2. Read the Prospectus/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 paid.
4. Note (\*) marked details are mandatory to be captured as per applicability.

Policy Issuing Office Address :																															
															Policy Code:																
Intermediary Name:		<div> <div></div> <div></div> <div>S</div> <div>U</div> <div>R</div> <div>N</div> <div>A</div> <div>M</div> <div>E</div> <div></div> <div>M</div> <div>I</div> <div>D</div> <div>D</div> <div>L</div> <div>E</div> <div>N</div> <div>A</div> <div>M</div> <div>E</div> <div></div> <div>F</div> <div>I</div> <div>R</div> <div>S</div> <div>T</div> <div>N</div> <div>A</div> <div>M</div> <div>E</div> <div></div> </div>																													
Business Sector:		Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Social	<input type="checkbox"/>	Other	<input type="checkbox"/>	Segment Type:		Corporate	<input type="checkbox"/>	Retail	<input type="checkbox"/>	SME	<input type="checkbox"/>														
Business Type:		New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Rollover	<input type="checkbox"/>	Sales Channel Type:		Banca	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Direct/Corporate	<input type="checkbox"/>																
Sales Channel Code:							Specified Person's Code*/PF ID:																								
Specified Person's Name/ Staff Name:																															
Contact Details*:		Mobile No.:										Intermediary code:																			
Agreement code:												GSTIN/ISDN: (If Applicable)																			

Name of the Proposer*:	<input type="text"/>	
Ownership:	<input type="checkbox"/> Single <input type="checkbox"/> Joint	Date of Birth of Proposer: <input type="text"/>
Name of Co-applicant 1:	<input type="text"/>	
Date of Birth of Co-applicant 1:	<input type="text"/>	
Name of Co-applicant 2:	<input type="text"/>	
Date of Birth of Co-applicant 2:	<input type="text"/>	
Present Address*: (Current Residing Address)	<input type="text"/> <input type="text"/>	
	City: <input type="text"/>	Village: <input type="text"/>
	Gram Panchayat: <input type="text"/>	State: <input type="text"/>
	PIN code: <input type="text"/>	Landmark: <input type="text"/>
My Present Address is same as Permanent Address	<input type="checkbox"/>	
Permanent Address*:	<input type="text"/> <input type="text"/>	
	City: <input type="text"/>	Village: <input type="text"/>
	Gram Panchayat: <input type="text"/>	State: <input type="text"/>
	PIN code: <input type="text"/>	Landmark: <input type="text"/>
Are you the owner / tenant?	Owner <input type="checkbox"/> Tenent <input type="checkbox"/> Is the premises is occupied by the owner (landlord): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact Details*:	Mobile No.: <input type="text"/> Alternate Mobile No.*: <input type="text"/>	
Email ID*:	<input type="text"/>	

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 Co. Ltd. under license | SBI General Flexi Home Insurance, UIN: IRDAN144RPM0002V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

(Please provide the loan amount)

Period of Insurance: From         To

No of Years in case of long-term policy:

Note: For Long term policy, Period shall not exceed 30 years

Nationality\*:

Date established:

PAN No\*.:

Form 60/61\*:

AADHAAR No\*.:

GSTN/ISDN:

## B. COVERS OPTED

1	Is there any policy in place for the same property? If Yes, please provide the details	Yes <input type="checkbox"/> No <input type="checkbox"/>										
2	Cover/s required: (When Home Building and Home Contents)	<table><thead><tr><th>Cover</th><th>Please tick</th></tr></thead><tbody><tr><td>Home Building &amp; Home Contents</td><td><input type="checkbox"/></td></tr><tr><td>Home Building Only</td><td><input type="checkbox"/></td></tr><tr><td>Home Contents Only</td><td><input type="checkbox"/></td></tr><tr><td>Home content excluding jewellery</td><td><input type="checkbox"/></td></tr></tbody></table>	Cover	Please tick	Home Building & Home Contents	<input type="checkbox"/>	Home Building Only	<input type="checkbox"/>	Home Contents Only	<input type="checkbox"/>	Home content excluding jewellery	<input type="checkbox"/>
Cover	Please tick											
Home Building & Home Contents	<input type="checkbox"/>											
Home Building Only	<input type="checkbox"/>											
Home Contents Only	<input type="checkbox"/>											
Home content excluding jewellery	<input type="checkbox"/>											
3	Underinsurance Waiver	Yes <input type="checkbox"/> No <input type="checkbox"/>										
4	Would you like to opt for change in deductible?	Yes <input type="checkbox"/> No <input type="checkbox"/>										

## C. LOCATION OF HOME BUILDING

1	Location of Home Building - Full postal address with Pin Code.	
2	Is it in a multi-storey building or is it a standalone house?	
3	In case of multi-storey building, please provide the floor number of Your house	
4	Is there a basement to Your house?	

## D. DETAILS OF HOME BUILDING

### 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:

- garage, domestic out-houses used for residence, parking spaces or areas, if any;
- compound walls, fences, gates, retaining walls, internal roads;
- verandah or porch and the like;
- 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.

1	<b>Sum Insured (SI) for Home Building:</b> <b>Please note the following:</b> (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows: <b>a. For residential structure of Your Home including fittings and fixtures:</b> 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>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</b>									
	<b>b. For additional structures:</b> the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	<b>b. SI for additional structures (in ₹):</b> <table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured ( ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Additional Structure	Sum Insured ( ₹)						
Additional Structure	Sum Insured ( ₹)										
2	Carpet area of structure of Home in square metres/ square feet										
3	Rate of Cost of Construction per square metre/ square feet at the policy Commencement Date										
<b>Other Details</b>											
1	Age of Home Building	<table border="1"> <tbody> <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> </tbody> </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											
2	<b>Construction Details</b> <b>Please note the following:</b> (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')	<table border="1"> <thead> <tr> <th></th> <th>Construction*</th> </tr> </thead> <tbody> <tr><td>Walls</td><td>Kutcha / Pucca</td></tr> <tr><td>Floor</td><td>Kutcha / Pucca</td></tr> <tr><td>Roof</td><td>Kutcha / Pucca</td></tr> </tbody> </table> (*strike out what is not applicable)			Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
	Construction*										
Walls	Kutcha / Pucca										
Floor	Kutcha / Pucca										
Roof	Kutcha / Pucca										

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

### 1 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)

#### Item wise Sum Insured for Home Contents in (₹):

S.no	Items	Sum Insured

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

## E. OPTIONAL PERILS (AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM)

1	Earthquake(Inc. Tsunami)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Storm, Tempest Cyclone, Typhoon, Hurricane, Tornado	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Loss caused due to Flood and Inundation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Loss caused due to Lightning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Explosion of domestic pressure vessels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Subsidence, Landslide, Rockslide, Avalanche	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Bush Fire, Forest Fire	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Impact Damage of any kind	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Loss caused due to Missile Testing Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Riot, Strikes, Malicious Damages	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Bursting or overflowing of water tanks, apparatus and pipes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Leakage from automatic sprinkler installations	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## F. OPTIONAL COVERS (AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM)

1	Acts of terrorism		
	<b>Do you wish to opt for below coverage under Terrorism Cover?</b>		
	i. Sabotage and Terrorism Damage Cover Endorsement (Material Damage only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii. Political Violence cover required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	iii. Third Party Liability Cover required	Yes <input type="checkbox"/>	No <input type="checkbox"/>



17	Architect & surveyor fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Up to 5% of claim amount
18	Removal of debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>	up to 2 % of the claim amount
19	Loss of Cash while transit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Transit Limit _____
20	Fine Art	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person?				Yes <input type="checkbox"/> No <input type="checkbox"/>
*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. 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 " to 561612 from your registered mobile number Alternate number has to be different from the provided mobile number.				

## G. NOMINATION DETAILS

<b>Nominee 1</b>	
Name *	
Relationship with Nominee *	
Mobile Number*	
Date of Birth of Nominee*	
Percent of claim payable*	
Email ID	
Permanent Address*	
<b>Bank details of nominee*</b>	
Bank Name	
Branch Name	
Bank Account Number	IFSC Code:

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

Name*	
Relationship with Nominee*	Date of Birth*:

<b>Nominee 2</b>	
Name *	
Relationship with Nominee *	
Mobile Number*	
Date of Birth of Nominee*	
Percent of claim payable*	
Email ID	
Permanent Address*	
<b>Bank details of nominee*</b>	
Bank Name	
Branch Name	
Bank Account Number	IFSC Code:

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

Name*		
Relationship with Nominee*		Date of Birth*:

## H. PREMIUM PAYMENT AND BANK ACCOUNT DETAILS\*

Premium Amount ₹\*: 

--	--	--	--	--	--	--	--	--	--

Cheque/Journal No\*.: 

--	--	--	--	--	--	--	--

Date: 

D	D	M	M	Y	Y	Y	
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Premium payment option\*: Cheque ☐ EFT ☐ DD ☐ Debit Card / Credit Card ☐

Bank Name\*:  IFSC Code:

[illegible]

Branch Name\*:  Card details\*: Master ☐ Visa ☐ Others ☐

Card No\*.:                 Card Expiry Date\*:

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

**INSURED BANK DETAILS\*** (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

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)

Bank Name\*:  Branch:

Name as in Bank Account\*:

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.

## 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

**ELECTRONIC INSURANCE ACCOUNT DETAILS\*:**[illegible]

(a) NSDL Database Management Ltd ☐ (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐

(c) Karvy Insurance Repository Ltd.	<input type="checkbox"/>	(d) CAMS Insurance Repository Services Ltd	<input type="checkbox"/>
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My 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: 

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)

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## DECLARATIONS

- Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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Signature of Proposer
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## KYC DOCUMENTS ATTACHED

- PAYMENT DETAILS**      CHEQUE ☐      DD ☐      EFT ☐      DEBIT/CREDIT CARD ☐

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

Date:

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\* Note - SBIG does not accept Cash for Premium Payments against the Policy

**AML GUIDELINES(PREMIUM PAYMENT SHALL BE MADE BY THE POLICYHOLDER OF THE POLICY\*)**

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

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)



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

Corporations ☐ Governments ☐ Non-Governmental Organizations ☐  
Society ☐ Trust ☐ International Organization ☐  
Partnership ☐ Cooperatives ☐ Section 8 Companies ☐

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.

Signature of the Witness Insured

Signature/Thumb impression  
of the Proposer/Primary.

Date:

Place:

### 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.

Specified Person Name: \_\_\_\_\_ Specified Person Code: \_\_\_\_\_ License No.: \_\_\_\_\_

Date:

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

Signature of Agent:

### 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 liable for a penalty which may extend to Ten Lakh rupees.

**Insurance is subject matter of solicitation.**

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## AML Declaration as per AML Master Guideline 2022:

### 1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

### 2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

### 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 **n 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: