

PROPOSAL FORM

SARAL BHARAT LAGHU UDYAM SURAKSHA

Important:

- 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.
- Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
- The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

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"/>	Rural	<input type="checkbox"/>	Social	<input type="checkbox"/>	Others	<input type="checkbox"/>						

Details about Proposer and Policy Period

1. Name of Proposer*:												
2. Present Address*: (Current Residing Address):												
City:						Village:						
Gram Panchayat:						State:						
PIN code:						Landmark:						
My Present Address is same as Permanent Address <input type="checkbox"/>												
Permanent Address*:												
City:						Village:						
Gram Panchayat:						State:						
PIN code:						Landmark:						
3. Gender*:	M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>	Marital Status*:		<input type="checkbox"/>	Married	<input type="checkbox"/>	Unmarried			
4. Phone No.:				Mobile No.:			Alternate Mobile no.^:					

5. Contact person details (where proposer is not an individual)

a. Name :										
b. Designation :										

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

7. Period of Insurance : From D D M M Y Y Y Y to D D M M Y Y Y Y

8. Loan Account no.: Email ID:

9. Do you have an existing relationship with SBI General? Yes No If Yes, please mention the Customer ID.

Customer ID : SBI Employee ID :

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

11. Are You or any of the proposed applicants are Politically Exposed Person? Yes 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.

Nominee Details*

Nominee 1

*Name:											
*Relationship with Nominee:						*Date of Birth of Nominee:	<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y				
Mobile no.:						Email Id:					

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. | Saral Bharat Laghu Udyam Suraksha, UIN: IRDAN144RP0029V01202324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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

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

*Name of the Appointee:												*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: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y					
Mobile no.:							Email Id: <input type="text"/>					
Percent of Claim Payable:												
Permanent Address:												
Bank details of nominee:	Bank Name: <input type="text"/>						Branch Name: <input type="text"/>					
	Bank Account Number: <input type="text"/>						IFSC Code: <input type="text"/>					

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

*Name of the Appointee:											
*Relationship with Nominee:											
Bank details of Appointee:						Date of Birth: D D M M Y Y Y Y					
Bank Name:						Branch Name:					
Bank Account Number:						IFSC Code:					

Note (*) marked fields are mandatory

Business and Location of Business:

1.	Business of Proposer																													
2.	Location of risk/business to be covered - full postal address with Pin Code	<table border="1"> <thead> <tr> <th>Sl. No.</th><th>Address</th><th>Pin code</th><th>Occupancy</th><th>Age of unit</th><th>Floor*</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Sl. No.	Address	Pin code	Occupancy	Age of unit	Floor*																		
Sl. No.	Address	Pin code	Occupancy	Age of unit	Floor*																									

*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"/>
h.	Others (please specify)		
2.	If used as warehouse / godown (no located in a manufacturing unit) please give the list of goods stored.		

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3.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed(detailed block plan showing various facilities to be enclosed whereve 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"/>																					
6.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force :	Yes <input type="checkbox"/>	/No <input type="checkbox"/>																					
7.	Construction Details																							
a.	Please state material used	Please tick in the space below :																						
	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"/>																					
<p>Note:</p> <p>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 like are treated as Kutcha Construction.</p> <p>Pucca: Buildings other than Kutcha are treated as Pucca constructions.</p>																								
b.	Number of Floors																							
c.	Age of the Building	Less than 5 years																						
		5-10 years																						
		10-20 years																						
		Above 20 years																						
8.	Distance between the risk to be covered and nearest Fire Brigade																							
9.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)																							
10.	Whether Insurance was declined by any other Company (Give details)																							
11.	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																						
	₹	₹																						
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TOTAL	₹	₹																						

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11. Do you Long Term Relation with SBIG? Please select any one option	<input type="checkbox"/> New Business <input type="checkbox"/> 1 st Renewal <input type="checkbox"/> 2 nd Renewal <input type="checkbox"/> 3 rd Renewal <input type="checkbox"/> 4 th Renewal <input type="checkbox"/> 5 th and above Renewal
12. Do you have any other policy from SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> Existing Customer
13. 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
14. 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

Premium Details*:

Premium Amount₹: Cheque No./ Pay Ref. No.: Date: D D M M Y Y Y Y

Premium Payment option: Cheque DD Debit Card/Credit Card EFT

Bank Name: Branch:

Bank Account No: IFSC Code:

Card details: Master Visa others Card No*

Card Expiry Date: D D M M Y Y Y Y

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:

Bank Account No.:

MICR Code:

Branch Name:

IFSC 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.

KYC DOCUMENTS ATTACHED

<input type="checkbox"/> Pan Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Government UID	<input type="checkbox"/> Voter's Identity Card	<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> Telephone Bill
<input type="checkbox"/> Ration Card	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Electricity Bill	<input type="checkbox"/> Utility bills not older than 2 months	<input type="checkbox"/> Registration Certificate	

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, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

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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
									₹
									₹
									₹

Additional Optional Cover

Sr No	Add on Name	Please select (✓)	Sum Insured
1.	Terrorism Damage	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
2.	Accidental Damage Cover Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
3.	Involuntary betterment/technological advancements/obsolete equipment clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
4.	Impact Damage by Insured's Own Vehicle	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
5.	Electrical Clause /Electrical Installation Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
6.	Brand and Trade Mark Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
	Deterioration of Stocks		
	Deterioration of Stocks in Cold Storage premises due to accidental power failure	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
7.	Deterioration of stocks in cold storage premises due to change in temperature	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
8.	Adequacy of Sum Insured	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
9.	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"/>	
10.	EMI Protection cover		
11.	Loss of Rent and Additional Expenses of Rent for an Alternate Premises		
12.	Floater Cover		
13.	Declaration Policy for Stocks		

Note:

- For Accidental Damage Cover Specified Sum Insured Limit not exceeding 10% of location sum insured, subject to max of Rs. 1Cr
- For Involuntary betterment/technological advancements/obsolete equipment clause: Specified Sum Insured Limit not exceeding 10% of location sum insured
- For Impact damage by insured's own vehicle – Sum insured limit will be policy sum insured, if opted.

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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:

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

Place: _____

Signature of the Proposer

I hereby declare that I am not a Politically Exposed Person (PEP)- Yes / No

Electronic Insurance Account Details*:

I have an eIA Number

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

(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

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

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Recent photograph
of proposer:
(Photograph is
required, if
customer does not
have CKYC ID)

Signature of Proposer :

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) _____ (Relationship with the Proposer) _____

adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We 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 knowledge and belief.

Date :

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

Place : _____

Signature/Thumb impression of the Proposer/Primary Insured

Signature of the Witness

Agents 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 Agent

Declaration by proposer

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian/Non- Indian

If Non-Indian, please specify the Country: _____

Date :

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

Place : _____

Signature of Proposer

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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.

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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).

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.