

PROPOSAL FORM



SIMPLE HOME INSURANCE POLICY

Application Number: _____

Note: 1) Please tick the boxes wherever applicable. 2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. 3) Applicable only for residential building with RCC/ RBC/ tile/ ACC roof and external walls of the Burnt Bricks/Stone/Concrete Blocks. 4) All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover. 5) Policy wordings are available on request.

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"/>					

PROPOSER'S DETAILS:

1. Name of the Proposer: Mr./Mrs./Ms./Dr.*:															
2. Date of Birth*:	<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	3. Sex*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	4. Corporate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Aadhaar Card No.*:	<input type="checkbox"/>					6. PAN*:		<input type="checkbox"/>					/ Form 60/61 (if Available): <input type="checkbox"/>		
7. Marital Status*:	<input type="checkbox"/>	Married	<input type="checkbox"/>	Single	8. GSTIN/ISDN No.: <input type="checkbox"/>										
9. Occupation:															

Present Address*: (Current Residing Address)														
City:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Village: <input type="checkbox"/>								
Gram Panchayat:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					State: <input type="checkbox"/>								
PIN code:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Landmark: <input type="checkbox"/>								

My Present Address is same as Permanent Address	<input type="checkbox"/>													
Permanent Address*:														
City:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Village: <input type="checkbox"/>								
Gram Panchayat:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					State: <input type="checkbox"/>								
PIN code:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Landmark: <input type="checkbox"/>								
Contact Details*:	Mobile No: <input type="checkbox"/>					Alternate Mobile No.^: <input type="checkbox"/>								
Email:	<input type="checkbox"/>													

11. 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.

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:	<input type="checkbox"/>													
*Relationship with Nominee:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					*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.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Email Id: <input type="checkbox"/>								
Percent of Claim Payable:	<input type="checkbox"/>													
Permanent Address:	<input type="checkbox"/>													
Bank details of nominee:	Bank Name: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					Branch Name: <input type="checkbox"/>								

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. I 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. | Simple Home Insurance Policy UIN: IRDAN144RP0002V02201617 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Bank Account Number: IFSC Code:

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

*Name of the Appointee:

*Relationship with Nominee: *Date of Birth of Appointee: D D M M Y Y Y Y

Mobile no.: Email Id:

Percent of Claim Payable:

Permanent Address:

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

*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.

*Name of the Appointee:

*Relationship with Nominee: *Date of Birth of Appointee: D D M M Y Y Y Y

Mobile no.: Email Id:

Percent of Claim Payable:

Permanent Address:

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

DETAILS OF THE PROPERTY TO BE INSURED

1. 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:

2. Age of the Building: _____

3. Type of the Building: Flat Bungalow Farm House Row House Floor

4. Built up area of the dwelling (sq. ft.): Up to 500 500-1000 1000-1500 1500-2500 Above 2500

5. On which floor/storey of the building is the premise located: _____

6. Is your property in the basement: Yes No

7. Adjoining area of the dwelling is occupied by: Residential Building Commercial Building Open Space

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8. Fire Extinguishing System installed: Hand Appliance Hydrant Sprinkler None

9. Security available for the property: Security Guard Electronic Device Common Watchman Building Boundary Wall
 None of the above

10. Are all openings protected with doors/windows/grills: Yes No

11. Do you wish to take coverage for Terrorism (available only for annual cover): Yes No

BUILDING INSURANCE: **Not required** **Required**

Whether the property is hypothecated: Yes No

If "Yes", Name & Address of Mortqaee/Financer:

On what basis do you wish to Insure your building: Reinstatement Value Market Value Agreed Value (applicable for flats/apartments only)

On what basis do you wish to Insure your contents: Replacement Value Market Value

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.:															
MICR Code:								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		

Section I: Fire & Special Perils	Sum Insured (₹)												
<p>a) Building (Other than "Kutcha" Construction)</p> <p>a) Please indicate the present day Cost of Construction (This cover does not include Land Value) if opted cover on Reinstatement Value Basis.</p> <p>b) Please indicate value mentioned in the ready reckoner for property tax and stamp duty purpose issued by the Revenue Department of the State Government for the locality in which the premises is situated or value mentioned in the valuation report of a Govt. Approved Valuer as accepted by us if opted cover on Agreed Value Basis.</p> <p>c) Please indicate present day cost of construction (1-Depreciation at the rate of 2.5% per annum as per the age of the building) if opted cover on Market Value Basis.</p>													
<p>b) Contents: Contents (excluding jewellery & valuables) belonging to proposer and members of his/ her family permanently residing with him/ her (Please indicate present replacement value).</p> <p>a) Furniture</p> <p>b) Clothing</p>													
<p>c) Domestic Electrical & Electronic Appliances</p> <p>d) Crockery/ Utensils</p> <p>e) Others</p> <p>Jewellery and Valuables (not exceeding 25% of the contents sum insured above)</p>													
<table border="1" data-bbox="225 1614 928 1727"> <thead> <tr> <th data-bbox="225 1614 384 1639">Particulars</th> <th data-bbox="384 1614 654 1639">Number/Weight</th> <th data-bbox="654 1614 928 1639">Sum Insured</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Particulars	Number/Weight	Sum Insured										
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<p>1. Cover desired on first loss basis: Yes/ No If "Yes" please indicate first loss percentage: (25/ 50/ 65/ 75/ >75).</p> <p>2. Please furnish below item-wise details & the present day value of items of value more than 20% of the total value of contents.</p> <table border="1" data-bbox="225 1929 928 1996"> <thead> <tr> <th data-bbox="225 1929 384 1951">Sr. No.</th> <th data-bbox="384 1929 654 1951">Description</th> <th data-bbox="654 1929 928 1951">Value</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Sr. No.	Description	Value										
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Add-on Covers	
1) Impact damage by Own Vehicle (Maximum Limit of Sum Insured of Contents & Building).	
2) Additional Expenses of Rent for an alternative accommodation (Building cover is mandatory for the owner occupant and contents cover for tenants) (Maximum indemnity of 12 months)	
3) Loss of Rent (Maximum indemnity of 12 months)	
4) Removal of Debris (in excess of 1% of claim amount) up to 10% of Sum Insured of the Building.	
5) Architect's and Surveyor's consulting fee (in excess of 3% of claim amount) up to 7.5% of adjusted loss.	
6) Expenses towards temporary resettlement	
Escalation clause (not applicable for policies on agreed value basis) maximum 25%	__%

Section II - Burglary & Theft	Sum Insured (₹)
Contents - All contents in the premises stated at the aforementioned address.	
Note: Insurance on contents should be for value equivalent to the value mentioned under "Contents" under section Fire & Special Perils.	
Above Cover desired on first loss basis: Yes/No	
If "Yes" please indicate Option 1 (when total value of contents is not declared) or Option 2 (when total value of contents is declared)	
If Option 2 is indicated, first loss percentage amount: 25/ 50/ 65/ 75/ >75	

Section III - Public Liability	Sum Insured (₹)
Public Liability	
Employee Compensation Liability for Domestic Servants	

Section IV - Plate Glass - Please give description, size and location of glass	Sum Insured (₹)
Sr. No.	Description
1.	Size
2.	Location
3.	
Total	Value

Section V - Baggage	Sum Insured (₹)
Total Value of personal baggage, personal effects and other articles carried (during the period of travel anywhere in the world).	

Section VI - Breakdown of Domestic Electrical & Electronic Appliances - Please list the items which you wish to cover indicating the present day replacement value	Sum Insured (₹)
Sr. No.	Description / Make / Model
1.	Year of Manufacturing
2.	Serial No.
Total	Value

3.			
4.			
5.			
Total	Cover desired on first loss basis: Yes/No		
	If "Yes" Please indicate Option 1 (when total value of contents is not declared) or Option 2 (when total value of contents is declared)		
	If Option 2 is indicated, first loss percentage amount: 25/ 50/ 65/ 75/ >75		

1) Items > 10 Years Old shall not be covered under the Policy unless otherwise approved by the underwriters

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Section VII - Personal Accident (Applicable only to Persons in age group 3 months - 65 years)									Capital Sum Insured (₹)
Name of the Person to be Insured	Age	Occupation	Relationship with the Proposer	Details of existing Infirmity/Disability	Name of Nominee	Age of the Nominee	Name of the Appointee	Relationship with the Proposer	CSI
									Total

I/We hereby assign the money payable by SBI General Insurance Company Limited, in the event of my death to the Nominee named above and I further declare that his/ her/ their receipt shall be sufficient for the Company to discharge.

Section VIII - Loss of Cash whilst in transit	Sum Insured (₹)

Section IX - All Risk Cover - Portable Equipment, Jewellery & Valuables - Please list the items which you wish to cover	Sum Insured (₹)																													
<table border="1"> <thead> <tr> <th colspan="4">Portable Equipment</th> </tr> <tr> <th>Sr. No.</th> <th>Description/ Make & Model</th> <th>Year of Manufacturing</th> <th>Equipment Serial Number</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Portable Equipment				Sr. No.	Description/ Make & Model	Year of Manufacturing	Equipment Serial Number																	<table border="1"> <thead> <tr> <th>Value</th> </tr> </thead> <tbody> <tr> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> </tbody> </table>	Value				
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Jewellery & Valuables	Value													
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Sr. No.	Description	Weight												
Value														

Cover desired on first loss basis: Yes/ No
If "Yes" Please indicate Option 1 (when total value of contents is not declared) or Option 2 (when total value of contents is declared). If Option 2 is indicated, the first loss percentage amount: 25/ 50/ 65/ 75/ >75

Note:

- 1) Valuation and inspection certificate from Jewellers/ Valuers in respect of any single item of value more than ₹ 2,00,000/- has to be submitted.
- 2) If the Total Value of items proposed for Insurance in this section is more than ₹10 Lacs, valuation report from approved valuers needs to be submitted.
- 3) Portable items > 5 year Old shall not be covered under the Policy unless otherwise approved by the Underwriters.

Section X - Key Replacement	Sum Insured (₹)

Details of Other Insurances:

Previous Insurance Details						
Name & Address of the Previous Insurer	Policy Number	Expiry Date	Claims Under Section	Claims during preceding three Years		
				Year	No. of Claims	Amount

Period of Insurance

Cover desired from: _____ hours on _____ to midnight of _____.

Any other additional information you would like to furnish/ disclose: _____.

Note: Please attach a separate sheet in case you find the space insufficient to furnish additional details for any of the above questions.

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Payment Details*

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

ELECTRONIC INSURANCE ACCOUNTS DETAILS

I would like Simple Home Insurance Policy and related information in: Physical Format e-Format (electronic)

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).

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.

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

If Foreign National please specify the nationality and country addressed

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 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation.

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

Signature of Proposer

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Declaration

- 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: _____

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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 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 declare that whatever I 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 of the Witness

--

Signature/Thumb impression of the Proposer

Agent Declaration

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No.: _____

Date:

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

Place: _____

Signature of the Agent:

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 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 in the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebates as may be allowed in accordance with the prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend up to ₹ 10 Lacs.

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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.