

PROPOSAL FORM

ACT ONLY INSURANCE POLICY

(For Commercial Vehicles other than Motor Trade Internal Risks Policies)

A. Questions that are necessarily to be listed for granting the cover as per the Motor Vehicles Act – 1988.

PROPOSAL TYPE

New Policy: ☐ Roll-Over: ☐ Renewal: ☐ Endorsements: ☐

A (I) PERSONAL DETAILS OF PROPOSER / OWNER

1. Name of the Proposer's*:

2. Present Address*:

Village/City: PIN code:

Gram Panchayat: State:

My Present Address is same as Permanent Address: ☐

Permanent Address:

Village/City: PIN code:

Gram Panchayat: State:

Gender*: M ☐ F ☐ Other ☐

Mobile No*: Alternate Mobile No.*:

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

3. Occupation / Business: Salaried ☐ Self-Employed ☐ Others ☐ Email ID:

4. Type of Cover: Liability Only Policy ☐ Date of Birth*:

Period of Insurance: From to

Preferred mode of contact: Phone: Mobile No.:

Email ID: Marital Status*: ☐ Married ☐ Unmarried

5. 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.

6. Do you suffer from any disability? ☐ Yes ☐ No

If Yes, please state the type of disability

Please share percentage of disability.

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:

Name of Account holder:

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 of Appointee:

Disclaimer: SBI General Insurance Company Limited I 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 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. | Act Only Insurance Policy UIN: IRDAN144RP0001V01200910 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Mobile no.:

Percent of Claim Payable:

Permanent Address:

Bank details of appointee:

Bank Name: Branch Name:

Name of Account holder:

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:

Name of Account holder:

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 of Appointee:

Mobile no.: Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of appointee:

Bank Name: Branch Name:

Name of Account holder:

Bank Account Number: IFSC Code:

Note (*) marked fields are mandatory

A (III) VEHICLE DETAILS

6 Registration Number of the Vehicle:

7 Date of Registration of the Vehicle:

8 Registration Authority & Location:

9 Year of Manufacture: 10 Engine Number:

11 Chassis Number: 12 Make of the Vehicle:

13 Model: 14 Type of Body:

15 Gross Vehicle Weight (GVW) & Cubic Capacity (C C):

16 Maximum licensed carrying capacity (No. of Passengers) in case of passenger carrying vehicles

17 Whether the vehicle is driven by non- conventional source of power CNG/LPG/BI-Fuel

If "YES", Please give details_____

18 Whether the use of vehicle is limited to own premises? YES ☐ NO ☐

19 Whether the commercial vehicle is also used for private purposes (excluding use for hire or reward)? YES ☐ NO ☐

20 Whether the vehicle is used for driving tuitions? YES ☐ NO ☐

21 Details of Hire Purchase / Hypothecation / Lease

a) Is the vehicle proposed for insurance

(i) Under Hire Purchase? YES ☐ NO ☐ (ii) Under Lease Agreement? YES ☐ NO ☐

(iii) Under Hypothecation? YES ☐ NO ☐

b) If "YES", give name and address of concerned party / parties: _____

(Note: Copies of R.C. Book, Permit & Fitness Certificate should be submitted along with the proposal form)

A (III) LIABILITY SECTION: COVERAGE

THIRD PARTY RISKS: DEATH / BODILY INJURY

22 Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

(i) Owner Driver only ☐ YES ☐ NO (ii) Any person other than Paid Driver ☐ YES ☐ NO

If, "YES", give details of such other persons:

1. _____
2. _____
3. _____

(Note: 1. Section 146 of Motor Vehicles Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver. 2. As per Section 147 (2) (a) The liability is "as incurred" in the case of death / bodily injury of a third party)

THIRD PARTY RISKS: TPPD

23. Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? YES ☐ NO ☐

[For additional TPPD limits, please see Q. No. 25]

THIRD PARTY RISKS: LIABILITY TO 'WORKMEN' UNDER W.C. ACT-1923 (COMPULSORILY TO BE COVERED BY M.V. ACT-1988)

24. Legal liability to persons employed in connection with operation of the vehicle who are "workmen". [The liability of the Employer under the Workmen's Compensation Act – 1923 is covered under the Motor Vehicles Act – 1988].

1) Drivers : (No. of persons: _____) 2) Employees (Workmen): (No. of persons: _____)

(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.) [For additional coverage, please refer to Q. No. 26]

B. QUESTIONS THAT PROVIDE ADDITIONAL COVERS AS PER IMT ENDORSEMENTS

ADDITIONAL TPPD

25 The Policy provides additional Third Party Property Damage liability limit or Rs. 7,50,000/- for commercial vehicles.

Do you wish to cover the additional limit? YES ☐ NO ☐

[Refer to Q. No. 23]

ADDITIONAL LIABILITY TO WORKMEN

26 Do you wish to cover wider legal liability to employees who are 'workmen'? YES ☐ NO ☐

[This information is sought to cover in addition to liability under the Workmen's Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law]

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement) [Refer to Q. No. 24]

LIABILITY TO EMPLOYEES WHO ARE NOT WORKMEN

27 Do you wish to cover wider legal liability to employees who are NOT 'workmen'? YES ☐ NO ☐

(Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not workmen can be covered under this endorsement).

PERSONAL ACCIDENT COVER FOR OWNER DRIVER

28 Do you hold a valid driving license? YES ☐ NO ☐

Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:

(a) Name of the Nominee & Date of Birth : _____

(b) Relationship : _____

(c) Name of the Appointee : _____
(If Nominee is a Minor)

(d) Relationship to the Nominee : _____

(Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15, 00, 000/- . 2. Compulsory PA cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license.)

NFPP

29 Do you wish to include Legal liability to Non fare paying passengers ? YES ☐ NO ☐

If YES, give number of persons:

PA COVER FOR UNNAMED OCCUPANTS

30 Do you wish to include Personal Accident cover for Unnamed Passengers/hirer/pillion passengers (Two Wheelers)?

YES ☐ NO ☐

If YES, give number of persons and Capital Sum Insured (CSI) Opted:

No. of Persons: _____ C.S.I (Per Person): _____

(Note: The maximum CSI available per person is Rs. 2 Lakhs in case of Private Cars and Rs. 1 Lakh in the case of Motorized Wheelers)

TOWING COVER

31. Do you wish to opt for Towing cover YES ☐ NO ☐

GEOGRAPHICAL EXTENSION

32. Whether extension of geographical area to the following countries required?

(1) Bangladesh YES ☐ NO ☐ (2) Bhutan YES ☐ NO ☐ (3) Maldives YES ☐ NO ☐
(4) Nepal YES ☐ NO ☐ (5) Pakistan YES ☐ NO ☐ (6) Sri Lanka YES ☐ NO ☐

(Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)

C. QUESTIONS THAT ARE ELICITED FOR INFORMATION AND DATA COLLECTION PURPOSES

33. Previous History:

- a. Date of purchase of the vehicle by the proposer: ____/____/____
- b. Whether the vehicle was new or second hand at the time of purchase? New/Second Hand
- c. Will the vehicle be used exclusively for
 - (i) Private, Social, Domestic, Pleasure & Professional Purpose? YES ☐ NO ☐
 - (ii) Carriage of goods other than samples or personal luggage? YES ☐ NO ☐
- d. Is the vehicle in good condition? YES ☐ NO ☐
If NO, please give details: _____
- e. Name and Address of the previous insurance company: _____
- f. Previous policy number: _____ g. Period of Insurance : From: _____ To: _____
- h. Claims logged during the preceding 3 years:

Year	No. Of Claims	Claim Amount (Rs.)

34. Details of the Driver:

- a. Age & Date of Birth of the Owner: Age: Yrs DOB:
- b. Age & Date of Birth of the Driver: Age: Yrs DOB:
- c. Does the driver suffer from defective vision or hearing or any physical infirmity? YES ☐ NO ☐
- d. Has the driver ever been involved / convicted for causing any accident of loss? YES ☐ NO ☐

If YES, give details as under including the pending prosecutions:

Driver's Name : _____

Date of Accident: Loss / Cost (Rs.):

Circumstances of Accident / Loss: _____

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ADDITIONAL INFORMATION (OFFICE USE ONLY)

1. Vehicle Type: ☐ 2 Wheeler ☐ 3 Wheeler ☐ 4 Wheeler ☐ More than 4 Wheeler
2. Vehicle Colour:
3. City where the vehicle will primarily be used:
4. Fuel Type: ☐ Petrol ☐ Diesel ☐ CNG ☐ LPG ☐ Electric ☐ Hybrid ☐ Other
5. Vehicle category & Use: Imported vehicle ☐ Conveyance of passenger for Hire/reward ☐ Courier & express delivery ☐
 Campervan/Motor homes ☐ Racing, Rallies ☐ Speed Trials ☐ Amusement centre ☐ Tourist or charter operator ☐
 Fast food/ Restaurant – Delivery service ☐ Special Purpose vehicle ☐ Airfield/Airside operation ☐ Vehicle specifically designed or adapted for military and law enforcement use ☐ Collection / Disposal/ Discharge of Industrial Trade waste ☐
 Logging or Timber Haulage ☐ Carriage of Live Stock ☐ Underground Mining ☐ Transporting refrigerated stocks ☐
 Route or line bus, As a road-train ☐ b-double or b-triple operations ☐ Bus used/leased to Municipal or State Govt authority ☐ Others ☐
6. Whether any modification or conversion has been done in the vehicle from the maker's standard specification? YES ☐ NO ☐
 If YES, please give details of such modifications/conversions _____
7. Whether any Trailer attached? YES ☐ NO ☐ If YES, please give following details: _____
 No. of Trailers:
 Trailer Registration No.:
 Trailer Serial/Chassis No.:
8. Is the vehicle in good state of repair? YES ☐ NO ☐
 If NO, please furnish details _____
9. What will be the Average Daily use of the vehicle?
 Less than 500 Kms ☐ Between 501 & 2500 Kms ☐ Between 2501 to 5000 Kms ☐ Above 5000 Kms ☐
10. Where will the vehicle be generally driven on?
 Expressway ☐ National Highway ☐ State Highway ☐ City Roads ☐ Town ☐ Village Roads ☐ Private Road ☐
11. Do you want to cover legal liability to passengers? YES ☐ NO ☐
 (Applicable to ambulance/hearses only) If YES, give number of passengers _____
12. What is the vehicle permit type?
 Contract carriage ☐ Stage carriage ☐ Local ☐ State ☐ Zonal ☐ National ☐ Hilly Areas ☐
13. What will the vehicle be used for?
 Goods Carrying (Public Carrier) ☐ Goods Carrying (Private Carrier) ☐
 Passenger Carrying (Capacity equal to or less than 9) ☐ Passenger Carrying (Capacity exceeding 9) ☐
 Misc. & special vehicle ☐ Others (Please specify) _____
14. What types of Goods will the vehicle carry?
 Hazardous Goods ☐ Non-Hazardous Goods ☐
15. Proposed usage of vehicle? (Applicable only to passenger carrying vehicles carrying capacity not exceeding 9)
 Driven by the owners only ☐ Driven by the owners only along with drivers ☐ Driven by other drivers ☐
 For rent to tourists ☐ For rent to individuals for personal use ☐ Radio Taxis ☐
 Business purpose by hotels ☐ Business purpose by Corporate ☐ Official purpose by foreign embassy / consulate ☐
16. Where will the vehicle be generally parked
 During the Day – Roadside Public parking ☐ Roadside Outside Parking ☐ Open parking lot ☐
 Covered parking lot ☐ Locked covered garage ☐ Within enclosed compound of residence/office/factory ☐
 During the Night - Roadside Public parking ☐ Roadside Outside Parking ☐ Open parking lot ☐
 Covered parking lot ☐ Locked covered garage ☐ Within enclosed compound of residence/office/factory ☐

DRIVER DETAILS

17. The vehicle will be driven by

Sr. No.	Name	Relationship with Proposer	Date of Birth / Age	Driving Experience	License No.	Gender	Claim Year	Amt	Claim Type
1.									
2.									
3.									
4.									
5.									

DECLARATION BY PROPOSER

I/ we hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and the _____

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to SBI General immediately.

Date:

D

D

M

M

Y

Y

Y

Y

Place:

Signature of the Proposer

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Commercial Vehicles and related information in: ☐ Physical Format ☐ e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

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

☐ I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is (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

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 statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian ☐ Non-Indian ☐ Non-resident Indian(NRI) ☐ Others ☐

If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

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

- ☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
- ☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

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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.

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

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

Signature of Proposer :

PREMIUM PAYMENT AND BANK ACCOUNT DETAILS*:

Premium Amount: Cheque/Journal No*.: Date:

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

Bank Account No.: IFSC Code:

Bank Account Number*: Branch Name*:

Card details*: ☐ Master ☐ Visa Card No*.: Card Expiry Date:

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

INSURED BANK DETAILS*

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.

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:

Place:

Signature of Agent

DECLARATION BY INSURED:

I/We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) and the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and the _____

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Insurers immediately.

The details filled in the proposal form would be used for new as well as for renewal purpose

Date:

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

Place:

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Signature of the 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:

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Signature of the Witness Insured

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Signature/Thumb impression of the Proposer/Primary Insured

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 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 Insure.
- (2) Any person making default in complying with the provisions of this section shall be punishable with penalty, which may extend 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:

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.