

**Note:**  
The liability of the Company does not commence until the proposal has been accepted, duly conveyed to the applicant and premium has been realized by SBI General Insurance Company Limited. ("Company").

**OFFICE USE ONLY**

Policy Issuing Office Address & Code

Quote No:  Inward No:

Receipt No:  Receipt Date:

Business Type:  New  Rollover  Renewal (In case of renewal please share policy number -----)

Sales Channel Type:  Banca  Agency  Direct  Corporate/Broker

**INTERMEDIARY'S DETAILS**

Intermediary Name	<input type="text"/>
Intermediary code	<input type="text"/>
Intermediary Contact Details	<input type="text"/>
GSTN/ ISDN	<input type="text"/>

**DETAILS ABOUT PROPOSER AND POLICY PERIOD (\*MANDATORY FIELDS)**

Name of the Proposer:

Address of Proposer:

City  State

Pin code  Landmark

Permanent Address:

City  State

Pin code  Landmark

Nationality:  Date of Birth:

Nature of Business:  Email ID:

Aadhar Number:  PAN\*.:  /Form 60/61 (If PAN not available):

Passport/Driving License/Voter ID:

Profession:  Salaried  Self-Employed  Other Details:

Contact No.\*: Mobile No.:  Alternate Contact No.:

GSTN/ISDN:  If applicable

Do You wish to cover Your family under this Policy?  Yes  No  
 \*(please note: Family is restricted and limited to spouse and maximum 2 dependent children up to 18 years only)

If Yes, then provide below details.  
**Details of Family Member**

S. No	Name	Date of Birth	Age	Gender	Relationship with Proposer
1					
2					
3					
4					

Are You Employee of SBI Group of Company?  Yes  No

If Yes, then mention Name of the Group Company and Employee Number \_\_\_\_\_

Does any person to be insured presently hold any other Retail Insurance Policies with SBI General Insurance?

Yes  No (If Yes, please provide the details )

Current Insurance Details with SBI General	
Policy Number	<input type="text"/>
Period of Insurance	<input type="text"/>

Are you or any of the proposed applicant \_\_\_\_\_, please tick whichever is applicable:  Yes  No

HNI  Jeweller  NGO  Film Actor/ Producer  PEP

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.

### COVER AND SUM INSURED DETAILS

Limit of liability - Section based Limit  Aggregate Limit [Tied-up Limit]  Rs. \_\_\_\_\_

Section	Cover Name	Select Cover	Select Limit of Liability (Rs)	
			(Please tick ✓ if 'Section based Limit' is opted)	
1	Theft of Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
2	Identity theft	No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
3	Data Restoration / Malware Decontamination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
4	Cyber Bullying, Stalking and loss of Reputation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000

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. | Cyber VaultEdge, UIN: IRDAN144RP0059V01202122 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

5	Cyber Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
6	Online Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
7	Online Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
8	Social Media and Media Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000
9	Network Security Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
10	Privacy Breach and Data Breach liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	

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11	Privacy Breach and Data Breach by third party	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
12	Smart Home Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 10,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 50,00,000
			<input type="checkbox"/> 1,50,000	<input type="checkbox"/> 1,00,00,000
			<input type="checkbox"/> 2,00,000	
13	Liability for intentional misbehavior of underage persons*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000	<input type="checkbox"/> 1,50,000
			<input type="checkbox"/> 20,000	<input type="checkbox"/> 2,00,000
			<input type="checkbox"/> 25,000	<input type="checkbox"/> 2,50,000
			<input type="checkbox"/> 50,000	<input type="checkbox"/> 3,00,000
			<input type="checkbox"/> 75,000	<input type="checkbox"/> 5,00,000
			<input type="checkbox"/> 1,00,000	<input type="checkbox"/> 10,00,000

(\*Note – The cover no 13 can be opted for family and this cover is not available for individual policy)

Has any Computer System (e.g. incl smartphone) owned by you or your family (if applicable) ever been hacked in the past?

Yes  No

If "Yes", please provide details \_\_\_\_\_

Has any claim been made by you in respect of the risks to which this proposal relates?

Yes  No

If "Yes", please provide details \_\_\_\_\_

Have you or your family (if applicable) ever made a demand, claim and complaint or filed a lawsuit against third party alleging invasion or interference of rights of privacy or the inappropriate disclosure of personal information?

Yes  No

If "Yes", please provide details \_\_\_\_\_

Have you or your family (if applicable) ever been a victim of online fraud and/or online-defamation?

Yes  No

Auto Renewal –  Yes  No

Digital only policy –  Yes  No

## NOMINEE DETAILS

Name	Contact Details	Date of Birth	Age	Relationship with primary insured
		D D M M Y Y Y Y		

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	Relationship	Appointee contacts details

## ELECTRONIC INSURANCE ACCOUNTS DETAILS

Policy No. / Application No.	Insurer Name	Period of Insurance (from – to)	Sum Insured	Claims lodged during the preceding years

I want Cyber Vaultedge Policy, SBI General Insurance Company Limited related information in –  
Physical Format - Yes  No  e-Format (electronic) as & when applicable - Yes  No

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

- NSDL Data Management Ltd.  CDSL Insurance Repository Ltd.  
 Karvy Insurance Repository Ltd.  CAMS Repository Services Ltd.

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

My CKYC No. (Central Know Your Customer registry number) is (If available)

Kindly visit our website [www.sbigeneral.in](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

## PREMIUM DETAILS

Premium Amount	(in figure) Rs _____ (in words) _____
Premium payment mode option	Cheque <input type="checkbox"/> DD <input type="checkbox"/> Debit Card / Credit Card <input type="checkbox"/>
Cheque /DD No.:	<input type="text"/> Date: D D M M Y Y Y Y
Amount ( in ₹)	<input type="text"/>
Bank Account Number	<input type="text"/>
Bank Name	<input type="text"/>
IFSC Code	<input type="text"/> Branch Name: <input type="text"/>
Card Details	Master <input type="checkbox"/> Visa <input type="checkbox"/> Card Expiry Date: D D M M Y Y Y Y
Card No.	<input type="text"/>

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

## BANK DETAILS (For Refund Process)

Would you like your refund / excess premium by Cheque or credited directly into your account?

If yes, then provide below details for our record.

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 Credit Card account directly or refund will be paid through cheque. Please provide the following bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank account: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder	<input type="text"/>
Bank Name	<input type="text"/>
Branch Name	<input type="text"/>
Bank Account No	<input type="text"/>
IFSC Code	<input type="text"/>
MICR Code	<input type="text"/>

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.

**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 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.

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

Signature of Proposer :

**INSURED DECLARATION**

I /We the undersigned, declare and acknowledge:

- That I understand that I am required to disclose in this form, fully and faithfully, all the facts that I know or ought to know, otherwise the policy issued hereunder shall become voidable at the option of the Insurer;
- I undertake not to use any illegal software that undermine the security of my system
- That after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal supplied separately, is true and correct and that until a contract of insurance is entered into, I am obliged to inform the Company of any changes to any information on supplied or any new information that is relevant;
- I understand Company relies on the accuracy of the information and documentation supplied proposing this insurance;
- If the contract enters into, all information and documentation supplied for proposing this insurance shall be incorporated into and form part of such contract of insurance;
- I have read and understood the importance notices which form part of this proposal;
- I have understood, no insurance is in force until a contract of insurance is entered into, which is conditional upon acceptance of my proposal for insurance by the Company;
- That signing of this proposal does not bind the undersigned to purchase the insurance, but it is agreed that this proposal shall be the basis of insurance should a policy be issued and will be attached to form part of the insurance policy.

Date:

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

Signature of Insured

**Note:** The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by SBI General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer SBI General Insurance Company Limited along with the date from which the insurance Cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment.)

**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

Date: 

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

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

**AGENT'S DECLARATION**

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

License No.: \_\_\_\_\_

Date: 

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

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

Signature of Agent

**Sharing of Information:** The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

**Fraud Warning:** This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind 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.

## AML Declaration as per AML Master Guideline 2022:

### 1. 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**.
- 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: