

## COMMERCIAL VEHICLE INSURANCE POLICY - PACKAGE

### FOR OFFICE USE

Quote No.:	<input type="text"/>	Inward No.:	<input type="text"/>
Receipt No.:	<input type="text"/>	Receipt Date:	<input type="text"/>

### INTERMEDIARY'S DETAILS (\* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Metro	<input type="checkbox"/> Rural	<input type="checkbox"/> Village	<input type="checkbox"/> Social
Business Type:	<input type="checkbox"/> New	<input type="checkbox"/> Roll-Over	<input type="checkbox"/> Renewal	Sales Channel Type:	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct		
Sales Channel Code:	<input type="text"/>	Specified Person's Code*:			<input type="text"/>				
Specified Person's Name*:	<input type="text"/>								
GSTIN/ISDN:	<input type="text"/>								

### PART I - INDIVIDUAL (\* Mandatory Fields)

1.\* Do you have existing relationship with SBI General Insurance?  Yes  No  
 If Yes, then please mention your Customer ID:

2.\* Title:  Mr.  Miss  Mrs.

3.\* Name:

4.\* Gender:  Male  Female

5. Date of Birth:

6.\* Unique Identification:  Ration Card  Passport  Biometric Card  Gov UID  Voter ID  Driving Licence  
 (minimum one is required)

7.\* Unique Identification No.:

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

9. Marital Status:  Single  Married  Others

10.\* Nationality:

11. Education:  Non-Matriculate  Matriculate  Graduate  Post-Graduate  Professional

12. Occupation:  Salaried  Self-employed/ Professional  Business  Student  Retired  Agriculture & Allied  Others

13. Email Address:

14. Telephone details: Landline No.:  Mobile No.:

15.\* Preferred Contact Mode:  Email  Paper Mail  Phone 16. Preferred Payment Mode:  EFT  Cheque

17.\*Address of the Proposer:  
 House No.:  Block:   
 Building:  Locality:   
 Street:   
 City:  District:   
 State:  Pincode:  Country:

18. Corporate:  Yes  No GSTIN / ISDN:

19. 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.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before 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. | Commercial Vehicle Insurance Policy - Package (Goods Carrying) UIN: IRDAN144RP0002V0220112 | Commercial Vehicle Insurance Policy - Package (Miscellaneous Vehicles) UIN: IRDAN144RP0003V0220112 | Commercial Vehicle Insurance Policy - Package (Passenger Carrying) UIN: IRDAN144RP0004V0320112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

## PART II (RISK COVERAGE PROPOSAL DETAILS)

1. Proposal For:  New Policy  Roll-Over  Renewal  Endorsements
2. Type of Policy:  Package  Liability Only
3. Period of Insurance: From          hrs of     till midnight of
4. Have you been previously insured in respect of this vehicle?  Yes  No  
If Yes, please provide the name & address of your previous Insurer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5.a. Previous Policy No.:
- 5.b. Previous Policy Type:  Comprehensive  Liability
6. Previous Insurance History: Date of Purchase of the vehicle:
- Was it new at the time of purchase?  Yes  No
- Has any Insurance company ever  Yes  No
- a. Declined the proposal  Yes  No
- b. Cancelled the policy or refuse to renew  Yes  No
- c. Required an increase of Premium  Yes  No
- d. Imposed special conditions or excess  Yes  No
7. Previous Policy Start Date:
- Previous Policy End Date:
- 8.a. Are you entitled to 'No Claim' Bonus (NCB) at this Renewal?  Yes  No
- 8.b. Kindly indicate the 'No Claim' Bonus (NCB) percentage \_\_\_\_\_ (%) mentioned in your expiring Policy
9. Have you made any OD Claims on your expiring Policy?  Yes  No

I/We hereby declare that the rate of NCB claimed by me/us is correct & that No Claim has arisen in the expiring Policy Period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

\_\_\_\_\_  
Signature of the Proposer

## ABOUT THE DRIVER

1.\* The vehicle will be driven by:

Sr. No.	Full Name	Relationship with the Proposer	Date of Birth	Driving Experience	Driving Licence No.	Gender
1.		Self				
2.		Spouse				
3.		Paid Driver				
4.						
5.						

2. Has a claim been made in the last 5 years for any regular driver?  Yes  No

Year	1	2	3	4	5
No of Claims					
Type of Claim	OD/TP	OD/TP	OD/TP	OD/TP	OD/TP
Amount					

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18. Proposed usage of the vehicle (applicable only to passenger carrying vehicles with seating capacity not exceeding up to 6:
- Driven by the owner(s) only       Driven by the owner(s) along with other drivers       Driven by other drivers  
 For rent to tourists       For rent to individuals for personal use       Radio Taxis  
 Business purposes by Hotels       Business purposes by Corporates       Official purposes by Foreign Embassy / Consulate

19. What type of goods will the vehicle carry? (applicable only to goods carrying vehicles)
- Hazardous Goods       Non-Hazardous Goods

20. What is the vehicle permit type?

20A. For Passenger Carrying Vehicles:

- Maxicab     Contract Carriage Bus     All India Tourist Permit (AITP)-Contract Carriage     Stage Carriage     Interstate Stage Carriage  
 Institution     School Bus     Taxi     All India Tourist Permit Cab     Rent-A-Cab permit     Auto Rickshaw     Others

20B. For Goods Carrying Vehicles:

- Local     State     National     State

21. Is the vehicle Company maintained?     Yes     No  
 22. \*Whether any modification or conversion has been done in the vehicle from the maker's standard specification?     Yes     No

If Yes, give details of such modifications/conversions: \_\_\_\_\_

23. Is the vehicle in good state of repair?     Yes     No  
 24. Is the vehicle fitted with anti-theft device?     Yes     No

If Yes, please provide:

Name of the Manufacturer:

Type of Device:

25. Whether approved by ARAI, Pune?     Yes     No  
 26. Will the vehicle be used for Private purposes too? (IMT - 34)     Yes     No  
 27. What will be the average monthly use of the vehicle?  
 Less Than 500 Km     Between 2501 to 5000 Km     Above 5001 Km  
 Yes     No

If Yes, please give address: \_\_\_\_\_

29. Will the vehicle be used for driving tuitions?     Yes     No

30. Where will the vehicle be generally parked:

- a) During the Day:     Locked Garage     Inside Covered     Unlocked Garage     Inside Compound in Open  
 Pay & Park     On Public Road     Others
- b) During the Night:     Locked Garage     Inside Covered     Unlocked Garage     Inside Compound in Open  
 Pay & Park     On Public Road     Others

31. Whether extension of Geographical Area to the following countries required?     Yes     No

If Yes, please tick the countries to which the extension is required:  Bangladesh     Bhutan     Maldives     Nepal     Pakistan     Sri Lanka

32. Insured's Declared Value (IDV) of the Vehicle:

The IDV of the vehicle will be deemed to be the Sum-Insured for the purpose of the Policy and will be fixed on the basis of the Manufacturer's listed selling price of the brand & model as the vehicle proposed for insurance at the time of commencement of Insurance/renewal & adjusted for Depreciation as per the schedule specified below:

Age of the Vehicle	% Depreciation
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%

Age of the Vehicle	% Depreciation
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

For vehicles more than 5 years of age, please contact the Company for fixing the IDV

Vehicle Value (Chassis Price)    ₹ \_\_\_\_\_  
 Vehicle Value (Body Price)    ₹ \_\_\_\_\_  
 Non-Electrical Accessories (other than factory fitted)    ₹ \_\_\_\_\_

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j) Do you wish to opt for Engine Guard cover? (Applicable only Taxis)

Yes  No

k) Do you wish to opt for EMI Protector?

Yes  No

Please specify the EMI amount and provide a copy of the loan approval letter with EMI Amount: \_\_\_\_\_ Deductible: ₹ 500 ₹ 1000 ₹ 2000 ₹ 2500 ₹ 5000

l) Do you wish to opt for Loss of Income?

Yes  No

If yes, please indicate the limit of cover

Please select the per day benefit limit ₹: \_\_\_\_\_

Type/ Class of Vehicle	Benefit - Per Day Limit	
	Minimum	Maximum
Three wheelers (Goods Carrying & Passenger Carrying Vehicles)	₹ 500	₹ 2000
Taxis	₹ 1000	₹ 4000
Buses	₹ 2000	₹ 8000

Type/ Class of Vehicle		Benefit - Per Day Limit	
		Minimum	Maximum
Goods Carrying Vehicles	i) Up to GVW 7500 Kg	₹ 1000	₹ 4000
	ii) GVW > 7500 Kg to ≤ 25000 Kg	₹ 1500	₹ 6000
	iii) GVW > 25000 Kg	₹ 2000	₹ 8000
Miscellaneous Class 'D' Vehicles		₹ 2000	₹ 8000

### PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

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

(\*Mandatory fields)

Cheque No./DD No.:  Amount:

Date:

Bank Name:

Branch:

Bank Account No.\*:  IFSC Code\*:

Period of Insurance: From:  To:

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

### 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:  Indian  Non-Indian If Non-Indian, please specify Country: \_\_\_\_\_

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

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:  
(Photographs required if customer does not have CKYC ID)

Signature of Proposer

### DECLARATION BY PROPOSER

1. I/We hereby declare that the statement made by me/us in the 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 statement 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 safety of the property as if it were uninsured.  
 2. 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 non-disclosure/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.  
 3. 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.  
 4. 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.  
 5. 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 withdraw it at a later stage, for the purpose of and in relation to the insurance coverage and benefits requested by me/us.  
 6. I/We hereby extend me/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Please tick mark if Authorized Person has explained the product features and benefits and I have understood the questions in the form and the answers given are correct. Yes  No

Date:  Place:

Signature of Proposer: \_\_\_\_\_

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## SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 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 rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend up to ₹ 10 Lacs.

## AGENTS DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee 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: \_\_\_\_\_

## DOCUMENTS LIST (Please Tick 3)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Proposal cum Questionnaire | <input type="checkbox"/> List of Electronic Equipment | <input type="checkbox"/> NCB Reserving Letter         |
| <input type="checkbox"/> Payment Advice/Instrument  | <input type="checkbox"/> RC Book                      | <input type="checkbox"/> Form No. 28 & 29             |
| <input type="checkbox"/> Driving Licence            | <input type="checkbox"/> Sale Deed                    | <input type="checkbox"/> Renewal Notice / Policy Copy |
| <input type="checkbox"/> Valuation Certificate      | <input type="checkbox"/> GST Exemptions               | <input type="checkbox"/> Vehicle Inspection Report    |

## 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:  Place:  \_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Signature/Thumb impression of the Proposer

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Commercial Vehicle Insurance Policy - Package and related information in:  Physical Format  e-Format (electronic); as & when applicable.

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).

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## CONSENT CODE AND ACCOUNT DEBIT MANDATE

\_\_\_\_\_ is the consent code to authorize SBI to Debit the customer account  
I \_\_\_\_\_ authorize SBI to debit my Account Number \_\_\_\_\_ with ₹. \_\_\_\_\_ for premium of  
\_\_\_\_\_

Date: 

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

Place: 

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

\_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Signature/Thumb impression of the Proposer

### \*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 twenty-five 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 **fifteen 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 fifteen 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.



**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."

2. 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 **fifteen 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.

3. Please note, In absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).