PRASAR BHARATI

(India's Public Service Broadcaster)
Prasar Bharati Secretariat
(Budget & Accounts Section)
6th Floor, Prasar Bharati House,
Copernicus Marg, New Delhi-110001

No. ADG(B&A)/AI/A/CS/2017-18/CFDL /- 824-40

Dated/3.03.2019

Accounting Circular No.13

Sub: Implementation of Centralized Fund cum Distribution Limits (CFDL) facility offered by State Bank of India in Prasar Bharati.

Presently, Prasar Bharati Secretariat is transferring funds to its field units based on their fund requirement and budget allocation on monthly basis. The units are giving request for monthly LOC through EMS. In response, Prasar Bharati releases the funds to the concerned DDO units for Salary in dedicated salary bank account and for Expenditure other than salary viz. OAE, PP&SS (Programme Software), RNUs, Kisan, Capital etc. in OAE bank account. It has been noticed that there is always a time lag between transfer of funds in the bank accounts of DDO units and its actual utilization.

As per existing instructions/ guidelines of Prasar Bharati, all DDO units need to maintain CLTD based current accounts for OAE. When Prasar Bharati's Release Section transfers the funds then the funds are initially parked in the bank accounts of DDOs until the Cheque/NEFT request presented in the bank for payment.

In the present system of fund allocation, there is huge time lag between allocation of funds and its utilization. In order to overcome the disadvantages of the existing system of Budget allocation and release of funds to field units, it has been decided to implement Centralized Fund cum Distribution Limits (CFDL) facility offered by State Bank of India (SBI) for OAE bank accounts.

CFDL is an efficient fund management system for deployment of funds in Central account to increase return on CLTD and to monitor the utilization of the funds by the field units of Prasar Bharati. Under CFDL facility, two types of current bank accounts are opened i.e. Central account and Subsidiary account(s). All funds are kept in Central account and funds withdrawal limits are set for Subsidiary bank accounts. The field units can withdraw the funds upto fund withdrawal limit set for their subsidiary account(s). The subsidiary accounts function as a normal current bank account to the extent of deposit and withdrawal of funds are concerned. Initially, on presentation of withdrawal request, the balance of subsidiary accounts will become negative for the time being and at the end of the day, the subsidiary accounts pull the funds from Central account and make its balance zero.

It has been decided that CFDL facility will be implemented in all units of Prasar Bharati located in Delhi including Directorates w.e.f. 01.04.2019 and thereafter, in rest of India w.e.f. 01.05.2019. On or after this cut off date, the IEBR funds for OAE, RNUs, PP&SS etc. will be released through CFDL facility only.

d

The process for implementation of Centralised Fund cum Distribution Limits (CFDL) in Prasar Bharati in respect of OAE bank account is as follows:

- Prasar Bharati Release Section has already opened Central account (A/c No. 38244673159) for Expenditure from IEBR under CFDL facility with SBI, New Delhi Main Branch, Parliament Street. The Customer Identification Folio (CIF) of Central Account is 90262336044.
- 2. All field units are required to open subsidiary current bank accounts for expenditure from IEBR under CIF of Central account as mentioned in Para 1 above with the same authorised signatories which these units are having at present in respect of existing OAE bank accounts. All field units located in Delhi should open the subsidiary bank account for OAE by 25th March, 2019. The field units located in rest of India are required to open subsidiary bank account for OAE latest by 15th April, 2019. The compliance regarding opening of subsidiary account(s) should be sent to Prasar Bharati Release Section immediately after opening the bank account for updating their records for future release of funds. The form for opening of subsidiary bank account is enclosed as Annexure-1.
- Budget allocation and request for release of funds by field units will be as per the existing practices.
- 4. For fixation of withdrawal limit, the field units will send their LOC request through EMS as per the existing practice to respective Directorate. Prasar Bharati Release Section will be the custodian of Central account and will periodically fix the limits for withdrawal of fund for each subsidiary account through its banker i.e. SBI New Delhi Main Branch as per the recommendation of Directorates.
- On or after cut off date as mentioned above, no actual transfer of funds will be made. The funds for expenditures from IEBR will be released to the field units through subsidiary account only.
- 6. After fixing the limit(s), Prasar Bharati Release section will convey about the limit(s) fixed for the field unit(s) as per existing practices.
- 7. The field units like CCW, Zonal Engg. Offices, CPC, PAOs etc. which are operating their OAE bank account for Works, Capital Expenditure under Plan Scheme, Kissan and other Central Sector schemes related expenditure will continue to incur such type of expenditure from their existing OAE account. The funds for rest of the purposes which were earlier transferred through OAE account will be disbursed through Subsidiary bank account.
- 8. A) The field units other than mentioned in Para 7 above should discontinue their transactions from existing OAE bank account from the cut off date as mentioned above for the implementation of CFDL facility for their units. They should not issue any withdrawal request on or after cut off date from the existing OAE bank account and keep the unutilised leafs of cheque books of OAE bank accounts in safe custody.

- B) These field units should transfer the opening balance of unutilised funds as per the Bank Book (i.e. balance reflected in books of account/ Receipts & Payments Account) as on cut off date lying in the existing OAE bank accounts to the Prasar Bharati Release section.
- C) The existing OAE bank account should be kept alive till the clearance of the last cheque/NEFT/RTGS issued from that account or three months from cut-off date, whichever is earlier. The OAE bank accounts of field units in Delhi and rest of India can be kept alive maximum upto 30th June, 2019 and 31st July, 2019 respectively.
- D) After clearance of the last cheque/NEFT/RTGS issued or three months from cut-off date, whichever is earlier, the unutilised cheque leafs/ books of all the existing OAE bank accounts should be returned to the bank and that account should be closed. The unutilised funds, if any, lying in the bank account should be transferred to Prasar Bharati Release Section.
- E) At the time of the closure of the existing OAE bank account, these field units must ensure that there is no pending item in Bank Reconciliation Statement of that account.
- 9. On transfer of funds, the field units should make necessary entries in Receipts & Payments Account under head 'Inter Current A/c transfer of funds 'To Prasar Bharati' [sl. no.IV(i)] appearing in the Payments side. Simultaneously, Prasar Bharati Release section will reflect the funds received in R&P A/c under 'Inter Current A/c transfer by PB-'Other Stations/ Kendras' [sl. no.III(b)] appearing in the Receipts side.
- 10. From the cut off date, the field units should do the banking transactions, relating to expenditure under IEBR, from their new subsidiary bank accounts only as per the existing practice. The units will be allowed to do the banking transactions upto the limit fixed for their subsidiary bank account.
- 11. Any withdrawal from subsidiary bank account will simultaneously reduce its drawing limit by that particular amount. The residual limit will be available for further withdrawals. At the end of the day, the subsidiary account will pull the funds from Central account and the closing balance will become zero.
- 12. The Prasar Bharati Release Section and the concerned units to which Subsidiary account pertain will be responsible for preparation of Bank Reconciliation Statement of Main bank account and subsidiary bank accounts from its start date respectively.
- 13. Bank Reconciliation Statement should be prepared by the concerned field unit in respect to its Subsidiary bank account. Since now all balances will be maintained in Central Bank account hence preparation of Bank reconciliation Statement will become simpler. The field unit(s) needs to reconcile all cheques issued during the month as per bank book with their clearance in the bank statement of that subsidiary bank account. Normally, the closing balance of a day in the bank book will either be negative or zero as it will pull amount utilised by the concerned field unit during the day from the Central account to make its balance zero.

M

- 14. The control of adding/ deleting any subsidiary bank account of field unit(s) and fixation of limit for a particular subsidiary bank account will be with custodian of central bank account i.e. Prasar Bharati's Release Section.
- 15. The field units will not be allowed to view transactions of other field unit's bank account(s). The field units may operate and view their own subsidiary account using Corporate Internet Banking (CINB) facility. However, Prasar Bharati Release Section may view the transactions of any subsidiary bank accounts under its CIF using Corporate Internet Banking (CINB) facility.
- After implementation of bank accounts under CFDL facility, the MOD/CLTD will be maintained in Central bank account only.

Both the Directorates are requested that they should circulate and ensure the compliance of the abovementioned instructions by all field units under their control scrupulously. The Finance wings of both the directorates should ensure the opening of bank accounts within the given timeframe positively.

This issues with the approval of CEO, Prasar Bharati.

(C.K Jain)

DDG(Fin.)

DG: AIR/DD

Copy to:

- 1. ADG(E&A)/ ADG (Sports), PB Secretariat.
- 2. ADG (Fin), AIR / DD.
- CE(CCW), New Delhi.
- 4. DDG(Fin), AIR / DD.
- 5. Director (Admin), PB Sectt.
- 6. DD (B&A)/ (Accounts)/ (F&A), Prasar Bharati Sectt.
- 7 DDG (Tech.), Prasar Bharati Sectt. with a request to upload the above circular on the official website of Prasar Bharati.

Copy for information to:

- 1. SO to CEO PB.
- 2. PS to M(F) PB.





भारतीय स्टेट बैंक STATE BANK OF INDIA

PLICATION TYPE*:	NEW		UPDA	TE D	ATE:								FOR C	FFIC	E USE	ONL	r 1	A. Fleid B. Tick C. Plea	'W' wh	ereve	rappli	cabl	e.							
NO.						A/	CNO	. [T								٦١	D. Plea F. Plea	se fill th	e For	nin En	glisi e de	and le	BLC	CKL	/Inst	ructi	ons		
NUMBER (MANDATOR	YFORKYC	UPDAT	EREQU	EST):		T	T		T		П	T	T			T	٦١	G. List perl	oftwo ndian h	charac Motor	ter IS	031 le Ac	66 cou	isav	code	sand	List	of Sta	Instru	ctio
COUNT HOLDER TYPE*	: 🔲	USI	REPORT	ABLE			OTHE	R REP	ORTAI	BLE (F	PLEAS	E REFER	INSTRU	спо	N'A' AT	THEE	NDI	sect	ion nur number nition o	mbera eris Ma	nd stri	ikef	or the	section A	ons n	otre	quire	availe dtob	ble be aupda	fore
I/WE DO NOT HAVE								-1			_	1		_																
I/WE HAVE AN ACC							_	Sec. Li		L	L			L	Ш	L	1													
ENTITY DETAILS	(Pleas	erefe	r Gen	eralC	3uic	eline	s Pol	int (C")	311.9	115	7		98.1																
ME OF THE ENTITY*:																												Ü		
	111							Ų.																						Ì
E OF COMMENCEMEN	T OF BUS	NESS*				T				(AI	PPLIC	ABLE II	CASE	OFP	UBLIC	LIMITE	DC	MPAN	ES)											
E OF INCORPORATION	V/FORMA	TION*;		T	T	T					N*:								Ш		ORM 6	1	_	(FOR	SOL	E PR	OPR	ETOR	ONLY)
CE OF INCORPORATION	N/ FORM	ATION*								- 30					NT OF							TIT		ere.	0.00	NED.		CTALL	CTION	
—		_		-	_		-	_	٦.					ORA	(PLEAS								_						TION	1
N*:		+	ш		_	ш	1	_	_			TION	TPE-:	_	IPLEAS	SE KER	ERG	ENERA	LINSI	ROCI	10143	CZ	. 1- 0-	Oln	icns	(SPE	CIFT	-		
ITY CONSTITUTION T	YPE*:	(PLE	ASE RE	ERINS	STRU	CTION	BING	GENE	RALIN	NSTR	UCTIO	ONS)																		
										1				ONL	APPLI	CABL	EINC	ASEO	FACO	MPAN	Y)									
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANCIAL EN NON FINANCIAL EN ENTITY CAN BE EITHE	TION (FI) E AGENCI TITY (NF	: (IF FI ES, NBF E): IF E	NANCIA CS ETC	LINST L) OR S NFE, PASSI	WET	HER IT	I) IS T	NOT B	ACT BE BOT	IVE N	ALSO IFE O	FILL A	PAS	SIVE 'H' IN	NFE GENER	RAL GU	JIDEL	INES F	OR AC	TIVE &	PASS									
TERMINE* WHETHER T FINANCIAL INSTITU (BANKS, INSURANC NON FINANCIAL EN ENTITY CAN BE EITHE MBER OF CONTROLLIN	JTION (FI) E AGENCI VTITY (NF ER AN'ACT	: (IF FI ES, NBF E): IF E TVE NF N(S):	NANCIA CS ETC NTITY I E' OR A	S NFE,	WET VE N	HER IT	I) IS T	NOT B	ACT BE BOT	IVE N	ALSO IFE O	FILL A	PAS	SIVE 'H' IN	NFE GENER	RAL GU	JIDEL	INES F	OR AC	TIVE &	PASS									
FERMINE® WHETHER T FINANCIAL INSTITUT (BANKS, INSURANCI NON FINANCIAL EN ENTITY CAN BE EITHE ABER OF CONTROLLIE ECT REPORTING NON	TION (FI) E AGENCI TITY (NF ER AN'ACT NG PERSO	: (IF FI ES, NBF E): IF E TIVE NF PN(S):	NANCIA CS ETC NTITY I E' OR A	LINST DR S NFE, PASSI (A	WET VE N PPLIC	HER IT	I) IS T IS*: CAN N ONLY	NOT B	ACT BEBOT ASEO	IVE N	ALSO IFE O	FILL A	PAS	SIVE 'H' IN	NFE GENER	RAL GU	JIDEL	INES F	OR AC	TIVE &	PASS									
TERMINE* WHETHER T FINANCIAL INSTITUT (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE MBER OF CONTROLLIF ECT REPORTING NON ES PLEASE PROVIDE G BALENTITY IDENTIFIES	TION (FI) E AGENCI TITY (NE ER AN'ACT NG PERSO FINANCIA	: (IF FI ES, NBF E): IF E TIVE NF N(S): [AL FORE	NANCIA CS ETC NTITY I E' OR A EIGN EN	LINST DR S NFE, PASSI (A	WET VE N PPLIC	HER IT	I) IS T IS*: CAN N ONLY	NOT B	ACT BEBOT ASEO	IVE N	ALSO IFE O	FILL A	PAS	SIVE 'H' IN	NFE GENER	RAL GU	JIDEL	INES F	OR AC	TIVE &	PASS						1			
ERMINE* WHETHER T FINANCIAL INSTITU (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE MBER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G AL ENTITY IDENTIFIER & WHEN AVAILABLE)	TION (FI) E AGENCI TITY (NE ER AN'AC' NG PERSO FINANCI IIN OF DIE R (L.E.I CO	: (IF FI ES, NBF E): IF E TIVE NF N(S): [NL FORE DE, NO	NANCIA CCS ETC NTITY I E'OR A EIGN EN EPORTII	LINST OR S NFE, PASSI (A) TITY (I	WET WET NOTE OF THE PROPERTY O	HER IT FE', IT C CABLE	IS*: CAN N ONLY YES	NOT B	ACT BE BOT ASE O	H-S	ALSO REE INS	FILL A	PAS	SIVE 'H' IN	NFE GENER	RAL GU	JIDEL	INES F	OR AC	TIVE &	PASS						-			
ERMINE* WHETHER T FINANCIAL INSTITU (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE BER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G AL ENTITY IDENTIFIES E WHEN AVAILABLE)	TION (FI) E AGENCI HTTY (NE R AN'ACT NG PERSO FINANCI HIN OF DIE R (LEI CO	: (IF FI ES, NBF E): IF E TVE NF N(S): [LL FORE DE, NC	NANCIA CS ETC NTITY I E' OR A EIGN EN EPORTII	LINST ALINST ALINST SNFE, PASSI A TITY (I	WET WE N PPLICE	HER IT FE', IT C CABLE	IS*: CAN N ONLY YES	NOT B	ACT BE BOT ASE O	H-S	ALSO REE INS	FILL A	PASTIONS LANN	SIVE	MFE GENER RE II FO	RAL GU	JIDEL CH CC	INES F	OR AC	TIVE &	PASS				отн	HER_				
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE MBER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G AL ENTITY IDENTIFIES WHEN AVAILABLE) CERTIFICATE OF IN	TION (FI) E AGENCI STITY (NE ER AN 'AC' NG PERSO FINANCI SIN OF DIE ER (L.E.I CO	: (IF FI ES, NBF E): IF E TIVE NF N(S): [LL FORE DE, NC DE, NC ATION	EIGN EN EPORTII	AL INSTALLinstallinstal	WET VE N PPLIC NFFE	HER IT CABLE	IS*: CAN N ONLY YES	NOT B	ACT ASE O	IVE N H - S F PAS	ALSO IFE O EEE IN! SIVE I	R STRUC	PASS TIONS	SIVE SIVE 'H' IN BEXU	NFE GENER	RAL GU	UIDEL CH CC	UNES F ONTRÒ	ORAC	TIVE 8	PASS	IVE			отн	HER_	-			
TERMINE* WHETHER TO FINANCIAL INSTITUTE (BANKS, INSURANCE) NON FINANCIAL ENTITY CAN BE EITHER MEER OF CONTROLLING MONES PLEASE PROVIDE GEAL ENTITY IDENTIFIES & WHEN AVAILABLE) PROOF OF IDENTITY	TION (FI) E AGENCI RITTY (NF ER AN'ACT NG PERSO FINANCIA IIN OF DIF ER (L.E.I CO LITTY (Pe LICORPOR DOCUME	: (IFFI ES, NBFE ES,	NANCIU CCS ETC CCS ETC NTITY I LE OR A EPORTII LE OR A FORM N RESPI	AL INST	WETTUVE NI PPLICE NIFFEE:	HERIT FE', IT CCABLE	IS*: IS*: CAN N ONLY YES	NOT B	ACT ASE OF NO	IVE N H - S F PAS	ALSO HFE O EE IN: SIVE I	FILL A	PASS FIGURE 1	SIVE I	STRATE	ON CE	JIDEL CO	CATE D / MA	OR AC	TIVE E	PASS	TEE	NFE)		отн	der_				
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE MBER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G MALENTITY IDENTIFIES WHEN AVAILABLE) CERTIFICATE OF IN OFFICIALLY VALID MEMORANDUM AN	TION (FI) E AGENCI STITY (NF ER AN'AC' NG PERSO FINANCIA IIIN OF DIF ER (L.E.I CO LITY (P& ICORPOR DOCUME IND ARTIC	: (IFFI : (IFFI : FEE): IFE IVE NF IVE NF INIS): [ILFORE INIS]: [ILFORE INIS	NANCIA CCS ETCC NTITY I NTITY	AL INSTALL INS	WETTUVE NI PPLICE NFFE D' TPPER / PAR	HER IT HER IT CABLE CABLE SON A	IS*: CAN N ONLY YES THERE	NOT B	ACT ASE O	H-S FPAS	ALSO IFE O IFE	FILL A	PASSIONS LL ANN	SIVE III	SE ANNE	ON CE	UIDEL CH CC	CATE D/MA	OR AC	PERSON GO CO.	MMITT	TEE	NFE)	_			d)			
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE ABER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G ALENTITY IDENTIFIES WHEN AVAILABLE) CERTIFICATE OF IN OFFICIALLY VALID MEMORANDUM AN PROOF OF ADDI	TION (FI) E AGENCI TITY (NF ER AN'ACT NG PERSO FINANCIA IIIN OF DIF ER (L.E.I CO LITY (Pe LICORPOR DOCUME ND ARTIC RESS (P	: (IFFI : (IFFI : IFE : IFE : IFE IN(S): [IDE IN(S): [I	NANCIUM COS ETC NTITY I I I I I I I I I I I I I I I I I I	AL INSTALL INS	WET VE N PPLIC NFFE	HER IT CABLE I: SON AI THERS SON AI	IS*: CAN N ONLY YES THERE	NOT B	ACT ASE O	H-S FPAS	ALSO IFE O IFE	FILL A	PASSIONS LL ANN	SIVE III	SE ANNE	ON CE	UIDEL CH CC	CATE D/MA	OR AC	PERSON GO CO.	MMITT	TEE	NFE)	_			d)			
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE MEER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G ALENTITY IDENTIFIES WHEN AVAILABLE) CERTIFICATE OF IN OFFICIALLY VALID MEMORANDUM AN PROOF OF ADDI PROOF OF	TION (FI) E AGENCI TITY (NF ER AN'AC' NG PERSO FINANCI IIIN OF DIF ER (L.E.I CO LITY (P& LCORPOR DOCUME ND ARTIC RESS (P ENT/OVE	: (IFFI ES, NBFE): IFE ES, NBFE): IFE IVE NF	NANCE TO SET OF THE PROPERTY O	AL INSTALL INS	WET VE NI PPLIK NFFE PER PAF ODIC TAIL	HER IT CABLE SON AI STUTES SON AI STUTES SON SON AI SON	IS*: CAN N ONLY YES THE C ONLY THE C ONL	NOT B	ACT ACT ASE O NO TRUS	H-SFPAS	ALSO IFE O IFE	FILL A	PASSIONS LL ANN	SIVE III	SE ANNE	ON CE	UIDEL CH CC	CATE D/MA	OR AC	PERSON GO CO.	MMITT	TEE	NFE)	_			d)			
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE BER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G ALENTITY IDENTIFIES WHEN AVAILABLE) CERTIFICATE OF IN OFFICIALLY VALID MEMORANDUM AN PROOF OF ADDI CURRENT / PERMANI REGISTERED OFFIC	TION (FI) E AGENCI TITY (NF ER AN'AC' NG PERSO FINANCI IIIN OF DIF ER (L.E.I CO LITY (P& LCORPOR DOCUME ND ARTIC RESS (P ENT/OVE	: (IFFI ES, NBF ES, NB	NANCIJCOS ETC NTITY I LIGN EN PORTII N RESPI LISSOCI CETTI ADDRE	AL INSTALL INS	WET VE NI PPLIK NFFE PER PAF ODIC TAIL	HERIT CABLE CABLE In Ge SON AI THERS THERS SON AI THERS SON AI THERS SON AI THERS	IS*: CAN N ONLY YES THE C ONLY THE C ONL	INOT BE OF BU	ACT ACT ASE O NO TRUS	H-S FPAS	ALSO IFE O IFE	FILL A	PASSIONS LL ANN	SIVE H'IN REGULATION ACTION ACT	SE ANNE	ON CE	UIDEL CO	CATE D/MA SOLE I	OR AC	PERSON OF CONTRACT	MMITT	TEE	NFE)	_			d)			
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE MEER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G AL ENTITY IDENTIFIES WHEN AVAILABLE) CERTIFICATE OF IN OFFICIALLY VALID MEMORANDUM AN PROOF OF ADDI CURRENT / PERMANI REGISTERED OFFICE DRESS TYPE*:	TION (FI) E AGENCI TITY (NF ER AN'AC' NG PERSO FINANCI IIIN OF DIF ER (L.E.I CO LITY (PA ECORPOR DOCUME ND ARTIC RESS (P ENT/OVE EC ADDRE RESIDENT	E (IFFI ES, NBF ES, NB	NANCIJCOS ETC NTITY I LIGN EN PORTII N RESPI LISSOCI CETTI ADDRE	AL INSTALL INS	WETTUVE N PPLIC NFFEE PER PPR PPR PPR PPR PPR PPR PPR PPR P	HERIT CABLE IN THE STATE OF THE	IST	OF BU	ACT	H-S FPAS	ALSO IFE O EE IN: SIVE I SIVE I OCUM	FILL A R R R FILL A R R R FILL A R R R R R R R R R R R R R R R R R R R	PASSIONS:	SIVE SIVE CHINE REGISTER RESCUENCE CONTROL RESCU	NFE GENERE II FO	ON CE	UIDEL CH CO	CATE D/MA SOLE I	OR AC	PERSON OF CONTRACT	MMITTI	TEE	NFE)	_			d)			
FINANCIAL INSTITUTE (BANKS, INSURANCIAL EN INON FINANCIAL EN ENTITY CAN BE EITHE BER OF CONTROLLIN COT REPORTING NON ES PLEASE PROVIDE G AL ENTITY IDENTIFIES WHEN AVAILABLE) CERTIFICATE OF IN OFFICIALLY VALID MEMORANDUM AN PROOF OF ADDI CURRENT / PERMANNI REGISTERED OFFICE OFFICIAL STATE O	TION (FI) E AGENCI TITY (NF ER AN'AC' NG PERSO FINANCI IIIN OF DIF ER (L.E.I CO LITY (PA ECORPOR DOCUME ND ARTIC RESS (P ENT/OVE EC ADDRE RESIDENT	E (IFFI ES, NBF ES, NB	NANCIO COS ETC NTITY I CIGN EN CONTROL	AL INSTALL INS	WETTUVE N PPLIC NFFEE PER PPR PPR PPR PPR PPR PPR PPR PPR P	HERIT CABLE IN THE STATE OF THE	IST	OF BU	ACT	H-S FPAS	ALSO IFE O EE IN: SIVE I SIVE I OCUM	FILL A R R R FILL A R R R FILL A R R R R R R R R R R R R R R R R R R R	PASSIONS:	SIVE SIVE CHINE REGISTER RESCUENCE CONTROL RESCU	STRATIC	ON CE	UIDEL CH CO	CATE D/MA SOLE I	OR AC	PERSON OF CONTRACT	MMITTI	TEE	NFE)	_			d)			
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE ABER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G FALENTITY IDENTIFIES WHEN AVAILABLE) CERTIFICATE OF IN OFFICIALLY VALID MEMORANDUM AN PROOF OF ADDI CURRENT / PERMANN REGISTERED OFFIC DOF OF ADDRESS*: E1*:	TION (FI) E AGENCI TITY (NF ER AN'AC' NG PERSO FINANCI IIIN OF DIF ER (L.E.I CO LITY (PA ECORPOR DOCUME ND ARTIC RESS (P ENT/OVE EC ADDRE RESIDENT	E (IFFI ES, NBF ES, NB	NANCIO COS ETC NTITY I CIGN EN CONTROL	AL INSTALL INS	WETTUVE N PPLIC NFFEE PER PPR PPR PPR PPR PPR PPR PPR PPR P	HERIT CABLE IN THE STATE OF THE	IST	OF BU	ACT	H-S FPAS	ALSO IFE O EE IN: SIVE I SIVE I OCUM	FILL A R R R FILL A R R R FILL A R R R R R R R R R R R R R R R R R R R	PASSIONS:	SIVE SIVE CHINE REGISTER RESCUENCE CONTROL RESCU	STRATIC	ON CE	UIDEL CH CO	CATE D/MA SOLE I	OR AC	PERSON OF CONTRACT	MMITTI	TEE	NFE)	_			d)			
ERMINE* WHETHER T FINANCIAL INSTITUTE (BANKS, INSURANC) NON FINANCIAL EN ENTITY CAN BE EITHE ABER OF CONTROLLIN ECT REPORTING NON ES PLEASE PROVIDE G ALENTITY IDENTIFIES WHEN AVAILABLE) PROOF OF IDENTIFICATE OF IN OFFICIALLY VALID MEMORANDUM AN PROOF OF ADDI CURRENT / PERMANI REGISTERED OFFIC DOF OF ADDRESS*: E 1*: E 2:	TION (FI) E AGENCI TITY (NF ER AN'AC' NG PERSO FINANCI IIIN OF DIF ER (L.E.I CO LITY (PA ECORPOR DOCUME ND ARTIC RESS (P ENT/OVE EC ADDRE RESIDENT	E (IFFI ES, NBF ES, NB	NANCIO COS ETC NTITY I CIGN EN CONTROL	AL INSTALL INS	WETTUVE N PPLIC NFFEE PER PPR PPR PPR PPR PPR PPR PPR PPR P	HERIT CABLE IN THE STATE OF THE	IST	OF BU	ACT	H-S FPAS	ALSO IFE O EE IN: SIVE I SIVE I OCUM	FILL A R R R FILL A R R R FILL A R R R R R R R R R R R R R R R R R R R	PASSIONS:	SIVE SIVE CHINE REGISTER RESCUENCE CONTROL RESCU	STRATIC	ON CE	UIDEL CH CO	CCATE D/MA SOLE!	OR ACC LLING NAGIN PROPR ease	PERSON OF THE PERSON OF T	MMITTI	TEE	NFE)	_			d)			
GBANKS, INSURANCE NON FINANCIAL EN ENTITY CAN BE EITHE MBER OF CONTROLLI ECT REPORTING NON ES PLEASE PROVIDE G GALENTITY IDENTIFIES & WHEN AVAILABLE) PROOF OF IDENTI CERTIFICATE OF IN MEMORANDUM AS PROOF OF ADDI CURRENT / PERMANI REGISTERED OFFICE	TION (FI) E AGENCI TITY (NF ER AN'AC' NG PERSO FINANCI IIIN OF DIF ER (L.E.I CO LITY (PA ECORPOR DOCUME ND ARTIC RESS (P ENT/OVE EC ADDRE RESIDENT	E (IFFI ES, NBF ES, NB	NANCIO COS ETC NTITY I CIGN EN CONTROL	AL INSTALL INS	WETTUVE N PPLIC NFFEE PER PPR PPR PPR PPR PPR PPR PPR PPR P	HERIT CABLE IN THE STATE OF THE	IST	OF BU	ACT	H-S FPAS	ALSO IFE O EE IN: SIVE I SIVE I OCUM	FILL A R R R FILL A R R R FILL A R R R R R R R R R R R R R R R R R R R	PASSIONS:	SIVE SIVE CHINE REGISTER RESCUENCE CONTROL RESCU	STRATIC	ON CE	ERTIFICATION OF THE TOTAL OF TH	CATE D/MA SOLE I	NAGIN PROPR	PERSON SEE:	MMITTI	TEE	NFE)	_			d)			



TOLL FREE NUMBERS IN INDIA: 1800 11 22 11 / 1800 4253 800 | EMAIL: CONTACTCENTRE@SBI.CO.IN | WEBSITE: WWW.SBI.CO.IN

SAM										-	•			•				•) (•	•	D	(•	•		•	•	D	•	Þ	•	•	•	D	7	A	١.	A																		
SAM																																Ī						20.7																			
		URRI								DET	AIL	S (IN	CA	SEC	OF M	1UL	TIP	LE	co	RRE	SPC	INC	DE	NCE	11	oc	AL A	DD	RE	SSE	S,	PL	EAS	SE F	FILI	L'A	NN	EX	UR	EIII	')																
DDRESS	YPE	-	R	ESID							L	1			AITIA			L		BU:	SINE	ESS	5	L	Ų,	R	EGI	TE	RE	DO	FF	ICE					UN	SPE	ECI	FIE	0																
ROOF OF	ADD	ESS*	L		ERT	IFIC	ATE	OF	INC	ORP	ORA	ATIO	N/	FOR	MA	TIO	N			REC	SIST	ΓRA	TIC	ON C	ER	TIF	ICAT	E																													
INE 1*:													I		Ţ		1		I							T			T			I	Ę		1		T	Ĭ		T			Γ	1		T		T		T		T	Ī	T		Г	T
NE 2:							I					I	I			I	I		I	1		I	1			T			T			T			1		T			T		ī		T		T		T		T		T		T			T
NE 3:								1					T			T	T		T	T			1			T			1	CIT	Y /	тс	wi	1/1	VIL	LA	GE	. [Ť	7		Ī	T		T		T		T		T	-	T			T
STRICT*					Ī	T	T	1		Z	6	T	T			T	Ī		T	T	N/	Ī	Ī		_	Ť	٦		i			PIN	4/6	205	ST	co	DE	. [T	T		T	T		F	=	1	ī	-		-		-			_
TATE/UT	NAME	CODI	٠.[ISC	31	66C	ou	NTI	RYC	COL	DE	[T	7	_			-	_			_												_					_		J									
3 ADDRE	SS IN	THEJ	URIS	SDIC	TIO	N W	HER	EE	NTI	ry IS	RE	SIDE	NT	ou	TSI	DEI	ND	IAI	FO	RT/	XP	PUR	PC.	SES																																	
		CURRI															1		-					RRES		ואכ	DEN	TF /	110	OCA		AD!	DRE	22	DI	FTA	11 5																				
DRESS T		_	1	SIDE								7			TIA		1	-	7	BUS				Т			EGIS							Γ	_	-		SPE	-																		
OOF OF		-								MIT	ine	1		-	_	1	-	cri	_					L							_	-		L		_																					
			7		- 100	T	7			-013	I	1	1	·L		1 "	T	311	T	7	LE	I.	- I	CATI	. 0	T	- I	AL	EN	1	_	1	CE		1	AI	T	r 11	400	T	UR	ATI	JN	T	MM	TAI	10	T				_	_	Т			_
NE 1*:	_				-	_	<u>_</u>	1			_	L	1	4	_	_	1	_	_	1			1			1	_	_	1	1	_	1			1		I	_		1	1		L	1		L		L				L		L			I
VE 2:	느					_	+	1	_			_	+	_	_	L	1		1	_			.1			1		-	L	1		1			_		1	1		_	4	-		1		_		1					=	L			1
NE 3:	H		_			L	1	1				1	1	Ц		L	1	_	1	_	_	_		_	_				(CITY							-	.	_	Ļ	4	-	L			L	_	1			_	L	_	1		L	L
ATE*:			Ц		-		1	_		Ė] :	ZIP.	/ PC	ST	CO	DE	•							ļ	_				1	CO (IS	01	TR 16	Y C	100	DE*	٠L		L																		
CONT	ACT	DE	All	LS (All	cor	nm	un	ica	ior	S V	vill b	es	en	to	np	ro	vic	de	d M	ob	ile	n	o./	Ξm	nai	1-10).(0	Pl	eas	se	re	fe	li	ist	tru	ct	ior		a	t th	ie e	enc	1)		2	24	26						50			
L. (OFF):							T	T								1		TE	EL.	(RE	5):	Γ		R		T			Γ	1		T			1		T	1		T																	
x:		T				Ē	T	T				T	T	٦		1						_																																			
OBILE 1:		T	Ī			Ī	T	T			Г	T	T	T		i		M	ОВ	ILE	2:	Г	1			T	T		Τ	1		T			T		T	1		T																	
IAIL ID 1:						T	T	T		Ī		T	T			T	T	-	T	T		F	7			T	T		T	7		T			T		T	1		T		6		T		T		T	Y	Г		T	-	T			T
IAII ID S		\exists			_		÷	T		-	-	÷	Ť	Ħ		T	T	_	F	T			+	_		+	=		-		=	+		-	7	_	T	1	H	T		=	1	T		T	=	Ė		T		T	=	T	=		T
DETAI																		er	po	int	'G	i in	10	ien	era		nst	uc	tio	on:	s)			100		用地															200	100			いた。		
DETAI An 'Ann IMBER OF IMBER OI COUN	exui RELA F BEN TRY	e III FED PE EFICI OF I	RES	e fi	RS	i fo	AS	PE	re] RT	(AR APF (TI OU AX	ELA OIN HOL T OI	TED TED IGH F NU WS	PER OFI A BE MBI	SON FICI ENE ER C	Pas AL) FICI OF R	ANB IAL	ef OW ATE	IRE /NE DP	RI	OR, S A I	PRO RELINIB	ATE	ED	PER ICIA	SOILO	TA,	TRU	STE	E, F	PAR ER (TNI OF	BE	NE	FIC	IAL	.01	WN	IGN ER	SH	ORY	, BE	NEI BE C	ET	ERI	MIN	IED	05	EP	AR	AT	EL	Y.				Т	
DETAI An Ann IMBER OF UMBER OI COUN	exui RELA F BEN TRY	e III	RES	oe fi	RS	E DN	AS	PE	RT	(AR APF (TI OU AX	ELA OIN HOL T OI LA	TED TED IGH F NU WS	OFF OFF A BE MBI	SOI FICE ENE ER C	Pas AL) FICI OF R	ANB IAL	ef OW ATE	IRE /NE DP	RI	OR, S A I	PRO RELINIB	ATE	ED	ER, K PER ICIA	SOILO	TA,	TRU	STE	E, F	PAR ER (TNI OF	BE	NE	FIC	IAL	.01	WN	IGN ER	SH	ORY	, BE	NEI BE C	ET	ERI	MIN	IED	05	EP	AR	AT	EL	Y.	3 , 1	17)		T	SB
DETAI An 'Ann UMBER OF COUN IX RESIDI TICKED	RELATER BENT CONTRACTOR	e III	ERSO ALO RES	WNE IDE	RS	E DN	AS	PE	RT	(A F APF (TI OU AX	ELA POIN HOL TOI LA HER THE	TED TED IGH F NU WS	PER OFF	SOFFICIAL ENE	PAL) FICI	IAL CRELA	OW ATE	IND	ER II	OR, S A I	PROPRELLINA, B	ATE	ED	PER ICIA	SOILO	TA,	TRU	STE	E, F	PAR ER (TNI OF	BE	NE	FIC	IAL	.01	WN	IGN ER	SH	ORY	, BE	NEI BE C	ET	ERI	MIN	IED	05	EP	AR	AT	EL	Y.	3 , 1	17)			SB
DETAI NO AND MBER OF UMBER OF COUN XX RESIDI TICKED TAX RESI	RELATER TRY	EFICIAL OF INDICATOR OF U	RESULT OF THE SECOND SE	WNE ERE	RS'NC	E DNN	AS OT (EED)	PE	RT ANY) FIL	(A FAPPE (TI OU AX)	ELA POIN HOLL TOIL LA HER THE	TED	OF OF A BE	SOFFICIAL SOFFIC	PASSON CARALLY FICH OF R	IAL O	OW ATE	IND	ER I	OR, SAISON YI	PROPRELLIN, B	ATE	ED HEF	PER, K	SOILO	TA,	TRU	STE	E, F	PAR ER (TNI OF	BE	NE	FIC	IAL	.01	WN	IGN ER	SH	ORY	, BE	NEI BE C	ET	ERI	MIN	IED	05	EP	AR	AT	EL	Y.	3 , 1	17)			S B
DETAI An 'Ann UMBER OF UMBER OF COUN COUN COUN TICKED TAX RESI	RELATER TRY	EFICIAL OF INDICATOR OF U	RESULT OF THE SECOND SE	ONS*:	RS'NC	E DNN	AS OT (EED)	PE	RT ANY) FIL	(A FAPPE (TI OU AX)	ELA POIN HOLL TOIL LA HER THE	TED TED IGH IGH WS	OF OF A BE	SOFFICIAL SOFFIC	PASSON CARALLY FICH OF R	IAL O	OW ATE	IND	ER I	OR, SAISON YI	PROPRELLIN, B	ATE	ED HEF	PER, K	SOILO	TA,	TRU	STE	E, F	PAR ER (TNI OF	BE	NE	FIC	IAL	.01	WN	IGN ER	SH	ORY	, BE	NEI BE C	ET	ERI	MIN	IED	05	EP	AR	AT	EL	Y.	3 , 1	17)			SB
DETAI An 'Ann JMBER OF COUN AX RESIDI F TICKED TAX RESI	RELATE FRENT CONTROL TRY	e III	RESONTH CONTROL	WNE ERE WHI	RS NO	E DNN	AS OT (EED)	PE TA	RT (III	(AR APP	ELA POIN HOL T OI LA HER THE S', P	TED	OF OF A BE	SOM FICIAL ENE ER CO ROV	PASSON CARALLY FICH OF R	IAL I	OW ATE	NE DP	ER II	OR, S A I S S OI YI JS T	PROPRELIA N., B	ATE	ED	PER, K	SOILO	TA.	TRU THE NER	NUI	MB PA	PAR' ER (TNI OF / SI	BE UB	SET	FIC	FR	CON	WN ATI	ER ED I	SH	ORY	, BE	NEI BE C	ET	ERI	MIN	IED	05	EP	AR	AT	EL	Y.	3 , 1	17)			SE
DETAI An 'Ann JMBER OF COUN AX RESIDI TICKED TAX RESI IF TAX RESI IF TAX RESI	RELA' F BEN TRY TRY SIDE SIDE SON	e III.	RES NTH S: YI	WNE ERE WHIT N	RS'NC AN S N	E ON NIER	AS OT (CEED O [(A	PE TA	RT ANY FILL (III RSO X RE	(A RAPPE (TI OU AX OTTI LIN' YE N IS	HELA HER THE S', P	TED	PER OFI A BE MBI	SOFFICIAL SOFFIC	PASSON CARALLY FICH OF R	IAL I	OW ATE	NE DP	ER II	OR, S A I S S OI YI JS T	PROPRELIA N., B	ATE	ED	PER, K PER ICIA NO	SOILO	TA.	TRU THE NER	NUI	MB PA	PAR' ER (TNI OF / SI	BE UB	SET	FIC	FR	CON	WN ATI	ER ED I	SH	ORY	, BE	NEI BE C	ET	ERI	MIN	IED	05	EP	AR	AT	EL	Y.	3 , 1	17)			S B
DETAI An 'Ann UMBER OF UMBER OF COUN XX RESIDI TICKED TAX RESI IF TAX RESI A SPECIFI TAX RESI	RELATER BENT CONTROL OF THE STORE SOON DENT	e III	RESULATION THE STATE OF THE STA	WHE ERE WHI WHI (SEE	INC.	D N N N N N N N N N N N N N N N N N N N	AS OT (EED O [(A) UCTI HER 1	PE	RT ANY FILL (III RSO X RE	(A RAPPE (TI OU AX OTTI LIN' YE N IS	HOLLA HER THE S',P	TED	PER OFFI A BE MBE WHITE A BE P INCOME NO	PIE SOFFICIAL SO	PEI	IAL US	OWATE ON,	NEED P	ER II	OR, SAISON YI	PROPRES	ATER	ED	PER, K PER ICIA NO	SOILO	TA.	TRU THE NER	NUI	MB PA	PAR' ER (TNI OF / SI	BE UB	SET	FIC	FR	CON	WN ATI	ER ED I	SH	ORY	, BE	NEI BE C	ET	ERI	MIN	IED	05	EP	AR	AT	EL	Y.	3 , 1	17)			S B
DETAI An 'Ann JMBER OF JMBER OF COUN AX RESIDI TICKED TAX RESI IF TAX RESI A SPECIFI TAX RESI	RELATER BENT CONTROL OF THE STORE SOON DENT	e III	RESON THE US, YELD	ONS*: WHE ES [WHI N (SEE	INC. AND INS. INC. INC. INC. INC. INC. INC. INC. INC	E D N N IER	AS: OT COEED (A COEED UTSI	PE TA	RT ANY OF ILL	(ARAPE OU AX OTIL IN 'YE N IS SIDE	ELA POIN HOLL TOIL LA HER THE ES ES	TED OF LEAST	PER OFI A BE MBI A BE P IS IS NO FL	PIE SON	OUT TIO	IN ON A	OWATE TIN	OIRE VNEED P	E IN	OR. SALESON YILLESTI	PROPRECIONAL PROPR	ATERIO DE CONTROL DE C	DN SO	PER, K PER, K PER, K PIN NO NIS	YES	TA.	THE NER	NUI	HE HE	PAR ER (ER)	TNI OF /SI	YIS	S U	S RE	EPC	OR	TAB	ER ED I	SHIPER	ORN OUI ISO	(,BE	TH	EFC	ERIF EFI	NIT]	OS IN S	SEL	AR E P	AG	EL	Y. NC	O. 1	17)			SB
DETAI An 'Ann JMBER OF LUMBER OF LOUN AX RESIDI FTICKED TAX RESI IF TAX RESI A SPECIFI TAX RESIDI TAX RESIDI TAX RESIDI TAX RESIDI TAX RESIDI TAX RESIDI TAX RESIDI TAX RESIDI TAX RESIDI	RELA' F BEN TRY DENT SIDE GON ED U:	e III	RESCIALO RESCIACION THE SE VIDE SOON SIDE VIDE AX R	WNE LIDE NILY ERE S [WHI N (SEE LIND ESID	INC.	D N N N N N N N N N N N N N N N N N N N	AS OT COLUTS	PE TA	RT ANY FILL IND	(AR APF	HERE THE ES THE ES ON	TED ITED ITED ITED ITED ITED ITED ITED I	PER OFI A BE MBE A BE P IS IS NO FIL IAN TH	SOIFICE ENE ER CO	PEIS PEI	IN ON	OWATE ON, SP	SEE OF	E IN	OR, SAI SOI SOI STILL ST	PROPRETE IN:	ATE BEN	ON SO	PER, K P	YES	TA. N. TA. S. T	THE	NUISA	MB PA	EN FO	TNI OF /SI	YI	SET	S RE	EPC	OR	TAB	ER ED I	SHIPER	ORN OUI ISO	(,BE	TH	EFC	ERIF EFI	NIT]	OS IN S	SEL	AR E P	AG	EL	Y. NC	O. 1	17)			SB
DETAI An 'Ann UMBER OF COUN AX RESIDIF FIICKED TAX RESI IF TAX RESI	RELATION TRY TRY TRY TOTAL TRY	e III. TED PE TED PE THE III OF II OF I	RESCIALO RESCIALO NATH	WHEELES [WHITE CO ESIDE THE	AN O INS	D N N IER	AS OT (A COLUTS)	PE TA	RT ANYY FILE IND	(ARAPE (APE APE OU AX OTI IN "YE N IS SIDE IN IS IN IN IS IN IN IS IN	LA HEREST EST EST EST EST	TED ITED ITED ITED ITED ITED ITED ITED I	PER OFFI A BE MBE	SOIFICIAL SOIFIC	OUT TIO	IN I	OWATE SED	SEE QUI	DIA LEIN ETHENTE	OR, SAISON YILLEN	PROPRETED IN:	ATE BEN	ON SO	PER, K PE	YES	TA. N. TA. S. T	THE	STE NUMBER OF THE NUMBER OF TH	MB PA	EN FO	TNI OF /SI	YI	SET	S RE	EPC	OR	TAB	IER ED I	SHIPER	ORN OUI ISO	(,BE	TH	EFC	ERIF EFI	NIT]	OS IN S	SEL	AR E P	AG	EL	Y. NC	O. 1	17)			SE
DETAI An 'Ann UMBER OF COUN AX RESIDI F TICKED TAX RESI IF TAX RES	RELATER TRY FRENT CONTROL FREN	e III. TED PE TED PE THE III OF II OF I	RESCIAL OR RESCIAL OR STATE OF THE SECOND OF	WNE IDE NLY ERE (SEE IND CSEE THE	AN SINCE INS	D N N IER	AS OT (A COLUTS)	PE TA	RT ANYY FILE IND	(ARAPE (APE APE OU AX OTI IN "YE N IS SIDE IN IS IN IN IS IN IN IS IN	LA HER ES ES THEE ON OF	TED ITED ITED ITED ITED ITED ITED ITED I	PER OFFI A BE MBE	SOIFICIAL SOIFIC	OUT TIO	IN I	OWATE SED	SEE QUI	DIA LEIN ETHENTE	OR, SAISON YILLEN HER GO MC	PROPRETED IN:	ATE EST	DN SO	NO NIS	YES	S.T	THE VER	NUI SA	HE HES NO	ENT FO	TNI OF / SI	Y IS	S U	S RE	EPC	OR	TAB	ER I	SHIPPER	FR	OM	TH	E FC	DLL	TIN	J VIN	NG)	SEL	AR E P	AG	EL	Y. NC	O. 1	17)			SB
DETAI An 'Ann JMBER OF LUMBER OF LUMBER OF LOUN AX RESIDI FTICKED TAX RESI IF TAX RESI IF TAX RESI IF YES: P	RELA' F BENT CETTES F BENT CET	e III	RESCON THE SE VIDEO NO TO LO N	WHE	INC. ANN SAN STORESTY	D N N IER TRY	AS OT COLUTS	PE TA	RT ANY OF FILE IND. CAN U.	(ARAPE (APE APE OU AX OTI IN "YE N IS SIDE IN IS IN IN IS IN IN IS IN	LA HER THE ST. P. THE ES THE ES ON THE ES OF	WS COLLEAS OF LEAS A CO	PER OFFI A BE MBE	SOIFICIAL SOIFIC	OUT TIO	IN I	OWATE SED	SEE QUI	DIA LEIN ETHENTE	OR, SAISON YILLEN HER GO MC	PROPRETED IN:	ATE EST	DN SO	PER, K PE	YES	S.T	THE VER	STE NUIS A NITH	HE HE TH	ENT FO	TNI OF / SI	Y III	S U	S RE	EPO	OR	TAB	ER ED I	SHI PER	ORNING SERVICE	OM	TH	E FC	DLL	TIN	J VIN	NG)	SEL	AR E P	AG	EL	Y. NC	O. 1	17)			SEE
III. AGG	RELA' F BEN TO TRY TRY DENT COPPES GON DENT LEAS CORP CORP DVERI NTER	e III	RESCIALO RESCIALO NATALION TAL	WHE	INC. ANN SAN STORESTY	D N N IER TRY	AS OT COLUTS	PE DE TA	RT ANY OF FILE IND. CAN U.	(ARAPE (APE APE OU AX OTI IN "YE N IS SIDE IN IS IN IN IS IN IN IS IN	ELA HERETHEES PARTHEES THEES OF	TED OF LEAST OF LARI	PER OFFI A BE MBE	SOIFICIAL SOIFIC	OUT TIO	IN I	OWATE SED	SEE QUI	DIA LEIN ETHENTE	YI ISTI	PROUES RUC	ATERIO DE RESTARBON ABOUTETA	DON SOO SOO SOO SOO SOO SOO SOO SOO SOO S	NO NIS	YES	TA. N. TA. S. TA. LANCES DISI	THE IT	STE NUMBER	HE HE TH	ENT FOR MAN	TNI OF / SI	YI!	SET I	S RE	EPC ATTI	ORT	TAB	THE COL	ICK REFO	FR POR	OM	TH	E FC	DLL	OV OV OV] WIN	NG NG	CA	AAR	AT	EL	Y. NC	O. 1	17)			SEE
DETAI An 'Ann UMBER OF COUN AX RESIDIF FTICKED TAX RESI IF TAX RESI IF TAX RESI IF TAX RESI IF TAX RESI IF TAX RESI IF YES'. P	RELA' F BENN TRY F BENN TRY TYES' DENT CORP CORP DVERI NTER	e III.	RESCIALO RESCIALO NATALION TALLIONAL	WNE SIDE WHIT IN COME THE THAT IN CORRE	AN O INSTO	D N N IER TRY	AS OT COLUTS	PE DE TA	RT ANYY FILL IND ILE - ICH ICH IES	(ARAPE (APE APE OU AX OTI IN "YE N IS SIDE IN IS IN IN IS IN IN IS IN	HER ES ES THE ES OF	TIN CRITICAL A COLUMN (COLUMN)	PER OFFI A BE MBE	SOIFICIAL SOIFIC	OUT TIO	IN I	OWATE SED	SEE QUI	DIA LEIN ETHENTE	YI ISTI	PROUCES ENT:	ATERIO DE CONTROL DE C	OVY IF ALL IT IN THE IT IS A TO THE	NO NIS	YES	TA. N. TA. S. T. T. S. T. S. T. S. T. T. S. T. S	THE IT	NTE NUMBER	HE HE TH	FO EAC MA	TNI OF / SI	YY!	SET IN	S RE	ATTI AND ED BL	OR	TAB	THE COL	SHICK REFO	FR POR	OM	TH	E FC ACC	DLL	OV	WIN T")	NG)	CA	AAR	AT	EL	Y. NC	O. 1	17)			SSE

		ITIS																			THAN															TAX	RESI	DEN	CY,	
	COUNT OTHER			ESID	ENC	CE O	JTS	DE I	NDI	`								TION		REQ	UIVA	LEN	т.										MPAN		DENT	TIFIC	CATIC	NNC	UMB	ER
	ADDRES	S*		_		-	_	-				-	_	_					· Committee					1				-	_	_	-	_	_	_	_			•		
	LINE 1:	П	T	7	1				T	T	T	T	T	T	T	T	Т		~	T	T				CITY	۰	T	Т	T	1		7			Г	T	T	T	T	7
	LINE 2:	T	T	Ť	Ì				T	Ī.	T	T	T	Ť	T	1	T			T	T	T	ī		STATE	. [寸	Ť		T		寸	寸			F	÷	÷	T	ī
	LINE 3:		Ī	Ī					Ī	T		Ì		T	T	Ī				T			ī		PIN	:[Ī	Ī	Ī	Ī		Ī	T			T	T	Ť	T	ĺ
	COUNTR			ESID	ENC	E O	JTSI	DE II	NDI									IUMB		REQ	UIVA	LEN	т,										MPAN PECIF		DENT	TIFIC	ATIC	IN NC	JMBI	R
																							-						,										_	
	ADDRES	s*		_	_				_	_	_	_	_	_	_		_		_	_		_	_			-		_	_	_					_	_		_		
	LINE 1:			1	1						L	_		1			_						\exists		CITY	; [1	1	_	_					_	L	1	L	1
	LINE 2:		1	1	1								1		1		1								STATE	٠			1		_	\perp					1	_]
	LINE 3:			1						1_	L														PIN	: [1									1	L		1
	7.关注数			(A)			大学 大学				in Park	Kylin Kylin				FOR	M 60	ON	LYF	OR SC	DLE P	ROP	RIET	OR.		V	8		-91		i i			,						
E:		Ì	T	T	T	1				Г	Γ	T	T	T	T	T	T	T	1	T	T	T	T	T	T	1		1	I							Ι	T		T	T
EAS	ID PROC	F)																																	_					
PLIE	D FOR PA	NAND	ITIS	гои	YE	TGE	NER	ATE	D, E	NTER	DAT	E OI	API	PLICA	ATIO	N		Γ	I							THE	ACK	NON	LED	GEM	ENT	NUM	1BER				I	I	T	I
	NOT APP				MAT	TED	тот	AL II	NCO	ME (I	NCL	UDI	VG II	vcoi	MEC	OF SE	ous	SE, M	INO	RCHI	LD, E	TC)	AS PE	ER S	ЕСТІО	N 6	4 OF	INCO	OME .	TAX.	ACT	1961	FOR	FIN	IANC	CIAL	YEA	RIN	WHIC	нт
CUL	TURE INC	OME (I	RS)	F	T	1	1					T	Г	T	T	T	T	7	ОТН	ER TH	IAN	AGRI	CULT	URA	LINC	ОМЕ	ſ	T	T	1	T				T	T	T	T	T	T
				_	-							-	-				-1-	VE	RIF	ICA	TIO	N					-		-			_			-				-	_
					•••••																																			
	compute																																							
fied	today, th	e				day	of				. 20																													
à:																																								

- I/We hereby declare that the details furnished above are true and correct to the best of
 my/our knowledge and belief and I/We undertake to inform you of any changes therein,
 immediately. In case any of the information is found to be false or untrue or misleading or
 misrepresenting, I/we am/are aware that I/we may be held liable for it.
- I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
- I/We certify and declare that The Company does belong to the class of companies specified
 in sub-rule (2) of the Companies Rules 2017 (Restrictions on number of Layers) and it
 (Company) does not have more than two layers of subsidiaries. (As per the details given in
 Ministry of Corporate Affairs, Gazette notification No. 793 dated 21st Sept 2017.
- 4. I/We affirm and declare that I/We have read over and understood the rules and regulations of the State Bank of India ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Telebanking/Mobile Banking/Virtual Banking and any other facilities. I/We agree to abide by the same as amended/modified from time to time by the Bank/ Regulator/Government published through circulars, notifications, notice board/websites/newspaper publications, etc. I/We waive the rights, if any, to have personal notice in respect of such amendments/ modifications. I/We agree that the transactions and requests executed in my/our account(s) by me/authorized person through internet, mobile, telebanking or virtual banking under my/our User ID and password/PIN/OTP will be legally binding on me/us & I/We am/are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/details/OTP/PIN, etc., in such matters. I/We agree that Bank has got all the rights to debit
- my/our account for any service charge, expenses or other dues which the Bank is entitled/liable to recover from me. I/We also authorise the Bank and agree to close/discontinue my account without any notice to me in case of any violation of laws/rules/regulations or terms and conditions of maintaining the account. I/We hereby undertake to inform the Bank on any change in my communication address or constitution, and I/We shall submit the address proof in case of transfer of my account from one branch to another branch.
- 5. In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI for identification and / or address proof towards the compliance of KYC norms under the PMLA, 2002 and I hereby agree that the Bank may verify the same with UIDAI and authorise the UIDAI expressly to refease the identity and address through biometric authentication to the Bank.
- I/We confirm and declare that I/We am/are not prevented/prohibited/restricted by any
 applicable legal/regulatory/contractual or other provisions from opening and/or
 maintaining the accounts or to transact with the Bankinany other way.
- 7. I/Weagree that my/our personal KYC details may be shared with Central KYC regis try or any other competent authority. I/We hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI or any other authority through SMS/e-mall on my registered mobile number/ e-mail address. I/We also agree that the non-receipt of any such SMS/e-mall shall not make the Bank liable for any loss or damage whatsoever innature.
- I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No.

TOLL FREE NUMBERS IN INDIA: 1800 11 22 11 / 1800 4253 800. | EMAIL: CONTACTCENTRE@SBI.CO.IN | WEBSITE: WWW.SBI.CO.IN



0000000 0 0 00 AAAA

 $DBR.AML.BC. No. 36/14.01.001/2015-16\ dated\ 28\ August\ 2015\ in\ the\ matter\ including\ any\ subsequent\ modification/amendment\ thereof.$

- 9. I/We understarid, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- 10. I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We amy/are aware that I/We may be heldliable for it.
- 11. I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self—certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self-certification as above is provided to the Bank.

information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time.

- 13. I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- 14. I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrector incomplete information by me/us.
- 15. I/We undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
- updation of KYC details at periodical intervals as may be required by the Bank.

 16. I/We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.

 17. I/We have been advised of Monthly average/minimum balance requirement for the account
- 17. I/We have been advised of Monthly average/minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision/change and such revision/changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect.
- 18. I/We Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account, failing to which I understand my account will cease to be operational as per GOI guidelines, amending Prevention of Money laundering (Maintenance of Records) Rules 2005. (In case the account is opened without Aadhaar / PAN)
- 19. In case, deemed OVDs are submitted for current address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, falling to which I understand that my account may cease to be operational as per GOI guidelines at the material time.

-

Please paste	Please paste	Please paste
photograph	photograph	photograph
here	here	here
nere		
		4
gnature of Authorized Signatory (Do not overlap)	Signature of Authorized Signatory (Do not overlap)	Signature of Authorized Signatory (Do not overlap)
	Name:	Name:
me:		Designation:
esignation:	Designation:	Designation.
ate:	Date:	Date:
ame, Signature, Seal and	Name, Signature, Seal and	Name, Signature, Seal and S.S No. of the Verifying Official
S No. of the Verifying Official	S.S No. of the Verifying Official	
	Lawrence list NINV	and the second of the second of the second
	FOR OFFICE USE ONLY	FILT Special results to a section of the section of
APPLICANT(S) INTERVIEWED AND PURPOSE ASCERTAI	NED (SPECIFY THE PURPOSE): ITTED BY THE CUSTOMERS HAVE BEEN VERIFIED AND FOUND CORRECT A	ND RELIABLE: YES NO
WHETHER SELF - CERTIFICATION & DOCUMENTS SUBP (CARE: BRANCH TO PROCEED WITH OPENING OF AC	COUNT ONLY WHEN THIS CERTIFICATION IS "YES")	
THRESHHOLD LIMIT IS RS:		
DOCUMENTS RECEIVED : SELF CERTIFIED	TRUE COPIES NOTARY 5. RISK CATEGORY	T: HIGH MEDIUM LOW
IN PERSON VERIFICATION CARRIED OUT AND SIGNATU	IRE OF THE APPLICANT VERIFIED OUT BY : IDENTITY VERIFICATION:	DONE
	commence of the controller to	DESIGNATION:
FFICIAL NAME:		
FFICIAL NAME:	SIGNATURE:	

TOLL-FREE NUMBERS IN INDIA; 1800 11 22 11 / 1800 4253 800 | EMAIL: CONTACTCENTRE@SBI.CO.IN | WEBSITE: WWW.SBI.CO.IN

.



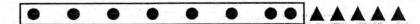
भारतीय स्टेट बैंक STATE BANK OF INDIA

ACCOUNT OPENING FORM (NON INDIVIDUALS) I/WE AM/ARE NOT AVAILING ANY CREDIT FACILITY(IES) / LOAN(S) FROM ANY OTHER BANK(S)/ FINANCIAL INSTITUTION (S) OR DATE I/WE AM/ ARE AVAILING CREDIT FACILITY(IES)/ LOAN(S) FROM OTHER BANKS/ FINANCIAL INSTITUTIONS AS DETAILED BELOW: ADDRESS OF THE BRANCH (WITH EMAIL AND PIN NUMBER) SR. NO NAME OF THE LENDING BANKS/FIS BRANCH "FOR STAFF USE" ACCOUNT NUMBER NOCRECEIVED YES NO YES NO NO Care: NOCs to be obtained from all the Lending Banks before opening of the Account. NATURE OF BUSINESS: The constitution designs and MANUFACTURER TRADER RETAILER SERVICE PROVIDER EXPORT / IMPORT OTHERS INDUSTRY CODE*: (PLEASE REFER TO INDUSTRY CODES ON PAGE 7) OTHERS: ANNUAL TURNOVER 5-10 LAKH 10-25 LAKH 25 LAKH- 1CR. 1-5 CR. 5-50 CR. 50-100 CR. 100 CR < DEALING WITH SBI: SINCE (YEAR) BRANCH. NATURE OF ACCOUNT:_ CREDIT FACILITIES (SBI) (IF ANY) TYPE OF ACCOUNT CURRENT ACCOUNT SAVINGS BANK ACCOUNT RECURRING DEPOSIT TERM DEPOSIT SPECIAL TERM DEPOSIT OTHER PLEASE SPECIFY: MODE OF OPERATIONS SINGLY JOINTLY SEVERALLY AS PER BOARD RESOLUTION OTHERS : (PLEASE SPECIFY) _ SERVICES REQUIRED (Tick the required service (Charges may be applicable)) CORPORATE INTERNET BANKING: VIEWING RIGHTS TRANSACTION RIGHTS CHEQUE BOOK BUSINESS DEBIT CARD POS FACILITY (CARD SWIPING MACHINE) SMS ALERTS CASH PICK UP FACILITY STATE BANK COLLECT E - HAND SHAKE INSTA DEPOSIT CARD XPRESS DEBIT CARD (HOST TO HOST INTEGRATION) QUARTERLY STATEMENT FREQUENCY: MONTHLY HALF-YEARLY E-STATEMENT TO BE SENT TO EMAIL ID: SMS ALERTS TO BE SENT ON : MOBILE 1 OR MOBILE 2 (PLEASE REFER TO THE MOBILE NUMBERS GIVEN IN CONTACT DETAILS IN A OF PART 1) ACCOUNT VARIANT POWER GAIN CURRENT ACCOUNT NORMAL CURRENT ACCOUNT POWER PACK CURRENT ACCOUNT POWER POS CURRENT ACCOUNT (MAB RS 10000)* (MAB RS 200000)* (MAB RS 500000)* (MAB RS 5000)* POWER JYOTI SURBHI CURRENT ACCOUNT OTHER: POWER JYOTI (PRE UPLOADED) (MAB RS 50000)* (MAB RS 50000) (MAB RS 10000)* (SWEEP FACILITY AVAILABLE) (FOR CURRENT CHARGES AND MABS ASSOCIATED TO SEVERAL PRODUCTS PLEASE VISIT SBI.CO.IN OR VISIT NEAREST SBI BRANCH) (*MABS ARE SUBJECT TO CHANGE) APPLICANT DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.

2. I/We affirm and declare that I/We have read over and understood the rules and regulations of the State Bank of India ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-banking/Mobile Banking/Virtual Banking and any other facilities. I/We agree to abide by the same as amended/modified from time to time by the Bank/Regulator/Government published through circulars, notifications, notice board/websites/newspaper publications, etc. I/We waive the rights, if any, to have personal notice in respect of such amendments/ modifications, I/We agree that the transactions and requests executed in my account(s) through internet, mobile, tele-banking or virtual banking under my User ID and password/PIN/OTP will be legally binding on me & I/We am/are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other

TOLL FREE NUMBERS IN IN DIA: 1800 11 22 11 / 1800 4253 800 | EMAIL: CONTACTCENTRE@SBI.CO.IN | WEBSITE: WWW.SBI.CO.IN





information/details/OTP/PIN, etc., in such matters. I/We agree that Bank has got all the rights to debit my account for any service charge, expenses or other dues which the Bank is entitled/liable to recover from me. I/We also authorise the Bank and agree to close/discontinue my account without any notice to me. I/We hereby undertake to inform the Bank on any change in my communication address or constitution, and I/We shall submit the address proof in case of transfer of my account from one branch to another branch.

3. I/We undertake to keep MAB (Monthly Average Balance) in the account as prescribed under the respective account scheme and agree to pay the penalty if MAB is not maintained.

SIGNATURE OF THE AUTHORIZED SIGNATORY

/We																											s 198											Γ				
givenbelo												inate	the	follo	wing	gpe	rson	tow	hon	nint	thee	vent	ofm				death											- 1	N	NIMC	OITA	N
_										BE F		EDC	דאכ	HE PA	ASSE	300	к.							(Vam	eand	addr	ess	ofbra	inch	/off	icein	whic	hthe	dep	osit	held	1.	5	ERIA	NO.	
ETAILS O																																										
ype of Dep	osit:	_	_	_	_	_	_	-	_			_	_	AC	cou	ITA	NO:							I					I	I								_				
ETAILS	OF	TH	EN	10	IIN	EE	7		150	105	- 0 -	53			T. 71		oi k			123	v0=14 1514		120						12.0		200			的意								題
AME:	Г		T	T	Т	7									Γ	T	T	T	T	1					1	1	T	1	1	31.34					-		I		T	T		Г
LATIONS	HIP	VITI	ITH	E DE	POS	ITO	R:_								-	-				_1					E:	7	\exists	DA	TEO	FBI	RTH	OF N	OMIN	IEE:				F				F
DRESS:	Г		Т	T	T	Т		-							Г	I	T	T	Т	1					1	7	f	1	1													T
	F		T	T	t	+			F						F	1	÷	Ŧ	\pm					=	\exists	7	+	7											H	F		Ē
TY:	H		H	t	\pm	茾	-		F		F	F	F		T	+	PIN	F	+	7			=	\exists	+	7	STAT	E. [=								H	H				T
		_	_	_			_						_	_	-	J				_				CIEN	0.05	NON	MINEE	L	he fil	led I	vI C	PCI-					H		-			T
s the non	ninos	ic -	min	01.0	n th	ir d		LAM		nint	Chri	/Smt																						-		_	1 -	ge_	-	_		ve
ddress_	mice	150								Joint																												,				,,-
Juress_																																										
										LL.																		000	-1													
receive	the a	no	int	i th	e de	pos	it or	ber	natr c	of the	non	inee	inti	ne e	vent	Of n	ny / c	our /	mir	or :	saea	ath d	uring	the	nino	ity	n the	nor	mile	3.												
																																Sic	nati	ire/	Thur	mb ir	mpre	ssio	n of	the A	pplic	ar
			Witr	ess	es:(Wit	nes	ses	are r	equi	ed c	nly ir	cas	e of	appl	lican	tisil	liter	rate	and	is af	fixin	g thu	mb li	npre	ssio	n)															
ersonal D	etail	of																									ame:											_				_
								_																																		
ersonal D litness 1	Name			_			-																	Ad	dres	s:_																



FOR OFFICE USE ONLY

OPEN THE ACCOUNT

MARKS (IF ANY);	
ASSISTANT (SIGNATURE)	OFFICER (SIGNATURE)
NAME:	NAME:
EMP/OFFICIAL NAME:	EMP./OFFICIAL NAME:
EMP/OFF.CODE:	EMP,/OFF, CODE:
EMP/OFF, DESIGNATION:	EMP,/OFF, DESIGNATION:
EMP./OFF. BRANCH:	EMP./OFF, BRANCH:

AUTHORISED OFFICIAL (SIGNATURE)

CURRENT ACGOUNT RULES

- Whenever the customer does not use alternate channels for opening the Current Account, payments to credit of an account with the Bank should ordinarily be accompanied by a payin slip duly signed by the constituent. Slips with counterfolls will be supplied in book form and the entry of the transactions made in the counterfoll will be authenticated by the initials of an authorised employee of the Bank. The depositor should satisfy himself that the
- Cheques must be drawn on the Bank's printed forms. The Bank reserves its right to refuse payment of any cheque drawn otherwise. The bank reserves the right to refuse payment of cheques that have been altered in any way unless the alternation is authenticated by the drawer under full signature. Cheques should be drawn in such a way as to prevent alteration after issue, and the signature should be uniform with that on record at the Bank.
- 3. Constituents should not overdraw their accounts, even for small amounts without having made previous arrangements. Overdraft are granted in current accounts on terms as pe extant instructions, interest will be charged at the rates stipulated by the Bank and calculated upon the daily balances.
- The Bank will register instructions from the drawer regarding cheques lost, stolen, etc. but cannot guarantee depositors against loss in such cases in the event of such a cheque being
- The bank collects bills, drafts, cheques, pay and pension bills, etc. on behalf of constituents. In personal accounts, the Bank offers up to a specified limit immediate credit in respect of cheques, drafts, dividend warrants, etc., payable at outstation branches.

- 6. Local cheques, etc. will be cleared under CTS Clearing
- Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against 7. until they have been realised.
- Bills, notes, etc, not payable on demand, intended for realisation by the Bank, should be sent at least one clear day before due date.
- The Bank accepts standing instructions on accounts for making periodic remittances, etc.
- 10. Statements of accounts will be sent to constituents periodically and can be obtained at any time on application. The entries of accounts should be carefully examined by the time on application. The entries of accounts should be carefully examined by the constituent, and, if any errors or omissions are discovered, the attention of the Bank must be drawn to them immediately. The Bank will not be responsible for any loss arising from neglect of this precaution. The names of payees of cheques will be entered in constituents' statements on receipt by the Bank of a written request to do so.
- 11. Any change in the address of the constituent must be promptly advised to the Bank. In all their correspondence with the Bank and on pay-in slips etc. constituents should clearly mention the account number allotted at the time of opening of the account.
- 12. Accounts may be transferred at the request of the constituents to any other office of the
- 13. The Bank accepts securities and shares for safe custody and realisation of interest, dividends, etc. on terms which may be had on application
- 14. The Bank reserves the right to alter/add to/delete any of these rules at any time.

INDUSTRY GODES

- 01. AIRLINES / AVIATION
- 02. ADVERTISING AGENCY
- 03. AGRICULTURE / ALLIED INDUSTRIES
- 04. AUTOMOBILES
- 05. AUTOPARTS
- 06. AUTO FINANCE
- 07. ARMS DEALER
- 08. BANKING / FINANCIAL SERVICES
- 09. ENGINEERING / CAPITAL GOODS
- 10. FERTILIZERS / CHEMICALS / SEEDS /
- 11. PESTICIDES
- 12. FISHERIES / POULTRY
- 13. GEMS / JEWELLERY
- 14. CALL CENTERS / BPO

- 15. CASINOS
- 16. CEMENTS / PAINTS
- 17. CHIT FUNDS
- 18. CONSUMER DURABLES
- 19. COURIER / CARGO
- 20. CONSTRUCTION / REAL ESTATE
- 21. CONSULTANCY
- 22 FLECTRONICS
- 23. FURNITURE / TIMBER
- 24. GOVERNMENT BODIES
- 25. HOTELS / RESTAURANTS
- 26. HOSPITALS / CLINICS/ NURSING HOME
- 27. INFRASTRUCTURE 28. INSURANCE

- 29. IMPORT / EXPORT
- 30. MANUFACTURING
- 31 MONEY LENDER
- 32. MEDIA / ENTERTAINMENT
- 33. MEDICAL/HEALTHCARE
- 34. MARBLE & GRAINITE
- 35. OIL & GAS
- 36. PETROL PUMPS
- 37, PHARMACEUTICALS
- 38. POWER / ELECTRICITY
- 39. PRINTING / PUBLISHING
- 40. RELIGIOUS INSTITUTIONS 41. SCIENCE & TECHNOLOGY
- 42. SCHOOL/COLLEGES/INSTITUTES

- 43, STEEL / HARDWARE
- 44. STOCKS & SHARES
- 45. TECH STARTUPS
- 46. TELECOMUNICATION
- 47. TEXTILES / GARMENTS
- 48. TRAVEL & TOURISM
- 49. TRANSPORTATION & LOGISTICS
- 50. FOREX DEALERS / BULLION
- 51. PROFESSIONALS (DOCTOR, LAWYER, ENGG. CONSULTING, HR)
- 52. RETAIL CHAIN / FMCG
- 53. TELECOM
- 54. TEXTILES
- 55. TRANSPORTATION
- 56. IT SERVICES

400	-	-		-	-	-	-	-	-	-		
		660	-	•	400	400	400	-	-	-		-
-				-		400	1	-	-		-	4

O BE FILLED ONLY IN CASE OF FINANCIAL INSTITUTION

ANNEXURE-I

We declare and certify our entity status under Rules 114F to 114H of the Income tax Rules, 1962 notified vide CBDT Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015, as under:

	Tick status of Financial Institution				Yes	No
	Name of Entity					
a)	Depository Institution			of the state of th		
ь)	Custodial Institution					
c)	Investment Entity which is not a passive NFE			The second secon		
d)	Specified Insurance Company					
	Owner-Documented FI with substantial US owner	(s) – details o	fsubstant	ial US Owner to be captured as per Annexure-II		
	Reporting Financial Institution			A CAMPANIAN AND A CAMPANIAN AN		
	If 2 OR 3 above is yes, please provide Global Intern	nediary Ident	ification N	umber (GIIN)		
	Non-Participating Financial Institution					
	Non-Reporting Financial Entity (If Yes, Please Tick	one of the c	ategory in	the Table below)		
S No.	Category of NRFI	(V)	S No.	Category of NRFI		(V)
1.	Governmental Entity;		13.	Provident fund		
2.	International Organisation;		14.	An Indian investment entity which is wholly held by Ni referred to in (i) to (xiii) above and where any debt inte held by a depository institution or NRFIs referred to in	erest is	
3.	Central Bank;		15.	Qualified credit card issuer;		
4.	Treaty Qualified Retirement Fund;		16.	Specified Investment entity as per CBDT rules (Rule 1	114F(5)(f));	-
5.	Narrow Participation Retirement Fund;		17.	Exempt collective Investment vehicle;		
6.	Broad Participation Retirement Fund;		18.	Trustee-documented Indian Trust;		
7.	Pension Fund of a Governmental Entity;		19.	Financial Institution with a local client base;		
8.	Pension Fund of an International Organisation;		20.	Local Bank (including Regional Rural Bank, Urban Coop State Cooperative Banks / District Central Cooperati Local Area Banks provided that the assets test as in E to Rule 114F(5);	ve Banks,	
9,	Pension Fund of a Central Bank;		21.	Financial Institution with only low-value accounts;		
10.	Non-public fund of the armed forces;		22.	Sponsored investment entity and controlled foreign corporation (in case of any U.S. reportable account);		
11.	Employees' state insurance fund;		23.	Sponsored closely held investment vehicle (in case of any U.S. reportable account)		
12.	Gratuity Fund;		24.	An Indian Investment entity which is wholly held by N to in (i) to (xiii) above and where any debt interest is h depository institution or NRFIs referred to in (i) to (xii	eld by a	
	Sponsored Investment Entity					
a)	Name of sponsoring entity			The second secon		-
b)	GIIN of sponsoring entity				1	
c)	GIIN of Sponsored entity			*		

c)	GIIN of Sponsored entity	
We certify that	we have the capacity to sign for the Financial Institution as per CBDT rules.	/RBI quidelines.
we certify that	we have the capacity to sign for the ritialicial institution as per coor rules.	, and a second s

SIGNATURE(S) NAME OF THE AUTHORIZED PERSON OF ENTITY

TOLL FREE NUMBERS IN IND IA: 1800 11 22 11 / 1800 4253 800 | EMAIL: CONTACTCENTRE@SBI.CO.IN | WEBSITE: WWW.SBI.CO.IN



PERSONAL DETAILS OF CON	_	•			•			•										man.						
ERSONAL DETAILS OF CONTROL										ATED	PER	SON-	RP/B	ENE	ICIA	LO	NNE	R	5.43	100	Α	NNE	KURI	1
	anto i Endo	IV/KEEA	EUFER		OFFIC	_	_	BE FILL	ED IN)	_	_		_		_			-						
APPLICATION TYPE*		7						1	BRANCH	TO AFF	IX RU	BBER ST	AMP O	FNAM	E AND	COD	E NO.	.				OGRAP	Н	
	NEW	UPD	ATE			_	_											1		(ROLLIN	NG	
APPLICANT (CP/RP) CIF NO.:		Ш	Ш				Ш														LATE	D PERS	200	
CP/RP Account No.:						L														BEI	NEFIC	IAL OW	NER.	
NTITY NAME:	П			П	1			TI			T	П	T		-		T				_			
	$\overline{\Box}$	1 3	\Box	\Box	T	H			+	Ŧ	F		+	Н	\pm	÷	+	+	Н	+	\pm	+	-	
DETAILS OF CONTROLLING	CDEDCO	(trop)	ATTO	nence	~~.			NACHARIA.		200 000		i di men	NOUS 6	4556	Research	DOM:	The same of	The same	10000	Office a		The State of the S		Wind
Please refer General Instruction	on):	N/ KEL	AIEU	PERS	JN/t	SEINE	FICIA	LOW	VER						J							1		
A DETAILS OF CONTROLLI	NG PERS	ON (Fo	r Passi	ve NFI	Only	n):				Alten						STATE OF							NUMBER OF STREET	
ADDITION OF CONTROLLING PI		4.31.16.10.20								ore delication of	HIDD.	(cataviol)	ecleDiffer	TOPICS.	SERIOL.		हा)।चारह	199419474		4 1000	SECTION SECTIO		19/92	Sept.
C NUMBER (IF AVAILABLE *):	111		\vdash	TT	JN OF C	LONI	ROLLIN	G PERSO	N N	_		TE CON												
	ш		ш							(IF KY	CNU	MBER IS	AVAILA	ABLE, C	ONLY'	CONT	ROLI	LING	TYPE' &	'NA	ME'IS	MAND	ATOR	1)
CASE OF LEGAL PERSON: ON	WNERSHIP			ОТ	HER ME	ANS		П	SENIO	RMANA	GING	OFFICIA	ALS											
CASE OF TRUST: SE	TTLOR		Ē	TRI	JSTEE			П	PROTE	CTOR			Г	BE	NEFI	CIARY					Othe	ers		
CASE OF OTHER GAL ARRANGEMENT: SE	ETTLOR-EQU	JIVALENT	r F	TRU	USTEE-	EQUIN	ALENT	П	PROTE	CTOR-E	QUIV	ALENT	Ē	BE	NEFI	CIARY-	EQU	IVALE	NT	П	отн	ER-EQ	UIVAL	EN
CASE OF UNKNOWN								-																
B DETAILS OF RELATED PE	RSON	C person	miles.	70			c die		生态的 是影響	OHE CAL	Val. 10	5-4-57	No.	ALTE	etal:	ida ada	t Exil	W.S.			indiani	A STATE	W.Falis	100
7	100000000000000000000000000000000000000	1 (905)	of less	7/1		1-5	0 1/3			A. F. S.			A TOTAL		Z.							V.		600
ADDITION OF RELATED PERSON		DELET	TION OF	RELATE	D PERS	ON	6 13 E	UPC	DATE RE	1800	76.3612	200										Y MA		
ADDITION OF RELATED PERSON		DELET	TION OF	RELATE	D PERS	ON	S 113	UPC		ATED	PERSC	200	ILS				35,46	25-12-12-03	SONT	rpe'&	MAM"	IE'IS MA	ANDA	TOR
ADDITION OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN ELATED PERSON TYPE*:		DELET	Ц	RELATE	I	ON		UPC		ATED	PERSO	N DETA	ILS		E, ON		ATEC	25-12-12-03	SONT			ME' IS MA		
ADDITION OF RELATED PERSON (IF AN CLUMBER OF RELATED PERSON (IF AN CLUMBER OF RELATED PERSON TYPE*:	/AILABLE*):		PI	П	I	ON T		ÌП	DATE RE	ATED	PERSO F KYC TRU: BENI	N DETA	ILS RIS AV	AILABL	E, ON	LY'REL	ATEC	25-12-12-03	SONT	AU		RISEDS		
ADDITION OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSON TYPE*: DORE THAN ONE BOX CAN ETICKED AS APPLICABLE) C	VAILABLE*):	I	PI	ROMOTI	ER	I		KARTA	DATE RE	ATED	PERSO F KYC TRU: BENI	N DETA	ILS RIS AV	AILABL	E, ON	LY'REL	ATEC	25-12-12-03	SONT	AU	THOR	RISEDS		
ADDITION OF RELATED PERSON (IF AVEL AT EACH PERSON TYPE*: DORE THAN ONE BOX CAN TICKED AS APPLICABLE) C	VAILABLE*):	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	LATEDR	PERSO F KYC TRU BENI (SEE	N DETA NUMBE STEE EFICIAL DEFINIT	OWNETION A	R T PAGE	PAI	LY'REL	ATEC	O PERS		OT	THOR	RISEDS	IGNAT	
ADDITION OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSONAL DETAILS* (P. 164)	/AILABLE*): IRECTOR OURT APPO	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	LATEDR	PERSO F KYC TRU BENI (SEE	N DETA NUMBE STEE EFICIAL DEFINIT	OWNETION A	R T PAGE	PAI	LY'REL	ATEC	O PERS		OT	THOR	RISED S	IGNAT	
ADDITION OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CELATED PERSON TYPE*: DESCRIPTION OF THE PERSON OF THE PERSO	/AILABLE*): IRECTOR OURT APPO	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	LATEDR	PERSO F KYC TRU BENI (SEE	N DETA NUMBE STEE EFICIAL DEFINIT	OWNETION A	R T PAGE	PAI	LY'REL	ATEC	O PERS		OT	THOR	RISED S	IGNAT	
ADDITION OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON ALDET AILS* (Please AME (SAME AS ID PROOF)*:	/AILABLE*): IRECTOR OURT APPO	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	LATEDR	PERSO F KYC TRU BENI (SEE	N DETA NUMBE STEE EFICIAL DEFINIT	OWNETION A	R T PAGE	PAI	LY'REL	ATEC	O PERS		OT	THOR	RISED S	IGNAT	
ADDITION OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CELATED PERSON (IF AN CELATED PERSON TYPE*: DESCRIPTION OF THE CONUMBER OF THE CELATED PERSONAL DETAILS* (Please AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (Please AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (Please AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (Please AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)*: DESCRIPTION OF THE CELATED PERSONAL DETAILS* (PLEASE AS ID PROOF)* (PLEASE AS ID PROOF)* (PLEASE AS ID PROOF)* (PLEASE AS ID	/AILABLE*): IRECTOR OURT APPO	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	LATEDR	PERSO F KYC TRU BENI (SEE	N DETA NUMBE STEE EFICIAL DEFINIT	OWNETION A	R T PAGE	PAI	LY'REL	ATEC	O PERS		OT	THOR	RISED S	IGNAT	
ADDITION OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSON ALDET AILS* (Pleasume (SAME AS ID PROOF)*: PERSONAL DETAILS* (Pleasume (SAME AS ID PROOF)*: THER NAME (IF ANY*): THER NAME*:	/AILABLE*): IRECTOR OURT APPO	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	LATEDR	PERSO F KYC TRU BENI (SEE	N DETA NUMBE STEE EFICIAL DEFINIT	OWNETION A	R T PAGE	PAI	LY'REL	ATEC	O PERS		OT	THOR	RISED S	IGNAT	
ADDITION OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CELATED PERSON (IF AN CELATED PERSON TYPE*: DOING THAN ONE BOX CAN ETICKED AS APPLICABLE) C. PERSONAL DETAILS* (Please AME (SAME AS ID PROOF)*: ADDEN NAME (IF ANY*): CATHER NAME*: COUSE NAME*: COTHER NAME *:	/AILABLE*): IRECTOR OURT APPO	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	LATEDR	PERSON TRUE	NUMBE STEE EFICIAL DEFINIT	OWNEE OWNER	R T PAGE	PAI	LY'REL	ATEC	O PERS		OT	THOR	RISED S	IGNAT	
ADDITION OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CELATED PERSON (IF AN CELATED PERSON TYPE*: DELATED PERSON AL DET AILS* (Please AME (SAME AS ID PROOF)*: DELATED PERSON AL DET AILS* (PLEASE AME (SAME AS ID PROOF)*: DELATED PERSON AL DET AILS* (PLEASE AME (SAME AS ID PROOF)*: DELATED PERSON AL DET AILS* (PLEASE AME (SAME AS ID PROOF)*: DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON AL DET AILS* (PLEASE AME SENTE AL DELATED PERSON A	VAILABLE*): VAILA	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	D D	PERSON TRUE	NUMBE STEE EFICIAL DEFINIT	OWNEE OWNER	R T PAGE	PAI	RTNER 22)	L L L L L L L L L L L L L L L L L L L	A	S	T I	N I	RISED S	E I	
ADDITION OF RELATED PERSON (IF AN CHAPTER OF RELATED PERSON (IF AN CHAPTER OF RELATED PERSON (IF AN CHAPTER OF RELATED PERSON TYPE*: DORE THAN ONE BOX CAN CHAPTER OF RELATED PERSONAL DETAILS* (P. IE.) P. R. E. AME (SAME AS ID PROOF)*: ANDEN NAME (IF ANY*): THER NAME*: DOUSE NAME*: DOTHER NAME*: DOTHER NAME *: DOTHER NAME *:	VAILABLE*): VAILA	INTEDO	PI PI	ROMOT	ER end)			KARTA BENEFIC	DATE RE	D D	PERSON TRUE	NUMBE STEE EFICIAL DEFINIT	OWNEE OWNER	R T PAGE	PAI	RTNER 22)	L L L L L L L L L L L L L L L L L L L	A	S	T I	N I	A M	E I	
ADDITION OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON ALDET AILS* (Please AME (SAME AS ID PROOF)*: ADDEN NAME (IF ANY*): OTHER NAME*: OTHER NAME*: D / AADHAAR NO.: N (DIRECTOR IDENTIFICATION NUMBER OF BIRTH*:	VAILABLE*): VAILA	INTED O	PI PI	T T T T T T T T T T T T T T T T T T T	ER end)	M		KARTA BENEFIC	DATE RE	D D	PERSON TRUE	NUMBE STEE EFICIAL DEFINIT	OWNEE OWNER	R T PAGE	PAI	RTNER 22)	L L L L L L L L L L L L L L L L L L L	A	S	T I	N I	A M	E I	
ADDITION OF RELATED PERSON (IF AN CHUMBER OF RELATED PERSON ALDETAILS* (PIEZE AME (SAME AS ID PROOF)*: THER NAME (IF ANY*): THER NAME*: DO / AADHAAR NO.: N (DIRECTOR IDENTIFICATION NUMBER OF BIRTH*: ENDER: M - I	/AILABLE*): IRECTOR OURT APPO SET OF THE INTERIOR	INTED O	PI P	at the	ER end)	M T-TF	E E I I I I I I I I I I I I I I I I I I	KARTA BENEFIC	DATE RE	D D	PERSON TRUING BENNING (SEE	NUMBE STEE EFICIAL DEFINIT	OWNER IT NO.:	R R T PAGE	PAI	RTNER ANDA	L	A A I I I I I I I I I I I I I I I I I I	S	T T PERS	N I	A M	E DIRECT	
ADDITION OF RELATED PERSON (IF AVER AND	VAILABLE®:	F I I I I I I I I I I I I I I I I I I I	PI P	at the	e end)	M T-TF OTH	E E E E E E E E E E E E E E E E E E E	MKARTA BENEFIC	DATE RE	D D	PERSON TRUING BENNING (SEE	N DETA NUMBE STEE EFICIAL DEFINIT E I I I I I I I I I I I I I I I I I	OWNER IS AV.	R T PAGE	E (M	RTNER ANDA	L L L L L L L L L L L L L L L L L L L	A A I I I I I I I I I I I I I I I I I I	S	T T PERS	N N N N N N N N N N N N N N N N N N N	A M	E L L L L L L L L L L L L L L L L L L L	
ADDITION OF RELATED PERSON (IF AN CONUMBER OF RELATED PERSON (IF AN CELATED PERSON (IF AN CELATED PERSON TYPE*: DO CETTICKED AS APPLICABLE) DO CETTICKED AS APPLICABLES* (PLEAS AME (SAME AS ID PROOF)*: PRESONAL DETAILS* (PLEAS AME (SAME AS ID PROOF)*: PRESONAL DETAILS (PLEAS AME AS ID PROOF)*: PRESONAL DETAILS (PLEAS AME (SAME AS ID PROOF)*: PRESONAL DETAILS (PLEAS AME AS ID PR	VAILABLE*): VAILA	INTED O	PFFICIAL ION GILL R S S S S S S S S S S S S S S S S S S	at the	e end)	M T-TF OTH	E E E E E E E E E E E E E E E E E E E	KARTA BENEFIC	DATE RE	D D	PERSON TRUING BENNING (SEE	N DETA NUMBE STEE EFICIAL DEFINIT E I I I I I I I I I I I I I I I I I	OWNER IT NO.:	R T PAGE	E (M	RTNER ANDA	L	A A I I I I I I I I I I I I I I I I I I	S	T T PERS	N N N N N N N N N N N N N N N N N N N	A M	E L L L L L L L L L L L L L L L L L L L	
ADDITION OF RELATED PERSON (IF AN OCC NUMBER OF RELATED PERSON (IF AN OCC NUMBER OF RELATED PERSON (IF AN OCC NUMBER OF RELATED PERSON ALDETAILS* [Please Personal Details* [P	VAILABLE®:	F I I I I I I I I I I I I I I I I I I I	PI P	at the	e end)	M T-TF OTH NONE	E E E E E E E E E E E E E E E E E E E	MKARTA BENEFIC OR OR TITINDIAL	DATE RE	D C D D D D D D D D D D D D D D D D D D	PERSCO TRUE BENNING SEE L L L L L L L L L L L L	NUMBE STEE EFICIAL DEFINIT	OWNER IS AV.	R T PAGE	E (M	RTNER ANDA	L	A A I I I I I I I I I I I I I I I I I I	S	T T PERS	N N N N N N N N N N N N N N N N N N N	A M	E L L L L L L L L L L L L L L L L L L L	
PERSONAL DETAILS* (Please AME (SAME AS ID PROOF)*: AIDEN NAME (IF ANY*): AIDEN NAME *: ID / AADHAAR NO.: IN (DIRECTOR IDENTIFICATION NUME ATE OF BIRTH*: ENDER: ARITAL STATUS*: RESIDENTIAL STATUS*: RESIDENTIAL STATUS*: RESIDENTIAL STATUS*: IN DESCRIPTION OF A PROOF AND A	VAILABLE*): VAILA	F I I I I I I I I I I I I I I I I I I I	PFFICIAL ION GILL R S S S S S S S S S S S S S S S S S S	at the	e end)	M T-TF OTH NONE	E E E E E E E E E E E E E E E E E E E	MKARTA BENEFIC OR OR TITINDIAL	DATE RE	D D D D D D D D D D D D D D D D D D D	PERSCO TRUE BENNIC (SEE	N DETA NUMBE STEE EFICIAL DEFINIT E I I I I I I I I I I I I I I I I I	OWNER IS AV.	M M MATION	PAI NAL	ANDA	L	A A I I I I I I I I I I I I I I I I I I	S	T T PERS	N N SON T	A M TYPE IS	E L L L L L L L L L L L L L L L L L L L	
ADDITION OF RELATED PERSON (CNUMBER OF RELATED PERSON (IF AN CLATED PERSON TYPE*: DESCRIPTION ON BOX CAN CITICKED AS APPLICABLE! C PERSONAL DETAILS* (Please AME (SAME AS ID PROOF)*: PRESONAL DETAILS* (PLEASE AME (SAME AS ID PROOF)* (PLEASE AS ID PROOF)* (PLE	VAILABLE®:	F I UNITED O	PI P	at the T	e end)	M T-TF OTH	E E E E E E E E E E E E E E E E E E E	OR IT INDIAN	DATE RE	D C D D D D D D D D D D D D D D D D D D	PERSCO TRUE BENNIC (SEE	NUMBE STEE EFICIAL DEFINIT	OWNER IS AV.	M M MATION	E (M	ANDA	L	A A I I I I I I I I I I I I I I I I I I	S	T T PERS	N N N N N N N N N N N N N N N N N N N	A M TYPE IS	E L L L L L L L L L L L L L L L L L L L	I I I I I I I I I I I I I I I I I I I

COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA* YES NO (IF NO, PLEASE FILL THE DETAILS IN COLOUMN 7 IN PAGE 2)

	TIFICAT	_	MBE	ROR	EQI	JIVAI	EN.	τ*:[_	I					L	I	I	I] ;	IF JU	JRI:	NLY	TIC.	ON (OFR	ESI	HIS	FIEL	D'I	'TA	XP	JRPC	DSE	'IS			
PLACE / CITY (L	1		1					L	1										DE O																								
PROOF C	OF ADI	RES!	SIF	AAC	H	AAR	11	AN	DO	DES	SN	ОТ	HA	VE	ĊU	RRI	IN	ГΑ	DDI	RES	S		S.	1	N. Carrie																				
ONE CERT	IFIED	COPY	OF	AN	YC	ONE	OF	TH.	ŒĒ	01	LLC	w	INC	0	/D	TIW	H	CUI	RE	NT	ADI	DRE	SS	NE	ED	ST	го	BE	SI	JBN	111	TE	D)												
A-PASS	PORTN	JMBER			Γ	7	B-V	OTE	RID	CAR	RD				10	- DR	VIN	GLI	CENC	CE			Г	7	D- N	ARE	GA	JOE	3 C/	ARD															
E-LETT	ER ISSUE	DBYN	ATIO	NAL	POF	PULA	TIOI	N RE	GIST	TER	CON	IAT	NIN	3	,				•	R			_	_																					
ROOF OF	ADDR	ESS II	NC/	SE	01	/DI	NP	OIN	ग्र	NO	3 4	LS	01	001	SN	10.	r C	ON			PD	ATE	D	וחו	ORI	-50																			
NE CERTIFIED														6-Pagis	C 0 (S)	94 ees		300 3	ecae		141.55				- 1.1.		A I							1						8					
DDRESS TYPE	*:	RESI	DEN	TIAL	ADE	ORES	s			RE	SIDE	NT	IAL		I	В	JSIN	IESS			RI	EGIS	TER	EDO	OFFI	CE				UN	SPE	CIF	IED												
ROOF OF ADD			UTIL			L		1			TAX.					1					ORD									rro											MPL	OY!	RIS	SUE	DE
TATE/CENTRA	W. C														IND	ERTA	KIN	GS/	CHI	EDUI	ED (OM	MER	CIA	LBA	NKS	/FI	NAN	ICI	ALIN	IST	ITU	TIO	NS/	LIST	ED	CON	MPA	NIE	S					
ADDRES	CMAGGE	e with order	-24					13																																					
PERM	ANEN"	FSAM	IE A	sc	UR	REN	IT.	ADE	ORE	SS	;												_																						
OCUMENTING	O./IDEN	TIFICAT	TION	NUN	4BE	R*	1				L	1	1	1					L		1														-					_	_				_
SUED BY*:	Ц		_	L	1	1	1	_			L	1	1	1															1	SSU	E D.	ATE	*: [1	1				1				L
SUED AT*:	Ц	1		_	1	1	1				L	1	1					L]			_			EXP	IRY	DAT	E (IF	FAF	PLIC	CAB	BLE)	•: [1				1				L
NE 1*:	Ц	1			1						L	1	1							1	1	1	1				L	1				1				1	1				1	I			L
NE 2:	Ц				1	1						1	_[1		1	1				L				L	1	_			1	1			L	1	_[L
NE 3:													1													CI	TY	TO	WI.	1/1	LLA	AGE	*:			1	1			L	1				L
STRICT*:		L			1						L	1						L				1						PIN	1/1	POST	rco	ODE	*:			1	1			L	1				L
TATE / UT NAM	ME CODE	*:			1	1			Ŋ,										_			1	1							3166		ODE	*:		L					L	1			5	L
. CONTAC	TDET	AILS	(All c	omr	nun	icati	ons	willt	bes	ent	onp	orov	lded	Mo	bile	no./	Ema	ail- i	D) (P	Pleas	e ref	erir	stru	ctio	on 'F	at	the	enc	d):																T
EL. (OFF) :	T DET	AILS	(Atlic			icati	ons	Wilt	be s	ent	on p	T	lded	Mo	bile	no./	Ema	ail- i	D) (F	Pleas	e ref	erir	stru	ictio	on 'F			(ES):			Γ	1]		I			Ι	Ι				_
EL. (OFF) :	T DET	AILS	I			licati	ons	Willt	be s	ent	on p	I I	I	IMo	bile	no./	Eme	all- i	D) (F	Pleas	e ref	erlr	istru	ctio	on 'F	TE	L. (F					I					1 1			L	I				I
EL. (OFF): AX: OBILE 1:	T DET	AILS	(Affic			licati	ons		be s	ent	on p	I I I	lded	Mo	bile	no./	Ema	ail-i	D) (F	Pleas	e ref	erin	istru	ctic	on 'F	TE	L. (F	(ES):			I I						1 1				I				I
EL. (OFF): AX: OBILE 1: MAIL ID 1:	T DEI	AILS	I I			licati	ons		be s	ent	l l		lded	iMo	bile	no./	Ema	l l	D) (F	Pleas	e ref	er Ir	stru	octio	on 'F	TE	L. (F	(ES):				I									I				
EL. (OFF): AX: IOBILE 1: MAIL ID 1: MAIL ID 2:																			I	I	I	1	<u> </u>			TE M	OBI	LE Z		Tritor			slde	Ind	aas	I I I I	I der				I				
EL. (OFF): AX: IOBILE 1: MAIL ID 1: MAIL ID 2: MULTIPL	EJAX	RESI						Cour	ntry	of	Tex+	Resi	den	ce (n ad	ditio	in to]]			and/	T Torin	any	oth	er C	M	OBI	LE Z			_	_			_		_	_	THE	I I	I I I I I I I I I I I I I I I I I I I	SE	SPEC	il Y	
EL. (OFF): AX: IOBILE 1: MAIL ID 1: MAIL ID 2:	EJAX	RESI						Cour	ntry	of	Tex+	Resi	den	ce (n ad	ditio	in to]]			I	T Torin	any	oth	er C	M	OBI	LE Z			_	_			_		_	_	THE	I I	I I I	SE	SPEC	ZIFY	
EL. (OFF): AX: IOBILE 1: MAIL ID 1: MAIL ID 2: MULTIPL	EJAX	RESI						Cour	ntry	of	Tex+	Resi	den	ce (n ad	ditio	in to]]			and/	T Toorin	any	oth	er C	M	OBI	LE Z			_	_			_		_	_	ТНЕ	I I	I I I I I I I I I I I I I I I I I I I	SE:	SSPEC	ZIFY	
EL. (OFF): AX: IOBILE 1: MAIL ID 1: MAIL ID 2: MULTIPL	EJAX	RESI						Cour	ntry	of	Text	Resi	den	ce (n ad	ditio	in to]]			and/	T Toorin	any	oth	er C	M	OBI	LE Z			_	_			_		_	_	ТНЕ	I I	I	SE	SPEC	CIFY	
EL. (OFF): AX: IOBILE 1: MAIL ID 1: MAIL ID 2: MULTIPL COUNTE	E TAX	RESI	I I I I I I I I I I I I I I I I I I I]] [CY		etals	sof	Country	OIDE	of	Tax	Resi	den	ce (n ad	ditio	in to]]			and/	T Toorin	any	oth	er C	M	OBI	LE Z			_	_			_		_	_	THE	I I	I I I I I I I I I I I I I I I I I I I	SE!	SPEC	MFY	
EL. (OFF): AX: OBILE 1: MAIL ID 1: MAIL ID 2: COUNTE	The state of the s	RESIL	DENCO]	[[]]	etalli	sof	Cour	ntry (IDE	of	Tex I	Resi	I I I I I I I I I I I I I I I I I I I	Cce (I	n ad	ditio	on to	I I	la) in	I I I I I I I I I I I I I I I I I I I	and/	BY J	any	oth	er C	M	OBI	LE Z			_	_			_		_	_	ТНЕ	I I	I	SE	SSPEC	CIFY	
EL. (OFF): AX: OBILE 1: MAIL ID 1: MULTIPE COUNTR In case, coun. A citizen of U. Aperson res	ETAX ST Included Incl	RESII X RESIC	DENC	ICY	L L L L L L L L L L L L L L L L L L L	PAN	istr	Countral	(IDE	of TIN		Resi	I I I I I I I I I I I I I I I I I I I	Cce (I	n ad	ditio	on to	I I	la) in	I I I I I I I I I I I I I I I I I I I	and/	BY J	any	oth	er C	M	OBI	LE Z			_	_			_		_	_	THE	I I	I I I I I I I I I I I I I I I I I I I	SE:	SPEC	CIFY	
COUNTR	ETAX STORY OF TA	RESIL X RESIC	DENC	CCY EE#	dia, mili	PAN n US in care 80 da	is tr	TAX	ntry (IDE	TIN	I I I I I I I I I I I I I I I I I I I	Resi	J J J J J J J J J J J J J J J J J J J	UME	er C	ditio DR EC	on to]] /ALE	up t	Jus?	and/o	BY	any	oth	er C	TE M	L. (F	LE 2	Ter	IDE	ENT	TIFIC	CATI	ON.	TYPI	E (TI	NO	ROT	ТНЕ	I I	T T T T T T T T T T T T T T T T T T T	SE:	SPEC	CIFY	
EL. (OFF): AX: OBILE 1: MAIL ID 1: MAIL ID 2: MULTIPL COUNTR In case, coun. A citizen of U. A person res. Certain pers.	ETAX RY OF TA IS includiding in to ons who	RESID X RESID IN X RES	DENC	ICY E# IUR	L L L L L L L L L L L L L L L L L L L	PAN nusina cara sa da	is trobut i	Couling TAX	ntry (IDE	TIN	Tex!	T T T T T T T T T T T T T T T T T T T	J J J J J J J J J J J J J J J J J J J	ce (I	er C	ditio DR EC	AP]] /ALE	up t	JS ch	and/o	BY	any	oth	OU.	TE M	L. (F	LE 2	Ter	IDE	O	RT	CATI	PL.	JRP	E (TI	NO	ROT	THE	I I	I I I I I I I I I I I I I I I I I I I	SE:	SSPEC	MEY	
EL. (OFF): AX: OBILE 1: MAIL ID 1: MAIL ID 2: COUNTR In case, coun. A citizen of U. Aperson res. Certein pers.	ETAX RY OF TA IS includiding in to ons who	RESIL X RESIC	DENC	ICY E# IUR	L L L L L L L L L L L L L L L L L L L	PAN nusina cara sa da	is trobut i	Couling TAX	ntry (IDE	TIN	Tex!	T T T T T T T T T T T T T T T T T T T	J J J J J J J J J J J J J J J J J J J	ce (I	er C	ditio DR EC	AP]	up t	JS ch	and/o	BY	any	oth	OU.	TE M	L. (F	LE 2	Ter	IDE	O	RT	'AX	PL.	JRP	E (TI	NO	ROT	THE	I I	I I I I I I I I I I I I I I I I I I I	SE:	SPEC	CIFY	
EL. (OFF): AX: OBILE 1: MAIL ID 1: MAIL ID 2: MULTIPL COUNTR COUNTR In case, coun. A citizen of U. A person res Certein pers ADDRES DDRESS TYPI	ETAX RY OF TA IS includiding in to ons who	RESID X RESID IN X RES	DENC	ICY E# IUR	L L L L L L L L L L L L L L L L L L L	PAN nusina cara sa da	is trobut i	Couling TAX	ntry (IDE	TIN	Tex!	T T T T T T T T T T T T T T T T T T T	J J J J J J J J J J J J J J J J J J J	ce (I	er C	ditio DR EC	AP]	up t	JS ch	and/o	BY	any	oth	OU.	TE M	L. (F	LE 2	Ter	IDE	O	RT	'AX	PL.	JRP	E (TI	NO	ROT	THE	I I I I I I I I I I I I I I I I I I I	I I I I I I I I I I I I I I I I I I I	SE	SPEC	CIFY	
EL. (OFF): AX: IOBILE 1: MAIL ID 1: MAIL ID 2: MULTIPE COUNTR I In case, coun. A citizen of U. A person res. Certain person. ADDRESS TYPE LINE 1*:	ETAX RY OF TA IS includiding in to ons who	RESID X RESID IN X RES	DENC	ICY E# IUR	L L L L L L L L L L L L L L L L L L L	PAN nusina cara sa da	is trobut i	Couling TAX	ntry (IDE	TIN	Tex!	T T T T T T T T T T T T T T T T T T T	J J J J J J J J J J J J J J J J J J J	ce (I	er C	ditio DR EC	AP]	up t	JS ch	and/o	BY	any	oth	OU.	TE M	L. (F	LE Z	Ter	IDE	OI UN	R T	AX	PL.	JRP	E (TI	NO	ROT	THE	I I I I I I I I I I I I I I I I I I I	I I I I I I I I I I I I I I I I I I I	SE!	SPEC	ZIFY L	
CONTAC EL. (OFF): AX: AX: AOBILE 1: MAIL ID 1: MAIL ID 2: MULTIPL COUNTE * In case, coun. A citizen of U., A person res Certain pers ADDRESS TYPI LINE 1*: LINE 2: LINE 3: DISTRICT*:	ETAX ETAX Sincludiding in to ons who	RESID X RESID IN X RES	DENC	ICY IE# IUR	L L L L L L L L L L L L L L L L L L L	PAN nusina cara sa da	is trobut i	Couling TAX	ntry (IDE	TIN	Tex!	T T T T T T T T T T T T T T T T T T T	J J J J J J J J J J J J J J J J J J J	ce (I	er C	ditio DR EC	AP]	up t	JS ch	and/o	BY	any	oth	OU.	TE M	L. (F	EIN	ND	IAF	UN	R T	AXECIF	PL IED	JRP	E (TI	NO	ROT	THE	I I I I I I I I I I I I I I I I I I I	I I I I I I I I I I I I I I I I I I I	SE:	SPEC	I I	

1800 11 22 11 / 1800 4253 800 | EMAIL: CONTACTCENT REGISERCO.IN | WEBSITE. WWW.Society



									•		•		•	•		•		•											
3.		in .				8							FOR	M - 60	0					(Pro	100		Pier.	nigh		CALL VAL		et ix	1-30
NAME:	П	TT				T	T	T	П	T		П	П		П		П	T	П		T	T	Т	Г	П	T	T	П	T
SAME AS	ID PROOF)																											
APPLIE	FOR PAR	ANDITI	SNOTY	ET GEN	RATE	D. ENT	TER DA	TE OF	APPLIC	OITA	N F	Т	Τ.	П		П	7 &	THE A	CKNOW	/LED	GEME	NT NU	MBER	R	П	T	T	П	Т
		IED , FILI		ATED TO	TAL IN	СОМ	E (INC	LUDIN	G INC	OME C	F SPO	USE, I	MINOR	CHILD), ETC)	AS PER S	SECTION	ON 64 0	OF INC	OME	TAXA	CT 196	1 FO	R FIN	ANCIA	LYE	ARIN	WHICH	THE
GRICULT	URE INC	OME (RS)					I			Ī	T		отн	RTHAN	N AGRIC	CULTURA	AL INC	OME				T				I			T
												V	ERIF	CATI	ON														
		************		day o	f		2	0																					
		*************		day o	f		2	0,																					
					f	********	2	0,																	s	iigna	ature o	of the D	eclar
ace:	ICANT	DECLA	RÁTIC	 ON											ν		54/3	-											
APPL I/We he of the i	ICANT ereby dec		RATIO	ON ails furn alse or u	shed a	bove or mi:	are tri sleadii	ue and ng or m YC Req	correctisreprojective.	esent	ing, I/w	eam.	n/are av	varetha	at I/we	maybel	held lia	e unde able for	rtake to	oinfo									
APPL I/Weho ofthei My/Ou I/Weho	ICANT ereby dec	DECLA lare that on is foun	RATIO	ON ails furn alse or u	shed a	bove or mi:	are tri sleadii	ue and ng or m YC Req	correctisreprojective.	esent	ing, I/w	eam.	n/are av	varetha	at I/we	maybel	held lia	e unde able for	rtake to	oinfo									
APPL //Webo ofthei My/Ou //Webo	ICANT ereby dec	DECLA lare that on is foun	RATIO	ON ails furn alse or u	shed a	bove or mi:	are tri sleadii	ue and ng or m YC Req	correctisreprojective.	esent	ing, I/w	eam.	n/are av	varetha	at I/we	maybel	held lia	e unde able for	rtake to	oinfo	orm yo	Signa	ture	anges	therei				
APPL //Webo ofthei My/Ou //Webo	ICANT ereby dec	DECLA lare that on is foun	RATIO	ON ails furn alse or u	shed a	bove or mi:	are tri sleadii	ue and ng or m YC Req	correctisrepristry.	esent	ing,1/w	s/Em	n/are av	he abo	atl/we	may be l	held lia	le unde able for er/ema	rtake to	oinfo	orm yo	ouofan	ture	anges	therei				
I/Weho I/Weho I/Weho I/Weho	ICANT ereby dec	DECLA lare that on is foun	the det d to be tails ma ecciving	ON ails furn alse or u y be sha y inform	shed a nitrue red with the strong from the str	bove or mi:	are tri sleadii	ue and ng or m YC Req	correctisrepristry.	ATT	ing, I/w ugh SM	yeam. S/Em	n/are av	che abo	atl/we overegi	may be l stered r	numbe	e unde able for er/ema	rtake to	oinfo	orm yo	Signa	ture!	anges	therei	in, in	nmedi		
I/Weho of their My/Out/Weho	ICANT ereby dec nformati r persona ereby cor	DECLA lare that on is found IKYC det	the det d to be tails ma ecciving	ON ails furn alse or u	shed a nitrue red with the strong from the str	bove or mi:	are tri sleadii ntral K entral	ue and ng or m YC Req	correctisreprinistry.	ATT	ing,1/w	yeam. S/Em	n/are av	che abo	atl/we overegi	may be l	numbe	e unde able for er/ema	rtake to	oinfo	orm yo	Signa	ture!	anges	therei		nmedi		
APPL I/Wehr of the i My/Ou I/Wehr DATE: PLACE: DOCUME	ICANT areby dec informati r persona areby cor	DECLA lare that on is found IKYC det	The det do be details man ecceiving	DN ails furn alse or o be sha jinform	ished a ntrue red with a tion for the tion f	bove or min h Cer rom c	are tri	ue and gorm fCReg KYCR	correctisreprinistry.	ATT	ing, I/w ugh SM	yeam. S/Em	n/are av	che abo	atl/we overegi	WSE C	numbe	e unde able for er/ema	rtake to	oinfo	orm yo	Signa	ture!	anges	therei	in, in	nmedi		
Place: J. APPL I/Wehn of the i My/Out I/Wehn DATE: PLACE:	ICANT ereby dec formati r persona ereby cor	DECLA lare that on is found IlKYC det issent to n	The det do be details man ecceiving	DN ails furn alse or o be sha jinform	ished a ntrue red with a tion for the tion f	bove or min h Cer rom c	are tri	ue and gorm fCReg KYCR	correctisreprinistry.	ATT	ing, I/w ugh SM ESTA	yeam. S/Em	n/are av	ore that	atl/we overegi FFICE	WSE C	ONLY:	e unde able for er/ema	rtake to	oinfo	orm yo	Signa	ture!	anges	therei	in, in	nmedi		

....

00000 APPLICATION FORM FOR MULTIPLE CORRESPONDENCE/LOCAL ADDRESS. (Separate Form to be filled in formultiple Address) ANNEXURE-III INSTRUCTIONS: . FIELDS MARKED WITH "" ARE MANDATORY PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS APPLICATION TYPE*: NEW UPDATE KYC NUMBER (TO BE FILLED BY FINANCIAL INSTITUTION): (KYC NUMBER OF ENTITY IS MANDATORY FOR UPDATE REQUEST) PROOF OF ADDRESS (POA) CORRESPONDENCE / LOCAL ADDRESS DETAILS* SAME AS CURRENT /PERMANENT/OVERSEAS ADDRESS DETAILS ADDRESS TYPE*: RESIDENTIAL OR BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED LINE 1*: LINE 2: LINE 3: CITY / TOWN NAME*: DISTRICT*: COUNTRY NAME: STATE / UT NAME*: PIN / POST CODE*: CONTACT DETAILS (if communication has to be done on Mobile/email the following Mobile No/Email ID will be used) TEL. (OFF): TEL. (RES): MOBILE NO .: FAX: EMAIL ID: APPLICANT DECLARATION • I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it. My/Our personal KYC details may be shared with Central KYC Registry. I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address DATE: SIGNATURE (S) NAME OF THE AUTHORIZED PERSON OF ENTITY PLACE: ATTESTATION / FOR OFFICE USE ONLY HIGH MEDIUM LOW DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY RISK CATEGORY:

DATE:

EMP./OFF. BRANCH:

EMP./OFF. NAME: _

TOLL FREE NUMBERS IN IN DIA: 1800 11 22 11 / 1800 4253 800 | EMAIL: CONTACTCENTRE@SBI.CO.IN | WEBSITE: WWW.SBI.CO.IN

DONE

EMP./OFF. DESIGNATION:

IN PERSON VERIFICATION CARRIED OUT BYIDENTITY VERIFICATION:

EMP./OFFICIAL SIGNATURE_

EMP./OFF. CODE:

00000 000000 MMAA



0000 OOO EEAAA DECLARATION OF BENEFICIAL OWNERSHIP ANNEXURE+IV (APPLICABLE TO COMPANY (EXCEPT THE COMPANY LISTED ON A STOCK EXCHANGE OR IN CASE OF A SUBSIDIARY OF SUCH A COMPANY), PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS). (COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION ON BODY OF INDIVIDUALS AND TRUSTS) 2. REGISTERED NUMBER :.. (IF AVAILABLE) 3. REGISTERED ADDRESS: _ THE CUSTOMER AS STATED ABOVE HEREBY CONFIRMS AND DECLARES THAT ON THE BELOW DATE: (PLEASE TICK THE CORRECT BOX) THE FOLLOWING NATURAL PERSON(S) (LISTED IN TABLE BELOW) EXERCISE CONTROL OR ULTIMATELY HAVE A CONTROLLING OWNERSHIP INTEREST I.E. HAVING OWNERSHIP /ENTITLEMENT OF MORE THAN 25% (COMPANY) / MORE THAN 15% (PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OF INDIVIDUALS) / MORE THAN OR EQUAL TO 15% (TRUST) OF CAPITAL/PROFITS/PROPERTY OR CONTROLLING THROUGH VOTING RIGHTS, AGREEMENT, ARRANGEMENT ETC. (FOR DEFINITION OF BENEFICIAL OWNER, SEE AT PAGE NO. 2) SL FULL NAME OF BENEFICIAL OWNER / DATE OF BIRTH NATIONALITY ADDRESS TYPE OF KYC CONTROLLING OWNERSHIP NO. CONTROLLING NATURAL PERSON(S) DOCUMENTS INTEREST (%) WE CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND CORRECT, WE UNDERTAKE AND AGREE THAT WE WILL NOTIFY STATE BANK OF INDIA WITHOUT DELAY OF ANY CHANGES IN THE CONTROLLING PERSONS, PERSON EXERCISING CONTROL OR HAVING CONTROLLING OWNERSHIP INTEREST IN THE COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS, AS DECLARED INTHETABLE ABOVE. FOR AND ON BEHALF OF [NAME OF COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS]; SIGNATURE OF THE AUTHORIZED OFFICIAL*: _ FULL NAME OF THE AUTHORIZED OFFICIAL: DESIGNATION / POSITION : _ PLACE: DATE: (*The declaration should be signed by an active / designated partner in case of Partnership Firm, a trustee in case of Trust) For Branch use Only We certify that the beneficial owner (s) of the said firm has / have been determined on the basis of declaration made by the above mentioned Company / Firm / Trust and the details furnished above have been verified from information, whenever available, in public domain. (Signature of the Branch Head / Branch Operation Head) Name: __ Employee No.:

....

Date:



GENERALINSTRUCTIONS:

A. Clarification / Guidelines for filling 'For Office Use Only' section

 Account Type: Simplified should be used for FPI Category I and Category II only. 2. Account Holder:

US Reportable (FATCA) F1-Owner-Documented FI with specified US owner(s) F2-Passive Non -Financial Entity with substantial US owner(s) F3-Non-Participating FFI

F4-Specified US person F5-Direct Reporting NFFE XX- Not Applicable

Other Reportable (Other than FATCA) C1 - Passive Non- Financial Entity with one or more controlling person that is a Reportable person

C2- Other Reportable Person C3-Passive Non-Financial Entity that is a CRS Reportable

A- Sole Proprietorship B- Partnership firm

C-HUF

D- Private Limited Company E- Public Limited Company

Entity Constitution Type

F- Society

G- Association of Persons (AOP)/ Body of Individuals (BOI) H- Trust

B. Clarification / Guidelines for filling 'Entity Constitution type' section

I- Liquidator

J- Limited Liability Partnership K- Artificial Juridical Person

L- Public Sector Banks

M- Government Departments/ Agency

N-Foriegn Portfolio

O- Section 8 Companies (Companies Act, 2013) P- Artificial Judicial Person

X- Not Categorized Z-Others

C. Clarification / Guidelines for filling 'Entity Details' section

1. For sole proprietorship Concerns, in case of non-availability of PAN, Form 60 needs to be furnished

Identification Type: T-TIN, C- Company Identification Number, G-US GIIN, E- Global Entity Identification Number (EIN), O-Others

XX- Not Applicable

provide lfapplicable.

D Clarification/Guidelinesforfilling'Proof of Identity[Pol]' section

 $1. \ Certified\ copies\ of\ all\ the\ relevant\ documents, as\ applicable, needs\ to\ be\ submitted.$

2. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

Details of the Required Documents for different Entity Constitution Types are mentioned in Page 16 (KYC Documents Required)

E Clarification/Guidelines for filling 'Proof of Address [PoA]' section

State/U.T Name and Pin/Post Code will not be mandatory for Overseas addresses.

2. In case of multiple correspondence / local addresses, please fill 'Annexure III'

Clarification / Guidelines for filling 'Contact Details' section

1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile numbermention 91-9999999999).

2 Do notadd '0' in the beginning of Mobile number.

G Clarification/Guidelines for filling 'Controlling/Related Person Details' section

Fill Separate Annexure (A11) for each Controlling/Related Person/Beneficial Owner.

ii. Personal Details

> 1 Name: Please state the name Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to

> 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

Resident outside India for tax purposes

1 Provision for capturing multiple Tax residency details is made available (Annexure III)

Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an

equivalent level of identification ("Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personalidentification/services code/number and resident registration number)

iv. Proof of Identity [Pol]

1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.

2 Mention identification / reference number if 'Z-Others (any document notified by the centralgovernment) is ticked.

v. Proof of Address [PoA]

1. Po A to be submitted only if the submitted Pol does not have an address or address as per aPolis invalid or not inforce.

2 State/U.T Name and Pin/Post Code will not be mandatory for Overseas addresses.

Section 1 A to be filled for Controlling Person and Section 1 B to be filled for related Person.

The details of Controlling Persons are required only if the Legal Entity is Passive NFE as defined in the Income Tax Rules

If KYC number of Related or Controlling person is available, no other details except 'Person Type' and 'Name of the Controlling/Related Person' are required,

"Controlling Person" means the natural person who exercises control over an entity and includes a beneficial owner as determined under sub-rule (3) of rule 9 of the Prevention of Money-laundering (Maintenance of Records) Rules, 2005.

Explanation 1.- In determining the beneficial owner, the procedure specified in the following circular as amended from time to time shall be applied, namely:-

(i) DBOD.AML.BC. No.71/14.01.001/2012-13, Issued on the 18th January, 2013 by the Reserve

(ii) CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of

(iii) IRDA/SDD/GDL/CIR/019/02/2013, issued on the 4th February, 2013 by the Insurance Regulatory and Development Authority.

Explanation 2.— In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent or similar position.

Type of legal entity	Type of controlling person (CP)	Permissible values		
Sole proprietorship	Sole proprietor	CP not required		
Hindu Undivided Family	• Karta	C09 - CP of legal arrangement - Other-settlor equivalent; or		
		C10- CP of legal arrangement - Other-Trustee equivalent		
	Each Coparcener	C12 - CP of legal arrangement - Other-beneficiary equivalent		
Partnership	Ownership	C01- CP of legal person - ownership		
	Other means	C01- CP of legal person – other means		
	Senior managing officials	C03 - CP of legal person – senior managing official		
Company	Ownership	C 01 -CP of legal person - ownership		
	Other means	C 02 -CP of legal person – other means		
	Senior managing official	C 03 - CP of legal person - senior managing official		
Society	Ownership	C 01 -CP of legal person - ownership		
	Other means	C 02 - CP of legal person – other means		
	Senior managing official	C 03 - CP of legal person - senior managing official		
AOP/BOI	Members (owners)	C 01 - CP of legal person - ownership		
	Settlor Equivalent	C 09 – CP of legal arrangement –Other-settlor equivalent		
	Trustee equivalent	C 10 - CP of legal arrangement -Other-trustee equivalent		
	Protector Equivalent	C 11 – CP of legal arrangement – Other-protector equivalent		
	Beneficiary Equivalent	C 12 - CP of legal arrangement - Other-beneficiary equivalent		
	+ Others	C 13 – CP of legal arrangement – Other-Other equivalent		
Trust	Settlor	C 04 – CP of legal arrangement –Trust-settlor		
	Trustee	C 05 – CP of legal arrangement –Trust-trustee		
	Protector	C 06 – CP of legal arrangement –Trust-protector		
	Beneficiary	C 07 - CP of legal arrangement -Trust-beneficiary		
	Others	C 08 – CP of legal arrangement –Trust-Other		
Liquidator		CP not required		
Limited Liability Partnership	Partners(ownership)	C 01 - CP of legal person - ownership		
	Other means	C 02-CP of legal person - other means		
	Senior Managing officials	C 03 - CP of legal person - senior managing official		
Artificial Juridical Person	Equivalent of Settlor	C 09 – CP of legal arrangement -Other-settlor equivalent		
	Trustee	C 10 – CP of legal arrangement - Other - trustee equivalent		
	Protector	C 11 – CP of legal arrangement - Other - protector equivalent		
	Beneficiary	C 12 – CP of legal arrangement - Other - beneficiary equivalent		
	• others	C 13 - CP of legal arrangement - Other - Other equivalent		

.

H. Passive NFE : It means

- Any NFE which is not an Active NFE, or
- An investment entity the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified in surance company, or an investment entity described in the note below.
- Not a withholding foreign partnership or withholding foreign trust
- ("Withholding foreign partnership" means a foreign partnership that has entered into a withholding agreement with the United States of America in which it agrees to assume primary withholding responsibility for all payments which are made to it for its partners, beneficiaries or owners).

- Any entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:Trading in money market instruments (Cheques, bills, certificates of deposit, derivatives etc.); foreign exchange; exchange, interestrate and index instruments; transferable securities; or commodity futures trading; or
- Individual and collective portfolio management; or
- $iii. \quad Otherwise investing, administering, or managing financial assets or money on behalf of other persons.$

Explanation 1:- An entity is treated as primarily conducting as a business one or more of the activities described in 1 above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets for purposes of investment Entity that is a Passive Entity, if the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) the three-year period ending on 31st march of the year preceding the year in which the determination is made; or (ii) the period during which the entity has been in existence.

Explanation 2:- The term "investment entity" does not include an Entity that is an active non-financial entity because it meets any of the criteria in sub-clauses (iv), (v), (vi) or (vii) of clause (A) of Explanation to clause (6) of Rule 114F.

Passive income - includes income by way of: (i) dividends; (ii) interest; (iii) income equivalent to interest; (iv) rents and royalties (other than rents and royalties derived in the active conduct of a $business \, conducted, at least in part, by employees \, of the \, non-financial \, entity); (v) \, annuities; (vi) \, the \, excess \, of gains \, over losses \, from \, the \, sale \, or \, exchange \, of financial \, assets \, that \, gives \, rise \, to \, the \, conducted, at least in part, \, by employees \, of the \, non-financial \, entity); (v) \, annuities; (vi) \, the \, excess \, of \, gains \, over \, losses \, from \, the \, sale \, or \, exchange \, of \, financial \, assets \, that \, gives \, rise \, to \, the \, conducted, \, at least \, in part, \, by \, employees \, of \, the \, non-financial \, entity); (v) \, annuities; (vi) \, the \, excess \, of \, gains \, over \, losses \, from \, the \, sale \, or \, exchange \, of \, financial \, assets \, that \, gives \, rise \, to \, the \, excess \, of \, gains \, over \, losses \, from \, the \, excess \, of \, gains \, over \, losses \, from \, the \, excess \, of \, gains \, over \, losses \, from \, the \, excess \, or \, exc$ passive income; (vii) the excess of gains over losses from transactions (including futures, forwards, options, and similar transactions) in any financial assets; (viii) the excess of foreign currency gains over foreign currency losses; (ix) net income from swaps; or (x) amounts received under cash value insurance contracts;

Provided that passive income will not include, in the case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer

Related Entity- an entity is a "related entity" of another entity if either entity controls the other entity, or the two entities are under common control, and the description of the entity of the entity

 ${\bf Explanation. - For the purpose of this clause control includes direct or indirect ownership of more than fifty per cent of the vote and value in an entity.}$

Active NFE is any one of the following 1.

- i. less than fifty per cent of the entity's gross income for the preceding financial year is passive income and less than fifty per cent of the assets held by the entity during the preceding financial year are assets that producer are held for the production of passive income; OR
- the stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market. Explanation. - For the purpose of this sub-clause, an established securities market means an exchange that is recognized and supervised by a Governmental authority in which the
- securities market is located and that has a meaningful annual value of shares traded on the exchange; OR
- iii. the entity is a Governmental Entity or an International Organization or a Central Bank or an entity wholly owned by one or more of the foregoing; OR
 iv. substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution:

Provided that an entity shall not qualify for this status if it functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; OR

- the entity is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a financial institution, and the contract of th $provided that the entity shall not qualify for this exception after the date that is twenty four months after the date of the initial organization of the entity <math>{\sf QR}$
- vi. the entity was not a financial institution in the past five years, and is in the process of liquidating its assets or is reorganizing with intent to continue or recommence operations in a business other than that of a financial institution; OR
- vii. the entity primarily engages in financing and hedging transactions with, or for, related entities which are not financial institutions, and does not provide financing or hedging services to any entity which is not a related entity, provided that the group of any such related entities is primarily engaged in a business other than that of a financial institution: OR

the entity meets all of the following requirements, namely:-

- a. It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;
- It is exempt from income-tax in India;
- It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- The applicable laws of the entity's country or territory of residence or the entity's formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities, or as payment of reasonable compensation for services $rendered, or as payment {\it representing the fair market value of property which the entity has purchased; and}$
- The applicable laws of the entity's country or territory of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organization, or escheat to the government of the entity's jurisdiction of residence or any political subdivision the reof.

Explanation. - For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-

- an Investor Protection Fund referred to in clause (23EA); a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and
- an Investor Protection Fund referred to In clause (23EC), of section 10 of the Act

J.

- a A U.S. citizen or Tax Resident of US; OR
- b. A partnership or a corporation organized in the US or under the law of the US or any states thereof; OR
 c. A trust (i) where a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. Persons have the authority to control all substantial decisions of the trust, OR
- an estate of the decedent that is a citizen or resident of the United States. K.
 - Specified US Person A US Person other than the following a. A corporation the stock of which is regularly traded on one or more established securities markets
 - b. Any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (a)

 - c. The United States or any wholly owned agency or instrumentality thereof
 d. Any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing
 e. Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code
 - Any bank as defined in section 581 of the U.S. Internal Revenue Code;
 - Any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code
 - Any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U. S.C. 80a-64)
 - Any common trust funct as defined in section 584(a) of the U.S. Internal Revenue Code;
 - Any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code
 - A dealer in securities, Commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
 - A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
 - Any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code S

Direct Reporting NFFE

A direct reporting NFFE will mean an NFFE that elects to report directly to the US IRS certain information about its direct or indirect substantial U.S. owners, in lieu of providing such information to FIs with which the NFFE holds a financial account. Direct Reporting NFE registers with the US IRS to obtain GIIN, Such Direct Reporting NFFEs are required to be reported under Rules 114F to 114H

O O O O O O O O O D D D D D

Country			COUNT	TRY COD	PES (ISO 3166)		Property of the second	Sall ke	y .
A STATE OF THE STA	Country	Country			Country	Country	Country	Country	
Afghanistan	AF	Dominican Republ	ic	Code	Libya	Code		Code	
Aland Islands Albania	AX AL	Ecuador		EC	Liechtenstein	LY LI	Saint Pierre and Miquelon Saint Vincent and the Grenadines	PM	
Algeria	DZ	Egypt ElSalvador	OFFICE ON A STORY	EG SV	Lithuania Luxembourg	LT	Samoa	ws	
American Samoa Andorra	AS AD	Equatorial Guinea	A SECTION AND A SECTION AND ADDRESS OF THE SECTION ADDR	GQ	Macao	MO	San Marino Sao Tome and Principe	SM	
		Eritrea		ER	Macedonia, the former Yugoslav Republic of	4 6 75	Saudi Arabia	SA	
Angola Anguilla	AO	Estonia	Water and the second	EE	Madagascar	MK MG	Senegal	SN	
Antarctica	AL AQ	Ethlopia Falkland Islands (Ma	alvinas)	ET FK	Malawi Malaysia	MW	Serbia	RS	
Antigua and Barbuda Argentina	AG	Faroe Islands	10 TER (4) - 1)	FO	Maldives	MY	Seychelles Sierra Leone	SC	
Armenia	AR AM	Fiji Finland	CHIRAGO SINGLES	FJ FI	Mali Malta	ML	Singapore	SG	
Aruba Australia	AW	France		FR	Marshall Islands	MH	Sint Maarten (Dutch part) Slovakia	SX.	
Austria	AU	French Gulana French Polynesia		GF	Martinique	MQ	Slovenia	SK	
Azerbaijan Bahamas	AZ	French Southern To	erritories	PF TF	Mauritania Mauritius	MR MU	Solomon Islands Somalia	SB	
Bahrain	BS BH	Gabon Gambia	All All Mark and the control of the	GA	Mayotte	YT	South Africa	SO	
			Note that we see the see	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS	
Bangladesh Barbados	BD BB	Georgia Germany	ROTH FROM THE ALL TO THE TOTAL OF	GE	Micronesia, Federated States of	FM	South Sudan	SS	
Belarus	BY	Ghana		DE GH	Moldova, Republic of Monaco	MD	Spain Sri Lanka	ES	
Belgium Belize	BE BZ	Glbraltar Greece	and the second	GI	Mongolia	MN	Sudan	LK	
Behin	BJ	Greenland	City Control of the C	GR GL	Montenegro Montserrat	ME MS	Suriname	SR	
Bermuda Bhutan	BM	Grenada	manufacture and a second block	GD	Morocco	MA	Svalbard and Jan Mayen Swaziland	SZ	
Bolivia, Plurinational State of	BT BO	Guadeloupe Guam	A Maria Maria Company of the	GP GU	Mozambique Myanmar	MZ	Sweden	SE	
Bonaire, Sint Eustatius and Sabi Bosnia and Herzegovina	THE PARTY OF PERSONS ASSESSED.	Guatemala	建设的	GT	Namibia	NA.	Switzerland Syrian Arab Republic	SY	
Botswana	BA BW	Guernsey Guinea	Maria de Calendario de Calenda	GG GN	Nauru Nepal	NR	Taiwan, Province of China	TW	
Bouvet Island	BV	Guinea-Bissau	Antendrine Gireles office \$1	GW	Netherlands	NP NL	Tajikistan Tanzania, United Republic of	TZ	
Brazil British Indian Ocean	BR IO	Guyana Haiti		GY	New Caledonia	NC	Thailand	TH	
Territory		Service of the Contract		нт	New Zealand	NZ	Timor-Leste	TL	
Brunei Darussalam	BN,	. Heard Island and Mo Islands	Donald		Contract of	78	200		
Bulgaria	BG	Holy See (Vatican C		VA	Nicaragua Niger	NI NE	Togo . Tokelau	TG	
Burkina Faso Burundi	BF BI	Honduras	Man Man Chris	HN	Nigeria	NG	Tonga	TO	
Cabo Verde	CV	Hong Kong Hungary	THE SECOND SECOND	HK	Niue Norfolk Island	NU NE	Trinidad and Tobago Tunisla	TN	
Cambodia Cameroon	KH	iceland India	CV TR. APAIr steel, 1 - 1	IS	Northern Mariana Islands	MP	Turkey	TR	
Canada	CM CA	Indonesia	Andrew Children Children	IN ID	Norway Oman	NO OM	Turkmenistan Turks and Caicos Islands	TC	
Cayman Islands Central African Republic	KY	Iran, Islamic Republi	cof	IR	Pakistan	PK	Tuvalu	TV T	
Chad	CF TD	Iraq Ireland		IQ IE	Palau Palestine, State of	PW	Uganda Ukraine	UG -	
Chile	CL	Isle of Man		IM	Panama	PA	United Arab Emirates	AE	
China Christmas Island	CN	Israel Italy	A to a second district of	IT.	Papua New Guinea Paraguay	PG PY	United Kingdom United States	GB T	
Cocos (Keeling) Islands	CC	Jamaica	SAPPEDIL DOGG	JM .	Peru		United States Minor	US 4	-
Colombia	СО	Japan	A Meet Committee Com	JP	Philippines		Outlying Islands Uruguay	UY	ľ
Comoros	KM **	Jersey	Control of the second	JE -	Pitcairn		Uzbekistan	UZ	-
Congo the Democratic	CG	Jordan	Compression of the second	JO	Poland	PL	Vanuatu	VU	
Republic of the	CD.	Kazakhstan		KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE	
Cook Islands Costa Rica	CK CR	Kenya	e de la companya de	KE ∢KI	Puerto Rico	PR	Viet Nam	VN	
Cote d'Ivoire !Côte d'Ivoire	CI		People's Republic of	KP	Qatar Reunion !Réunion	QA RE	Virgin Islands, British Virgin Islands, U.S.	VG	
Croatia Cuba	HR	Korea, Republic of			Romania	RO	Wallis and Futura	WF	
Curação (Curação	CU	Kuwait Kyrgyzstan	的影響的學術	KW KG	Russian Federation Rwanda	RU	Western Sahara Yemen	YE	
Cyprus Czech Republic	CY CZ	Lao People's Demo		LA	Saint Barthelemy Saint Barthélemy	BL	Zambia	ZM	
· Gzech kepublic	Art A	Latvia		LV	Saint Helena, Ascension and Tristan da Curiha	SH	Zimbabwe	ZW	
Denmark Diibouti	DK	Lebanon		LB	Saint Kitts and Nevis	KN			
Dominica	DM	Lesotho Liberia	7 - 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	LS 1	Saint Lucia Saint Martin (French part)	MF			
A. 公益權益 X 发展 经开关系			x 4 5 8 2 5 8 8 7 7 7 7 8	TATEC	Manuscharles and recognitive science and the state of the		En a Papartina e dialog	celse.	ķ.
		IST OF TWO DI	STOLEN HER STOLEN STOLEN STOLEN STOLEN	NEW CHEST AND STATES	PER INDIAN MOTOR VEHICLE	ACT 1000	Bet son't it alakekatese. U	C Still St.	í
	supplier parkette	enthancement of the state of the	Taki bendaktar dari dengan dari s	Market Control			64		
State/U.T Andaman & Nicobar		Code	State/U.T		Code	State/U.T		Code	
Andhra Pradesh	* 7 = 1	AN	Himachal Prade		HP JK	Pondicherry	<i>'</i>	PY PB	
Arunachal Pradesh		AP	Jammu& Kashn Jharkhand		H N	Punjab Rajasthan		RJ	
Assam		AS	Karnataka		KA	Sikkim		SK	
Bihar		BR	Kerala		KL	Tamil Nadu		TN	
Chandigarh	-	CH	Lakshadweep		LD	Telengana		TS	
Chattisgarh		CG	Madhya Pradesi	h	MP	Tripura		TR	
Dadra and Nagar Haveli	Service State	DN:	Maharashtra	44	MH	Utter Prade	sh	UP	
Daman & DILI Delhi	(aut)	DD	Manipur		MM	Most Day		WB	
Goa	will and	DL	Meghalaya Mizoram		ML MZ	West Benga Other	31	XX	
Gujarat	A	GA GJ	Nagaland		NL NL	o siret			
Haryana		HR	Orissa		OR				
								100	

TOLL FREE NUMBERS IN INDIA: 1800 11 22 11 / 1800 4253 800 | EMAIL: CONTACTCENTRE@SBI.CO.IN | WEBSITE: WWW.SBI.CO.IN





KYC Documents Required for opening Current Accounts:

SINo	Type of Entity	KYC Documents
1	Proprietorship	1. Minimum 2 documents is supplied to the name of Proprietz of Concess from the fall with a fine fall with a
		 Minimum 2 documents issued in the name of Proprietary Concern from the following list of documents along with Aadhaar and PAN of the proprietor as a Benefici owner (Annexure II) must be taken or where an Aadhaar number has not been assigned, proof of application towards enrollment for Aadhaar and in cas Permanent Account Number is not submitted an Officially Valid Document shall be submitted. Proof of the name, address and activity of the concern like registration certificate (in the case of a registered concern). Certificate/license issued by the Municipal Authorities under Shop & Establishment Act. Sales and Income Tax returns. GSTYCST certificate, certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities. License/ Certificate of practice issued in the name of the proprietary concern by any professional body incorporated under statue (e.g. Certificate of Practic issued by Institute of Chartered Accountants of India, Institute of Company Secretaries of India, etc.) IEC (Importer/Exporter Code) issued to the Proprietary Concern by the Office of Director General of Foreign Trade (DGFT) in the name of Proprietary Concern. The complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where the firm's income is reflected duly authenticated acknowledged by the Income Tax authorities. Utility bills such as electricity, water and landline telephone bills in the name of the proprietary concern.
2	Partnership Firms	Registration Certificate (in case of registered firms):
		 Partnership deed dated
3	11-11-10-1	10. Aadhaar and PAN of all partners & beneficial owners Separate Annexure II for each beneficial owner to be obtained.
	Limited Companies	1. Certificate of incorporation dated
- 1		 Aadhaar and PAN of the Chairman / Managing Director / Chief Promoter etc of all Related persons or beneficial owners, Separate Annexure II for each beneficial owner to be obtained.
	Societies/ Association/Clubs	KYC Documents as applicable to Accounts of unincorporated Associations or Body of Individuals Other Documents 1. Copy of the Memorandum of Association registered on
	Hindu Undivided Family (HUF)	be obtained. 1. Joint Hindu Family Letter dated
6	Trusts	Declaration that a) the depositor is the Karta of the Joint Family, b) the deposit belongs to JHF KYC Documents 1. Registration Certificate; 2. Trust Deed; and 3. PANor the Trust; and 4. (a) Aadhear Number; and (b) Permanent Account Number of Form 60 issued to the person holding POA on its behalf or where an Aadhear number has not been assigned, proof of application towards enrollment for Aadhear and in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted. Other Documents 5. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV)



KYC Documents Required for opening Current Accounts:

SINo	Type of Entity	KYC Documents
		Copy of relevant extracts of trust deed dated
7	Unincorporated association or body of individuals	1. Resolution of the managing body of such association or body of individuals; 2. Power of attorney granted to transact on its behalf; 3. (a) Aadhaar Number; and (b) Permanent Account Number of Form 60 issued to the person holding POA on its behalf or where an Aadhaar number has not been assigned, proof of application towards enrollment for Aadhaar and in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted. 4. Such information as may be required by the bank to collectively establish the legal existence of such an association or body of individuals. 5. Aadhaar and PAN of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained. 6. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV) 6. In Case of Political Parties, along with above mentioned document these 4 other documents will also be attached: 6. Certificate from the Election Commission confirming that "the political party is registered under section 29A of Representation of people Act, 1951 (43 of 1951) and secured not less than one percent of the votes polited in the last general election to the House of the People or the Legislative Assembly, as the case maybe". 6. Memorandumor Rules and regulations of the political party. 7. Photograph of the person who has been authorised to transact the account, i.e. to whom Power of Attorney is granted. 8. Documents in respect of proof of address of the political party. 9. Documents in respect of proof of address of the political party. 9. Documents in respect of proof of address of the political party. 9. Documents in respect of proof of address of the political party. 9. Documents in respect of proof of address of the political party. 9. Documents in respect of proof of address of the political party. 9. Documents in respect of proof of address of the political party. 9. Documents in respect of proo
8	Executors, Administrators and Liquidators	Proof of Identity for Executors, Administrators and Liquidators 1. Probate or letter of administration or authority under the Companies Act dated

Officially Valid Documents:

The list of OVDs consist only the following Five:

- 1. Passport
- 2. Driving licence
- 3. Voter's Identity Card issued by Election Commission of India
- 4. Job card issued by NAREGA duly signed by an officer of the State Government
- 5. Letter issued by the National Population Register containing details of name, address.

(Aadhaar and PAN are MANDATORY and not part of OVDs)

Deemed Officially Valid Documents

The Following documents shall be deemed to be officially valid documents for the limited purpose of proof of address:

- (i) Utility bill which is not more than two months old of any service provider (electricity, Telephone, post-paid mobile phone, piped gas, water bill).
- (ii) Property or Municipal Tax Receipt
- (iii) Pension or Family Pension Payment Orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address
- (iv) Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and Listed Companies and leave and license agreements with such employers allotting official accommodation.

WHO IS A BENEFICIAL OWNER:

The beneficial owner, as per Rule 9 (3) of PML Amendment Rules 2013 is determined as under the property of t

- (a) where the customer is a company, the beneficial owner is natural person(s), who, whether acting alone or together, or through one or more juridical person, has/have a controlling ownership interest or who exercises control through other means.
 - Explanation.-Forthepurpose of this sub-clause-
 - "Controlling ownership interest" means ownership of or entitlement to more than twenty-five percent of shares or capital or profits of the company;
 - ii) "Control" shall include the right to appoint majority of 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 customer is a partnership firm, the beneficial owner is the natural person(s), who, whether acting along or together, or through one or more juridical person, has/have ownership of / entitlement to more than 15% of capital or profits of partnership;
- c) Where the customer is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting along or together, or through one or more juridical person, has/have ownership of or entitlement to more than 15 % of the property or capital or profits of such associations or body of individuals; Explanation: Term 'body of individuals' includes societies. Where no natural person is identified under (a), (b) or (c) above, the beneficial owner is the relevant natural person.
- who holds the position of senior managing official.

 d) Where the client is the trust, the identification of the beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with 15% 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.
- (e) Where the client or the owner of the controlling interest is a company listed on a stock exchange or is a subsidiary of such a company, it is not necessary to identify and verify the identity of any share holder or beneficial owner of such companies.



	····· TEAR FROM HERE (Please make sure the above	e machine readable code is not damaged while tearing	off)
	ACKN	OWLEDGEMENT	
1. NAME:		DATE:	
Z. DOCUMENTS DEPOSITED (I)			
(ii)	(iii)		
(IV)	(V)		21.000.001.001. 22

BRANCH MANAGER