

BRANCH											S	OLI	D														DATE						
		C	имо	101	V CII	FC	UM	AC	cou	JNT	OPE	ENIN	IG F	OR1	1 FC	R A	ALL F	UB	LIC	SEC	TOR	BANI	1) 2 <i>)</i>	ЮИ	IND	IVIE	DUAL	.)					
APPLICATION TYPE	*:	N	EW		UPI	DATI	E [									FOR	OFFI	CE US	SE ON	ILY				B. Tid C. Ple D. Ple	ck '☑ ' ¹ ease fil ease fil	where Ithed Ithe F	with '*' ver app ate in D orm in E	licable D-MM Inglish	e. 1-YYY rand Ir	forma BLOC	at. KLett		
CIF NO.	_	+			<u> </u>	<u> </u>	<u> </u>	4					_										7	Ins F. Lis	structi st of tv	ons vo cha	section racter l	SO 31	.66 co	untry c	odes a	and Lis	stof
A/C NO.									<u> </u>		<u> </u>		<u> </u>	<u> </u>		Scher	ne Tyr	е						av	ailable	inthe	e as pe Genera section	allnstr	uction	ıs.			
CKYC NUMBER (MA	NDA	TORYF	OR CK	YC U	IPDAT	E RE	QUES	T):																av se	ailable ctions	befor	re the s equired Manda	ectio to be u	n num Ipdate	ber an ed.	d stri	ke for	the
ACCOUNT HOLDER	TYPI	E*:		US	REPC	ORTA	BLE					ONS I			SE RE	EFER	TO GE	NER	AL					I. De	efinitio	nofIn	nportar	nt Terr	ns are	atthe	End		to
I/WE DO NOT	'HA\	E ANY	ACCO	UNT	WITH	I PNE	OR			-																	ent Acc						
I/WE HAVE AI	N AC	COUNT	r wi⊤⊦	I PNE	3 & TH	E AC	COU	NT NL	JMBEI	RIS																							
1. ENTITY DET	Г	S* (Ple	ease	refe	er Ge	ener	ral In	stru	ctio	ns Po	oint	C')																					
NAME OF THE ENTITY (IN BLOCK LETTERS)	*:			1																						<u> </u>					$\downarrow$		
	L																	_															
PAN*:								( F	OR EN	ITITIE	S TAX	RESIE					N TYPE PAN IS				REFER	GENER					, IF O-C INSTRU			ECIFY)			
OR FORM 60 (Fe	OR E	NTITIES	5 ОТН	ER TI	HEN C	OMF	PANIE	— S ANI	D PAR	TNERS	SHIPS	) NF	>O (r	non-p	orofi	t org	ganiz	atio	n) Y		N [	lf If	Yes, s	specit	fy Re	gistr	ation	no.					
2. PROOF OF I	DEN	TITY	(Pol)	* (P	leas	e re	fer '	<b>D'</b> in	Gen	eral	Instr	ucti	ons)																				
PLACE OF INCORPORA	TION	I/ FORM	IOITAN	V*:_													N/ FOF																
COUNTRY OF INCORPO	DRAT	ION/F0	ORMA <sup>-</sup>	ΓΙΟΝ	* (COI	DE- I	ISO 31	166):		L	(REI	ER GI	ENER	AL INS	TRUC	OIT	NS) D (A	ATE (	OF CO CABLE	MMEN IN CA	ICEMEN SE OF P	UBLIC I	USINE IMITE	SS*: D COM	IPANIE	:S)							
GSTN:		<u> </u>	_	$\perp$		<u> </u>		1	1		_					E	ENTIT	CO	NSTIT	NOITU	N TYPE*	:	(PL	EASE F	REFER	INSTF	RUCTIC	N B IN	I GEN	ERALII	ISTRI	UCTIO	NS)
CIN:																_					LY APPL					MPAN	Y)						
CERTIFICATI	E OF	INCOR	PORAT	ΓΙΟΝ	/ FOR	MAT	ION								Ļ						ES TO T					Ŀ	RI	EGIST	RATIC	N CER	TIFIC	ATE	
OFFICIALLY	VALI	D DOC	UMEN	T(S) I	N RES	PEC	TOFI	PERSO	ON AL	THOF	RIZED	TO TI	RANS	ACT			RESO	LUTIO	ON OF	BOAR	RD / MA	NAGIN	G CON	1MITTE	ĒΕ	L		THER.					_
MEMORAND	UM A	AND AR	TICLE	OF A	ASSOC	CIATI	ION/I	PARTI	NERSI	HIP DE	ED/T	RUST	DOC	UMEN	IT		ACTIV	'ITY F	PROOF	(FOR	SOLE	PROPRI	ETOR	SHIP O	NLY)			RC (I ertifi	-		legis	stratio	on
3. DETAILS OF ( An 'Annexure												er po	int 'C	G' in	Gen	eral	Instr	ucti	ons)														
NUMBER OF RELATED	) PER	SONS*:	. [								N BE D	DIRECT	TOR, P	ROMO	OTER, I	KART	A, TRU	STEE	, PART	NER, A	UTHOR	ISED SI	GNATO	DRY, BE	NEFIC	IARY,	BENEFI	CIALC	WNE	R, COU	RT		
			] [				APPOI ( THO			,	AL OV	/NER	IS A RI	ELATE	D PEF	RSON	I, THE	NUM	BER O	F BEN	EFICIAL	. OWNE	R SHO	OULD E	BE DET	ΓERMI	NED SE	PARA	TELY				
4. PROOF OF			L	1)*(	Cert																et of f									D. 18)			
4.1 CURRENT / PER									01 61	ic do	carr	icircs	,	аррп	cabi	C, 110	ccar		Jub	1111000	JG/ (1 1	case.	3001	1501 0	CCIOI		ac circ	Cria	,				
REGISTERED	OFF	ICE ADI	DRESS	11 (11	NDIA (	IF AF	PPLIC	ABLE)	/ PLA	CE OF	BUSII	NESS*	*				_																
ADDRESS TYPE*:		RESI	DENT	IAL/	BUSIN	NESS			RES	IDENT	IAL		ı	BUSIN	ESS			REGI	STERE	D OFF	FICE		UNS	SPECIF	IED								
PROOF OF ADDRES	S*:		CERT	IFICA	TE OF	INC	ORPC	DRATI	ON / F	ORMA	TION			L	RE	GISTE	RATIO	N CEI	RTIFIC	ATE							_						
LINE 1*:				4	4																				$\perp$	_							
LINE 2:				_	_														<u> </u>				_	$\perp$	_	<u> </u>							
LINE 3:	_			4	_														CI	ΓΥ/ TO	WN/VII	_LAGE*	:		<u> </u>	+	+						
DISTRICT*:				1																	I/POST		H		<u> </u>	+	_						
STATE / UT NAME <sup>2</sup>	*: [																				OUNTRY O3166)	CODE	*:										
4.2 CORRESPONDE SAME AS CUI								LS (IN	CASE	OF M	ULTIP	LE CC	ORRES	PONE	DENCI	E/LC	OCAL A	DDR	ESSES	S. PLEA	ASE FILI	L 'ANNE	XURE	111')									
ADDRESS TYPE*:		RESIDI						_		NTIA	Г			INESS					ED OF			1	PECIF										
PROOF OF ADDRES	s*:	c	ERTIF	ICAT	E OF I	NCC	RPOF	_ RATIO	N / FC	ORMAT	ION		REGI	ISTRA	LION:	CERT	TFICAT	E				J											
LINE 1*:																	Π								Τ								
LINE 2:				T	T																$\Box$	$\dashv$		T	Ť	Ť	İ				Ħ		
LINE 3:				Ť	T												İ		CI	ry/ to	WN/VII	_LAGE*	: [			Ī							
DISTRICT*:																	İ			PIN	I/POST	CODE*	:				İ						
STATE / UT NAME	k:																				OUNTRY O3166)	CODE	*: =										
																1					_ 5 5 7												

4.3 Principal	place of	Busi	ness (	(as sar	ne reg	jister	ed add	ress)	Y	N		if no p	olease	e fill d	etails	as un	der)																				
ADDRESS TYPE*: RESIDENTIAL / BUSINESS RESIDENTIAL BUSINESS REGISTERED OFFICE UNSPECIFIED																																					
PROOF OF A	DDRES	ss*:		CER	ΓIFICA	ATE O	FINC	ORPO	RATIC	N / F0	ORMAT	ΓΙΟΝ		REC	GISTR	ATIO	N CEF	RTIF	FICATE																		
LINE 1*:																	Τ													Т	$\top$	Т	П				
LINE 2:						T											Ť				T									T	$\dagger$	Ŧ	T	Ħ	$\exists$		
LINE 3:						T										Ť	Ť				CITY	// TOW	N/VILI	_AGE	*:					Ť	$\dagger$	$\dagger$	寸	$\exists$	$\dashv$		
DISTRICT*:	$\overline{}$															$^{+}$	Ť		$^{+}$			PIN/F	OST	ODE	*:					Ť	十	$\mp$	$\exists$	一			
STATE / UT I	NAME <sup>*</sup>	*:				Н										$^{+}$	$\pm$						NTRY	CODE	:*:					十							
4.4 ADDRESS	IN THI	L E JUI	RISDI	ICTIC	N W	l HERE	ENTI	TYIS	RESI	DENT	OUTS	I SIDE I	NDIA	FOR	TAX	PURI	POSE	S*				(ISO	3166)		L					J							
SAME	E AS CL	JRREI	NT / F	PERM	ANEN	T/O	VERSE	AS A	DDRES	SS DE	TAILS			SA	ME AS	COR	RESP	ON	IDENC	E/LOG	CAL	ADDRE	SS DE	TAILS	6												
ADDRESS TY	YPE*:		RES	IDENT	TIAL /	BUSI	NESS		ı	RESID	ENTIA	.L		BU	SINE	ss [		F	REGIST	ERED	OFF	ICE		UN	SPEC	IFIE	)										
PROOF OF A	DDRES	SS (F0	OR EN	NTITIE	S REC	SISTE	RED	OUTSI	DE IN	DIA)*	:	REG	ISTR	ATIO	N CEF	RTIFIC	ATE (	OR E	EQUIVA	LENT		CEI	RTIFIC	ATE C	)F INC	ORF	ORAT	ION	/FOR	:MAT	'ION						
LINE 1*:																							Τ							П				T			
LINE 2:											i							Ť		T	T	Ť		T		T		Ť	Ť	T			T	T	T	Ť	Ī
LINE 3:																	Т	1		CITY	// T	OWN /	VILLA	GE*:				$^{+}$		寸			T	t	T	Ť	Ħ
STATE*:										ZIP /	POST	CODE	*:	1			$\Box$			1	CC	DUNTR	Y COD	E*:			_										
5. CONTA	ACT D	) FT <i>E</i>	All S	(All	com	mur	icati	ons	will h	e se	nt or	nro	vide	M b	obile	no e	/ Fm	nail	I- ID)	l (Plea	(IS	O 316	5)		∟ on <b>'F</b>	" at	the	≥nd <sup>°</sup>	)								
TEL. (OFF):			0	,									7	L. (RE	1	,o.			,						J., .				<u>′                                     </u>								
						+	+		+	+			] '' <sup>-</sup> 7	L. (RE	.3).																						
FAX:		$\perp$				上						$\perp$	] 		[							_						7									
MOBILE 1:											_		MC	DBILE	. 2:		=		<u> </u>			<u> </u>				<u> </u>		_				_	_		_	_	7
EMAIL ID 1:																	L			1							1			_		<u>_</u>	L	$\perp$	$\perp$	_	╛
EMAIL ID 2:																																<u></u>	L	$\perp$	<u>L</u>		
6. NATUR				SS	_				_	7					$\overline{}$								1					Г									
MANI	UFACT	UREF	₹	$_{\dashv}^{L}$		TF	RADEF	₹			RET	AILER				SE	RVIC	E PI	ROVIDI	ΞR			E	(POR	T / IM	POR <sup>-</sup>	Τ				OTH	ERS_					_
INDUSTRY C				(1	PLEAS	E REF	ER TC				S PAG				2011					4 D 4 T I		OTHER															_
ANNUAL TU				RS.				'	LEAS	EPRC	VIDE	SUPPO	אוואכ	NG DC	JCUM	IENIS	ORS	)ELI	F DECL	ARAII	ON	Applic	able up	oto ce	rtain I	imit	as dec	ided	bу ва	ink)							
MLM UNDER	RTAKIN	1G:		"I/We															mpany				'I/We														
Company/Fi issued by the	e Gover	nme	nt of	India,	Minist	ry of	Consu	ımer A	Affairs,	Food	& Pub	lic Dis	tribut	ion a	s also	any d	irect s	selli	ing guid	elines	issu	ed by tl	Affairs ne Sta	that te Gov	the Co vernm	ompa nent,	any is i where	n cor e the	nplia: regis	nce v stere	vith D d offi	irect ce of	Se <b>ll</b> ir	ig Guid Compa	deline iny is	s, 20: locate	i6 ∍d
Further, the C	•	_			on and	Junde	ertake	not to	violat	ethep	rovisio	ons of	Prize	Chit a	and Mo	oney C	ircula	atio	n (Bann	ing) Ac	t, 19	78."															
	RENTA							C 43 (13)	100 D	A NUCA	00011	NIT			٦	<b>TUE</b> 0		D			,																
					L	=					CCOU	IN I				THER		PLE	EASE SI	ECIF	r:																_
	JRRING	DEP	OSH					SWEE						Г	_										[		7		1								
SCHEME TYP							_ ·	AMOL	JNT _					-		PER	IOD _					′	AUTO	RENE	WAL		YES		NC	)		_					
8. MODE		PER	_	ONS				SEVER	ALIV			۸۵	DED	BOAF	D DE	SOLU	TION			]	ruer	RS : ( PL	EACE	CDEC	IEV\												
9. SERVIC										IC	bara							1		] 0	HE	13.(FL	.EASE	SPEC	IF I)												_
CORPORA								Г	ervic	.e (C	riarg					CTIO	Т		1				CHE	QUE	POOL	, [							D	EBIT C	ADD		$\overline{}$
	POS FA							L					VILVV			LERT	F		] ]			DOC	OR STE			F	$\exists$					P/		E FACI			╡
			(0	,				-, [					1 ATI			ΓCAR	F		] ]			500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ĺ											
												r	LAIII				F		]													U	THER				_ 7
							ONTH	ILY [	$\overline{}$			1	1		QUAI	RTERL	. <sup>У</sup> _						HA	ALF-Y	EARL	′ <u>L</u>				_	_	_	_	D	AILY	L	_
E-STATEMEN						: <u> </u>	+	+	$\perp$	<u> </u>		<u> </u>	<u> </u>	$\frac{\perp}{}$	+	+	$\perp$							$\perp$						_	$\perp$	$\perp$	$\perp$	$\perp$	$\perp$	$\perp$	$\Box$
SMS ALERTS					BILE												(PLE	ASI	E REFEI	? ТО Т	HEN	4OBILE	NUM	BERS	GIVE	NIN	CONT	ACT	DETA	AILS	IN AC	)F PA	.RT 1)				
10. ACCO																																					
(FOR MORE					r our	WEB	SITE	OR VIS	SITNE	ARES	T BRAI	NCH)																									_
11. UNDE	RTAK	(INC	G:C	RED	IT FA	ACIL	ITY F	FROI	м от	HER	BAN	IK / I	FINA	NC	IAL	NST	ITU	TIC	NC						Ę												
CREDIT (IF YES,							RBANI	K/FIN/	ANCIA	L INS	TITUT	ION		NO		_ Y	ES																				
I/we underta																																					
									-						-	٠.		-		-										- £ A			_				

12. OTHER ENTITY DETAILS:											
DETERMINE* WHETHER THE ENTITY IS 'FI' OR 'NFE' [AN ENTITY CAN BE EITHER AN 'FI' OR			A. I. T. I.E. DEL ATED E	DEDCOM)							
FINANCIAL INSTITUTION (FI): (IF FINANCIAL INSTITUTION (FI) IS TICKED, PLEASE A (BANKS, INSURANCE AGENCIES, NBFCS ETC.) OR	ALSO FILL ANNEXURE I	ANNEXURE II FOR A	ALL THE RELATED F	PERSON)							
NON FINANCIAL ENTITY (NFE): IF ENTITY IS NFE, WETHER IT IS*: ACTIVE N	IFE OR PASSIVE	NFE									
(AN ENTITY CAN BE EITHER AN 'ACTIVE NFE' OR A 'PASSIVE NFE', IT CAN NOT BE BOTH - SE	EE INSTRUCTIONS 'H' IN	GENERAL GUIDELIN	ES FOR ACTIVE & PA	ASSIVE NFE)							
NUMBER OF CONTROLLING PERSON(S): (APPLICABLE ONLY IN CASE OF PASS	SIVE NFE, FILL <b>ANNEXUR</b>	<b>E II</b> FOR EACH CONT	ROLLING PERSON)	)							
DIRECT REPORTING NON FINANCIAL FOREIGN ENTITY (NFFE): YES NO											
IF YES PLEASE PROVIDE GIIN OF DIRECT REPORTING NFFE:											
LEGAL ENTITY IDENTIFIER (L.E.I CODE. NO.): (AS & WHEN APPLICABLE)											
13. COUNTRY OF RESIDENCE AS PER TAX LAWS*											
TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES	S NO (IF	NO, PLEASE FILL TH	HE DETAILS ANNEX	URE -VI)							
FORM 60 [see	ome-tax Rules, 1 e second provisc	to rule 114B]									
14 FORM 60 ONLY FOR ENTITIES OTHER TH.	IAN COMPANIES AND PA	ARTNERSHIPS (In Cas	se PAN is not Availal	ole)							
NAME:											
(SAME AS ID PROOF)						_				_	
IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION			E ACKNOWLEDGEN								
IF PAN IS NOT APPLIED , FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOU ABOVE TRANSACTION IS HELD	JSE, MINOR CHILD, ETC	AS PER SECTION 64	4 OF INCOME TAX A	ACT 1961 FOR	R THE FII	NANCI.	AL YE	AR IN	WHIC	H THE	
AGRICULTURE INCOME (RS)	OTHER THAN AGR	ICULTURAL INCOME									
	VERIFICATION							•			
of my knowledge and belief. I further declare I do not have a permanent account number a		otal income (includin									
Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the final Verified today, the	ancial year in which the a	bove transaction is h	held will be less that	n maximum a	mountr	not cha	argeal	ble to	tax.		
•											
Place:						Sign	ature	ofthe	e Decla	arant	
15 NOMINATION : Applicable Only For Sole Proprietorship						Sign	ature	of the	e Decla	arant	
15 NOMINATION: Applicable Only For Sole Proprietorship	DT WANT TO MAKE A NO t of nomination facility has			on't want to no	ominate a					arant	
15 NOMINATION : Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR (The benefit NOMINATION FORM (DA1)	t of nomination facility has	been explained to me/	/us . However I/we do							arant	
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2(1) of B I/We	t of nomination facility has Banking Companies (No	been explained to me/ omination) Rules 19a /our /minor's death t	/us . However I/we do	of Bank Depo	osits. ars where	any pers	son in	the ac			
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2(1) of I/We nominate the following person to we given below, may be returned by Punjab National Bank	t of nomination facility has Banking Companies (No	been explained to me/ omination) Rules 19a /our /minor's death t	/us . However I/we do	of Bank Depo	osits. ars where	any pers	son in	the ac	count)	N	
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2(1) of B I/We	t of nomination facility has Banking Companies (No	been explained to me/ omination) Rules 19a /our /minor's death t	/us . However I/we do	of Bank Depo	osits. ars where	any pers	son in	the ac	count) NATIO	N	
15 NOMINATION : Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act , 1949 and Rule 2(1) of the section was given below, may be returned by Punjab National Bank  DETAILS OF DEPOSIT:	t of nomination facility has Banking Companies (No	been explained to me/ omination) Rules 19a /our /minor's death t	/us . However I/we do	of Bank Depo	osits. ars where	any pers	son in	the ac	count) NATIO	N	
15 NOMINATION : Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR I/WE DO NO (The benefit  NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act , 1949 and Rule 2(1) of E I/We nominate the following person to w given below, may be returned by Punjab National Bank  DETAILS OF DEPOSIT :  Type of Deposit : ACCOUNT NO:	t of nomination facility has Banking Companies (No	been explained to me/ omination) Rules 19a /our /minor's death t	/us . However I/we do	of Bank Depo	osits. ars where	any pers	son in	the ac	count) NATIO	N	
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2(1) of E I/We nominate the following person to we given below, may be returned by Punjab National Bank DETAILS OF DEPOSIT:  Type of Deposit: ACCOUNT NO: DETAILS OF THE NOMINEE	t of nomination facility has Banking Companies (No	omination) Rules 198 /our/minor's death t (Name and addre	/us . However I/we do	of Bank Depo osit, particula einwhichthe	osits. ars where	any pers	son in	the ac	count) NATIO	N	
15 NOMINATION : Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR I/WE DO NO (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act , 1949 and Rule 2(1) of the section of the section of the section with the following person to we given below, may be returned by Punjab National Bank DETAILS OF DEPOSIT:  Type of Deposit:	t of nomination facility has Banking Companies (No	omination) Rules 198 /our/minor's death t (Name and addre	/us . However I/we do	of Bank Depo osit, particula einwhichthe	osits. ars where	any pers	son in	the ac	count) NATIO	N	
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR I/WE DO NO (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act , 1949 and Rule 2(1) of E I/We nominate the following person to we given below, may be returned by Punjab National Bank DETAILS OF DEPOSIT:  Type of Deposit: ACCOUNT NO: DETAILS OF THE NOMINEE  NAME: RELATIONSHIP WITH THE DEPOSITOR:	t of nomination facility has Banking Companies (No	omination) Rules 198 /our/minor's death t (Name and addre	/us . However I/we do	of Bank Depo osit, particula einwhichthe	osits. ars where	any pers	son in	the ac	count) NATIO	N	
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR I/WE DO NO (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act , 1949 and Rule 2(1) of E I/We nominate the following person to we given below, may be returned by Punjab National Bank DETAILS OF DEPOSIT:  Type of Deposit: ACCOUNT NO: DETAILS OF THE NOMINEE  NAME: RELATIONSHIP WITH THE DEPOSITOR:	t of nomination facility has Banking Companies (No	omination) Rules 198 /our /minor's death t (Name and addres) AGE: [	/us . However I/we do	of Bank Depo osit, particula einwhichthe	osits. ars where	any pers	son in	the ac	count) NATIO	N	
15 NOMINATION : Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR	t of nomination facility has  Banking Companies (Nowhom in the event of my	omination) Rules 198 /our /minor's death t (Name and addres) AGE: I	85 in the respect of the amount of Depeless of branch / office	of Bank Depo osit, particula einwhichthe	osits. ars where	eofare held).	sonin	the ac	NATIO AL NO	N .	
15 NOMINATION : Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR I/WE DO NO (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act , 1949 and Rule 2(1) of the section of the sec	t of nomination facility has  Banking Companies (Nowhom in the event of my	omination) Rules 198 /our /minor's death t (Name and addres) AGE: I	85 in the respect of the amount of Deposess of branch / office	of Bank Depo osit, particula einwhichthe	osits. ars where	any pers	sonin	the ac	NATIO AL NO	N	
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR I/WE DO NO (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2(1) of Bi/We	t of nomination facility has  Banking Companies (Nowhom in the event of my	pomination) Rules 198 /our /minor's death t (Name and address AGE: I	85 in the respect of the amount of Deposes of branch / office DATE OF BIRTH OF STATE:	of Bank Depo osit, particula einwhichthe	osits. ars where	eofare held).	sonin	the ac	NATIO AL NO	N .	
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act , 1949 and Rule 2(1) of I/We	t of nomination facility has  Banking Companies (Nowhom in the event of my	pomination) Rules 198 /our /minor's death t	85 in the respect of the amount of Depotess of branch / office amount of Depotess of branch / office amount of Depotess of branch / office amount of Depotess of branch / office amount of Depotess of branch / office amount of Depotess of Branch / office amount of Depotess of Branch / office amount of Depotess of Branch / office amount of Branch / office a	of Bank Depo osit, particula einwhichthe	osits. ars where deposit	eofarer held).	son in	NOMI SERI	NATIO AL NO	N .	-
15 NOMINATION: Applicable Only For Sole Proprietorship    I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR	t of nomination facility has  Banking Companies (Nowhom in the event of my	pomination) Rules 198 /our /minor's death t (Name and address AGE: I the minority of the rest impression)	/us. However I/we do 85 in the respect of the amount of Depotess of branch / office DATE OF BIRTH OF  CIF NO. OF NOMI	of Bank Depo osit, particula einwhichthe	osits. ars where deposit	eofarer held).	son in	NOMI SERI	NATIO AL NO	N .	-
15 NOMINATION: Applicable Only For Sole Proprietorship  I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR (The benefit NOMINATION FORM (DA1)  Nomination under Section 45Z of the Banking Regulation Act , 1949 and Rule 2(1) of I/We	t of nomination facility has  Banking Companies (Nowhom in the event of my	pomination) Rules 198 /our /minor's death t	85 in the respect of the amount of Depotes of branch / office of the amount of Depotes of branch / office of the amount of Depotes of branch / office of the amount of Depotes of branch / office of the amount of Depotes of branch / office of the amount of	of Bank Depo osit, particula einwhichthe	osits.  ars where deposit	eofarer held).	son in	NOMI SERI	NATIO AL NO	N .	-
15 NOMINATION: Applicable Only For Sole Proprietorship    I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR	t of nomination facility has  Banking Companies (Nowhom in the event of my	omination) Rules 198 /our /minor's death t	/us . However I/we do 85 in the respect of the amount of Depotess of branch / office DATE OF BIRTH OF CIF NO. OF NOMI	of Bank Depo osit, particula einwhichthe	osits.  ars where deposit	eofarer held).	son in	NOMI SERI	NATIO AL NO	N .	-

- 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
- //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.
- I/We affirm and declare that I/We have read over and understood the rules and regulations of the Punjab National Bank ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/ Mobile Banking/ whatsapp 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 scheme guidelines and service charge, nses or other dues which the Bank is entitled/ liable to recover from me/us. I/We also authorize 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.
- I/We hereby, give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. understand that my KYC record include my KYC record/personal information such as my name/address, date of birth, PANno. etc.
- 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 release 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 Bank in any other way.
- I/We agree that my/our personal KYC details may be shared with Central KYC registry 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-mail on my registered mobile number/ e-mail address. I/We also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
- 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. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
- $I/We\ understand, acknowledge\ and\ authorize\ that\ as\ per\ the\ provisions\ of\ Income\ Tax\ Act,$ 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

- Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and Jorany other similar arrangements
- 11. 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 am/are aware that I/We may be held liable for it.
- 12. 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 selfcertification as above is provided to the Bank
- 13. I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ 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 quidelines issued by CBDT/RBI/Gol from time to time.
- 14. 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.
- 15. 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 incorrect or incomplete information by me/us.
- 16. 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.
- 17. 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.
- 18. I/We have been advised of Quarterly 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.
- 19. 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)
- 20. 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, failing to which I understand that my account may cease to be operational as per GOI guidelines at the material time.
- ${\tt 21. \ I \, confirm \, and \, undertake \, that \, I \, will \, not \, deal \, in \, Virtual \, Currencies \, and \, will \, not \, use \, my \, account}$

CIF NO.			A/C NO.														
10DE OF	OPERATION										_						
	Please Paste		Please Paste						F	Please	e Pa	ste					
	Photograph		Photograph						ı	Photo	gra	ph					
	Here		Here							Не	ere						
	Signatory 1		Signatory 2							Signa	tory	y 3					
<u> </u>	54 11 1 15						 							<u> </u>			
Signature	e of Authorized Signatory 1 (Do not o	eriap) Signa	ture of Authorized Signatory 2 (Do not	t overlap)	_		ignature	of Aut	nor	ized Si	igna	tory	3 (D	o not	ove	riap)	
Name:		Name	e:				lame:										
Designat	ion:	Desig	gnation:			[	Designati	on:									
-		Date:				[	Date:										
Date:																	

FOR OFFICE	USE ONLY
1. APPLICANT(S) INTERVIEWED AND PURPOSE ASCERTAINED (SPECIFY THE PURPOSE):	
2. WHETHER SELF - CERTIFICATION & DOCUMENTS SUBMITTED BY THE CUSTOMERS HAVE BEEN VI (CARE: BRANCH TO PROCEED WITH OPENING OF ACCOUNT ONLY WHEN THIS CERTIFICATION	
3. DOCUMENTS RECEIVED: SELF CERTIFIED TRUE COPIES NOTARY	4. RISK CATEGORY : HIGH MEDIUM LOW
5. IN PERSON VERIFICATION CARRIED OUT AND SIGNATURE OF THE APPLICANT VERIFIED BY : IDEN	TITY VERIFICATION: DONE
6. AUTHORISED OFFICIAL HAS VERIFIED THE ACTIVITY OF PROPRIETARY CONCERN AT THE ADDRESS M	MENTION IN ACCOUNT OPENING FORM: YES NO
OFFICIAL NAME: PF NO.:	DESIGNATION :
DATE : GBPA NO	SIGNATURE :
OPEN CIF	TRANSACTION NO. INITIALS
DATE : (AUTHORISED SIGNATORY)	CIF:
OPEN THE ACCOUNT BRANCH MANAGER / AUTHORISED OFFICIAL (SIGNATURE)	
ACCOUNT OPENED ON: ACCOUNT NUMBER :	
REMARKS (IF ANY):	
MAKER (SWO/OFFICER)	AUTHORIZED OFFICER (SIGNATURE)
NAME :	NAME:
EMP./OFFICIAL NAME :	EMP./OFFICIAL NAME:
GRPA No / PF No :	GBPA No / PE No :

### **AUTHORISED OFFICIAL (SIGNATURE)**

EMP./OFF. DESIGNATION:

EMP./OFF. BRANCH: \_

ACCOUNT CLOSED ON: \_

## **CURRENT ACCOUNT 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 counterfoils will be supplied in book form and the entry of the transactions made in the counterfoil will be authenticated by the initials of an authorised employee of the Bank. The depositor should satisfy himself that the transaction is so certified.
- 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.
- Constituents should not overdraw their accounts, even for small amounts without having made previous arrangements. Overdraft are granted in current accounts on terms as per 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 paid.
- 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.

EMP./OFF. DESIGNATION:

EMP./OFF. BRANCH: \_\_\_

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.

BRANCH ON .

- 8.
- Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against 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. 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 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 nealect of this precaution.
- 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.
- 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 CODES**

- 01. AIRLINES / AVIATION
- 02. ADVERTISING AGENCY
- 03. AGRICULTURE / ALLIED INDUSTRIES
- 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

\_ACCOUNT TRANSFERRED TO .

- 21. CONSULTANCY
- 22. ELECTRONICS
- 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. TELECOMMUNICATION
- 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. IT SERVICES

### **GENERAL INSTRUCTIONS:**

- A. Clarification / Guidelines for filling 'For Office Use Only' section
- 1. Account Type: Simplified should be used for FPI Category I and Category II only.
- 2. Account Holder Type :

- · · · · · · · · · · · · · · · · · · ·	
US Reportable (FATCA)	Other Reportable (Other than
FATCA)	
F1- Owner- Documented FI	C1- Passive Non- Financial Entity
with specified US owner(s)	with one or more controlling person that
F2-Passive Non –Financial Entity	is a Reportable person
with substantial US owner(s)	C2- Other Reportable Person
F3- Non- Participating FFI	C3- Passive Non- Financial Entity
F4- Specified US person	that is a CRS Reportable
F5-Direct Reporting NFFE	XX- Not Applicable

- 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
  - 2. Identification Type: T- TIN, C- Company Identification Number, G-US GIIN, E- Global Entity Identification Number (EIN), O- Others
- D Clarification / Guidelines for filling 'Proof of Identity [Pol]' section
  - 1. Certified copies of all the relevant documents, as applicable, needs to be submitted.
  - KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.
  - 3. Details of the Required Documents for different Entity Constitution Types are mentioned in Page 16 (KYC Documents Required)
  - 4. 'Date of Commencement of Business' is mandatory for companies, and other entities may provide if applicable.
- E Clarification / Guidelines for filling 'Proof of Address [PoA]' section
  - 1. 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 number mention 91-999999999).
- 2 Do not add '0' in the beginning of Mobile number.
- ${\sf G} \quad {\sf Clarification/Guidelines for filling'Controlling/Related Person Details' section}$
- i. Fill Separate Annexure (A11) for each Controlling/Related Person/Beneficial Owner.
- ii. Personal Details
  - 1 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 be rejected.
  - 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.
- iii. Resident outside India for tax purposes
  - $1\ \ \text{Provision} \ \text{for capturing multiple Tax} \ \text{residency details is made available (Annexure III)}$
- 2 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

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

A- Sole Proprietorship	H- Trust	N- Foriegn Portfolio
B- Partnership firm	I- Liquidator	O- Section 8 Companies
C- HUF	J- Limited Liability Partnership	(Companies Act, 2013)
D- Private Limited Company	K- Artificial Juridical Person	P- Artificial Judicial Person
E- Public Limited Company	L- Public Sector Banks	X- Not Categorized
F- Society	M- Government Departments/	Z- Others
G- Association of Persons	Agency	
(AOP)/ Body of Individuals (BOI)		

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/personal identification/services code/number and resident registration number)

- iv. ProofofIdentity[Pol]
  - 1 If driving license number or passport is provided as Pol then expiry date is to be mandatorily furnished.
  - ${\tt 2\ Mentionidentification/reference number if 'Z-Others (any document notified \ by the central government)' is ticked.}$
- v. Proof of Address [PoA]
  - 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
  - 2 State / U.T Name and Pin / Post Code will not be mandatory for Overseas addresses.
- vi. Section 1 A to be filled for Controlling Person and Section 1 B to be filled for related Person.
- $\label{eq:vii.} The details of Controlling Persons are required only if the Legal Entity is Passive NFE as defined in the Income Tax Rules$
- viii. 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 Bank of India; or
- (ii) CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of India: or
- (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

- i. Any NFE which is not an Active NFE, or
- ii. 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 insurance company, or an investment entity described in the note below.
- iii. 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).

#### Note:

- 1. 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:-
- i. Trading in money market instruments (Cheques, bills, certificates of deposit, derivatives etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
- i. Individual and collective portfolio management; or
- iii. 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 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.

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

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.

#### I. Active NFE is any one of the following

- 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
- ii. 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
- 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
- v. 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, 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 OR
- 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

# viii. 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;
- b. It is exempt from income-tax in India;
- c. It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- d. 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 representing the fair market value of property which the entity has purchased; and
- e. 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 thereof.

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

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

### A US Person is any of the following

- 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
- d. 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
  - f. Any bank as defined in section 581 of the U.S. Internal Revenue Code;
  - g. Any real estate investment trust as defined in section 856 of the U. S. Internal Revenue Code
  - h. 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)
  - i. Any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
  - j. 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
  - k. 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;
  - I. A broker as defined in section 6045(c) of the U.S. Internal Revenue Code
     m. Any tax-exempt trust under a plan that is described in section 403(b) or section 457(q) of the U.S. Internal Revenue Code S

### L. 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

			COUNTRY COD	ES (ISO 3166)			
Country	Country Code	Country	Country Code	Country	Country Code	Country	Counti Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miguelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
lgeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
ndorra	AD	Eritrea	ER	Macedonia, the former		Saudi Arabia	SA
				Yugoslav Republic of	MK		
ingola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
anguilla 	Al	Ethiopia	ET	Malawi	MW	Serbia	RS
Intarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL SG
argentina Armenia	AR AM	Fiji Finland	FJ FI	Mali Malta	ML MT	Singapore Sint Maarten (Dutch part)	SX
ruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
ustralia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Nustria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
ahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
ahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the	27
anan	DIT	Garribia	Ori	riexico	1.17	South Sandwich Islands	GS
angladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
arbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
elarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
elgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
elize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
enin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
ermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
hutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
olivia, Plurinational State of	ВО	Guam	GU	Myanmar	MM	Switzerland	CH
onaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
osnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
otswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
ouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
razil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
ritish Indian Ocean	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
erritory							
runei Darussalam	BN	Heard Island and McDonald Islands	НМ	Nicaragua	NI	Togo	TG
ulgaria	BG	Holy See (Vatican City State)		Niger	NE	Tokelau	TK
urkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	ТО
urundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
abo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
ambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
ameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
ayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
had	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL.	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor	
(Neemig) Islands		Sarriarea	3	1 614		Outlying Islands	UM
Colombia	СО	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
ongo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
ongo, the Democratic							
epublic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
ook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
osta Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
ote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's		Reunion !Réunion	RE	Virgin Islands, U.S.	VI
roatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
uba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
uracao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
yprus	CY	Lao People's Democratic Re		Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
zech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan			
				da Cunha	SH	Zimbabwe	ZW
enmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
)jibouti	DN	Lesotho	LS	Saint Lucia	LC ME		
Oominica	DM	Liberia	LR	Saint Martin (French part)	MF		
		ICT OF TWO DIGIT STO	STATE C		OT 1600		
	L			PER INDIAN MOTOR VEHICLE A			
tate/U.T			State/U.T	Code	State/U.T		Code
ndaman & Nicobar			Himachal Pradesh	HP	Pondicher	У	PY
ndhra Pradesh		AP	lammu& Kashmir	JK	Punjab		PB
runachal Pradesh		AR	lharkhand	JH	Rajasthan		RJ
ssam			Karnataka	KA	Sikkim		SK
ihar		BR F	Cerala	KL	Tamil Nadu	ı	TN
handigarh		CH L	akshadweep	LD	Telengana		TS
hattisgarh			Madhya Pradesh	MP	Tripura		TR
			•				
		DN	1aharashtra	MH	Uttar Prad	esh	UP
adra and Nagar Haveli		DD N	1anipur	MM	Uttarakhar	nd	UA
		1					
aman & DILI			•	MI	Wort Por	ادا	WD
Padra and Nagar Haveli Daman & DILI Pelhi		DL	1eghalaya	ML	West Beng	al	
aman & DILI		DL	•	ML MZ	West Beng Other	al	WB XX

# KYC Documents Required for opening Current Accounts:

SINo	Type of Entity	KYC Documents
1	Proprietorship	Any two of the following documents or the equivalent edocument thereof as a proof of business / activity in the name of the proprietary firm shall also be obtained:
		(i) Registration certificate including Udyam Registration Certificate (URC) issued by the Government. (ii) Certificate / Licence issued by the municipal authorities under Shop and Establishment Act.
		(iii) Sales and income tax returns.
		(iv) CST / VAT / GST certificate.  (v) Certificate / registration document issued by Sales Tax / Service Tax / Professional Tax authorities.
		(vi) IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT / Licence / certificate of practice issued in the name of the proprietary concern by any
		professional body incorporated under a statute.  (vii) 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
2	Partnership Firms	(viii) Utility bills such as electricity, water, and landline telephone bills.  The certified copies of each of the following documents or the equivalent e-documents thereof shall be obtained:
	raithershiprinns	(i) Registration certificate;
		(ii) Partnership deed; (iii) Permanent Account Number of the partnership firm;
		(iv) Documents, as specified in Section 2, relating to beneficial owner, the managers, officers or employees, as the case may be, holding an attorney to transact on its behalf
		(v) The names of all the partners and address of the registered office, and the principal place of its business, if it is different.  (vii) PAN or Form60 issued to the person holding POA on its behalf
		(viii) Mode of operation in case of Partnership to be indicated clearly in AOF (Viz. All Partners jointly/severally (singly), Partner 1 & 2 jointly/severally (singly) etc.)
		(ix) A declaration containing the names of all the beneficial owners together with their shareholding/controlling interest/stake duly signed by the authorized signatory.  (AnnexureIV)
		(x) Partnership letter datedand No obtained and Signed by all partners.  (To be compulsorily obtained in case of partnership firms)
		(xi) Addresses of the Power of Attorney holders
3	Limited Companies	(i) Certified copies of each of the following documents or the equivalent e-document thereof shall be obtained:
		(ii) Certificate of incorporation;
		(iii) Memorandum and Articles of Association; (iv) Permanent Account Number of the company;
		(v) A resolution from the Board of Directors and power of attorney granted to its managers, officers or employees to transact on its behalf;
		(vi) Documents, as specified in Section 2, relating to beneficial owner, the managers, officers or employees, as the case may be, holding an attorney to transact on the company's behalf.
		(vii) the names of the relevant persons holding senior management position: and (viii) the registered office and the principal place of its business, if it is different.
		(ix) PAN or Form60 issued to the person holding POA to transact on company's behalf.
		(x) Certificate of commencement of business in case of Public limited company. (xi) CIN no.
		(xii) Proof of current address.
		(xiii) Certificate of Registrar of Joint Stock Companies dated
		Entry in the Power of Attorney Register and return). A copy of the same is retained.
		(This certificated is not required when, a. The company is a private company, b. The company was registered before 1913 and does no tinvite the public to subscribe for shares.
		c. The company is Limited by guarantee and does not have a Share capital).
		(xiv) Certified copy of a resolution datedregulating the conduct of the account, obtained, some what on the following lines:-  Wehereby certify that the following resolution of the Board of Directors of the
		been duly recorded in the Minute Book of the said Company:-"resolved:-that a bank account for the company be opened with the Punjab National Bank and that the said
		Bank be and is here by Authorized to honour cheques, bills of exchange and promissory noted drawn , accepted or made on behalf of the company by
		and to act on any instructions so given relating to the account, whether the same be overdrawn or not, or relating to the transactions of the company."
		sd/- sd/- sd/- sd/- Chairman Directors Secretary
		(XV) 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.
4	Societies/	KYC Documents as applicable to Accounts of unincorporated Associations or Body of Individuals. Copy of the PAN or Form 60 of the Entity.
	Association/Clubs	Other Documents  1. Copy of the Memorandum of Association registered onand Articles of Association datedObtained.
		<ol> <li>Resolution of managing body for opening the account</li> <li>Copy of the By Laws datedOf the Society, regarding the conduct of the</li> </ol>
		account, obtained.
		<ol> <li>Government/Military Order datedobtained (whichever applicable).</li> <li>PAN of Chairman/ MD/ Chief Promoter/Secretary etc. of all Related persons or Beneficial owners, Separate Annexure II foreach beneficial owner to be obtained.</li> </ol>
5	Hindu Undivided	Certified copies of each of the following documents shall be obtained:
	Family (HUF)	(i) Joint Hindu Family Letter datedAnd NoObtained on Cos38, signed by all the adult coparceners.
		(ii) Identification information as mentioned under Section 2 in respect of the Karta and Major Coparceners, (iii) Declaration of HUF and its Karta,
		(iv) Recent Passport photographs duly self-attested by major co-parceners alongwith their names and addresses. (v) The Permanent Account Number or the equivalent e-document thereof or FormNo. 60 as defined in Income-tax Rules, 1962
		(vi) On death of a coparcener, birth of a coparcener and a minor coparcener at attaining majority (18 years), a fresh JHF letter has to be executed Declaration that a) the depositor
6	Trusts	is the Karta of the Joint Family, b) the deposit belongs to JHF  Contified earlies of each of the following documents on the equivalent a degree of shall be obtained:
		Certified copies of each of the following documents or the equivalent e-documents thereof shall be obtained: (i) Registration certificate;
		(ii) Trust deed;
		(iii) Permanent Account Number or Form No.60 of the trust; (iv) Documents, as specified in Section 2, relating to beneficial owner, the managers, officers or employees, as the case may be, holding an attorney to transact on its behalf
		(v) the names of the beneficiaries, trustees, settlor and authors of the trust  (vi) The address of the registered office of the trust; and list of trustees and documents, as are required for individuals under Section 2 for those discharging role as trustee and
		(vi) The address of the registered office of the trust; and list of trustees and documents, as are required for individuals under Section 2 for those discharging role as trustee and authorised to transact on behalf of the trust.
		(vii) Permanent Account Number or Form60 issued to the person holding POA on trust behalf (viii) A declaration containing the names of all the beneficial owners together with their shareholding/controlling interest/stake duly signed by the authorized signatory.
		(Annexure III)
		(ix) Copy of relevant extracts of trust deed dated obtained and perused, with special emphasis on the power of the trustees to sign cheques, delegation of authority, borrow money etc. The relevant portions are entered in the power of attorney register.
		A copy of the Resolution
		(x) All Trust Accounts to be invariably assigned "High Risk"

### KYC Documents Required for opening Current Accounts:

SINo	Type of Entity	KYC Documents
7	Unincorporated association or body of individuals	Certified copies of each of the following documents or the equivalent edocument thereof shall be obtained:  (i) Resolution of the managing body of such association or body of individuals;  (ii) Permanent account number or Form No.60 of the unincorporated association or a body of individuals;  (iii) Power of attorney granted to transact on its behalf;  (iv) Documents, as specified in Section 2, relating to beneficial owner, the managers, officers or employees, as the case may be, holding an attorney to transact on its behalf and such information as may be required by the Bank to collectively establish the legal existence of such an association or body of individuals. Explanation: Unregistered trusts / partnership firms shall be included under the term 'unincorporated association'. Explanation: Term 'body of individuals' includes societies  (v) Permanent Account Number or Form60 issued to the person holding POA on its behalf  (vi) Such information as may be required by the bank to collectively establish the legal existence of such an association or body of individuals.  (vii) In case of Political parties along with above mentioned document these 4 other documents will also be attached:  a. Certificate from the Election Commission confirming that "the political party is registered under section 29A of Representation of people Act, 1951 (43of 1951) and secured not less than one percent of the votes polled in the last general election to the House of the People or the Legislative Assembly, as the case may be".  b. Memorandum or Rules and regulations of the political party.  c. Photograph of the person who has been Authorized to transact the account, i.e. to whom Power of Attorney is granted.  d. Documents in respect of proof of address of the political party
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
9	Govt. Authorities & Juridical Persons	Societies, universities and local bodies like village panchayats, etc., or who purports to act on behalf of such juridical person or individual or trust, certified copies of the following documents or the equivalent edocuments there of shall be obtained and verified:  (i) Document showing name of the person authorised to act on behalf of the entity;  (ii) Documents, as specified in Section 2, of the person holding an attorney to transact on its behalf.  (iii) Such documents as may be required by the Bank to establish the legal existence of such an entity/juridical person

#### Officially Valid Documents:

The list of OVDs consist only the following Five:

- Passport
- Driving licence
- 3. Proof of possession of Aadhaar Number: Where the customer submit his proof of position of Aadhaar Number as on OVD, he may submitted in such form as are issued by the Unique Identification Authority of india.
- 4. Voter's Identity Card issued by Election Commission of India
- 5. Job card issued by NREGA duly signed by an officer of the State Government
- 6. 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 (Latest)
- (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 beneficial owner, as per Rule 9(3) of PML Amendment Rules 2013 is determined as under:

  (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.-For the purpose of this sub-clausei) "Controlling ownership interest" means ownership of or entitlement to more than 10% 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 in 10% of capital or profits of partnership; Or who exercise control through other means. Explanation: For the purpose of this caluse, "control" shall include the right to control the management or policy decision.
- (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 nosition of senior managing official
- who holds the position of senior managing official.

  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 10% 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.
- 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 H	ERE ( Please make sure the above machine	readable code is not damaged while tearing off	.)
	ACKNOWLEDG	EMENT	
1. NAME:		DATE:	
2. DOCUMENTS DEPOSITED (I)			
(11)	(III)		
(IV)	(V)		

BRANCH MANAGER

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	;			Ν	lo	
		Name of Entity												
١.	a)	Depository Institution												
	b)	Custodial Institution												
	c)	Investment Entity which is not a passive NFE												
	d)	Specified Insurance Company												
		Owner-Documented FI with substantial US owner	(s) – details o	f substan	tial US Owner to be captured as per Annexure-II									
		Reporting Financial Institution												
١.		If 2 OR 3 above is yes, please provide Global Interm	ediary Ident	ification N	lumber (GIIN)					Ш				
		Non-Participating Financial Institution												
5.		Non-Reporting Financial Entity (If Yes , Please Tick	one of the c	ategory in	the Table below)									
	S No.	Category of NRFI	<b>(</b> ✓)	S No.	Category of NRFI								<b>(</b>	)
	1.	Governmental Entity;		13.	Provident fund									
	2.	International Organisation;		14.	An Indian investment entity which is wholly held by NRI referred to in (i) to (xiii) above and where any debt inter held by a depository institution or NRFIs referred to in (	est is		abo	ove					
	3.	Central Bank;		15.	Qualified credit card issuer;									
	4.	Treaty Qualified Retirement Fund;		16.	Specified Investment entity as per CBDT rules (Rule 11	4F(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 Coope State Cooperative Banks / District Central Cooperative Local Area Banks provided that the assets test as in Exp to Rule 114F(5);	Ban	ks,							
	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 NRF to in (i) to (xiii) above and where any debt interest is held depository institution or NRFIs referred to in (i) to (xiii) a	l by a	3	ed						
·.		Sponsored Investment Entity								_				_
	a)	GIIN of Sponsored entity												_

We certi	fy tha	at we	have	the c	apaci	ty to	sign f	or the	e Financial Institution as per CBDT rules/RBI guidelines.
Date:									
Place:									

SIGNATURE(S)
NAME OF THE AUTHORIZED PERSON OF ENTITY

PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE O	NLY) / RELATED PERSON-RP/ BENEFICIAL OWNER ANNEXURE – II
(SEPARATE FORM FOR EACH CONTROLLING PERSON / RELATED PERSON/BENEFICIAL OWNER TO	BE FILLED IN)
FOR OFFICE USE ON	ILY BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.  PHOTOGRAPH  OF THE
APPLICATION TYPE* NEW UPDATE	CONTROLLING PERSON/
APPLICANT (CP/RP) CIF NO.:	RELATED PERSON/
CP/RP Account No.:	BENEFICIAL OWNER.
ENTITY NAME:	
ENTITY ACCOUNT NO.:	
1. DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL (Please refer General Instruction ) :	OWNER *
1. A DETAILS OF CONTROLLING PERSON (For Passive NFE Only):	
ADDITION OF CONTROLLING PERSON DELETION OF CONTROLLING	G PERSON UPDATE CONTROLLING PERSON DETAILS
CKYC NUMBER (IF AVAILABLE *):	(IF CKYC NUMBER IS AVAILABLE, ONLY' CONTROLLING TYPE' & 'NAME' IS
TYPE OF CONTROL*:	MANDATORY)
IN CASE OF LEGAL PERSON: OWNERSHIP OTHER MEANS	SENIOR MANAGING OFFICIALS BENEFICIARY Others
IN CASE OF TRUST: SETTLOR TRUSTEE	PROTECTOR BENEFICIARY-EQUIVALENT OTHER-EQUIVALENT
IN CASE OF OTHER  SETTLOR-EQUIVALENT  TRUSTEE-EQUIVALENT	PROTECTOR-EQUIVALENT IN CASE OF UNKNOWN
LEGAL ARRANGEMENT: SETTLOR-EQUIVALENT	
1. B DETAILS OF RELATED PERSON	
ADDITION OF RELATED PERSON DELETION OF RELATED PERSON	UPDATE RELATED PERSON DETAILS
CKYC NUMBER OF RELATED PERSON (IF AVAILABLE*):	(IF CKYC NUMBER IS AVAILABLE, ONLY' RELATED PERSON TYPE' & 'NAME' IS MANDATORY)
	KARTA TRUSTEE PARTNER AUTHORISED SIGNATORY
(MORE THAN ONE BOX CAN BE TICKED AS APPLICABLE)  COURT APPOINTED OFFICIAL	BENEFICIARY BENEFICIAL OWNER OTHERS (SEE DEFINITION AT PAGE NO. 10)
2. PERSONAL DETAILS* (Please refer Instruction G II at the end)	
PREFIX F I R S T N A M E	MIDDLENAME LASTNAME
NAME (SAME AS ID PROOF)*:	
Name of* Father Mother Spouse	(One among three is mandatory, Father name is mandatory if PAN is not provided)
DIN ( DIRECTOR IDENTIFICATION NUMBER):	(MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)
DATE OF BIRTH*:	
GENDER: M - MALE F - FEMALE THIRD GENDE	ER
MARRIED SINGLE OTHERS	NATIONALITY: IN-INDIAN OTHERS COUNTRY CODE (ISO 3166)
RESIDENTIAL STATUS*: RESIDENT INDIVIDUAL NON RESIDENT	T INDIAN FOREIGN NATIONAL PERSON OF INDIAN ORIGIN
CITIZENSHIP*: INDIAN OTHERS	
OCCUPATION TYPE*: S - SERVICE ( PUBLIC SECTOR PRIVATE SECTOR	OR GOVERNMENT SECTOR)
O - OTHERS ( PROFESSIONAL SELF EMPLOYE	D RETIRED HOUSE WIFE STUDENT)
B - BUSINESS NOT CATEGORIZED	
POLITICALLY EXPOSED PERSON: YES NO	PEP definition: (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial
COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS " IN ") (ISO 3166)	or military officers, senior executives of state-owned corporations and important political party officials"
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 6 & 7)

	IFICATION	NUME	BER O	R EQL	JIVAL	ENT'	*:																						DENC HIS F	CE FO		K PUR	POSE'	'IS	
PLACE / CITY O	F BIRTH:															COUN	NTRY ( 3166)	CODE	OF	BIRTI	H:														
3. PROOF OF IDE	ENTITY/AD	DRES	S (PLE	ASE T	TICK <sup>-</sup>	THE A	APPRO	PRIA	TE BC	1A) X	10 Y <i>V</i>	NE ID	TYPE	) AND	) GIVI	E DET	AILS)*	:																	
A- PASSP	ORT			В	- VO	TER II	O CAR	D				c-	DRIV	ING L	ICEN	CE				D	- NRE	ga joe	CAR	D											
E-LETTER	RISSUEDE	Y NAT	IONA	L POF	PULAT	TION	REGIS	TER	CONT	IINIA	NG DE	ETAIL	S OF	NAMI	E ANI	D ADD	RESS			PI	ROOF	OF PO	SESS	SION	OF,	AADI	HAR N	Ο.							
DOCUMENT NO.	/IDENTIF	ICATIO	DN NU	JMBEI	R* [																Issue	d Date						Dat	te of E	Expiry	:				
ISSUED BY*:																	ISS	UED A	ΔT*:																
LINE 1*:																																			
LINE 2:																					CITY	/TOWN	/ VIL	LAG	E *:										
DISTRICT*:																						PIN / P	OST (	CODI	Ξ*:										
STATE / UT NAMI	E CODE*:																					COUNT (ISO 3:		ODE	*:										
4. IF THE PROOF	OF ADDR	ESS/C	VD PF	ROVIE	DED D	OES	NOT	CONT	TAIN C	URRI	ENT A	DDR	ESS, I	PLEA:	SE PR	ROVID	E ANY	OF T	HE D	ocu	MENT	S BELC	W AS	OVE	OF	FICI	ALLY \	/ALID	DOC	:UME1	<b>1</b> Τ)				
1. UTILITY	BILL	2	. PPO	/FPPC	)		3. P	ROPI	ERTY	OR M	UNIC	IPAL .	TAXR	RECEI	PT																				
	R OF ALLO																																		
	MODATIO		J		12.10		,	,						2 2.0			,			,	, 102,			,,,,,,,,					J L.	20		, ,		50	.0
5. SELF-D	ECLARATI	ON (A	PPLIC	ABLE	ONL	YWH	EN CL	JSTO	MER F	IAS C	CARRI	ED O	UT E-	KYC (	(AADI	HAAR	AUTH	IENTI	CATI	ON) A	AND A	DDRES	S IN A	ADH	IAAF	RISN	OT SA	AME A	\S CU	RREN	TAD	DRES	S		
I/WE SHALL SUE DECLARATION I												OFT	HREE	MON	NTHS	, FAILI	NG WI	HICH	BAN	(MA)	/ RES	TRICT T	HE OI	PERA	TIO	NS IN	THE	ACCC	UNT	(NOT	APPL	ICAB	LE WH	HEN S	ELF
DOCUMENT NO.	/IDENTIF	ICATIO	DN NU	JMBEI	R*																Issue	d Date						Dat	te of E	Expiry	:		П		$\Box$
ISSUED BY*:										•							ISS	UED A	AT*:																
LINE 1*:																																			
LINE 2:																					CITY	/TOWN	/ VIL	LAG	E *:										$\equiv$
																																	=		
DISTRICT*:																						PIN / P	OST (	CODI	Ξ*:										
	E CODE*:																				]	PIN / P COUNT	RY C												
DISTRICT*:		S (All	comi	munic	cation	ns wil	l be s	ent o	n pro	vided	d Mob	ile no	o./ En	nail- I	ID) (P	lease	refer	Instr	uctio	n <b>'F'</b>		COUN <sup>-</sup> (ISO 3:	RY C												
DISTRICT*:		S (All	com	munic	cation	ns wil	l be s	ent o	n pro	/idec	d Mob	ile no	o./ En	nail- I	ID) (P	lease	refer	Instr	uctio			COUNT (ISO 3: end)	RY C												
DISTRICT*: STATE / UT NAMI 5. CONTACT		S (All	com	munic	cation	ns wil	l be s	ent o	n pro	/idec	d Mob	ile no	p./En	nail- I	ID) (P	lease	refer	Instru	uctio		at the	COUNT (ISO 3: end)	RY C												
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):		LS (AII	com	munic	cation	ns wil	I be so	ent o	n pro	videc	i Mob	ile no	o./En	nail- I	ID) (P	lease	refer	Instru	uctio		at the	COUNT (ISO 3:	RY C	ODE											
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:		S (All	comi	munic	cation	ns wil	l be so	ent o	n pro	video	d Mob	ile no	p./Em	nail- I	ID) (P	lease	refer	Instru	uctio		at the	COUNT (ISO 3:	RY C	ODE											
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:		S (AII	comi	munic	cation	ns wil	l be so	ent o	n pro	video	i Mobb	iile no	) )	nail- I	ID) (P	lease	refer	Instru	uctio		at the	COUNT (ISO 3:	RY C	ODE											
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:	DETAIL																			TE	at the	COUNT (ISO 3:	OBIL	ODE	**:	India	asU	nder:							
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:	DETAIL TAX RE	SIDE	NCY	Deta		f Cou	untry (	of Tax	x Resi	denc	e (In	addit	ion to	o Indi	a) in l	US an		n any	othe	r Cou	at the	COUNT (ISO 3:	OBIL	ODE	*:					DATTE	R, PLL	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE	DETAIL TAX RE	SIDE	NCY	Deta		f Cou	untry (	of Tax	x Resi	denc	e (In	addit	ion to	o Indi	a) in l	US an	d/or ir	n any	othe	r Cou	at the	COUNT (ISO 3:	OBIL	ODE	*:					DTHE	R, PLE	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE	DETAIL TAX RE	SIDE	NCY	Deta		f Cou	untry (	of Tax	x Resi	denc	e (In	addit	ion to	o Indi	a) in l	US an	d/or ir	n any	othe	r Cou	at the	COUNT (ISO 3:	OBIL	ODE	*:					DTHE	R, PLL	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE	DETAIL TAX RE	SIDE	NCY	Deta		f Cou	untry (	of Tax	x Resi	denc	e (In	addit	ion to	o Indi	a) in l	US an	d/or ir	n any	othe	r Cou	at the	COUNT (ISO 3:	OBIL	ODE	*:					DTHE	R, PLI	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTRY  # In case, country	TAX RE	SIDE	NCY NCE#	Detr	ails o	f Cou	TAX IE	of Ta)	x Resi	denc	ee (In NUM	addit BER (	ion to	ibnl c	a) in t	US an	d/or ir	n any	othe	r Cou	at the	COUNT (ISO 3:	OBIL	ODE	*:					DATHE	R, PLE	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTRY	TAX RE  Ty of tax re  including i	SIDE	NCY NCE#	Det:	ails o	f Cou	TAX ID	of Ta)	x Resi	denc	ee (In NUM	addit BER (	ion to	ibnl c	a) in t	US an	d/or ir	n any	othe	r Cou	at the	COUNT (ISO 3:	OBIL	ODE	*:					DATHE	R, PLL	EASE.	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTR'  # In case, countril. A citizen of US 2. A person resid 3. Certain person	TAX RE  Ty of tax re  including it  ing in US ir  s who spe	SIDE EESIDE ndividuciudin nd mo	NCY ENCE:	Deta	ails o	f Cou	ed as Talent in r. each	DENT	× Resi	denc	NUM	addit BER (	DR EC	o Indi	a) in MALEN	US an	d/or ir	any BY JU	othe	r Cou	at the	COUNTY (ISO 3: S):	OBIL IDI	ODE	*:	TION	I TYP	E (TIN		THE	R, PLL	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTR'  # In case, count: 1. A citizen of US 2. A person resid 3. Certain person 7. ADDRESS	TAX RE  Y OF TAX F  including i ing in US ir ins who spe	SIDE sidence ndividual nd mo	NCY  NCE  e is In  ual bo  g US  gre tha	dia, P/rnin L green n 180	AN is a	f Cou	ed as Talent in r. each	DENT	x Resi	denc	ee (In NUM	addit BER (	DR EC	o Indi	a) in t	US an	d/or ir	any BY JU	othe	r Cou	at the	COUNTY (ISO 3: S):	OBIL IDI	ODE	*:	TION	I TYP	E (TIN		DTHE	R, PLE	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTR'  # In case, countril. A citizen of US 2. A person resid 3. Certain person	TAX RE  Y OF TAX F  including i ing in US ir ins who spe	SIDE EESIDE ndividuciudin nd mo	NCY  NCE  e is In  ual bo  g US  gre tha	dia, P/rnin L green n 180	AN is a	f Cou	ed as Talent in r. each	DENT	× Resi	denc	ee (In NUM	addit BER (	not gi	o Indi	a) in V	US an	d/or ir	n any	othe URISI	r Coo	at the	COUNT (ISO 3: S):	OBIL IDI	ODE	*:	PUR	I TYP	E (TIN		DTHE	R, PLI	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTR'  # In case, count: 1. A citizen of US 2. A person resid 3. Certain person 7. ADDRESS	TAX RE  Y OF TAX F  including i ing in US ir ins who spe	SIDE sidence ndividual nd mo	NCY  NCE  e is In  ual bo  g US  gre tha	dia, P/rnin L green n 180	AN is a	f Cou	ed as Talent in r. each	DENT	x Resi	denc	ee (In NUM	addit BER (	not gi	o Indi	a) in V	US an	d/or ir	n any	othe URISI	r Coo	at the	COUNT (ISO 3: S):	OBIL IDI	ODE	*:	PUR	I TYP	E (TIN		DTHE	R, PLL	EASE	SPECI	IFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTRY  # In case, country 1. A citizen of US 2. A person resid 3. Certain persor 7. ADDRESS  ADDRESS TYPE*	TAX RE  Y OF TAX F  including i ing in US ir ins who spe	SIDE sidence ndividual nd mo	NCY E is in ual boog US of the US of	dia, P/rnin L green n 180	AN is a	f Cou	ed as Talent in r. each	DENT	x Resi	denc	ee (In NUM	addit BER (	not gi	o Indi	a) in V	US an	d/or ir	n any	othe URISI	r Coo	at the	COUNT (ISO 3: S):	OBIL IDI	ODE	*:	PUR	I TYP	E (TIN		DTHE	R, PLI	EASE	SPEC	LIFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTR'  # In case, count: 1. A citizen of US 2. A person resid 3. Certain persor 7. ADDRESS  ADDRESS TYPE*  LINE 1*:	TAX RE  Y OF TAX F  including i ing in US ir ins who spe	SIDE sidence ndividual nd mo	NCY E is in ual boog US of the US of	dia, P/rnin L green n 180	AN is a	f Cou	ed as Talent in r. each	DENT	x Resi	denc	ee (In NUM	addit BER (	not gi	o Indi	a) in V	US an	d/or ir	n any	othe URISI	r Coo	at the	COUNT (ISO 3: S):	OBIL IDI	ODE E 2: Out ENTI	*:	PUR	I TYP	E (TIN		DTHE	R, PLI	EASE	SPEC	IIFY)	
DISTRICT*:  STATE / UT NAMI  5. CONTACT  TEL. (OFF):  FAX:  MOBILE 1:  EMAIL ID 1:  EMAIL ID 2:  6. MULTIPLE  COUNTR'  # In case, count: 1. A citizen of US 2. A person resid 3. Certain persor  7. ADDRESS  ADDRESS TYPE*  LINE 1*:  LINE 2:	TAX RE  Y OF TAX F  including i ing in US ir ins who spe	SIDE sidence ndividual nd mo	NCY E is in ual boog US of the US of	dia, P/rnin L green n 180	AN is a	f Cou	ed as Talent in r. each	DENT	x Resi	denc	ee (In NUM	addit BER (	not gi	o Indi	a) in V	US an	d/or ir	n any	othe URISI	r Coo	at the	COUNT (ISO 3: Send)  Property (ISO 3: Send)  INDIA	OBIL IDI	ODE E 2: Out ENTI	*:	PUR FIED	I TYP	E (TIN		DTHE	R, PLI	EASE	SPEC	IIFY)	

8.															Inco	me-t	ax Ru	les, 196	2																	
											_		FOF	RM 60	) [see	seco	nd pr	oviso to	rule	e 114E	3]			_			_	_	_		_	<u> </u>	_	_		
NAME	E AS ID PI	ROO	F)																														<u> </u>			
																	T					1									T	_				-
	PLIED FO												L		ICE I		D CHI	I D ET	~\ ^(	C DED	SECT		HE ACK								CIAL	VEAR.				
	E TRANS				IMAII	בט וכ	) IAL II	NCON	TE (IIV	ICLU	DING	INCOI	ME OF S	POL	JSE, I	MINO	ксні	ILD, ET	J) A:	5 PEK	SECT	ION	64 OF 1	NCO	ME	IAX	ACT.	1961	FUR	FINAIN	CIAL	TEAR	NWH	CHII	76	
AGRIC	CULTURE	INC	OME (RS	.)										T		ОТН	IER TH	HAN AG	RICI	ULTUF	RAL IN	COM	1E	T							Π	$\overline{\mathbf{T}}$		$\equiv$	$\equiv$	_
																FDIE	ICV.	TION															Ш			
I																									do h	ereb	y de	clare	tha	t what	is sta	ated a	bove i	s true	to the	э
	of my kn ne Tax A		-														-								_											
	ed today																		,	,																
Place	:																														Sin	ınatıır	e of th	e Dec	clarant	
9 ΔΙ	PPLICA	NIT	DECL	ΔΡΔΤ	ION																										519	Hatai	or the			
	/e hereb					furn	ishad	ahav	0 250	+===	anda	orroot	to the	bost	ofw	/a	rkno	wlodaa	and	l balia	fandl	I /\\/a	undor	taka	to in	forn	0.1101	ofa	ov ob	2222	thor	oin in	modi	atoly	ln cac	
	of the ir																	_							ton	ПОП	i you	i Oi ai	riy Ci	lariges	trier	2111, 111	irriedia	itely.	IIICase	=
• My	/Ourper	rson	alKYCd	etailsn	nay be	e shaı	red wi	th Ce	ntral	KYC	Regis	try.																								
• 1/\	Ve hereby		my con																		rificati	on of	fmy ide	ntity	and	addre	ess fr	om th	ne dat	tabase	of CK	YCR Re	agistry	. I unde	erstanc	t
1/\/							·					•										Tax	. ^ - 1	061		-1:6:	ممالم،			Daaud	-f D	ive et .	Tavaa	(CBD	T\:	_
No	le hereb	n No	s. S.O.	2155(E	E) dat			-																			-									
	dificatio																																			
	/e under e residen			_																		_				-										
	xes (CBE mmon R					_						_		s pei	r the	Inter	- Gov	/ernme	ntal	l Agre	emen	ts (l	GA) in ı	esp	ect c	of Fo	reigr	Acc	ount	s Tax	Com	olianc	e Act (	FATC	:A) and	t
• I/V	/e certif	fv &	declare	that	the i	nforn	natior	oroי	video	d bv	me/u	ıs for	openir	na a	ccou	nt ar	nd av	ailina (	othe	er ser	vices	her	ein or	thro	ouah	wel	osite	/elec	tron	nically	as ar	oplica	ble to	me/	us and	d
sig	ned/aut	hent	icated l	y me/	us as	well a	as in t	he do	cum	entai	ry evi	dence	provid	ed b	y me	/us fo	or ope	ening a	ccoı	unt ar	nd ava	iling	other	serv	ices	are,	to th	e be	st of	my/o	ır kno	owled	ge and	l belie	f, true	<u>,</u>
	countor														-						-															
	/e under																					-		_												
alo	nerwise, ng with o	docı	mentar	y evide	ence a	as and	d whe	n so r	equir	ed; n	evert	heles	s all de								_		_													
pro	ovided by	yme	unless r	evised	selfc	ertifi	catior	n as ab	ovei	is pro	video	Itothe	Bank.																							
	Ve also a hin the s	-						-													-				-	-		-								
	y regulat ued by C			-	-	_		d by th	ne Go	overr	nment	t of Ind	dia (Gol	)/RB	l for	the sa	aid pu	ırpose	or ta	ake ar	ny oth	er ad	ction as	ma	y be	deer	ned	appro	opria	ate by t	he Ba	ank ur	ıder th	ie guid	delines	5
• I/V	/e also a	aree	to furni	sh and	intim	ate to	o the E	Bank a	anv o	ther	partic	ulars t	hat are	e call	ed ur	oon m	ne/us	to prov	/ide	on ac	count	ofa	nv cha	nae i	n lav	v eith	ner in	India	ora	broad	in rela	ating '	to the	opera	ition o	r
	intenan	-							,														,													
• I/V	e certify	y tha	t I/we ha	eve the	capa	cityt	o sign	forth	e ent	ityas	spert	he CB	DTrule	s/RE	31 gui	deline	es.																			
	/e shall i omplete		-			n any	loss/	dama	ige th	nat n	nay be	e caus	ed to t	he B	ank	on ac	coun	t of an	y de	efect/	mista	ke ir	n the d	etail	s pro	ovide	ed he	rein	or o	n acco	unt c	of pro	viding	incor	rect o	r
IIIC	ompiete	ziiiic	iiiatioi	тоутпе	7 us.																															
DATE					$\top$	$\top$	$\top$	٦																			_	ınatu								
DATE																				L						Nar	ne of	fthe	Арр	licant						
PLAC	L:											A	TES	ΓΑΤ	ION	/ FC	OR O	FFIC	E U:	SE C	NLY															
DOC	IMENITO	DEC	IVED:		SELF	CEDT	IFIED			IE CC	OPIES		1										LIC!	, [		1	ME	211.124	Г		1.0	ow [				
	JMENTS							L					NOT.					RISK	CAI				HIGH	' <u>[</u>	_	<u> </u>	MEL	MUIC	L	$\dashv$	LC	/vv [				
IN PE	RSON VE	KIFIC	AHON (	JAKRIE	n OU.	ı BAI[	JENTI	ı Y VE	KIFIC	AHC	N:		DON	۱Ŀ						C	DATE:															
EMP./	OFFICIAL	L SIG	NATURE	:														EMI	P./OF	FF. NA	ME:															
GBPA	No./P.F N	No.: _								E	MP./C	FF. DE	SIGNAT	ION	:								EMP	/OF	F. BR.	ANCI	H:									

INSTRUC	CATION F	ORM	FOR	MU	LIIP	LEC	ORI	RESP	ONL	DEN	CE/ I	_OC	AL A	νDD	RES	S																		ΑN	INEX	URE -	
	CTIONS: • I	FIELDS	MAR	KED \	WITH	'*' AR	E MA	NDAT	ORY	• F	PLEAS	E FIL	L THE	FOF	RMIN	ENGL	SHA	NDI	N BLC	CK	LETTE	RS															
APPLICA	TION TYPE*	<b>:</b>		NE	EW L		UPD/	ATE		_		_		_	_		_	_		_		_			_	_	_				_	_	_				
	JMBER (TO IMBER OF EN																																				
PROOF C	OF ADDRESS	(POA)																																			
CORRES	PONDENCE	/LOC	AL A	DRE	SS DE	TAIL	s* [	<u> </u>	SAME	ASC	URRE	NT/F	PERMA	NEN	IT/OV	'ERSE	AS AI	DDRE	SS DI	ETAI	LS	-										-	-				-
ADDRES						1	SIDEN			$\neg$	BUSI		Г			GISTE					$\neg$	NSPE	CIFI	ED													
LINE 1*:																																					
LINE 2*:																																					
LINE 3*:																						(	CITY	/ TO	NWC	NAM	1E*:										
DISTRIC	г*:	İ																			CC	DUN <sup>-</sup>	TRY I	٩A٧	1E:				T	Ť							
STATE / UT NAME	E*:	Ť									PII	N/PC	OST C	ODE:	*:		T	T	Τ						Т							-		-			
CONTA	ACT DET	AILS (	lf con	nmur	icatio	on ha	s to b	e done	e on N	4obile	e/ema	il the	e follo	wina	Mob	ile No	/Ema	il ID	will be	use	ed)																
TEL. (OF					7														RES):	Г		T			7		Г	Т			Т	T	T	T	T		Т
		+	1					<u> </u>									l			L	+	$^+$	_				F	$\frac{\perp}{}$	$\exists$		+	$\frac{\perp}{1}$	+	$\frac{\perp}{1}$	+	+	+
MOBILE I		<u> </u>						$\perp$								<u> </u>		FAX	:	<u> </u>	$\perp$	$\perp$					L		$\perp$						$\perp$	$\frac{\perp}{\perp}$	
EMAIL ID	·:																																				
	CANT DE																			l: C	11.0																
any of • My/O	nereby decl the informa ur personal	ation is KYC d	s foun etails	d to b may l	e fals oe sha	e or u ared v	ntrue vith C	or mis	sleadi KYC I	ing or Regis	misre try.	pres	entin	g, I/v	ve am	/are av	ware	that	I/we r	nay	oe held	lliab	le fo	rit.		ntor	m yo	ou of a	any (	cnar	nges	tner	eın, ı	mme	ediate	ly. In ca	ase
• I/Wer	nereby cons	sent to	recer	/ing ii	ntorn	natior	nfrom	rcenti	alKY	CReg	Jistry	throu	ıgh SN	15/E	.mail c	onthe	abov	e reg	jister	edn	umbei	/em	allad	ddre	ess												
l PLACE: _																												NAM	E OF	FTH		SIGN. <b>THO</b>				OF EN	TITY
											Α	u in da	STA	TIO	N / I	OR (	OFF	ICE	USE	10	ILY																
DOCUME	ENTS RECEI	VED:		SELF	-CER	TIFIEI		TR	UE CC	OPIES		7	OTARY						ATEG				HIC	ЗH			١	1EDIL	JM			L	.OW				
IN PERSO	ON VERIFICA	I NOITA	CARRI	ED O	UT BY	IDEN	TITY \	— ∕ERIFI¢	CATIC	DN:		j .	OONE						D	ATE	. [				Г	T					]						
EMP./OF	FICIAL SIGN	ATURE															EMP	:/OFF	. NAM	IE: _																	
GBPA No	./P.F No.:								_EMI	P./OFF	F. DES	IGNA	TION:									EMF	./OF	F. BI	RANC	: _											
	ARATION																																	ΑN	NEX	JRE -	·IV
	ABLE TO CO		Y (EXC										IGE OI			OF A S	LIRSI	DIAR		SUCI	HACC	MPA	NY),														
	RSHIP FIRM,										DIVIDI	JALS	AND.	TRUS	STS).		000		TOF.																		
1. NAME (COM	OF THE CL IPANY, PART	JSTOM NERSI	ER: _ HIP FIF			ORPO	RATE	D ASS	OCIAT							AND T		TS)																			_
1. NAME (COM 2. REGIS	OF THE CUIPANY, PART STERED NUM	JSTOM NERSI	ER: _ HIP FIF			ORPO	RATE	D ASS	OCIAT							AND T		TS)																			_
1. NAME (COM 2. REGIS (IF AV	OF THE CL IPANY, PART	JSTOM 'NERSI MBER :.	ER: _			ORPO	RATE	D ASS	CIAT							AND T		TS)	TOP.																		_
<ol> <li>NAME (COM</li> <li>REGIS (IF AV</li> <li>REGIS</li> </ol>	E OF THE CU IPANY, PART STERED NUM AILABLE)	JSTOM NERSI MBER :. DRESS:	ER: _	kM, UI	NINC					FION (	ON BC	DY C	OF IND	OIVID		AND 1		TS)																			_
1. NAME (COM 2. REGIS (IF AV 3. REGIS THE CUS THE FOL MORE TI	E OF THE CL IPANY, PART STERED NUM AILABLE) STERED ADD	JSTOM TNERSI MBER :  DRESS: STATEI ATURA ARTNE	ER: _ HIP FIF  D ABO L PERS	VE HI	NINCO EREBY	Y CON	IFIRM N TAB IAN 1:	S AND LE BEL 5% (UN	DECL OW) I	LARES	ON BO	T AS (  ONTI	ON DA	OIVID	UALS TIMAT	ELY H	RUS AVE A	A CON	NTROI	LIN																	
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI TROUGH	E OF THE CU IPANY, PART STERED NUI AILABLE) STERED ADD STOMER AS LLOWING NA HAN 10% (P, HVOTING RI FULL NAM	JSTOM TNERSI MBER :.  DRESS: STATEI ATURA ARTNE GHTS, ME OF E	ER: _ HIP FIF D ABO L PERS ERSHIF AGRE	VE HI SON(S FIRM EMEN	EREBY S) (LIS 1), MO IT, AR	Y CON TED II RE TH RANG	IFIRM N TAB IAN 1:	S AND LE BEL 5% (UN	DECL OW) I NINCO	LARES	ON BO	T AS (  ONTI	OF IND	TE:	UALS TIMAT	ELY HA	RUS AVE A	A CON	NTROI	LIN		UAL				JST) -	OF C	APITA OF K	AL/P YC		FITS/F	PROP	ROLI	Y OR LING	CON.		NĞ
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI	E OF THE CU IPANY, PART STERED NUI AILABLE) STERED ADE STOMER AS LLOWING NA HAN 10% (P. HVOTING RI	JSTOM TNERSI MBER :.  DRESS: STATEI ATURA ARTNE GHTS, ME OF E	ER: _ HIP FIF D ABO L PERS ERSHIF AGRE	VE HI SON(S FIRM EMEN	EREBY S) (LIS 1), MO IT, AR	Y CON TED II RE TH RANG	IFIRM N TAB IAN 1:	S AND LE BEL 5% (UN	DECL OW) I NINCO	LARES EXERC DRPOR AS RE	ON BO	T AS (  ONTI	OF IND	TE:	TIMATI OF INTIME E	ELY HA	RUS AVE A	A CON	NTROI	LIN	OR EG	UAL				JST) -	OF C	APITA	AL/P YC		FITS/F	PROP	ROLI	Y OR LING	CON	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI TROUGH	E OF THE CU IPANY, PART STERED NUI AILABLE) STERED ADD STOMER AS LLOWING NA HAN 10% (P, HVOTING RI FULL NAM	JSTOM TNERSI MBER :.  DRESS: STATEI ATURA ARTNE GHTS, ME OF E	ER: _ HIP FIF D ABO L PERS ERSHIF AGRE	VE HI SON(S FIRM EMEN	EREBY S) (LIS 1), MO IT, AR	Y CON TED II RE TH RANG	IFIRM N TAB IAN 1:	S AND LE BEL 5% (UN	DECL OW) I NINCO	LARES EXERC DRPOR AS RE	ON BO	T AS (  ONTI	OF IND	TE:	TIMATI OF INTIME E	ELY HA	RUS AVE A	A CON	NTROI	LIN	OR EG	UAL				JST) -	OF C	APITA OF K	AL/P YC		FITS/F	PROP	ROLI	Y OR LING	CON.	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI TROUGH	E OF THE CU IPANY, PART STERED NUI AILABLE) STERED ADD STOMER AS LLOWING NA HAN 10% (P, HVOTING RI FULL NAM	JSTOM TNERSI MBER :.  DRESS: STATEI ATURA ARTNE GHTS, ME OF E	ER: _ HIP FIF D ABO L PERS ERSHIF AGRE	VE HI SON(S FIRM EMEN	EREBY S) (LIS 1), MO IT, AR	Y CON TED II RE TH RANG	IFIRM N TAB IAN 1:	S AND LE BEL 5% (UN	DECL OW) I NINCO	LARES EXERC DRPOR AS RE	ON BO	T AS (  ONTI	OF IND	TE:	TIMATI OF INTIME E	ELY HA	RUS AVE A	A CON	NTROI	LIN	OR EG	UAL				JST) -	OF C	APITA OF K	AL/P YC		FITS/F	PROP	ROLI	Y OR LING	CON.	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI TROUGH SL NO.	E OF THE CL IPANY, PART STERED NUM ALLABLE) STERED ADD STOMER AS: LOWING NA HAN 10% (P HVOTING RI FULL NAM CONTROL	USTOM TNERSI MBER : DRESS: STATEI ATURA ARTNE GHTS, IE OF E LLING	ER: O ABO  L PER: SHIFT  AGRE  ENATU	VE HI  OON(S FIRMEN  CIAL  CIAL  P	EREB\ (LIS) (LIS) (LIS) (MOVIT, AR OWN)	Y CON TED II PRE TH RANG IER / DN(S)	IFIRM N TAB IAN 1: EMEN	S AND LE BEL 5% (UN NT ETC	DECL OW) II NOC OR DATE	LARESE EXERGENCE OF BII	ON BO	T AS ( ONTI ) ASS	ON DA ON DA ROL O OCCIA M TIME	RUL'	UALS  TIMAT  OF IN	TELY HARIOIVID 3Y RBIA ITY	AVE #	A COM	NTROI	LIN	OR EG	UAL				JST) -	OF C	APITA OF K	AL/P YC		FITS/F	PROP	ROLI	Y OR LING	CON.	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI TROUGH SL NO.	E OF THE CL IPANY, PART STERED NUM ALLABLE) STERED ADD STOMER AS: LOWING NA HAN 10% (P HVOTING RI CONTROL	USTOM TNERSI MBER : DRESS: STATEI ATURA ARTNE GHTS, IE OF E LLING	ER:	VE HI  OON(S FIRMEN  CIAL  CIAL  P	EREB\ (LIS) (LIS) (LIS) (MOVIT, AR OWN)	Y CON TED II PRE TH RANG IER / DN(S)	IIFIRM N TAB HAN 1. EMEN	S AND LE BEL 5% (UN NT ETC	DECL OW) III OR A DATE	LARESE EXERGED RPOPER AS REVENTAGE OF BILL	ON BO	T AS ( ONTI ) ASS	DF IND  ON DA  ROL O  OCIA*  N  N  ERS/LIS	NTE: RUL' ETO NATIO	UALS  TIMAT  OF IN	TELY HA IDIVID BY RBIA ITY	AVE #	A COM	NTROI	LLIN HAN	OR EG	S	то:			JST) -	OF C	APITA OF K	AL/P YC	PROF	FITS/F	ONT	ROLL	Y OR LING	CON.	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI TROUGH SL NO.	E OF THE CL IPANY, PART STERED NUM ALLABLE) STERED ADD STOMER AS: LOWING NA HAN 10% (P HVOTING RI CONTROL	USTOM TNERSI MBER : DRESS: STATEI ATURA ARTNE GHTS, IE OF E LLING	ER:	VE HI  OON(S FIRMEN  CIAL  CIAL  P	EREB\ (LIS) (LIS) (LIS) (MOVIT, AR OWN)	Y CON TED II PRE TH RANG IER / DN(S)	IIFIRM N TAB HAN 1. EMEN	S AND LE BEL 5% (UN NT ETC	DECL OW) III OR A DATE	LARESE EXERGED RPOPER AS REVENTAGE OF BILL	ON BO	T AS ( ONTI ) ASS	DF IND  ON DA  ROL O  OCIA*  N  N  ERS/LIS	NTE: RUL' ETO NATIO	UALS  TIMAT  OF IN  TIME B  ONAL	TELY HA IDIVID BY RBIA ITY	AVE #	A COM	NTROI	LLIN HAN	OR EG	S	то:			JST) -	OF C	APITA OF K	AL/P YC	PROF	C(	ONT	ROLL	Y OR LING	CON.	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI TROUGH SL NO.	E OF THE CL IPANY, PART STERED NUM ALLABLE) STERED ADD STOMER AS: LOWING NA HAN 10% (P HVOTING RI CONTROL	USTOM TNERSI MBER : DRESS: STATEI ATURA ARTNE GHTS, IE OF E LLING	ER:	VE HI  OON(S FIRMEN  CIAL  CIAL  P	EREB\ (LIS) (LIS) (LIS) (MOVIT, AR OWN)	Y CON TED II PRE TH RANG IER / DN(S)	IIFIRM N TAB HAN 1. EMEN	S AND LE BEL 5% (UN NT ETC	DECL OW) III OR A DATE	LARESE EXERGED RPOPER AS REVENTAGE OF BILL	ON BO	T AS ( ONTI ) ASS	DF IND  ON DA  ROL O  OCIA*  N  N  ERS/LIS	NTE: RUL' ETO NATIO	UALS  TIMAT  OF IN  TIME B  ONAL	TELY HA IDIVID BY RBIA ITY	AVE #	A COM	NTROI	LLIN HAN	OR EG	S	то:			JST) -	OF C	APITA OF K	AL/P YC	PROF	C(	ONT	ROLL	Y OR LING	CON.	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THE FOL MORE TI TROUGH SL NO.	E OF THE CL IPANY, PART STERED NUM ALLABLE) STERED ADD STOMER AS: LOWING NA HAN 10% (P HVOTING RI CONTROL	USTOM TNERSI MBER : DRESS: STATEI ATURA ARTINE GHTS, IE OF E LLING	ER:	VE HI  OON(S FIRMEN  CIAL  CIAL  P	EREB\ (LIS) (LIS) (LIS) (MOVIT, AR OWN)	Y CON TED II PRE TH RANG IER / DN(S)	IIFIRM N TAB HAN 1. EMEN	S AND LE BEL 5% (UN NT ETC	DECL OW) III OR A DATE	LARESE EXERGED RPOPER AS REVENTAGE OF BILL	ON BO	T AS ( ONTI ) ASS	DF IND  ON DA  ROL O  OCIA*  N  N  ERS/LIS	NTE: RUL' ETO NATIO	UALS  TIMAT  OF IN  TIME B  ONAL	TELY HA IDIVID BY RBIA ITY	AVE #	A COM	NTROI	LLIN HAN	OR EG	S	то:			JST) -	OF C	APITA OF K	AL/P YC	PROF	C(	ONT	ROLL	Y OR LING	CON.	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV.) 3. REGIS THE CUS THE FOL MORE TI TROUGE SL NO. DECLAR. SL NO.	E OF THE CL IPANY, PART STERED NUM AILABLE) STERED ADE STOMER AS: LOWING NA HAN 10% (PA HOTTONICAL CONTROL  ATION OF RE	USTOM TNERSI MBER: DRESS: STATEI ATURA ARTNE GHTS, IE OF E LLING	ER:	VE HI SON(S FIRMEN CIAL RAL P	EREBN (LISS), MOODIT, AR	Y CON TED II RE TH RANG IER / DN(S)	IFIRM N TAB HAN 1.1 EEMEN	S AND LE BELL S5% (UNITETC I I DESIG	DECL OW) INCO ON ON ON ON ON ON ON ON ON ON ON ON ON O	LARESEXERCO DRPOD AS REV	ON BO	T AS ( ONTI ) ASS FROI	DF IND  ON DA  ROL O  OOCIA**  N	RUL' FION NATIO	UALS  TIMAT  OF IN  OF TRUE  TO THE FERRICAL OF BI	TELYH.IDIVIDIVIDIVIDIVIDIVIDIVIDIVIDIVIDIVIDI	AVE AVE BANI	A COMMA	NTROID DRE TI	LLIN HAN	OREG	S	то:			JST) -	OF C	APITA OF K	AL/P YC	PROF	C(	ONT	ROLL	Y OR LING	CON.	ROLLI	NĞ
1. NAME (COM 2. REGIS (IF AV.) 3. REGIS THE CUS THE FOL MORE TI TROUGH SL NO. DECLAR. SL NO.	E OF THE CL IPANY, PART STERED NUM AILABLE) STERED ADI STOMER AS: LOWING NA HAN 10% (P, HVOTING RI ATION OF RE F	USTOM TNERSI TNERS TNERSI TNER	ER: O ABC L PERS RSHIFF AGRE ENEF NATU	VE HI SON(S) FIRMEN CIAL RAL P	NINCO EREBN (LISS) (LISS) (I), MO ET, AR OWN ERSC (HOLE	Y CON TED III	N TAB N TAB HAN 1. SENIOI	S AND LE BELL S% (UN TETC I DESIG	DECL OW) INCC (OR A DATE	LARES  LARES  EXERCIDATE  OF BIII  ON  MENT/  CORRI	ON BO	T AS ( ONTIL ) ASSETS FROIT OF THE CONTROL OF THE C	ON DAN DAN DAN DAN DAN DAN DAN DAN DAN DA	TE: RULTION TION NATIO	UALS  TIMATIOF IN  OF IN  TIME E  ONAL  OF BI  S) PLE  E AND	TELY H, ADIVIDIO TO THE TELY H, ASE IN A GREEN	AVE AVE AVE AVE AVE AVE AVE AVE AVE AVE	A CON K()	EPAR, WE W	LLINHAN AL	OR EG  DDRESS  TIONA  SHEET.	S S LITTY	TO:	в N.	ATIO	ST)	OF COTTYPE DOCUMENT OF COMMENT OF	OF K	YC ITS	PROF	CC	ONTI	ROLL	Y OR LING ERES	OWN T	ROLLI ERSHIFF	NG
1. NAME (COM 2. REGIS (IF AV.) 3. REGIS THE CUS THE FOL MORE TI TROUGH SL NO. DECLAR. SL NO. IN CASE (WE CER CONTRO)	E OF THE CL IPANY, PART STERED NUM ALLABLE) STERED ADD STOMER AS: LOWING NA HAN 10% (P) HVOTING RI FULL NAM CONTROL  ATION OF RE F  DF MORE RE TIFY THAT DLLING PER	USTOM TNERSI TNERS TNERSI TNER	ER:	VE HI SON(S) FIRM FIRM CIAL RAL P  SON SONS GONS GONS	EREBY (LISS) (LISS), MOONT, AR OWN ERSC  (HOLE (HOLE ED AB EXERC	Y CON TEDIII TED	N TAB HAN 1. EEMIOI SENIOI	S AND LE BEL LE BEL S% (UN TETC I I DESIG	DECL OW) II II II II II II II II II II II II II	LARES  LARES  EXERCIDATE  OF BIII  ON  MENT/  CORRI	ON BO	T AS ( ONTIL ) ASSETS FROIT OF THE CONTROL OF THE C	ON DAN DAN DAN DAN DAN DAN DAN DAN DAN DA	TE: RULTION TION NATIO	UALS  TIMATIOF IN  OF IN  TIME E  ONAL  OF BI  S) PLE  E AND	TELY H, ADIVIDIO TO THE TELY H, ASE IN A GREEN	AVE AVE AVE AVE AVE AVE AVE AVE AVE AVE	A CON K()	EPAR, WE W	LLINHAN AL	OR EG  DDRESS  TIONA  SHEET.	S S LITTY	TO:	в N.	ATIO	ST)	OF COTTYPE DOCUMENT OF COMMENT OF	OF K	YC ITS	PROF	CC	ONTI	ROLL	Y OR LING ERES	OWN T	ROLLI ERSHIFF	NG
1. NAME (COM 2. REGIS (IF AV.) 3. REGIS THE CUS THE FOL MORE THE FOL MORE THE FOL MORE THE FOL MORE THE FOL MORE THE FOL MORE THE FOL MORE THE FOL MORE THE FOL MORE THE FOL MORE THE FOR AND	E OF THE CL IPANY, PART STERED NUN AILABLE) STERED ADE STOMER AS: LOWING NA HAN 10% (PA HOTING TO HAN 10 OF RE  TO TO TO TO TO TO TO TO TO TO TO TO TO	USTOM NERSI NERSI NESS: STATEI NESS: STATEI NESS: STATEI NESS: STATEI NESS: STATEI NESS: STATEI NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: STATEI NESS: NESS: NESS: STATEI NESS: NESS: NESS: NESS: STATEI NESS: NES	ER: CO ABC  D ABC  L PERS HIFF  AGRE  ENER  NATU  T PER  AME  CCTS:  PERS  , AS DI  IAME  LA ME	VE HI  SON(S) FIRMEN CIAL FIRMEN CIAL FIRMEN CIAL FIRMEN CON SON SON SON FIRMEN	EREB'S (LISS) (L	Y CONTED III RE THE RANGE IN THE RESERVE IN THE RES	SENICI SE	S AND LE BEL 5% (UN TETC I I I I I I I I I I I I I I I I I I I	AGEM NATIO  OR H  NOTE  NAGEN  NAGEN  NAGEN  NAGEN  NAGEN  NATIO  OR H  FIRM	LARESS EXERCISED TO SERVICE OF BILLING ON MENT/CORRIGION ON MENT/C	ON BC  S THA'S  THA'S  RTH  VPARTI  VPARTI  VIG CC  VICORF	T AS ( ONTI) ASSFROI	ON DA ROLO O O O O O O O O O O O O O O O O O	STEE: TAKE	UALS  TIMATI OF IN TIME E  DNAL  FTRU OF BI  WNEF	STEES RTH  ASE IN  AGRESSHIP  ONOR	AVE AVE AVE AVE AVE AVE AVE AVE AVE AVE	M IN S	EPARAWE W IN TI	ATE STILL NHE CO	OR EG  DDRES  TIONA  THOMAS  T	S LITY  PUI NY,	NJAI PARTRUST	B N.	ATIO	P FIF	BAN, L	OF K JMEN	YC ITS THOCORE	DUT	ADDR	ONTI ONTI ONTI ONTI ONTI ONTI ONTI ONTI	ROLL INT	Y OR LING ERES	OWN T (%)	ERSHIFF  ESS IN T	NG
1. NAME (COM 2. REGIS (IF AV.) 3. REGIS THE CUS THE FOL MORE TIN TROUGH SL NO.  DECLAR. SL NO.  IN CASE C WE CEST CONTRC INDIVIDU FOR AND SIGNATION	E OF THE CL  IPANY, PART  STERED NUN  AILABLE)  STEMEN AS:  LOWING NA  HAN 10% (PA  TOTH NAM  CONTROI  ATION OF RE  F  DOF MORE RE  TIEY THAT  ON BEHALL  URE OF TH	ISTOM NERSI NERSI NESS: STATEI NESS: STATEI NESS: STATEI NESS: STATEI NESS: STATEI NESS: STATEI NESS: NES: NE	ER: CO ABC   L PERS   L PE	SON  SON  SON  SON  SON  SON  SON  SON	EREB) S) (LISS) (I,S) (LISS) (I,S) (LISS) (I,S) (LISS) (I,S) (LISS) (I,S) (LISS) (I,S) (LISS) (I,S) (LISS) (I,S) (	Y CON TED II RE TH REANG IER / DN(S)  DING S  DING S  OOVE CISING NTHE	IFIRM N TABL HAN 1. SENIOI SENIOI ARE 1 CON TABL RTNE	S AND LE BEL 5% (UN TETC I I I I I I I I I I I I I I I I I I I	DECL OW) IN INCOME. (OR A DATE	LARESS EXERCISED TO SERVICE OF BILLION ON MENT/CORRIGHAVIN	ON BC	T AS ( ONTI ) ASS FROI	ON DA ROLO O O O O O O O O O O O O O O O O O	STEE: TAKE	UALS  TIMATI OF IN TIME E  TONAL  OF BI  OF	STEES RTH  ASE IN  AGRESSHIP  ONOR	FORM BODULL	M IN SENTENCE	EPARAWE WIN TI	NATE STILL IN HE CO	DDRES  TIONA  THORAGON	PUAL  S  PUI  ( PUI  NY,	NJAI PPART	<b>В N.</b> ГГNE	ATIO	NAL:	BAN, L	OF K	YC ITS THC	DUT	ADDR	ONTI	ROLL INT	Y OR LING ERES	OWN OWN T (%)	ES IN T	NG HE OF
1. NAME (COM 2. REGIS (IF AV. 3. REGIS THE CUS THEFOL MORDIT NO.  DECLAR. SL NO.  IN CASE (CONTRC INDIVIDU FOR AND SIGNATI DESIGN	E OF THE CL  IPANY, PART  STERED NUN  ALLABLE)  STERED ADE  STERED ADE  STOMER AS:  LOWING NA  HAN 10% (PR  HOT NOTING IN  ATION OF RE  FIFT THAT  JULING PER  JUL	USTOM NERSI NERSI NESS: STATEI	ER: C ABC C AB	SON  SON  SON  SON  SON  SON  SON  SON	EREBY (LISS) (LI	Y CON TED II RE TH RANG JER / DN(S)  DING S  DING S  DING S  CISING NTHE NY, PA	SENICO SE	S AND LE BEL 5% (UN TTETC I I I I I I I I I I I I I I I I I I I	DECL OW) INCOME NATE	LARESS CONTROL OF BILLION ON MENT/CORR HAVIN	ON BO	ONTION OF THE PORT	OF IND ON DA ON DA ON DA ON TIME ON ON ON ON ON ON ON ON ON ON ON ON ON	STEE: STEE:	UALS  TIMAT  I OF IN  OF BI  OF BI  OF BI  CIATIO	ASE INNOR	AVE AVE AVE AVE AVE AVE AVE AVE AVE AVE	M IN S HAT I	EPAR, WE W IN TII	ATE SILL NA	DDRES  SHEET.  NOTIFY  COMPA  AUTH	EUAL S  LLITY  PUI NY, IDTF	NJAI PARTELE P	B N.	ATIO RSHI	NAL P FIF	BAN, L	OF K	THC	DUT	ADDR DELAATED	ONTI	ROLLINT INT	Y OR LING ERES	OWN T (%)	ES IN T	NG HE OF
1. NAME (COM 2. REGIS (IF AV.) 3. REGIS THE CUS THE FOL MORE TIME TO THE FOL MORE TO THE FOL MORE TO THE FOL MORE TO THE FOL MORE TO THE FOL MORE TO THE FOL MORE TO THE FOR AND SIGNATION (*The deferor Brand For Brand	E OF THE CL  IPANY, PART  STERED NUN  ALLABLE)  STERED ADE  STOMER AS:  LOWING NA  HAN 10% (PA  CONTROL  ATION OF RE  TIFY THAT  DULLING PER  JALSANDT  ON BEHALL  URE OF TH  ATION / PC  Ectaration sinch use Onl	ISTOM NERSI NERSI DRESS: STATEI DRESS: STATEI AATURA GHTS, LEVAN LEVAN LEVAN FOFE SONS, RUSTS FOF[N E AUT DSITIO	ER: C ABC L PERS AGRE RAGRE RAGRE NATU	SON SON STATE ON E ECLA	EREB) S) (LISS) (I), MO OUT, AR OWN ERSC  (HOLE ED A EE EXERC RED II DMPAR OFFICE	Y CON TED II RE TH RANG IER / DN(S)  DING S  DING S  ONE CON THE NY, PA  CCIAL*	SENICI SENICI SENICI SERVICI SENICI SERVICI SE	S AND LE BEL 5% (U) NTETC  I  OBSERVED  DESIG	DECL OW) INCO (OR A DATE	LARESS EXERCE OF BIII	ON BO	T AS ( ONTITION ONTIT	ON DA ROLO O O CO O CO O CO O CO O CO O CO O	ST OIDATE  STAKE IG O SSO	UALS  TIMATI OF IN TIME E  DNAL  FTRU OF BI  WNEF	ASE INNO ASE INNO AGRESHIP DN OR FI m, a tr	FORM BAND BAND BAND BAND BAND BAND BAND BAND	M IN S S HAT I	EPARAWE WIN TI	ATE STILL NHE CONTINUE	OR EG  DDRESS  TIONA  TIONA  COMPA  AUTH	PUAL S PUI NY, IID TR	NJAI PART	B N.	ATIO (FFICIAL CE :	NAL:	BAN, L	OF K JMEN	YC ITS  THCCORR	DUT	ADDR DELAATED	ONTI	ROLL INT	Y OR LING ERES	OWN OWN ST (%)	ES IN T	NG HE OF
1. NAME (COM 2. REGIS (IF AV.) 3. REGIS THE CUS THE FOL MORE TI TROUGE SL NO.  DECLAR. SLNO.  IN CASE COM WE CER' CONTRO INDIVIDLE FOR AND SIGNATI DESIGN (*The de For Bran We certi	E OF THE CL  IPANY, PART  STERED NUN  ALLABLE)  STERED ADE  STERED AD  STERED ADE  STERED ADE  STERED AD  STERED AD  STERED AD  STERED AD  STERED AD  STERED AD  STERED AD  STERED AD  STERED AD  STER	JSTOM NERSI NERSI MBER: DRESS: STATEI ATURNA AGRICULTUR GHTS, LEVAN THE FF SCHULL STATE STATEI COSTITIO CONTROL CONTRO	ER: C ABC L PERS HER L PERS H	WE HINGON(S)  FIRM COLAL RAL P  SON  SON  SON  SON  SON  SON  SON  SO	HOLE  (HOLE  WHOLE  (HOLE  OFFIC  (s) of fi	Y CON TED III RE TH RANG IER / NN(S)  DING S  DING S  CISING N THE ACTIVE CICL	IFIRM. N TAB HAN 1 IEMEN  SENICI  ARE 1 G CON T TABL  RTNE	S AND LE BEL S% (U) NTETC I I I I I I I I I I I I I I I I I I I	DECL OW) INCO (OR) DATE AGEM NATIO NATIO NATIO OR INCO FIRM	LARESS EXERGED FOR THE PROPERTY OF BILL OF BIL	ON BC	T AS CONTINUES FROM	ON DA ROLO O O CO O CO O CO O CO O CO O CO O	ST OIDATE  STAKE IG O SSO	UALS  TIMATI OF IN TIME E  DNAL  FTRU OF BI  WNEF	ASE INNO ASE INNO AGRESHIP DN OR FI m, a tr	FORM BAND BAND BAND BAND BAND BAND BAND BAND	M IN S S HAT I	EPARAWE WIN TI	ATE STILL NHE CONTINUE	OR EG  DDRESS  TIONA  TIONA  COMPA  AUTH	PUAL S PUI NY, IID TR	NJAI PART	B N.	ATIO (FFICIAL CE :	NAL:	BAN, L	OF K JMEN	YC ITS  THCCORE	DUT	ADDR DELAATED	ONTI	ROLL INT	Y OR LING ERES	OWN OWN ST (%)	ES IN T	NG HE OF
1. NAME (COM 2. REGIS (IF AV.) 3. REGIS THE CUS THE FOL MORE TI TROUGE SL NO.  DECLAR. SL NO.  IN CASE ( WE CER' CONTRO INDIVIDE INDIVIDE SIGNATI DESIGN (*The de For Bran We certi have been	E OF THE CL  IPANY, PART  STERED NUM  AILABLE)  STERED ADI  STOMER AS:  LOWING NA  HAN 10% (P)  HOTING II  ATION OF RE  FI  DEF MORE RE  FIFY THAT  DULLING PER  JULIANAM  JULIA	ISTOM INERSI INERS INERSI INERSI INERS	ER: C ABC L PERSHIFT AME L PERSHIPT AME L PERSH	SON SONS STATE CLAR DE COLAL DE COLAL DE COLAL DE COLAL DE COLA DE COL	HOLD  (HOLD  (HOLD  OFFICE  (s) of  , whee	Y CON TED III RE TH RANG IER / NN(S)  DING S  DING S  ON THE NY, PA  CIAL*	IFIRM. N TAB HAN 1 SEMEN  SENIC  ARE 1 S CON  TABLE	S AND LE BEL 5% (UN TETC  I I I I I I I I I I I I I I I I I I	DECL OW) INCO (OR) DATE AGEM NATIO NATIO NATIO OR INCO FIRM	LARESS EXERGED FOR THE PROPERTY OF BILL OF BIL	ON BC	T AS CONTINUES FROM	ON DA ROLO O O CO O CO O CO O CO O CO O CO O	ST OIDATE  STAKE IG O SSO	UALS  TIMATI OF IN TIME E  DNAL  FTRU OF BI  WNEF	ASE INNO ASE INNO AGRESHIP DN OR FI m, a tr	FORM BAND BAND BAND BAND BAND BAND BAND BAND	M IN S S HAT I	EPARAWE WIN TI	ATE STILL NHE CONTINUE	OR EG  DDRESS  TIONA  TIONA  COMPA  AUTH	PUAL S PUI NY, IID TR	NJAI PART	B N.	ATIO (FFICIAL CE :	NAL:	BAN, L	OF K JMEN	YC ITS  THCCORE	DUT	ADDR DELAATED	ONTI	ROLL INT	Y OR LING ERES	OWN OWN ST (%)	ES IN T	NG THE OF



NDE					1	Т		$\neg$			Т	$\top$					Ι	$\neg$	$\top$													D 4:	TE:		T		_			T	_
PPLICA	ANT CI	F NO.:				L	_	4	_		1																					DA				_		<u> </u>			
JST ID:	:	Щ	_				Щ		$\perp$								_																			_					_
CCOUN	IAN TN	ME:																																			$\perp$				
NDE	RTA	KING	: C	RED	IT F	ΆC	CILIT	Υ	FRC	M	THE	ΞВ	ANŀ	KIN	G S	YST	ΈM	1																							
1/	WE AM	I/ARE N	TOI	AVAILI	NG AI	NY	CRED	ΤE	ACILI	TY(I	ES) FI	RON	4 THE	BAN	KIN	G SYS	TEM	1 (Car	оре	en CA	with	out a	any r	restri	ctio	n) OR															
1/	WE AM	I/ARE A	WAIL	ING C	REDI	T FA	ACILIT	Y(IE	ES) FR	юм	THE	BAN	IKING	SYS	TEM	AS D	ETA	ILED	BELO	OW (c	an o <sub>l</sub>	pen (	CA s	ubje	t to	follo	ving	prov	isior	ns):											
NO.	NAN	1E OF 1	ГНЕ	LENDI	NGIN	IST	ITUTI	)NC	(S)	ВЕ	RANC	:H		AD	DRES	SS OF	ТНЕ	E BRA	NCH	ı (WI	'H EI	MAIL	. AN	ID PIN	1 NU	MBE	۲)			ГҮРЕ	OF	CREI	DIT	EXPO		RE	AM	1001	NT II	N CR	
									-											-																7					_
																																				$\top$					_
																																				+	_				_
	7 70-	TAL CR	EDIT	FYPC	SLIDE	: L F	SS TL	ΔΝΙ	DS 5	00.0	DOD!											DEC	LAI	RATI	ON C	CUMI	JND	ERTA	KIN	IG											=
		IT LE CIT		LXI C	JOILE		.55 11	,	110 5.	000	i con	-				TAKE REORI			RM Y	OU II	1ME	DIAT	ELY	IF AI	ND V	VHEN	TH	E SUI	МО	FΜ	//OU	R AV	AILE	ED CF	₹EDI	T FA	\CIL	ITY(I	IES)	BEC	)C
																JNDEI YPAR		AND '	THA	T WH	EN	THE	CRE	EDIT	EXP	OSUI	RE IS	S RS.	5.0	0 CF	RORE	OR	MC	DRE, N	MY/C	)UR	AC	COU	NT	SHA	٨L
_																2 (II) (A	_	-						ONE	053		A N II	/C / AT	T T1	IF O	DTIO	NIOF		IE BO					VA /1 11	CILI	_
		TAL CR											(	CC/C		ACC ACILIT ER.																									
WHI	_	CUST (CAC									ONS		2. (	отн	ER LE	NDIN																									
		ENIN				301	JJLC I	10	CON	וווט	ONS		A	ACC(	ראטכ	TMAII IDING	NTA	INED	WITI	HTHE	AFC	ORES	AID	BANI	ΚMΑ	INTA	ININ	IG CU	IRRE	NT	ACC(	DUN.	TSC	DFTH					•		_
													4. I	N CA	ASE N	IONE HEHI	OF	THEL	ENE	DERS	HAS	AT L	EAS	ST 10	% E	XPOS	URE	OF 1							TH	Е ВО	RRC	OWE	RS,	THE	Ξ
Г	NO	, IN CA	SE O	F CUS	TOME	ERS	WHO	HA	VE NO	OT A	VAILE	D				NBIS				<u> </u>				CANN																	-
	_	OD FA					,	BAN	VKS №	1AY (	OPEN		VVI	1211	ILIX	NDIS	LLI	VDLI		+																					
BOR	ROWF	RS WIT	ГН ЕХ	KPOSL	JRF FF	NOS	м ТНЕ	BAI	NKINO	G SY	STFM	1	1	۸ ۸	ANID	ATOR'	VEC	CDO						N CA			ТО	FOLL	.OW	ING	CON	IDITI	ION:	S)							
		CRORE											2.	ON	LYTH	HEESC	CRO	WMA	NAG	SINGE	ANK	< WIL	LOF	PENT	HE	CURR															
		RS WIT										1	3.	FRC	M TH	ER LEI HESE (	COL	LECT																							
													4.	WH	ILE T	EBOR HERE	IS N	NO PE																						IN -	Т
													5.			NTS SI NDIN																			SCR	OW,	ACC	1UO:	NΤ		
													WH	HETH	HER P	NBIS	LEN	NDER		YE	S (TH	HERE	IS N	IO RE	STR	ICTIC	ΝO	N OP	ENI	NG C	F CL	RREI	NT A	ACCO	UNT	S BY	′TH	E LEI	NDI	IG B	3A
																				N	) (NC	ON-L	.ENI	DING	BAN	IKS M	AY (	DPEN	ION	ILY C	OLL	ECTI	ION	ACC	UO	NTS /	AS C	)EFII	۱ED	ABC	יכ
					<b></b>								_	$\overline{}$	1. /	ACCO	UNT	TS FO	RRE	AL ES	TAT	EPR	OJE	CTS	MAN	DATE	DU	NDE	R SE	CTIC	ON 41	2)]([	0)(0	F THE		AL ES		TE (F	EGL	JLAT	_ T'
		MPTEI		COUN	TS IR	RES	SPECT	IVE	OF C	RED	Π				[	DEVE	LOP	MEN	T) AC																						
																NODA SPECI																									
													_	_	F	PAYME	ENT	AND	SET	TLEM	ENT	SYS	ГЕМ	IS AC	T, 20	07.													.,		
													L		3. <i>F</i>	ACCO	OUN	ISFO	RSE	IILE	MEN	11 OF	· DO	IESRE	:LAI	EDI	ODE	BITC	JARI	D/A I	MCA	ARD/	CRE	:DII C	JARL	2155	UEF	RS/A	CQL	ЛКЕ	R
															4. <i>I</i>	ACCO	INU	TSPE	RMIT	ΓΤED	JND	ERF	EMA	۹, 199	9.																
																ACCO PAPER													/BAG	CK/E	OIVID	END	PA	MEN	T/IS	SUA	NCE	E OF	COI	ΜЕ	£Ε
													Ē	ī		ACCO COLL																									
													_	_	[	DUTIE	ES, S	TATU	TOF	RYDU	ESET	TC.																			
															١	ACCO WILL	EXT	END	то	CASI	H-IN	TRA	NSI	IT (C	T) (	COMF															
																ESSEN INTER						olMIL.	ARA	AC III	/I I Y.																
													F	$\dashv$	9. /	ACCO	UNT	TSOF	ALL	.INDI	FIN	IANC	IALI	INST	ITUT	ION:	S(All	FIS), ∖	/IZ.,	EXIN	1BA1	NK, N	IAB/	ARD, N	νнв	, ANI	DSI	DBI			
													Ļ	_		SPECI																·		·					NIS.	OF C	O-
													Ļ		F	REGU	LAT	ORS/	REG	ULAT	ORY	DEP	ART	rmen	TS/	CEN	ΓRΑΙ	ANE	) ST	ATE	GOV	ERNI	MEN	ITS.							
															E	A C C ( BODY DISCF	//CC	DURT	'S/I1	NVES	TIG																				
																EME S						RELA	ATE	ото	ABC	VE C	ATE	GORI	ES C	OF A	ссо	UNT	STO	O BE S	SUBI	МІТТ	ΓED	WIT	нтн	IE A	C
VILLBE	MY/O	KE TO I UR SOI REE TO	LERE	SPON	ISIBIL	ITY	TO IN	FOI	RM PN	IB RI	EGAR	DIN	GAN	Y CH	ANG	ESTC	TH	E ABO	OVE	FACT	S/AS	PEC	TSS	TATE	DB\	ME/	JS, E	BY ME	DIU STAT	M O FED	FTH	E AB0 1E /	OVE	DEC	LAR.	ATIC	ON C	DECL	UND .ARA	ERT	TA ON

DAILY

WEEKLY

MONTHLY



COUNT																								
APPLICAN	IT CIF NO	).:											F	OR OF	FICE USI	ONLY	,		DATE	:				
ENTITY NA	Г							 ]																
	L	NUMBER			$\frac{\square}{\square}$					_														
ENTITY AC	COUNT	NOWRE			<u></u>			<u> </u>		<u> </u>														
X RESIDEN	NT OF US	: YES	NO		(IF ' <b>YE</b> :	<b>S</b> ', PLE	EASE PRO	VIDE U	S TIN)	US TIN	:												FATCA	& CR
TAX RESID	ENT OF	US, WHE	THER T	IE PERS	ON IS																			
IS PERSON	N YES	N		(A TAX F	RESIDE	NT O	F US IS U	S PERS	ON, SEE I	NSTRL	CTION	'J')												
PECIFIED	US PERS	ON (SEE	INSTRU	CTIONS	<b>'K'</b> ) Y	ES	NO	(1	F SPECIF	IED US	PERSO	N IS Y	ES, THE	N THE E	NTITY IS US	REPORTA	BLE)							
X RESIDEN	NT OUTS	IDE IND	A OTHE	RTHAN	US: YE	s	NO																	
YES', PLEA	ASE PROV	/IDE COL	INTRY C	ODE			TIN / FUN	CTION	AL EQUI	/ALEN	г:						Τ							
	IF TA	X RESID													OLLOWING (							EGOI	RY	
ANY COR	RPORATI	ON THE	тоск с	F WHICI	H IS RE	GULA	ARLY TRA	DED O	N ONE O	R MORI	ESTAB	LISHI	ED SECU	RITIES N	1ARKET	YES	NC		1					
ANY COR	RPORATI	ON THAT	IS A RFI	ATED FI	NTITY	OF A	CORPOR	ATION	DESCRIR	ED IN (	) ABOV	E	YES	NO										
A GOVER				YES		] NO					•													
						]				Γ	IF AN	IY OF	THE IT		O (VI) IS TIC				JNT IS N	NOT AN				
			ANIZAI K			] NO				L				"OTH	ER REPORTA	BLE AC	COUN	Τ"						
A CENTR	RAL BAN	K		YES		NO	'								ENT OF INDI							A		
A FINAN	ICIAL INS	TITUTIC	N	YES		NO			L				00, 1112											
RESIDEN	ICE FOR	TAX PUR	POSE	YES		] по		OFFIC	L E OF THE						RY CODE									
PRESIDEN YES' PLEA JLTIPLE TA	ICE FOR	TAX PUR /IDE , CO DENCY*:	POSE UNTRY (	YES CODE WI	HERE 1	NO	RINCIPAL	ASE FIL	L THE TA	ENTIT	Y LOCA	πED	,	COUNTI		S MI II TIE	N F TA	( BESID	ENCY					
PRESIDENT YES' PLEA  JETIPLE TA  . IF AN ENT	ASE PROV	TAX PUR  /IDE , CO  PENCY*:  SPEC	POSE  UNTRY (  YES  FIED US	YESCODE WI	HERE T	NO  THE PI  (IF 'Y  ALSO	RINCIPAL	ASE FIL	L THE TA	ENTIT BLE BE	Y LOCA (LOW) DE INDIA	TED	HER THAI	COUNTI	E ENTITY HA					LE TAX F	RESIDEI	NCY.		
PRESIDEN  YES' PLEA  JLTIPLE TA  IF AN ENT  2. IF IT IS	AX RESIDENTIALS AND ASSESSED FOR A SECOND AS	TAX PUR  /IDE , CO  PENCY*:  SPEC	YES FIED US	YES CODE WI NO PERSON SON BU	HERE T	NO THE PI  (IF 'Y  ALSO TAX R	RINCIPAL  YES', PLE.  HAS A TA  RESIDENCE	ASE FIL  AX RES CIES OU	IDENCY (  JTSIDE IN	ENTIT	Y LOCA LOW) PE INDIA THER TH	TED TOTH	HER THAI	IUS, TH	E ENTITY HA	TRY THE	ENTIT	Y, HAS	MULTIPI	'ANY IDI			NUMI	BER
YES' PLEA  JLTIPLE TA  IF AN ENT  2. IF IT IS  COUN	AX RESIDENTIALS AND ASSESSED FOR A SECOND AS	TAX PUR  /IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES	YES FIED US	YES CODE WI NO PERSON SON BU	HERE T	NO THE PI  (IF 'Y  ALSO TAX R	RINCIPAL  YES', PLE.  HAS A TA  RESIDENCE	ASE FIL  AX RES CIES OU	L THE TA	ENTIT	Y LOCA LOW) PE INDIA THER TH	TED TOTH	HER THAI JS IN MO	IUS, TH	E ENTITY HA	TRY THE	ENTIT	Y, HAS	MULTIPI	'ANY IDI			DN NUME	BER
YES' PLEA  JETIPLE TA  IF AN ENT  2. IF IT IS  COUN OTHE	AX RESIE TITY IS A NOT A S NTRY OF	TAX PUR  /IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES	YES FIED US	YES CODE WI NO PERSON SON BU	HERE T	NO THE PI  (IF 'Y  ALSO TAX R	RINCIPAL  YES', PLE.  HAS A TA  RESIDENCE	ASE FIL  AX RES CIES OU	IDENCY (  JTSIDE IN	ENTIT	Y LOCA LOW) PE INDIA THER TH	TED TOTH	HER THAI JS IN MO	IUS, TH	E ENTITY HA	TRY THE	ENTIT	Y, HAS	MULTIPI	'ANY IDI			NUMI	BER
RESIDENO YES' PLEA JITIPLE TA IF AN ENT 2. IF IT IS COUN	AX RESILE TITY IS A S NOT A S NTRY OF ER THAN	TAX PUR  /IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES	YES FIED US	YES CODE WI NO PERSON SON BU	HERE T	NO THE PI  (IF 'Y  ALSO TAX R	RINCIPAL  YES', PLE.  HAS A TA  RESIDENCE	ASE FIL  AX RES CIES OU	IDENCY (  JTSIDE IN	ENTIT	Y LOCA LOW) PE INDIA THER TH	TED TOTH	HER THAI JS IN MO	IUS, TH	E ENTITY HA	TRY THE	ENTIT	Y, HAS	MULTIPI	'ANY IDI			N NUME	BER
YES' PLEA  JITIPLE TA  IF AN ENT  2. IF IT IS  COUN OTHE	AX RESIDENTITY IS A SOLUTION OF ER THAN RESS*	TAX PUR  /IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES	YES FIED US	YES CODE WI NO PERSON SON BU	HERE T	NO THE PI  (IF 'Y  ALSO TAX R	RINCIPAL  YES', PLE.  HAS A TA  RESIDENCE	ASE FIL  AX RES CIES OU	IDENCY (  JTSIDE IN	ENTIT	Y LOCA LOW) PE INDIA THER TH	TED TOTH	HER THAI JS IN MO	IUS, TH	E ENTITY HAN ONE COUN	TRY THE	ENTIT	Y, HAS	MULTIPI	'ANY IDI			NN NUME	BER
PRESIDENT YES' PLEA  JITIPLE TA  IF AN ENT  2. IF IT IS  COUN OTHE  ADDR  LINE 1	AX RESILE FITY IS A S NOT A S NTRY OF ER THAN RESS* 1:	TAX PUR  /IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES	YES FIED US	YES CODE WI NO PERSON SON BU	HERE T	NO THE PI  (IF 'Y  ALSO TAX R	RINCIPAL  YES', PLE.  HAS A TA  RESIDENCE	ASE FIL  AX RES CIES OU	IDENCY (  JTSIDE IN	ENTIT	Y LOCA LOW) PE INDIA THER TH	TED TOTH	HER THAI JS IN MO	IUS, TH	E ENTITY HAN ONE COUNTY IDE (CII	TRY THE	ENTIT	Y, HAS	MULTIPI	'ANY IDI			N NUME	BER
YES' PLEA  JITIPLE TA  IF AN ENT  2. IF IT IS  COUN OTHE  ADDR LINE 1	AX RESILE FITY IS A S NOT A S NTRY OF ER THAN RESS* 1:	TAX PUR  /IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES	YES FIED US	YES CODE WI NO PERSON SON BU	HERE T	NO THE PI  (IF 'Y  ALSO TAX R	RINCIPAL  YES', PLE.  HAS A TA  RESIDENCE	ASE FIL  AX RES CIES OU	IDENCY (  JTSIDE IN	ENTIT	Y LOCA LOW) PE INDIA THER TH	TED TOTH	HER THAI JS IN MO	IUS, TH	E ENTITY HAN ONE COUNTY IDE (CITY:	TRY THE	ENTIT	Y, HAS	MULTIPI	'ANY IDI			N NUME	BER
PRESIDENT YES' PLEA  JITIPLE TA  IF AN ENT  2. IF IT IS  COUN OTHE  LINE 2  LINE 2  COUN	AX RESILE FITY IS A S NOT A S NTRY OF ER THAN RESS* 1:	TAX PUR  //IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES  US	YES VES DENCE	YESODE WILLIAM NO PERSON BU	N AND THAS	NO THE PI	RINCIPAL  YES', PLE.  DHAS A TA  RESIDENCE  T  IF	AX RES OLI AX IDE	IL THE TA	DUTSIE BLOOM NICE OF THE PROPERTY OF THE PROPE	Y LOCA  Y LOCA	A OTH- HAN U	HER THAI JS IN MO	US, THE THAI	E ENTITY HAN ONE COUN  IDE (CITY: STATE: PIN:	TRY THE	ENTIT	Y, HAS YPE (TII	MULTIPI N, COMF ASE SPE	PANY IDI	ENTIFIC	CATIC		
PRESIDENT YES' PLEA  JITIPLE TA IF AN ENT  2. IF IT IS  COUN OTHE  LINE 2  LINE 2  COUN	AX RESILE TITY IS A S NOT A S NTRY OF ER THAN  RESS* 1: 2: 3: NTRY OF	TAX PUR  //IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES  US	YES VES DENCE	YESODE WILLIAM NO PERSON BU	N AND THAS	NO THE PI	RINCIPAL  YES', PLE.  DHAS A TA  RESIDENCE  T  IF	AX RES OLI AX IDE	IL THE TA	DUTSIE BLOOM NICE OF THE PROPERTY OF THE PROPE	Y LOCA  Y LOCA	A OTH- HAN U	HER THAI	US, THE THAI	E ENTITY HAN ONE COUN  IDE (CITY: STATE: PIN:	NTIFICAT	ENTIT	Y, HAS YPE (TII	MULTIPI N, COMF ASE SPE	PANY IDI	ENTIFIC	CATIC		
PRESIDENT YES' PLEA  JITIPLE TA  IF AN ENT  2. IF IT IS  COUN OTHE  LINE 2  LINE 2  COUN	AX RESILE FITY IS A S NOT A S NTRY OF ER THAN  NTRY OF ER THAN	TAX PUR  //IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES  US	YES VES DENCE	YESODE WILLIAM NO PERSON BU	N AND THAS	NO THE PI	RINCIPAL  YES', PLE.  DHAS A TA  RESIDENCE  T  IF	AX RES OLI AX IDE	IL THE TA	DUTSIE BLOOM NICE OF THE PROPERTY OF THE PROPE	Y LOCA  Y LOCA	A OTH- HAN U	HER THAI	US, THE THAI	E ENTITY HAN ONE COUN  IDE (CITY: STATE: PIN:	NTIFICAT	ENTIT	Y, HAS YPE (TII	MULTIPI N, COMF ASE SPE	PANY IDI	ENTIFIC	CATIC		
PRESIDENT YES' PLEA  JITIPLE TA  IF AN ENT  2. IF IT IS  COUN OTHE  LINE 3  COUN OTHE	AX RESILE FITTY IS A S NOT A S NTRY OF ER THAN  NTRY OF ER THAN  NTRY OF ER THAN	TAX PUR  //IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES  US	YES VES DENCE	YESODE WILLIAM NO PERSON BU	N AND THAS	NO THE PI	RINCIPAL  YES', PLE.  DHAS A TA  RESIDENCE  T  IF	AX RES OLI AX IDE	IL THE TA	DUTSIE BLOOM NICE OF THE PROPERTY OF THE PROPE	Y LOCA  Y LOCA	A OTH- HAN U	HER THAI	US, THE THAI	E ENTITY HAN ONE COUN  IDE (CITY: STATE: PIN:	NTIFICAT	ENTIT	Y, HAS YPE (TII	MULTIPI N, COMF ASE SPE	PANY IDI	ENTIFIC	CATIC		
COUN OTHE	AX RESILE TITY IS A S NOT A S	TAX PUR  //IDE , CO  DENCY*:  SPEC  SPECIFIE  TAX RES  US	YES VES DENCE	YESODE WILLIAM NO PERSON BU	N AND THAS	NO THE PI	RINCIPAL  YES', PLE.  DHAS A TA  RESIDENCE  T  IF	AX RES OLI AX IDE	IL THE TA	DUTSIE BLOOM NICE OF THE PROPERTY OF THE PROPE	Y LOCA  Y LOCA	A OTH- HAN U	HER THAI	US, THE THAI	CITY: STATE:	NTIFICAT	ENTIT	Y, HAS YPE (TII	MULTIPI N, COMF ASE SPE	PANY IDI	ENTIFIC	CATIC		