

## Details of Beneficial Owners

\*Is Beneficial Owner Applicable  Yes  No

If No, please tick the appropriate reason

- GOV/INSURANCE/PSU >50% SH.HOLD   
  GOV/SOE/DEPT/OFFICE   
  LISTED COMPANIES FATF MEM CTRY   
  DIPLOMATIC/EMBASSIES OF FRN GOV  
 INTNLBODIES UNS WHO   
  COURT INITIATED LIQUIDATION   
  PF/PENSION/GRATUITY/SUPERTN

\*If Yes, please provide below details:

### Beneficial Owners

<b>*Name</b>	First Name	Middle Name	Last Name
<b>*Date of Birth</b>	D D M M Y Y	<b>*Designation</b>	
<b>*Nationality</b>		<b>*Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
<b>*PAN</b>		<b>CKYC No.</b>	
<b>*Percentage of Shareholding</b>			
<b>*Email-ID</b>			

### \*Communication Address

House/Plot No	Floor	Apartment/Building Name	
Street/Road			
Landmark		City	
District		State	Pin-code

### \*Permanent Address

House/Plot No	Floor	Apartment/Building Name	
Street/Road			
Landmark		City	
District		State	Pin-code

Affix Recent  
Passport Size  
Colour Photograph of  
Applicant  
with Signature across

**Signature and Stamp**

### Beneficial Owners

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<b>*Date of Birth</b>	D D M M Y Y	<b>*Designation</b>	
<b>*Nationality</b>		<b>*Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
<b>*PAN</b>		<b>CKYC No.</b>	
<b>*Percentage of Shareholding</b>			
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**Beneficial Owners**

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with Signature across

**Signature and Stamp**

\* Beneficial owner declaration is mandatory for Limited Companies & Trusts (with shareholding of 10% and above), Partnerships Firms / LLPs / AOPs (with shareholding 15 % and above)  
 "Proof of Identity and Address to be submitted as per standard KYC document list of the Bank"  
 "All fields have to be filled". CKYC number to be filled only if available"