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# Signature of the customer (s) with stamp

\*Other bank details and Declaration cum Undertaking is mandatory and all the details should be filled properly for account opening process. If form is incomplete account would not be opened.

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1	Cust ID																	]												
2	Account Name																													
3	Purpose of opening account																													
4	Nature of Business	Trac	ling/	Man	ufac	cturir	ng/Se	ervio	ces/S	Stoc	k Bro	ker/	Rea	l Est	tate/	/Tra	nspo	ort If	Trac	ling/	Serv	vice/	Frus	t/NG	SO/C	Othe	rs, pl	ease	spe	cify
5	Source of Income / Source of Funds																													
6	Politically exposed		Ye	s			N	lo																						
7	Entity's Annual Turnover																													
8	Expected Value of transactions (PA)																													
	I/We certify and declare	that	the	info	orm	natio	on f	urn	ish	ed I	here	in a	re o	corr	rect	to	the	be	st o	f my	//οι	ır kı	nov	vled	lge.					
9	Authorised Signatory(s)																													
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I/We have read and understood the IDBI Bank account terms and conditions, a copy of which, I am in possession of. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting your liability. I/We agree that the bank may debit my/our account for service charges as applicable from time to time. **Declaration for a HUF** 

As our HUF firm wishes to open an account with your bank in the said name we beg to say that the first signatory to this is the karta of the joint family and other signatories are the adult co-paraceners of the said family. letter, i.e. We further confirm that the business of the said family is carried on mainly by the said karta as also the other signatories hereto in the interest and for the benefit of the entire body of co parceners of the joint family. We all undertake that the claims due to the bank from the said family shall be recoverable personally from all or any one of us and also from the entire family properties of which the first signatorys the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the same act. We hereby undertake to inform the bank of the death or birth of a co-parcener or any change occurring at anytime in the membership of our joint family during the currency of the account.

Signature

Name & signature of karta

Sr No	Name of the Coparcener / Member	Gender (M/F)	Date of Birth (mandatory for minor Co-parceners)	Relationship with Karta	Signature (Adult Co-parceners)
-					
<u> </u>					

### **Declaration for a Partnership firm**

Opening of a new account in the name of

We refer to the captioned account opened by you and declare as under:

We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you, in writing, of any change that takes place in the partnership and, all the partners will be liable to you on any obligation which maybe standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated. Signature(s) without stamp yours faithfully

/our	s fai	thful	ly								Na	ame	of pa	irtne	rs											
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				-	-			<u> </u>	-	-	-		I		I	<u> </u>		-					-			

Declaration for a Sole proprietary firm		
I refer to the account opened by you in the name of	ilities thereof I shall advise you in writing of any change	and declare as under, I the undersigned, that may take place in the constitution of the firm and I will be liable
to you for any obligation which may be standing in the firm's na		
Date: DD - MM - YYY Place		Signature(s) without stamp
NOMINATION FORM DA 1 (only for sole proprietorship	p)	
I hereby confirm that I do not required any nomination		
I require nomination under Section 452A of the Bankin Nomination under section 45 ZA of the Banking Regulation Act		ompanies (Nomination) Rules, 1985 in respect of Bank Deposits
I/we nominate the following person to whom in the event of my/our/		
Name:		
Add:		Relationship with Depositor:
State:	Pin Code:	
As nominees is minor on this date, I/we appoint Mr./Mrs		to
receive the amount of deposit in the account on behalf of th	e nominee in the event of my/our/minor's death during th	e minority of the nominee.
Nominee's Date of Birth: D D - M M - Y Y Y	Relationship with Guardi	an:
Guardian		
Add:	State:	Pin Code:
I/We would like to extend this nomination for other D Internet/Mobile Banking Channels.	Deposits/ Account(s) opened by me in the same name in	future where request for such nominations are received through
NAME(S), ADDRESS AND SIGNATURE(S) OF TWO V	VITNESSES (IF THUMB IMPRESSION OBTAINED)	[]
		Signature of Depositor
Number of Related Persons (All below	listed Related Person should mandatorily fill Annexure A	2 "Common application form-CKYCR-Related Person")
	ta/Trustee/Partner/Proprietor/Court Appointment Official	
	ver of Attorney Holder/Others(Please specify)	
Name of Related Pers	on Related Pe	erson Type Existing Customer ID (if any)
2.		
3.		
4.		
5.		
6.		
(If there are more than 6 Related Persons, please attach a	separate sheet)	
	TERM DEPOSITS (TD)	
Tenure of Deposit: Day Month	Year FD Interest Rate Payout: Monthly (Discou	nted Basis) Quarterly Annual At Maturity (Cumulative)
For TDS: Tax to be deducted at source -		or No tax to be deducted-Form 15H enclosed
(please tick as applicable) MATURITY / PAYMENT INSTRUCTIONS		
Auto renew* principal	Auto renew for period :	edit to 1st applicant's operative account

Pay principal & interest Pay principal

Auto renew\* principal & interest

Auto renew\* ₹

year(s)

day(s)

\*Renewal will be done at the then prevailing interest rate
 1. No interest is paid if the deposit is held for the tenure of below 7 days, the minimum period for Term Deposits as per RBI guidelines.
 2. Interest rates applied to your FD will be as per the prevailing rates of interest. Discounted rate will be applied in case of monthly interest payouts.
 3. Interest nor prematurely/Partially withdrawn/Sweep-in deposits shall be paid at the rate applicable to the amount and period for which the deposit remained with the Bank (and not at the contracted rate), less penalty of 1%.
 4. Prematurely/Partially withdrawn/Sweep-in is not permitted deposits.
 5. Confirmation of Deposit (COD) Charges- First COD receipt is Free and for issuance of Duplicate COD Receipt Charge of Rs.150 plus GST
 6. Interest rates applied to your Floating term Deposit will be as per the prevailing rates of interest. The interest is anchored to average yield at 91-Days Treasury Bills Auctions during the immediately preceding three months an Interest rates applied to your Floating term Deposit will be as per the prevailing rates of one Year and Premature Withdrawal is not allowed for One Year from the Date of Booking.

month(s)

By Payorder / Demand Draft

4

	SIGNATORY DETAILS
Remarks (If any)	
Declaration*	nowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of
the above information is found to be false or untrue or misleading or misrepresenting, I am av • I/We hereby consent to receiving information from Central KYC Registry through SMS/Ema	
Date:         D         -         Y         Y         Place:	
Mode of Operation Singly Any One Jointly by all Propr	ietor Any One Partner As Per Board Resolution Others
(Applicants should also sign across photographs) 1 <sup>ª</sup> applicant	(Applicants should also sign across photographs) 2 <sup>rd</sup> applicant
Signature	Signatura
Name 1     Related Person Type	Signature         Name 2       Image: Signature         Related Person Type       Image: Signature
(Applicants should also sign across photographs)	(Applicants should also sign across photographs)
3 <sup>rd</sup> applicant	4 <sup>th</sup> applicant
Signature	Signature
Name 3	Name 4            Related Person Type
(Applicants should also sign across photographs)	(Applicants should also sign across photographs)
5 <sup>th</sup> applicant	6 <sup>th</sup> applicant
Signature	Signature
Name 5	Name 6   Related Person Type
FC	DRM 60
	ny or firm) who does not have a permanent account number and who enters into any
transaction specified in rule 114B If applied for PAN and it is not yet generated enter date of application	- VVV and
acknowledgement number	
	or child etc. as per section 64 of Income - tax Act, 1961) for the financial year in which
the above transaction is held     a Agricultural income (₹)       b     Other than Agricultural income (₹)	
	erification
	d above is true to the best of my knowledge and belief. I further declare that I do not have a spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with ction is held will be less than maximum amount not chargeable to tax. Verified today,
the day of20_	
Date, Place	Signature

			FOR BANK	USE			
- Attestation - Document Received	Certified Copi	ies	Equivalent e-docum			dentitv	Verfication Done
Entity Constitution* Constitution Code	Cons	stitution Code Type per CERSAI, please	Constitution Co			<b>,</b>	
Whether registered*	refer	r ("C") at the end of p hether Non Prof	bage)				
Risk Category		High			Diel	( Level	Codo
i. The Account Opening Form (AOF) is complete in all r	L				Nor	Levei	
<ul> <li>A Branch Official had sighted the original of all the do</li> <li>We have complied with all the requirements of the K</li> </ul>	ocuments provided for	ropening the account.	r of the Bank up dated till now				
<ul> <li>We have complied with all requirements circulars / in</li> <li>We have verified the updated Caution / Black Lists of</li> </ul>	nstructions issued by the	e Bank till date with rego	ard to the proposed Product.				
<ul> <li>vi. (</li> <li>We confirm that by opening this account, the ind (</li> <li>Customer is an existing non individual customer</li> </ul>	lividual/non individual	applicant would not he	ave a second client ID in the Bo	ınk. (OR)	itting Uniform Customer I	dentification	
number has been captured on AOF for linking new c vii. All Statutory, Regulatory and Internal guidelines issue	ustomerid with existing	JUCIC.					
viii. Tele-verification is applicable /not applicable to the				on is provided below.			
Date of Dispatch of AOF to RPU	<u>D</u> - <u>M</u> M	-					
		INI	TIAL PAYMEN	T DETAILS	1		
Credited to Accourt	nt No		Va	lue Date	Finacle Tra	n ID.	GL Sub Head Code
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Aadhaar Reference Key (ARK)				vi			
DST Code 1		DST Cod	e 2				
Lable Code 1		Lable C	ode 2				
Area Code: State District		(Taluka)		village			
Note: For change in Risk Level and Declaration for Tele-verification, if applicable			•		ile Phone Number. Th	ie Tele-Ver	ification was conducted on
	<b>,</b>						
EIN & Signature by Branch Staff: _							
Signature of	f ASOM/SOM				Bank / Branch	n Stamp	
Declaration by Branch Head I hereby certify that all necessary KYC document on this, the account may be opened.	nts have been obta	ained and verified	by me. I confirm that the	documents are adequate to o	comply with KYC requ	uirements	of the Bank. Based
		of the Branch Hea	ad/				
Signature of Branch Head	Ŭ	Branch Head					
Date D D - M M - Y Y Y	Branch	h Head EIN		Sol IE		Тах	slab
	Dianch					Iax	
			FOR RPU	USE	Questamore ID		
Form Received Date     D     -     M       Account No					Customer ID		
CRILIC Checked Yes	No	Sig	gnature Captured	Yes	No		
UCIC (If applicable)							
FATCA Yes	No	СКҮС	; Yes	No			
Name of the staff			EIN d	etails			
Institution Details: Name I D B	I B A I	N K L I	M I T E D	Code I N 2 C	) 3 2		·
C"Constitution Code Type Constitution Code Description	Constitution Code Type Co	constitution Code De	scription Constitution Code Type	Constitution Code Description	Co Co	nstitution de Type	Constitution Code Description
A Sole Proprietorship	F Soci	•	К	Artificial Liability Partnership		P	International Organisation or Agency/
B Partnership Firm C HUF	H Trus		M	Public Sector Banks Central/State Government Dep		Q	Foreign embasssy or consular office etc. Not Categorized
D         Private Limited Company           E         Public Limited Company		iidator ited Liability Partne	ership O	Section 8 Companies (Compan Artificial Juridical Person	nies Act, 2013	R S	Others Foreign Portfolio Investors
SAVINGS ACCOUNT RULES	and not fee de l	(huoipose tree	The object of the	ank account in the new second	o individuale te du cuita	oir c - · ·	with the bank allowing they in the
<ol> <li>SB accounts may be opened for the purpose of savings sums so deposited and at the same time permitting the fac finds that the Savings Bank Account is being used either for</li> </ol>	cility of certain limited or the purpose for whi	withdrawals on demai ich it is not allowed or	nd. Hence firms/companies for the purpose of routing tra	are not allowed to open SB account. Insactions which are dubious or und	. Transactions of comme	rcial nature	are not permitted. If the Bank at any stage
2.A minimum balance shall always be maintained in the ac 3.Applicable charge for closure of the account from time to 4.Interest is calculated on the balance maintained in the S	time would be collect	cted			est payable is subject to	the directive	es that may be issued
by RBI from time to time. 5.As per extant Reserve Bank of India (RBI) guidelines, ar be resumed / restarted /allowed after obtaining the revised	n account would be tre I KYC document as pe	eated as inoperative / er the extant guideline	dormant if there are no cust s of the Bank.	omer induced transactions in the acc	count for over a period of	f two years.	Operation in such inoperative accounts would
6.The Bank reserves the right to alter service charges for v customers 30 days in advance. During the notice period, the	which the customer wi	vill be duly notified thro	ugh Bank's website and/or b		the schedule of charges	or the term	s and conditions will be communicated to the

CURRENT ACCOUNT RULES
1. Current accounts are meant for customers who have to carry out business and/ or large number of transactions in the account every day.
2. There are no restrictions on the number of transactions in current accounts.
3. No interest is paid on the balances in current accounts,
4. Free Facilities would vary every month based on Monthly Average balance (MAB) maintained during the previous/current month.

# Annexure A2 / Common Application Form - CKYCR - Related Person

# Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick '√' wherever applicable.

B) TICK 'V wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.

E) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
 F) KYC number of applicant is mandatory for update application.

FOR OFFICE	USE	ΟΝΙ	LY																												
Customer ID											Ар	plica	tion	Туре*		Nev	v		Up	odate	е			Dele	te						
KYC Number											Bra	nch	Sol I	D																	
Aadhaar Reference	Mandatory for I	· · · ·	ate and de	elete reque	st)						T	٦																			
Entity Cust ID				$\pm$	+	E	ntity	/ Acc	coui	nt No	o 🗌		ТТ																		
Entity Name					+	Т				-	+	+	+					-									1	Pho	to		
1 DETAILS O		ΔΤΙ		PFR	102	V*	-				_		<u> </u>													_					-
Addition of Rela						•			[		Delet	ion	of Rel	ated P	erson	ı									Up	date F	Relate	d Pe	erson	Deta	ils
KYC Number of Rela	ated Pers	son(if	availa	ble*)													lf KYC	C nun	nber is	s ava	ilable.	only	'Rela	ated P	erson	Type' :	and 'Na	ame'	is mar	datory	,
Related Person Typ		Dire		5		omote		6		arta		7	Trus	too	8	1	rtner		Г		Prop			_	_						
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	13		eficial (							nare	or			nior M		-			-				(Ple	ease Spe	ecify*)						l.
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DIN (Director Iden	itificatio	on Nu	mber)									(	Mand	atory i	r Rela	ated	Pers	on I	уре і	IS DI	recto	or)									
1.1 PERSON	AL DE	TAI	LS																												
Name* (Same as ID	Proof)	P	Prefix				Firs	st Nai	me						Mid	dlel	Vame	Э							La	ist Na	me	-			
Maiden Name	1001)	H	+	┥┝																+						╞┼	+	┿			
Father/Spouse Nam	ne#	H	+	╡┝╴					+		+			+						+		+	+		+	╞┼┤	+	+	+		
Mother Name#		H	+	╡┝╴	+				+	+	+			<u> </u>				+		+		+	+			⊢	+	╈	+		
(# Father, Spouse Name	or Mother I	Name a	iny one i	is mand	atory	)																									
Date of Birth*		DD	- N	1 M	- <u>Y</u>	Y	Y	Y						PAI	<b>N</b> *												For	m 60	) furn	ished	
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1.2 PROOF O	F IDE	NTI	TY A	AND	AD	DR	ES	S*																							
I) Certified copy of	OVD or	equiv	alent	e-docı	umer	nt of	OVE	) or (	OVD	obt	aine	d thr	ough	digit	al KY				need	s to	be s	subr	nitte	ed (a	nyon	e of t	ne fol	lowi	ng O	VDs)	
A - Passport Number						Va up	alid o to	D	) -	M	M -	Y	Y	ΥY		B·	- Votei ID C	r ard													
C - Driving Lice	ense													Va up	lid to	D	D -	$\mathbb{N}$	M	Y	Y	Y	Y	]							
D - NREGA Jo	b Card																														
E - National Po	opulation	Regis	ter Let	ter																											
F - Proof of Po	ssession	of Aad	dhaar		Х	Х	X	ХХ	$\langle \rangle$	X	Х				]																
II) E-KYC Auth	enticatio	n X	ХХ	(X)	ΧХ	X	Х					I)	Off	line v	erifi	cati	on o	f Aa	adha	ar	X	X	X	X>	XΧ	X	Х				
(Proof of Identity and	Address f	rom (I)	), (II), (I	III) abo	ve, ai	ny on	e is r	manda	atory	)																					
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Line 2									T											╈		1	+				Ŧ	Ŧ			
Line 3			+						T											Ť			T				Ŧ			$\square$	
City/Town/Village*									D	istr	ict*							Ť		1		Pin	/Po:	st C	ode*			Ť			
State/U.T*			$\ddagger$					Stat	e/U	ТС	ode	*		Cour	ntry*								15	<b>SO</b> 3	166	Cou	ntry	Co	de		
1.3 CURRENT A	DDRES	S DE	TAIL		SAM	IE AS	S AB	OVE	ME	NTIC	ONE	D AI	DDRE	SS (II	N SU	СН	CAS	ES	ADD	RE	SS D	ETA	AILS	S AS	BEL	۱ WO	NEEC	) NC	T BE	PR	OVIDE
I) Certified copy of	f OVD or	equiv	valent			nt of	OVE									C pr	oces	s ne													
A - Passport Number			ЦĪ				alid to	D	)-	М	M -	Y	Y	ΥY		B	- Votei ID C														
C - Driving Lice	ense														alid b to	D	D -	Μ	M	Y	Ύ	Y	Y								
D - NREGA Jo	b Card																														
E - National Po	opulation	Regis	ter Let	ter																											
F - Proof of Po	ssession	of Aad	dhaar		Х	Х	X	X>	$\langle \rangle$	$\langle X \rangle$	X																				
II) E-KYC Auth	nenticati	on >	<Χ	XX	Х	X	X)					Ш	)	Offli	ne ve	erific	catio	n of	Aad	haa	rΧ	Х	Х	Х	X>	$\langle X \rangle$	Х				
IV) Deemed P					-	-														v	)	Se	lf D	eclar	atior	1					
(Proof of Identity and Document Code Deemed Proof				III), (IV	),(V) a	above	e, ang	y one	is m	anda	tory)																				
01 Utility bill which is 03 Pension or family pens	not more than tw	o months o	old of any ser											operty or M ter of allotme neduled comm				loyer iss	ued by Stat	te Gover	mment or	Central G	iovernme	ent Departr	nents, statu	itory or regr	latory bodi	es, public	sector und	ertakings ,	
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Address		
Line 1*		
Line 2		
Line 3		
City/Town/Village*	District*	sode*
State/U.T*		
	State/U.T Code* Country* ISC	0 3166 Country Code*
1.4 CONTACT DETAILS		
Tel. (Off.) –	Tel. (Res.)         -	
Mobile –	Email ID Email ID	
	SHEET (MANDATORY FOR ALL RELATED PERSON)	
	SHEET (MANDATORT FOR ALL RELATED FERSON)	
Number of Dependents*		
Residential Status*	Resident Individual Non Resident Indian Foreign National Person of Indian Origin / Over	rseas Citizenship of India
Education*	Illiterate         >SSC/10th         SSC/10th         HSC/12th         Graduation& above	· ·
Religion*	Hindu Muslim Christian Buddhist Jain Jews Neo Buddhist Zoroastrian	Sikh Others (Please specify*)
Caste Category*	General OBC SC ST Minority Others (Please specify*)	
Politically Exposed Person (PEP)	Yes No	
Disability Status	Mentally Challenged Physically Handicapped Deaf Visually Handicapped Other	Disability
Residence	Owned Leased Rented Others (Please specify*)	
	Occupation Type*	
Service	State Govt Central Govt. Public Sector Service in Defence Private Sector Others (P	lease specify*)
Self Employed Professional	CA/ICWA/Taxation/Finance Doctor/Medical Profession Engineer/Architect/Technical	Lawver/legal Profession
	Journalist Artists / Writers Share & Stock Broker Capital Market Maker Others (P	
Solf Employed Non Professional		
Self Employed Non- Professional	Technician Jewelers Real Estate/Builder Dealers in Precious Metals Computer Hardwa     Others (Please specify*)	are
Business Others	Any other (Please specify*)	
	Retired Housewife Student Farmer Others (Please specify*)	
Purpose of opening Account		
Name of organization* (Not mandatory if self employed)		(if in service)
Key Position (in any organization)		
Source of Income / Source of Funds	Salary Pension Business Agriculture Inheritance Others (Plea	se specify*)
Annual Income (INR)	Agri Non-Agri	
Transaction Profile / Expected Transaction Per Annum		
Details of Branch Offices/allied associate		
concerns and nature of their business		
Financial Status	High Networth Individuals(HNI)	
Risk Category (for office use)	Low Medium High Risk Level Code R L	
1.6 DECLARATION:		
	hed above are true and correct to the best of my knowledge and belief and I undertake to inform you of any und to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.	y changes therein, immediately. In
	rmation from Central KYC Registry through SMS/Email on the above registered number/email address.	
Date DD-MM-YYY		
	Signature / Thumb	Impression of Applicant
1.7 ATTESTATION / FOR	OFFICE USE ONLY	
Documents Received	Certified Copies E-KYC data received from UIDAI Data received from O	ffline verification
D	Digital KYC Process Equivalent e-document	
	*********************************	*******

# Annexure A2 / Common Application Form - CKYCR - Related Person

# Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick '2' wherever applicable.
C) Please fill the form in English and in BLOCK letters.

E) For particular section update, please tick (2) in the box available before the section number and strike off the sections not required to be updated.
 F) KYC number of applicant is mandatory for update application.

D) Please fill the date in DD-MM-YYYY format.
FOR OFFICE USE ONLY
Customer ID Application Type* New Update Delete
KYC Number
Aadhaar Reference Key (ARK)
Entity Cust ID Entity Account No
Entity Name
1 DETAILS OF RELATED PERSON*
Addition of Related Person Update Related Person Update Related Person Deta
KYC Number of Related Person(if available*)
Related Person Type*     4     Director     5     Promoter     6     Karta     7     Trustee     8     Partner     9     Proprietor     10     Court Appointment Official
11     Beneficiary     12     Authorised Signatory     14     Power of Attorney Holder     15     Other (Please Specify*)
13     Beneficial Owner If yes, provide     % Share     or     Senior Management (Refer BO declaration form)
DIN (Director Identification Number)
Intersonal Details         First Name         Middle Name         Last Name
Name* (Same as ID Proof)
Maiden Name
Father/Spouse Name#
Mother Name#
(# Father, Spouse Name or Mother Name any one is mandatory)
Date of Birth*         D         D         M         -         Y         Y         PAN*         I         I         Form 60 furnished
Nationality*     IN-Indian     Others (ISO 3166 Country Code     Gender *     M-Male     F-Female     T-Transgender
1.2 PROOF OF IDENTITY AND ADDRESS*
I) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
A - Passport Valid U D - M M - Y Y Y V B B - Voter ID Card
C - Driving License
D - NREGA Job Card
E - National Population Register Letter
F - Proof of Possession of Aadhaar     X X X X X X X
II) E-KYC Authentication XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(Proof of Identity and Address from (I), (II), (II) above, any one is mandatory) Address
Line 1*
Line 2
Line 3
City/Town/Village* District* District* Pin/Post Code*
State/U.T*     ISO 3166 Country Code
1.3 CURRENT ADDRESS DETAILS SAME AS ABOVE MENTIONED ADDRESS (IN SUCH CASES ADDRESS DETAILS AS BELOW NEED NOT BE PROVIDE
I) Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
A - Passport Valid D D - M M - Y Y Y Y B - Voter ID Card
C - Driving License
D - NREGA Job Card
E - National Population Register Letter
F - Proof of Possession of Aadhaar
II) E-KYC Authentication
IV)       Deemed Proof of Address - Document Type Code       V)       Self Declaration         (Proof of Identity and Address from (I), (II), (IV), (V) above, any one is mandatory)       V)       Self Declaration
Document Code         Deemed Proof of Address Description           01         Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).         02. Property or Municipal tax receipt.

Address										
Line 1*										
Line 2										
Line 3										
City/Town/Village*	District* Pin/Post Code*									
State/U.T*	State/U.T Code* Country* ISO 3166 Country Code*									
<b>1.4 CONTACT DETAILS</b>										
Tel. (Off.) –	Tel. (Res.)									
Mobile –										
1.5 CUSTOMER PROFILE	SHEET (MANDATORY FOR ALL RELATED PERSON)									
Number of Dependents*										
Residential Status*	Resident Individual Non Resident Indian Foreign National Person of Indian Origin / Overseas Citizenship of India									
Education*										
Religion*	Illiterate       >SSC/10th       SSC/10th       Graduation& above         Hindu       Muslim       Christian       Buddhist       Jain       Jews       Neo Buddhist       Zoroastrian       Sikh       Others (Please specify*)									
Caste Category*	General OBC SC ST Minority Others (Please specify*)									
Politically Exposed Person (PEP)										
Disability Status	Mentally Challenged Physically Handicapped Deaf Visually Handicapped Other Disability									
Residence	Owned Leased Rented Others (Please specify*)									
	Occupation Type*									
Service	State Govt Central Govt. Public Sector Service in Defence Private Sector Others (Please specify*)									
Self Employed Professional	CA/ICWA/Taxation/Finance Doctor/Medical Profession Engineer/Architect/Technica Lawyer/legal Profession									
	Journalist Artists / Writers Share & Stock Broker Capital Market Maker Others (Please specify*)									
Self Employed Non- Professiona										
	Others (Please specify*)									
Business	Any other (Please specify*)									
Others	Retired Housewife Student Farmer Others (Please specify*)									
Purpose of opening Account										
Name of organization*	(if in service)									
(Not mandatory if self employed)										
Key Position (in any organization)										
Source of Income / Source of Funds	Salary Pension Business Agriculture Inheritance Investment Others (Please specify*)									
Annual Income (INR)	Agri Agri Non-Agri									
Transaction Profile / Expected										
Transaction Per Annum										
Details of Branch Offices/allied associate concerns and nature of their business										
Financial Status	High Networth Individuals(HNI)									
Risk Category (for office use)	Low Medium High Risk Level Code R L									
1.6 DECLARATION:										
	ned above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In									
case any of the above information is for	and to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.									
<ul> <li>I/We hereby consent to receiving infor</li> </ul>	mation from Central KYC Registry through SMS/Email on the above registered number/email address.									
Date D D - M M - Y Y Y	Y Place									
	Signature / Thumb Impression of Applicant									
4 7 ATTEOTATION / 505										
1.7 ATTESTATION / FOR										
Documents Received	Certified Copies E-KYC data received from UIDAI Data received from Offline verification									
	igital KYC Process Equivalent e-document									
	****									
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## DECLARATION OF BENEFICIAL OWNER (TO BE FILLED BY LEGAL ENTITIES OTHER THAN SOLE PROPRIETORSHIP ACCOUNT)

We refer the Account opening form submitted to you for opening the account of our concern / firm / trust / association / society / Club / LLP / Company in the Name In this regard we submit that we have read and understood the meaning of beneficial owner as per guidelines issued by Government of India (as given below) and hereby advise that the following person is the beneficial owner of our entity.

1. The Company is listed at stock exchange (Name of the Stock Exchange)

(Name of the listed Company on Stock Exchange)

Full Name of the Beneficial Owner/ Controlling ownership interest(%) Controlling Natural person(s)

or The Company is a majorily owned Subsidiary of

(Note: For each BO, Separate Annexure A2-Common application form-CKYCR-Related person form is required)

The Company undertakes that the facts stated above are true and correct. The Company also undertakes and agrees that it will notify IDBI Bank of any changes in the Beneficial Ownership in the Company as declared in the table above

For and on behalf of [Name of Company / Partnership / LLP / AOP / Society / Trust / Club / University / Institution ]:

Authorized Signatory*:	
Authorized Signatory*:	

\*Partner in case of Partnership Firm/LLP, a trustee in case of trust, Chairman in case of Society/Club/AOP, Member of Managing committee in case institution, official authorised to sign the Board Resolution in case of Company

Full Name of the Authorized Signatory:																	
Designation / Position:																	

#### мм-үү Date

Or 2

Sr No

# Beneficial Owner (BO) Definition as per Reserve Bank of India Guidelines.

a. Where the customer is a company, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical persons, has/have a controlling ownership interest or who exercise control through other means.

1. "Controlling ownership interest" means ownership of/entitlement to more than 10 percent of the shares or capital or profits of the company. 2. "Control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.

b. Where the customer is a partnership firm, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has/have ownership of/entitlement to more than 10 percent of capital or profits of the partnership or who exercises control through other means. Explanation - For the purpose of this subclause, "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 alone or together, or through one or more juridical person, has/have ownership of/entitlement to more than 15 percent of the property or capital or profits of the unincorporated association or body of individuals. Explanation: Term 'body of individuals' includes societies. Where no natural person is identified under (a), (b) or (c) above, the beneficial owner is the relevant natural person who holds the position of senior managing official.

d. Where the customer is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with 10 percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.



	o Account	t op			Addendum to Account opening Form for Non-Individuals containing information for reporting requirement under section 285BA of the Income-tax Act, 1961								rep	ortiı	ng ro	equ	iren	nent					
IDBI Bank Limited																	T T						
Customer Id		+														_							
SECTION 1: DEC			F ΤΔΧ	(RE	SIDE	NCY	(IF T	ΔΧΙ	RESIDI	FNC	Y IS C				HEN		FASI	F SK		HIS	SEC		N)
1. Please indicate the Enti							•																<i>,</i>
Country/ies of Tax	Tax Ide								octional				Doc	ume	nt Typ	e# att	acheo	d		Date	up to	which	
Residency	funct	ional	lequiv	alent ı	numb	er	n	umbe	r Issuin	g Coi	untry		(Tax R oเ		Card			nu/			umen ence		
																							-
Address in the juriso	liction wher	e en	tity is	resid	lent o	outsid	le Indi	a for	tax pu	rpos	es:												
Number				Bu	ilding	Name																	$\perp$
Street Locality					_	_										_			_			_	+
City/Town																			_				+
State/Province																	F	Pinco	de	+			+
Country																							
Address type	esidential or B	usine	ess			Resid	lential			Busir	ess			Reg	istere	d Offic		ress T	ype (R		<sup>ppendi.</sup> nspec		Codes):
2. a) If USA, then is it a	Specified US	Pers	on?	Y	'es	No							lf	No, p	provide	e exclu	usion d	code					
(Please refer Tab	le 2 for definition	on of	"Speci	fied US	S Pers	son")									ppenc								
b) If Other than India	b) If Other than India and USA, then is it an Other Reportable Person? Yes No If No, provide exclusion code from Appendix1																						
	#(Documentary evidence to be provided for foreign country of tax residence and TIN)																						
SECTION 2: CLASSIFICATION OF ENTITIES																							
1 Is the Entity a Financ																							
. Is the Entity a Financial Institution? Yes If No, then please skip this section. "Financial institution" means a custodial institution, a depository institution, an investment entity, or a specified insurance company.)																							
("Financial institution"	means a cust	odial	institu						-	-				fied i	nsura	nce co	ompa	ny.)					
("Financial institution" a) Reporting Financial I		odial	institu Yes				/ institu	ution,	-	stme	nt entity			fied i	nsura	nce co	ompa	ny.)					
-	nstitution?	odial	1		a dep		/ institu /f "Y	i <b>tion,</b> 'es", p	an inve	stme ovide	nt entity GIIN	, or a	specif	fied i	nsura	nce co	ompa	ny.)					
a) Reporting Financial I	nstitution? al Institution?		Yes Yes	ition, a	a dep No No		/ institu If "Y If Ye	i <b>tion,</b> 'es", p	an investilease privide cate	stme ovide	nt entity GIIN	, or a	specif	fied i	nsura	nce co	ompa	ny.)					
<ul> <li>a) Reporting Financial I</li> <li>b) Non-reporting financi</li> <li>c) Sponsored Investment</li> <li>If Yes,Name of the Sport</li> </ul>	nstitution? al Institution? Entity / Trustee nsoring Entity /	e Doc	Yes Yes cumente	ition, a	a dep No No	ository	/ institu If "Y If Ye	ution, ′es", p s prov	an investilease privide cate	stme ovide	nt entity GIIN	, or a	specif	fied i	nsura		ompa	ny.)					
a) Reporting Financial I b) Non-reporting financi c) Sponsored Investment If Yes,Name of the Spor GIIN of the Spor	nstitution? al Institution? : Entity / Trustee nsoring Entity / nsoring Entity /	e Doc Trus Trus	Yes Yes cumente tee:	ed Trus	a dep No No	ository	/ institu If "Y If Ye	ution, ′es", p s prov	an investilease privide cate	stme ovide	nt entity GIIN	, or a	specif	fied i	nsura		ompa 	ny.)					
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Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Mother's Name					
Father's Name					
Gender (Refer Appendix 2 for options)					
Permanent Account Number (PAN)					
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date – DD/MM/YYYY					
Nationality – IN - Indian/ Others (If "Others", please mention the country)					
Place of Birth					
Country of Birth					
Address in the jurisdiction where controlling person is resident outside India for tax purposes					
Address Type (Refer Appendix 2 for codes)					

### **SECTION 4: DECLARATION AND UNDERTAKINGS**

#### I/we certify that

a) The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income tax Rules, 1962.

 a) The information provided in the Form is a accordance with section 255BA of the information provided by me/us in the Form, its supporting Annexues as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that l/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
 c) I/We permit/authoriseIDBI Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign. Including sharing, transfer and disclosure between them and to the authorities in and/or outside india of any confidential information for compliance with any law or regulation whether domestic or foreign. d) I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification alongwith documentary evidence. e) I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and IDBI Bank would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India for the purpose or take any other action as may be deemed appropriate by IDBI Bank if

the deficiency is not remedied by us within the stipulated period. f) I / We hereby accept and acknowledge that IDBI Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided

by me / us to IDBI Bank.

g) It shall be my / our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules there under. h) IWe also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein. I) IWe shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

 i) I / We certify that I/we have the capacity to sign for the Entity as per CBDT rules/SEBI/RBI guidelines.
 k) I/We declare that the information provided on this form is, to the best of my knowledge and belief, correct and complete. I/We agree to inform the bank within 30 days if any information on this form gets changed.

Seal and Stamp of the Entity

Authorised Signature(s):	
Name(s):	
Position(s)/Title(s):	
Date :	

\*Instructions:

1. All the information mentioned above have to be mandatorily provided.

2. The above Annexure to the account opening form should be signed by all the Authorised Signatories.

### Appendix I - Further instruction for completing the Addendum.

(You may consult your professional tax advisor for further guidance on FATCA & CRS classification)

"Financial Institution"	
Custodial Institution	any entity that holds, as a substantial portion of its business, financial assets for the account of others
Depository Institution	any entity that accepts deposits in the ordinary course of a banking or similar business
Investment Entity	<ul> <li>any entity that:</li> <li>(A) primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:-</li> <li>(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</li> <li>(ii) individual and collective portfolio management; or</li> <li>(iii) otherwise investing, administering, or managing financial assets or money on behalf of other persons;</li> <li>(B) 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 financial institution.</li> </ul>
Specified Insurance Company	Any entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract
Owner Documented Financial Institution	It is a Financial Institution which does not report to the US IRS. Owner documented FI are generally small investment entities.
Direct Reporting Non-Financial Entity	It is a Passive NFE but will not share the details of the controlling persons with the financial institution it maintains accounts with but will report directly to US IRS and so its GIIN should be taken
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. For this purpose, control includes direct or indirect ownership of more than fifty per cent. of the votes and value in an entity

#### (A) "Passive NFE"

### Sr no. Category of Passive NFFE

- 1 Any non-financial entity which is not an active non-financial entity
- 2 An investment entity described in sub-clause (B) of clause (c) of the Explanation to clause (3)\*
- 3 A withholding foreign partnership or withholding foreign trust

#### \* Explanation to Rule 114F

- (c) "investment entity" means any entity,-
- (1) 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

(ii) individual and collective portfolio management; or

(iii) otherwise investing, administering, or managing financial assets or money on behalf of other persons; or

(2) 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 mentioned in sub-clause (A) of this clause.

(B) "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:

(C) "Active non-financial entity" means any non-financial entity which meets any of the following criteria, namely:-

(I) less than 50 per cent of the entity's gross income for the preceding *financial year* is passive income and less than 50 per cent of the assets held by the entity during the preceding financial year are assets that produce or 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; or *Explanation*.- For the purpose of this sub-clause, an established securities market means an exchange that is officially recognised 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.

(iii) the entity is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing; or

(iv) substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution, except that an entity does not qualify for this status if it functions (or holds itself out) 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 does not qualify for this exception after the date that is 24 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 the 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 that are not financial institutions, and does not provide financing or hedging services to any entity that 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 jurisdiction 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 jurisdiction 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.

D) "Controlling person" means the natural persons who exercise control over an entity and includes a beneficial owner as defined in *Explanation* to sub-rule (1A) of rule 9 of Prevention of Money-laundering (Maintenance of Records of the Nature and Value of Transactions, the Procedure and Manner of Maintaining and Time for Furnishing Information and Verification and Maintenance of Records of the Identity of the Clients of the Banking Companies, Financial Institutions and Intermediaries) Rules, 2005.

Pursuant to guidelines on identification of Beneficial Ownership issued vide RBI circular no. DBOD.AML.BC. No.71/14.01.001/2012-13 dated January 18, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of /entitlements to:

I. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;

ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or

iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the banking company and financial institution, as the case may be, shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

I. In cases where there exists doubt under

 as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means. Explanation: Control through other means can be exercised through voting rights, agreement, arrangements, etc.
 Where no natural person is identified under (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

E) "U.S. Person" means a United States of America citizen or resident individual, a partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof, a trust if (i) a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the United States of America.

F) Specified U.S. person – A U.S person other than the following:

I. a corporation the stock of which is regularly traded on one or more established securities markets;

II. 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 (i); III. the United States or any wholly owned agency or instrumentality thereof;

IV. 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;

V. 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;

VI. any bank as defined in section 581 of the U.S. Internal Revenue Code;

VII.any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;

VIII.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);

IX. any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;

X. 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;

XI. 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;

XII. a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or

XIII. any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(G) Exclusions from being treated as Other Reportable Accounts

Sr. No.	Type of Entity
1	a corporation, the stock of which is regularly traded on one or more established securities markets
2	any corporation that is a related entity of a corporation mentioned in item 1
3	a Governmental entity
4	an International organisation
5	a Central bank
6	a financial institution

(H) Non reporting financial institution means any financial institution that is-

a. a Governmental Entity, International Organization or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or Depository Institution;

a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or Depository Institution; b. a Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity,

International Organization or Central Bank;

c. a non-public fund of the armed forces, Employees' State Insurance fund, a gratuity fund or a provident fund;

d. an entity that is an Indian financial institution solely because it is an investment entity, provided that each direct holder of an equity interest in the entity is a financial institution referred to in sub-clauses (a) to (c), and each direct holder of a debt interest in such entity is either a depository institution (with respect to a loan made to such entity) or a financial institution referred to in sub-clauses (a) to (c);

e. a qualified credit card issuer;

f. an investment entity established in India that is a financial institution solely because it,-

(I) renders investment advice to, and acts on behalf of, or

(II) manages portfolios for, and acts on behalf of, or (III) executes trades on behalf of

a customer for the purposes of investing, managing, or administering funds or securities deposited in the name of the customer with a financial institution other

than a non-participating financial institution;

g. an exempt collective investment vehicle;

h. a trust established under any law for the time being in force to the extent that the trustee of the trust is a reporting financial institution and reports all information required

to be reported under rule 114G with respect to all reportable accounts of the trust; I. a financial institution with a local client base; j.a local bank;

k. a financial institution with only low-value accounts;

I. sponsored investment entity and controlled foreign corporation, in case of any U.S. reportable account; or a. sponsored closely held investment vehicle, in case of any U.S. reportable account.

Annough 2 Deference Codes

Entity Constitution Type		A	ppendix 2 –	Reference Co	des			
A - Sole Proprietorship		D-Private Limited Compa	any	G- AOP/BOI		J – Limited Lia	bility Partnership	
B - Partnership Firm		E- Public Limited Compa	iny	H – Trust		K- Artificial Juridical Person		
C - HUF		F- Society		I – Liquidator	Z – Others			
Entity Identification type								
T- Tax identification number	G- US Globa	al intermediary Identification	C- Company l	dentification Numb	tification Number (	EIN) O - Other number		
Address Type Codes (For En	tity and Con	trolling Person)						
1- Residential Or Business	2 - Resid	dential	3 - Business	5	4 – Registered Offi	ice	5 – Unspecified	
Controlling Person Type								
C01- CP of legal person – own	nership	C05 – CP of legal arrange trustee	ement – trust –		al arrangement – trust – ttlor equivalent		gal arrangement – other – er equivalent	
C02- CP of legal person – ot	her means	C06 – CP of legal arrang protector	gement- trust -		al arrangement – other- e equivalent	C14 - Unknowr	ı	
C03- CP of legal person –sen official	ior managing	C07 – CP of legal arrang beneficiary			al arrangement – other- or equivalent			
C04- CP of legal arrangement	– trust settlor	C08 – CP of legal arrang other	ement – trust –		al arrangement– other- ary equivalent			
Controlling person identifica	ation type							
A-Passport	C-Pa	n card	E-Driving Lice	ense	H- NREGA job card	Z-Ot	hers	
B-Election ID card	D-ID	Card	G-UIDAI Lette	er	X-Not categorised			
Controlling person occupation	on type	-						
S- Service		O- Others		B- Business		X- Not catego	prised	
Controlling Person Gender T	уре							
F- Female		M - Male		T- Transgende	O-Others			
Controlling Person Resident	ial Status	•		•		•		
Resident individual		Non Resident Indian		Foreign Natior	al	Person of Indian Origin		

15

ACKNOWLEDGMENT- BRANCH COPY	
Form Serial No. IN	(Please n you get y
Name of the customer	   

Form Serial No. IN (Please note this number till you get your customer ID)	

**ACKNOWLEDGMENT- CUSTOMER COPY** 

Acknowledgement Date:

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