PARTNE	:ABLE TO COMPANY (EXCEPT THE COMPANY L ERSHIP FIRM, UNINCORPORATED ASSOCIATION IE OF THE CUSTOMER :			IDIARY OF SUCH A COMPANY),			
	MPANY, PARTNERSHIP FIRM, UNINCORPORATE	D ASSOCIATION ON BODY	OF INDIVIDUALS AND TRUS	STS)			
	ISTERED NUMBER : VAILABLE)						
3. REG	ISTERED ADDRESS:						
THE CU	ISTOMER AS STATED ABOVE HEREBY CONFIRM	IS AND DECLARES THAT AS	ON DATE:				
	DLLOWING NATURAL PERSON(S) (LISTED IN TA						
	<b>25%</b> (COMPANY) / MORE THAN <b>15%</b> (PARTNI OLLING THROUGH VOTING RIGHTS, AGREEME		RATED ASSOCIATION OF IT	NDIVIDUALS) / MORE THAN OR EQ	UAL TO 15% (TRUST) C	F CAPITAL/PROFITS/PROPERTY OF	
(FOR D	EFINITION OF BENEFICIAL OWNER , SEE AT	PAGE NO. 18)					
•	·	·					
SL	FULL NAME OF BENEFICIAL OWNER /	DATE OF BIRTH	NATIONALITY	ADDRESS	TYPE OF KYC	CONTROLLING OWNERSHIP	
NO.	CONTROLLING NATURAL PERSON(S)				DOCUMENTS	INTEREST (%)	
CONTR	RTIFY THAT THE FACTS STATED ABOVE ARE OLLING PERSONS, PERSON EXERCISING COI JUALS AND TRUSTS, AS DECLARED I <b>N THE TAB</b> I	NTROL OR HAVING CONT					
FORAN	D ON BEHALF OF [NAME OF COMPANY, PARTNI	ERSHIP FIRM, UNINCORPOR	ATED ASSOCIATION OR BOD	DY OF INDIVIDUALS AND TRUSTS];			
SIGNA	FURE OF THE AUTHORIZED OFFICIAL*:					_	
0.0.0.						_	
FULL N	IAME OF THE AUTHORIZED OFFICIAL:					_	
DESIGNATION / POSITION :							
						_	
DATE:				PLACE:			
(*The c	leclaration should be signed by an active / de	esignated partner in case o	of Partnership Firm, a trusto	ee in case of Trust)			
	nch use Only						
	tify that the beneficial owner (s) of the said fi een verified from information, whenever avai		nined on the basis of decla	ration made by the above mention	ed Company / Firm / Tru	ust and the details furnished above	
(Signat	ure of the Branch Head / Branch Operation H	Head)					
Name :							
Signatu	re Code / P.F No.:		_				
Date:							