10. SHARE HOLDING PATTERN

Sr. No.	Name of Share Holder	Nationality ISO 3166 Country Code	No. of Shares Held	Percentage
1				
2				
3.				
4.				

11. STATEMENT FREQUENCY : Monthly

12. ADDITIONAL INFORMATION

Customer Accountant's Name & Contact _____

13. INITIAL PAYMENT

Source of Funds : ☐ Cheque ☐ Other Modes

Cheque Details : Cheque No. ☐☐☐☐☐☐ Date : D D – M M – Y Y Y Y Amount: (₹) ☐☐☐☐☐☐

Cheque Drawn on : Bank and Branch Name: _____

The Cheque should be crossed A/c Payee and drawn payable to "Shinhan Bank A/c Customer Name".

Annexure A2

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Correspondence / Local address

Important Instructions:

A) Fields marked with '*' are mandatory.
B) Please fill the form in English and in BLOCK letters.
C) List of two character ISO 3166 country codes is available at the end.
D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
E) KYC number of entity is mandatory for update application.

For office use only Application Type* ☐ New ☐ Update
(To be filled by financial institution) KYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(Mandatory for KYC update request)*

☐ 1. PROOF OF ADDRESS (PoA)* *(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)* (Please see instruction E at the end)

☐ 1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

☐ Same as Current / Permanent / Overseas Address details

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate
Line 1*
Line 2
Line 3 City / Town / Village*
State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

☐ 2. CONTACT DETAILS (All communications will be sent on provided Mobile no / Email ID) (Please refer Instruction F at the end)

Tel. (Off) – Tel. (Res) – Mobile –
FAX – Email ID

Annexure B2

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Related Person

Important Instructions:

A) Fields marked with '*' are mandatory.
B) Please fill the form in English and in BLOCK letters.
C) List of two character ISO 3166 country codes is available at the end.
D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
E) KYC number of entity is mandatory for update application.

For office use only Application Type* ☐ New ☐ Update
(To be filled by financial institution) KYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(Mandatory for KYC update request)*

☐ 1. DETAILS OF RELATED PERSON* (Please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person details
KYC Number of Related Person (if available*) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ If KYC number is available, only 'Related Person Type' and 'Name' is mandatory
Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner
☐ Authorised Signatory ☐ Court Appointed Official ☐ Beneficiary

1.1 PERSONAL DETAILS (Please refer instruction G.I at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Maiden Name (if any*)	☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Father / Spouse Name*	☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Mother Name*	☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth* D D – M M – Y Y Y Y Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
☐ B-Business ☐ X-Not Categorised

1.2 TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer Instruction G.II at the end)

ADDITIONAL DETAILS REQUIRED* (If applicant is resident outside India for tax purposes)
ISO 3166 Country Code of Jurisdiction of Residence* ☐☐ Tax Identification Number or equivalent (if issued by jurisdiction)* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Place / City of Birth* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ISO 3166 Country Code of Birth* ☐☐

1.3 PROOF OF IDENTITY (PoI)* (Please refer instruction G.III at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number ☐☐☐☐☐☐☐☐ Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card ☐☐☐☐☐☐☐☐☐☐
☐ C- PAN Card ☐☐☐☐☐☐☐☐☐☐
☐ D- Driving Licence ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar) ☐☐☐☐☐☐☐☐☐☐☐☐
☐ F- NREGA Job Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐ Z- Others (any document notified by the central government) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Identification Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1.4 PROOF OF ADDRESS (PoA)* *(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)*

☐ 1.4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction G.IV at the end)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)
☐ Voter Identity Card ☐ NREGA Job Card ☐ Others (Utility Bill not older than 3 months)
Line 1*
Line 2
Line 3 City / Town / Village*
State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

Annexure C2

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Controlling Person

Important Instructions:

*Controlling Person is an entity that exerts substantial control (including directly and/or indirectly possessing more than 25% share in Company and 15% share in case of Partnership Firm/Un-incorporate body of Association).
A) Fields marked with '*' are mandatory.
B) Please fill the form in English and in BLOCK letters.
C) List of two character ISO 3166 country codes is available at the end.
D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
E) KYC number of entity is mandatory for update application.

For office use only Application Type* ☐ New ☐ Update
(To be filled by financial institution) KYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *(Mandatory for KYC update request)*

☐ 1. DETAILS OF CONTROLLING PERSON* (Please refer Instruction H at the end)

☐ Addition of Controlling Person ☐ Deletion of Controlling Person ☐ Update Controlling Person details
KYC Number of Controlling Person (if available*) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Type of control*
In case of Legal Person ☐ Ownership ☐ Other Means ☐ Senior Managing Officials
In case of Trust ☐ Settlor ☐ Trustee ☐ Protector ☐ Beneficiary ☐ Other
In case of Other Legal arrangement ☐ Settlor-Equivalent ☐ Trustee-Equivalent ☐ Protector-Equivalent ☐ Beneficiary -Equivalent
☐ Other-Equivalent

Shinhan Bank
India

ACCOUNT OPENING FORM
NON INDIVIDUAL

Shinhan Bank Mumbai Branch
Unit No 001, Ground Floor, Peninsula Tower 1,
Peninsula Corporate Park, Ganpatrao Kadam Marg,
Lower Parel, Mumbai 400 013.
Tel: 022 6199 2000
Fax: 022 6199 2010
E-mail: operations.mum@shinhan.com

Shinhan Bank New Delhi Branch
2nd & 3rd Floor, D-5,
South Extension Part-2, Ring Road,
New Delhi – 110049
Tel: 011 45004800
Fax: 011 45004855
E-mail: operations.del@shinhan.com

Poonamalle Branch
No. 84/1C2B1, Madavilakam Village,
Poonamalle Taluk,
Thiruvallur, Dist 600 123
Tel. : 91 044 6714 4400
Fax : 91 044 6714 4444
E-mail: operations.vel@shinhan.com

Shinhan Bank Pune Branch
Ground Floor, Red Building
Plot No 2, Galaxy Society,
Boat Club Road, Pune – 411001
Maharashtra, India
Tel: 020 6704 0800 / Fax: 020 6704 0810
E-mail: operations.pune@shinhan.com

Shinhan Bank Ahmedabad Branch
Shapath V, First Floor, Unit 2 and 3,
Beside Crowne Plaza Hotel,
Opp Karnavati Club, SG Road,
Ahmedabad – 380015.
Tel.: 079-7117 0400 Fax: 079-7117 0444
E-mail: operation.ahd@shinhan.com

Shinhan Bank Ranga Reddy Branch
SLN Terminus, 1st Floor, Survey No. 133,
Gachibowli, Serilingampally Mandal,
Ranga Reddy District,
Telangana– 500 032.
Tel: 040 6635 2000 / Fax: 040 6635 2020
E-mail: operations.rr@shinhan.com

Website : www.shinhanbankindia.bank.in

Shinhan Bank

For Bank use only

CIF No. KYC No. Account No.

Application Type ☐ New ☐ Update Account Holder Type US Reportable ☐☐ Other Reportable ☐☐ (Please refer instruction A at the end)

Base - Branch Code : _____

ACCOUNT OPENING FORM - NON INDIVIDUAL

Date : _____

Please open my/our account as detailed below:

(USE BLOCK LETTERS TO FILL THE FORM) Currency : _____

Nature of Business / Entity Constitution Type* ☐ (Please refer instruction B at the end)

Type of Account ☐ CURRENT A/C* ☐ SAVINGS A/C ☐ FIXED DEPOSIT A/C ☐ OTHER A/C

*LO ☐ PO ☐ BO ☐

☐ 1. ENTITY DETAILS (Please refer instruction C at the end)

Name*

Date of Incorporation* D D – M M – Y Y Y Y Date of Commencement of Business* D D – M M – Y Y Y Y

Place of Incorporation* Country of Incorporation* Country of Residence as per Tax laws*

Identification Type Tax Identification Number (TIN) TIN Issuing Country

PAN

Number of controlling person(s) resident outside India for tax purposes

(Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2')

☐ 2. PROOF OF IDENTITY (PoI)* (Please refer instruction D at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ Certificate of Incorporation / Formation ☐ Registration Certificate

☐ Resolution of Board / Managing Committee ☐ Memorandum and Article of Association / Partnership Deed / Trust Deed

☐ Officially valid document(s) in respect of person authorised to transact ☐ Activity Proof - (Only For Proprietor)

CUSTOMER PROFILE

Nature of Business : ★ ☐ Manufacturing ★ ☐ Service Provider ☐ Stock Broker ☐ Real Estate ★ ☐ Trading (Retail/Wholesale) ☐ Agri ☐ Jewellers ☐ Transport ☐ Education ☐ Trust ☐ Bullion ☐ Regulator ★ ☐ Others ☐ (Please specify)*

Annual Turnover Actual: ☐ < 5cr ☐ < 5-25cr ☐ < 25cr-50cr ☐ < 50cr-100cr ☐ < 100cr-150cr ☐ < 150cr-250cr ☐ < 250cr-500cr ☐ < 500cr-750cr ☐ < 750cr

Networth Turnover Actual: ☐ < 5cr ☐ < 5-25cr ☐ < 25cr-50cr ☐ < 50cr-100cr ☐ < 100cr-150cr ☐ < 150cr-250cr ☐ < 250cr-500cr ☐ < 500cr-750cr ☐ < 750cr

Whether involved in : ☐ Export ☐ Import IEC (copy to be attached)

No of Year in Business: ☐☐ Years ☐☐ Month

☐ 3. PROOF OF ADDRESS (PoA)* *(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)* (Please see instruction E at the end)

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS*

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate

Line 1*

Line 2

Line 3 City / Town / Village*

State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A2')

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate

Line 1*

Line 2

Line 3 City / Town / Village*

State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

3.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

☐ 4. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile

FAX Email ID

☐ 5. LIST OF DIRECTORS

Name & Address	Passport	PAN	Nationality ISO 3166 Country Code	Mobile No.

☐ 6. AUTHORISED SIGNATORY

Authorised Signatories of : _____

(Write company name above the line)

Please paste latest passport size photograph and sign across.	Please paste latest passport size photograph and sign across.	Please paste latest passport size photograph and sign across.
Photograph of 1st Authorised Signatory	Photograph of 2nd Authorised Signatory	Photograph of 3rd Authorised Signatory
Signature	Signature	Signature
Name	Name	Name

☐ 7. OPERATING INSTRUCTIONS:

☐ Single ☐ Jointly ☐ Severally ☐ Others

For Office Use : A/c No. CIF No.

☐ 8. DETAILS OF RELATED PERSON* (In case of additional related persons, please fill 'Annexure B2') (Please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' and 'Name' is mandatory.

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Authorised Signatory ☐ Court Appointed Official ☐ Beneficiary

☐ 8.1 PERSONAL DETAILS (Please refer instruction G.I at the end)

Prefix First Name Middle Name Last Name

Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* D D – M M – Y Y Y Y Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X-Not Categorised

☐ 8.2 TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction G.II at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 8.2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (if issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 8.3 PROOF OF IDENTITY (PoI)* (Please refer instruction G.III at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

☐ 8.4 PROOF OF ADDRESS (PoA)* *(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)*

8.4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction G.IV at the end)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)

Address ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others (please specify)

Line 1*

Line 2

Line 3 City / Town / Village*

State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

☐ 9. Declaration of Credit Facilities Availed

I/We confirm on credit/borrowing detail availed from banks.

Credit/Borrowing Detail	Shinhan Bank		Other Banks	
	Yes	No	Yes	No
CC/OD				
Exposure – Upto 5 crore				
Exposure – 5 crore to 50 crore				
Exposure – 50 crore and Above				

Detail of total exposure taken from Shinhan/other banks.

Bank Name	Branch	Category (CC/OD/Loans)	Account Number	Amount	Exposure (%)
Total					

I/We confirm on having current account with other bank as mentioned below.

Bank Name	Branch & location	Current account type (Working capital, Collection, Escrow)	Account Number	IFSC Code

Important Note :

- I / We undertake to inform SHB in case of any changes in the above declaration cum undertaking regarding my/ our CC/OD/ Other Credit facilities.
- I/We also understand that it will be my/our sole responsibility to inform SHB regarding any changes to the above facts/aspects stated by us, by medium of the above declaration cum undertaking.
- I/We also agree to provide fresh declaration cum undertaking in case of any changes to the above facts/aspects stated by us in the above declaration cum undertaking and/or in case a fresh declaration cum undertaking is warranted in view of applicable law/regulation.
- I/We also agree to close the Current Account as and when demanded by SHB.

CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Legal Entity KYC Application Form

General Instructions:

1 Fields marked with '*'are mandatory.
2 Tick ' ✓ ' wherever applicable.
3 Please fill the form in English and in BLOCK letters.
4 Please fill all dates in DD-MM-YYYY format.
5 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
6 KYC number of applicant is mandatory for update application.
7 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

A Clarification / Guidelines for filling 'Account Holder' type section

US Reportable
F1 - Owner-Documented FI with specified US owner(s)
F2 - Passive Non-Financial Entity with substantial US owner(s)
F3 - Non-Participating FFI
F4 - Specified US Person
F5 - Direct Reporting NFFE
XX - Not Applicable

Other Reportable
C1 - Passive Non-Financial Entity with-one or more controlling person that is a Reportable Person
C2 - Other Reportable Person
C3 - Passive Non-Financial Entity that is a CRS Reportable
XX - Not Applicable

B Clarification / Guidelines for filling 'Nature of Business / Entity Constitution' type section

Entity Constitution Type:
A - Sole Proprietorship
B - Partnership Firm
C - HUF
D - Private Limited Company
E- Public Limited Company
F- Society
G- Association of Persons (AOP) / Body of Individuals (BOI)
H - Trust
I - Liquidator
J - Limited Liability Partnership
K - Artificial Juridical Person
Z - Others
X - Not Categorized

C Clarification / Guidelines for filling 'Entity Details' section

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

D Clarification / Guidelines for filling 'Proof of Identity[PoI]' section

1 One certified copy of any one of the mentioned Proof of Identity [PoI] needs to be submitted.

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

1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
2 In case of multiple correspondence / local addresses, please fill 'Annexure A2

F 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 91-9999999999).
2 Do not add '0' in the beginning of Mobile number.

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

I 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.

II Resident outside India for tax purposes

1 **Jurisdiction(s) of Residence:** It may be mentioned that since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
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 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)

III Proof of Identity [PoI]

1 If driving license number or passport is provided as PoI then expiry date is to be mandatorily furnished.
2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

IV 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 Code and Pin / Post Code will not be mandatory for Overseas addresses.

H Clarification / Guidelines for filling 'Details of Controlling Person' section

I 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 PoI 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.

II Proof of Identity [PoI]

1 If driving license number or passport is provided as PoI then expiry date is to be mandatorily furnished.
2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

III 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 Code and Pin / Post Code will not be mandatory for Overseas addresses.

List of two- digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	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 Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire (Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion (Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao (Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy (Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

1.1 PERSONAL DETAILS (Please refer instruction H.I at the end)

Prefix | First Name | Middle Name | Last Name

Name* (Same as ID proof)
Maiden Name (If any*)
Father / Spouse Name*
Mother Name*
Date of Birth* D D – M M – Y Y Y Y
Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
☐ B-Business ☐ X-Not Categorised

ISO 3166 Country Code of Jurisdiction of Residence*
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth*
ISO 3166 Country Code of Birth*

1.2 PROOF OF IDENTITY (PoI)* (Please refer instruction H.II at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number — Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence — Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) — Identification Number

1.3 PROOF OF ADDRESS (PoA)* (*Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted*)

☐ 1.3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction H.III at the end)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)
Address ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others (Please see instruction H.III)
Line 1*
Line 2
Line 3 — City / Town / Village*
State / U.T Code* — Pin / Post Code* — ISO 3166 Country Code*

☐ 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end)

Tel. (Off) – Tel. (Res) – Mobile –
FAX – Email ID

☐ 14. SELF CERTIFICATION FORM (For Non Individual) - FATCA

This self-certification form is required to be filled with pursuant to 'Tax Treaty Provisions concerning Automatic Exchange of Financial Account & Indian Income Tax Rules, 1962 with the implementation of tax treaty for reciprocity-based period exchange of financial information.

A. Customer Information

Corporation	(Indian)		(English)		
Address (Head Office Address)			Phone No.		
Country of Residence for Tax Purpose (Country of Head Office establishment, etc.)				Reason for Non-Description	
1	Country (English) 'Please write in English if location is not in India'	Taxpayer No.		☐ Non-issuing country Not required by tax authority ☐ Not acquired	
2	Country (English) 'Please write in English if location is not in India'	Taxpayer No.		☐ Non-issuing country Not required by tax authority ☐ Not acquired	
3	Country (English) 'Please write in English if location is not in India'	Taxpayer No.		☐ Non-issuing country Not required by tax authority ☐ Not acquired	
If reason for non-description if 'Not Required', please describe reason.					

B. Matters Needing Confirmation

- Answers to items (1) and (2) below are required. Items (3) through (5) are to be answered according to the directions.
- Refer to (Instructions for Self-Certification (For Entity) for the definition of terms and tips for preparation.

(1)	Is the entity a U.S. entity or U.S. institution for tax purposes? If you choose (Yes), please fill in the column of (6) on the reverse side.	☐ YES ☐ NO
(2)	Is the entity depository institution, custodian institution, investment entity or specified insurance company (hereinafter "financial company")? If yes, please go to item (7) on the back, if no, please go to item (3).	☐ YES ☐ NO
(3)	Does the entity fall under any of the entities exempt from reporting listed below? If yes, please tick (V) the applicable box, if no. please go to item (4).	☐ YES ☐ NO
	☐ Publicly traded corporation ☐ Affiliate of a publicly traded corporation ☐ government entity ☐ central bank ☐ internaltonal organization	
(4)	Is the entity categorized as any of the following passive non-financial entities? If yes, please tick (V) the applicable box, if no, please go to item (5)	☐ YES ☐ NO
	☐ Non-financial start-up entity ☐ Non-financial entity in liquidation or bankruptcy ☐ Non-profit entity ☐ Holding company/treasury center/ captive finance company ☐ Non-financial group ☐ Entity organized in U.S. territory ☐ Entity under the U.S. Internal Revenue Code 501 (c)	☐ Active general company creating active income Less than 50% of the entity's gross income for the preceding year is passive income and less than 50% of the assets held by the entity during the preceding year are assets that produce or are held for the production of passive income. ▶ Passive income refers to income from interest, dividends, rents, passive sale of assets, etc., other than rents derived in active operations
(5)	Answering no to items (2) through (4), your entity is a passive non-financial entity. Does your entity have a foreign taxpayer that exerts substantial control (including directly and/or indirectly possessing more than 25% share in Company and 15% share in case of Partnership / Firm / Unincorporated body of Association). If yes, piease fill in item (8) on the back.	☐ YES ☐ NO
	▶ "Passive non-financial entity" refers to a company in which less than 50% of the entity's gross income for the preceding year is passive income and less than 50% of the assets held by the entity during the pre eding year are assets that produce or are held for the production of passive income.	

C. Declaration

- I confirm that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.
- If there is a change in my circumstances, I will submit an updated form within 90 days of the date this form is requested to be filled in.
- I received a full explanation and understood that if my account is subject to be reported or if any information requested herein is not provided, my personal information and account (contract) information may be reported to National Tax Office and provided to the relevant authority of residence, etc.

Name of Entity

(seal and signature)

- Retention of documents (omitted if included in the banking application filed on the same day)
  - For registrations and changes : Copy of evidence for identity (Business Registration Certificate, Corporate Registration Certificate, Investment Register, etc.)
  - For change of nationality : Copy of the identification card issued by the country of current nationally and the certificate of renunciation issued by the country of former nationality.

ADDITIONAL CONFIRMATION

This Page regards additional information related to the items in which you have entered (Yes) in the column of B (Matters Needing Confirmation) on the front side. Please submit this form to the Bank after describing the answer to the relevant item and fill in the coulmn of C on the front side.

Exemption from FATCA Report (This part needs to be filled in when you have entered (Yes) in the column of B-(1)

(6)	In the case of falling under U.S. entity or U.S. institution - is the entity categorized as any of the following types? If you choose (Yes), please mark (V) in the applicable type.		☐ YES ☐ NO
	☐ Publicly traded corporation ☐ Affiliate of a publicly traded corporation ☐ U.S. governmental entity, etc. ☐ Government (governmental institution) in the U.S. territory	☐ U.S. tax-exempt organization or retirement plan ☐ U.S. bank ☐ U.S. real estate investment trust ☐ U.S. regulated investment company, etc.	☐ U.S. common trust fund ☐ Certain U.S. tax - exempt trust, etc. ☐ Certain U.S. registered finance dealer ☐ Certain U.S. broker

Financial Institution (This part needs to be filled in when you have entered (Yes) in the column of B-(2)

(7)

Please tick (V) the applicable type of financial institution and fill in terms a through e below.
▶ Financial holding company and credit-specialized financial company (credit card firm, capital, etc.) are not categorized as financial institution.

☐ Depository institution
☐ Custodian
☐ Investment corporation
☐ Specific insurance company

a	Is the etntity an investment corporation located in a country or a region not adopting CRS and owned by other financial company? If yes and there is a foreign taxpayer that exerts substantial control (including directly and/or indirectly possessing more than 5% Partnership / Body of Association in your entity, please fill in item (8).	☐ YES ☐ NO
b	Is the entity a local financial company organized in a country that entered into FATCA agreement?	☐ YES ☐ NO
c	Is the entity not participating in FATCA or categorized as non-participant by the IRS?	☐ YES ☐ NO
d	If you have a GIIN in the IRS, please fill in the item d, if not, please fill in the titem e-f.	
	GIIN	- - -
e	If your entity does not have a GIIN, are you categorized as one of the following financial company types? If yes, please tick (V) the applicable type, if no, please fill in item e.	☐ YES ☐ NO

Reporting neither to FATCA/CRS	☐ Broad participation retirement fund ☐ Narrow participation retirement fund	☐ Trustee-documented trust ☐ Investment corporation reported by financial institute	☐ Pension fund by govt bodies, etc. ☐ Special post office pension serivce agency	
f	If your entity does not have a GIIN, are you categorized asone of the following financial company types? If yes, plese tick (V) the applicable type of CRS or FATCA non-reporting financial institution.			☐ YES ☐ NO
Non-reporting to CRS	☐ Tax-exempt collective investment vehicle	☐ Domestic only financial isntitution		☐ Financial Institution recognized by Financial Services Commission
Non-reporting to FATCA	☐ Financial institution with a local client base ☐ Local bank ☐ FI with only low-value accounts	☐ Sponsored investment institution ☐ Controlled foreign company ☐ Sponsored, closely held investment vehicle		☐ Domestically established exempt collective investment vehicle ☐ Limited fund (applicable until 2017,1,1) ☐ Qualified retirement pension ☐ Specified investment corporation

Controlling Shareholder (This part needs to be filled in when you have entered (Yes) in the column of B-(5) or B-(7)-a)

(8)

Please describe the name, country of birth, date of birth, address and taxpayer registrationnumber (SSN-Social Security Number or ITIN-Individual Tax Identification Number) of all overseas taxpayers which exercise a control over your entity (including any direct/indirect holding of more than 15% Partnership / Body of Association)

English Name (Capital Letter)	Sur Name		Country of Birth (English)
	Given Name		
Address of residence (English)			
Country of residence for tax purpose (English)	Taxpayer No. (TIN: SSN or ITIN)	Reason for Non-Description of Taxpayer Number	
1		☐ Non-issuing country ☐ Not required by tax authority ☐ Not acquired	
2		☐ Non-issuing country ☐ Not required by tax authority ☐ Not acquired	
If you mark in the box of 'Not Acquired', please describe reason.			

English Name (Capital Letter)	Sur Name		Country of Birth (English)
	Given Name		
Address of residence (English)			
Country of residence for tax purpose (English)	Taxpayer No. (TIN: SSN or ITIN)	Reason for Non-Description of Taxpayer Number	
1		☐ Non-issuing country ☐ Not required by tax authority ☐ Not acquired	
2		☐ Non-issuing country ☐ Not required by tax authority ☐ Not acquired	
If you mark in the box of 'Not Acquired', please describe reason.			

☐ 15. APPLICANTS DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I 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/We am/are aware that I/we may be held liable for it.
- My/Our personal / KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address
- I/We shall pay all fees, charges and expenses incurred or imposed by the Bank from time to time in connection with the Bank's services herein and the Bank is authorized, at any time without notice, to debit the Account or any of my/our other account(s) so as to obtain payment thereof.
- I/We declare and confirm that we have read and understood the 'Terms and Conditions' as applicable to my account as displayed on the website of the bank. I/We accept to be bound by he said terms and conditions and to any changes made there in from time to time by the Bank at its sole discretion without any notice to me/us.
- The form shall be governed by and construed in accordance with the laws of India.

Date : D D — M M — Y Y Y Y Place :

[Signature]

Signature of Applicant/s

To be signed by proprietor / all the partners / coparceners / persons authorized to operate the account (With Rubber Seal)

For Bank use only	Applicant interviewed & purpose ascertained by		Authorized signatures recorded by	
	Account Opened by		Opening of account authorized by	
	CIF Grade		CIF Type	
	Industry Code		Head office CIF	
	CIF Class			
Risk Categorization	☐ Low ☐ Medium ☐ High			

KYC CERTIFICATION :

I have met the account opener/s of M/s. _____
in person and hereby confirm that KYC norms are fully complied with
And
I have verified the documents submitted and confirm that KYC Norms are fully complied with.

Reference / Source of account _____ Any special comments _____

Signature of Head of the Dept. / Relationship Manager / DGM

Specimen Signature No. _____

Date :