

BORROWER'S PROFILE

PERSONAL DETAILS OF CONTROLLING PERSON-CP (For Passive NFE Only) / Related Person-RP/ Beneficial Owner

Separate Form for Each Controlling Person /Related Person/Beneficial Owner to Be Filled In)

For Office Use Only

Application Type* New Update

Applicant (CP/RP) CIF NO.:

CP/RP Account No.:

Branch To Affix
Rubber Stamp
of Name and Code No.

Photograph of the
controlling person/
Related person/
beneficial owner

Entity name

DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER

PERSONAL DETAILS OF CONTROLLING PERSON-CP (For Passive NFE Only) / Related Person-RP/ Beneficial Owner

Addition of Controlling Person Deletion of Controlling Person Update Controlling Person details

CKYC / KYC number (if available*): (If CKYC / KYC Number Is Available, only' Controlling Type' & 'Name' Is Mandatory)

Type of control*:

In case of legal person Ownership Other Means Senior Managing Officials

In case of trust: Settlor Trustee Protector Protector Others

In case of other legal arrangement: Settlor-equivalent Trustee-equivalent Protector-equivalent Beneficiary-equivalent Other-equivalent

In case of unknown

DETAILS OF RELATED PERSON

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

CKYC / KYC number (if available*): (If CKYC / KYC Number Is Available, only' Controlling Type' & 'Name' Is Mandatory)

Related person type*:
(more than one box can be ticked as applicable)

Director Promoter Karta Trustee Partner Authorized signatory Power of attorney holder

Court appointed official Beneficiary Beneficial owner Power of attorney holder Others

PERSONAL DETAILS OF CONTROLLING PERSON-CP (For Passive NFE Only) / Related Person-RP/ Beneficial Owner

	Prefix	First Name	Middle Name	Last Name
Name (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

UID / Aadhaar No. Or Aadhaar Enrolment No.

Date of Birth Din (For Director Of The Company)

Gender M - Male F - Female T - Transgender

Marital Status* Married Unmarried Others Nationality IN - Indian Others Country code

Residential Status* Residential individual Non-resident Indian Foreign National Person of Indian Origin

Citizenship* Indian Others

Occupation type S - Service Public Sector Private Sector Government Sector

O - Others Professional Self Employed Retired House Wife Student

B - Business Not Categorized (Please specify):

Annual Income _____

Politically Exposed person Yes No

Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, E.g., Heads of States or of a Governments, Senior Government, / Judicial / Military Officers, Senior Executives of state-owned cooperations important political party officials etc.

Country code of tax residence: (ISO 3166) Code for India is "IN"

Country of tax residence in India only and not in any other country or territory outside India Yes No If No please fill the details in column 6 & 7 in page 2

Place / City of Birth: Country code of Birth: (ISO 3166)

PROOF OF ADDRESS * (Copies of the document, as applicable, need to be submitted)

Copy Of Any One of The Following OVD With Current Address Needs To Be Submitted

- A - Passport B - Voter ID card C - Driving License D - NREGA Job card
- E - Letter issued by National Population Register F - Aadhaar Card

Identity number

Issued date

Date of Expiry

Issued at:

Issued by:

OR

PROOF OF ADDRESS IN CASE OVD IN ABOVE POINT DOES NOT CONTAIN UPDATED ADDRESS

Copy Of Any One deemed OVD needs to be submitted

- Proof of Address: Utility bills (Not more than 2 months old) Property / Municipal tax receipt Pension payment order (PPO)
- Letter of allotment of accommodation from employer issued by State/Central/Govt/Statutory or Regulatory Bodies/Public Sector Undertakings/Scheduled Commercial Banks/Financial Institutions/Lister Companies

ADDRESS DETAILS

Line 1*:

Line 2:

Line 3: City/Town/Village

District Pin/Post Code

State/UT Name

State/UT Name Code Country Code

CONTACT DETAILS

Mobile:

E-Mail ID 1:

E-Mail ID 2:

Tele (OFF): Tele (RES)

MULTIPLE TAX RESIDENCY: Details of country of Tax Residence (In addition to India) in US and /or in any other Country or Territory Outside India as Under

Country of Tax Residence #	Tax Identification number or Equivalent, If issued by Jurisdiction	Identification Type (Tin or Other, please specify)

- # In case, country of tax residence is India, PAN is treated as TIN
1. A citizen Of US including individual born in US but resident in another country (Who has not given up US citizenship)
 2. A person residing in CJS including CJS green card holder.
 3. Certain persons who spend more than 180 days in US each year.

ADDRESS IN OUTSIDE JURISDICTION/COUNTRY – WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES

Proof of Address: Residential/Business Residential Business Registered Office Unspecified

Line 1*:

Line 2:

Line 3: City/Town/Village

District Pin/Post Code

State/UT Name Code Country Code

FORM 60 (IN CASE PAN IS NOT AVAILABLE)

Name

(Same as ID proof) _____

If applied for PAN and it is not yet generated, Enter date of application: And the acknowledgement number

If PAN is not applied, fill estimated total income (Including income of spouse, Minor child, etc.) as per section 64 of Income Tax Act 1961 for financial year in which the above transaction is held

Agriculture income (Rs): Other than Agriculture income

Verification

I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.,) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, theday of20.....
Place:

Signature of Declarant

APPLICANT DECLARATION

- I hereby declare that the details furnished 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 information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- My personal KYC details may be shared with Central KYC Registry.
- I hereby consent to receive information from Central KYC Registry through SMS/ email on the above registered number /email address.
- I hereby certify that I have declared my status as per the rules applicable under section 285 BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes CBDT vide notification No. S.O. 2155(E) dated 7 August 2015 and RBI circular Ref No. DBR.AML.BC. No.36/14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/ amendment thereof.
- I understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements(IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards(CRS) and/or any other similar arrangements.
- I certify & declare that the information provided by me for opening account and availing other services herein or through website/ electronically as applicable to me and signed/ authenticated by me as well as in the documentary evidence provided by me for opening account and availing other services are, to the best of my knowledge and belief true, correct and complete and that I have not withheld any material information that may affect the assessment/ categorization of my account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/ or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required, nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents /information provided by me unless revised self-certification as above is provided to the bank.
- I also agree that my failure to disclose any material fact/ information known to me now or in future or my failure to remedy any deficiency in documents /information/ other details within the stipulated period, may invalidate me from transacting in the account and the bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/ or any authority designated by the Government of India(GoI)/ RBI for the said purpose or take any other action and may be deemed appropriate by the bank under the guidelines issued by CBDT/ RBI / GoI from time to time.
- I also agree to furnish and intimate to the bank any other particulars that are called upon me to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- I shall indemnify the bank from any loss / damage that may be caused to the bank on account of any defect/ mistake in the details provided herein or on account of providing incorrect or incomplete information by me.
- In case, deemed OVDs are submitted for current address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing to which I understand that my account may cease to be operational as per GOI guidelines at the material time.
- In respect of account opened on the basis of Aadhar, I hereby declare that I have submitted the Aadhar card issued by UIDAI voluntarily for identification and / or address proof towards the compliance of KYC norms under the PMLA 2002 and I hereby consent that the bank may verify the same with UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the bank.
- I hereby confirm that I have read and understood all the SBI Current Account rules as applicable to Current Account as well as the General instructions for filling Current Account opening form as available at the Banks website: bank.sbi>>Business>>Current Account. Physical copy of General instructions is also available at the Branch.

Date:

Place: _____

Signature of Applicant

ATTESTATION FOR OFFICE USE ONLY

Documents Received Self-certified True copies Notary

Risk Category High Medium Low

In person verification carried out by identity verification Done

Date:

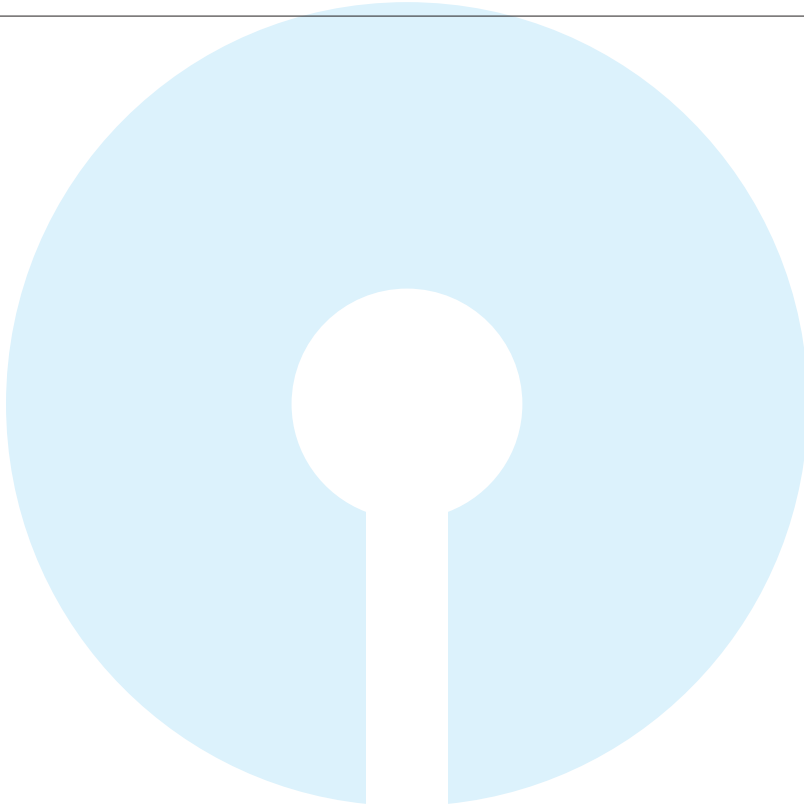
EMP/OFFICIAL Signature: _____

EMP/OFF Name: _____

SS No./PF No.: _____

EMP./OFF. Designation: _____

Emp./OFF. Branch: _____



DECLARATION OF BENEFICIAL OWNERSHIP

(Applicable to company (except the company listed on a stock exchange or in case of a subsidiary of such a company), partnership firm, unincorporated association or body of individuals and trusts).

Name of the Customer: _____
(Company, Partnership Firm, Unincorporated Association on Body Of Individuals And Trusts)

Registered Number: _____
(If Available)

Registered Address: _____

The customer as stated above hereby confirms and declares that as on date

The following natural person(s) (listed in table below) exercise control or ultimately have a controlling ownership interest i.e. Having ownership/entitlement of more than 25% (company) / more than 15% (partnership firm, unincorporated association of individuals) / more than or equal to 15% (trust) of capital/profits/property or controlling through voting rights, agreement, arrangement etc.

(For Definition Of Beneficial Owner, See At Page No. 18)

SI No	Full name of beneficial owner/controlling natural person(s)	Date Of Birth	Nationality	Address	Type Of KYC documents	Controlling Ownership Interest (%)

We certify that the facts stated above are true and correct. We undertake and agree that we will notify state bank of india without delay of any changes in the controlling persons, person exercising control or having controlling ownership interest in the company, partnership firm, unincorporated association or body of individuals and trusts, as declared in the table above.

For and on behalf of [name of company, partnership firm, unincorporated association or body of individuals and trusts];

Full Name of the Authorized Official: _____

Designation/Position: _____

Signature of Authorized Official

Date

Place: _____

(*The declaration should be signed by an active / designated partner in case of Partnership Firm, a trustee in case of Trust)

For Branch use Only

We certify that the beneficial owner (s) of the said firm has / have been determined on the basis of declaration made by the above-mentioned Company / Firm / Trust and the details furnished above have been verified from information, whenever available, in public domain

(Signature of the Branch Head / Branch Operation Head)

Name: _____

SS No./PF No.: _____

Date: _____

