



**4.3 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 (FOR ENTITIES REGISTERED OUTSIDE INDIA)\*:  REGISTRATION CERTIFICATE OR EQUIVALENT     CERTIFICATE OF INCORPORATION/FORMATION

LINE 1\*:

LINE 2:

LINE 3:  CITY / TOWN / VILLAGE\*:

STATE\*:  ZIP / POST CODE\*:  COUNTRY CODE\*:  (ISO 3166)

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

TEL. (OFF):   TEL. (RES):

FAX:

MOBILE\*:

EMAIL ID:

**6. NATURE OF BUSINESS**

MANUFACTURER     TRADER     RETAILER     SERVICE PROVIDER     EXPORT / IMPORT     OTHERS \_\_\_\_\_

INDUSTRY CODE\*:  (PLEASE REFER TO INDUSTRY CODES ON PAGE 6)    OTHERS: \_\_\_\_\_

Addition above the field MLM Undertaking:

"I/we Declare that my/our Company/Firm is not MLM (Multi Level marketing) Company/Firm or

"I/We declare that my/our Company/Firm is an MLM (Multi Level marketing Company/Firm and the Company is doing business of Multi-level Marketing and has given an undertaking to the Department of Consumer Affairs that the Company is in compliance with direct selling Guidelines, 2016 issued by the Government of India, Ministry of Consumer Affairs, Food & Public Distribution as also any direct selling guidelines issued by State Government, where the registered office of the company is located. Further the Company is not in violation and undertake not to violate the provisions of Prize Chit and Money circulation (Banning) Act, 1978" Please tick ( / ) Industrial code of MLM Company/Firm.

ANNUAL TURNOVER

0-5 LAKH     5-10 LAKH     10-25 LAKH     25 LAKH- 1CR.     1-5 CR.     5-50 CR.     50-100 CR.     100 CR <

DEALING WITH BOB: SINCE (YEAR) \_\_\_\_\_ AT \_\_\_\_\_ BRANCH.

NATURE OF ACCOUNT: \_\_\_\_\_ CREDIT FACILITIES (BOB) (IF ANY) \_\_\_\_\_

**7. TYPE OF ACCOUNT**

CURRENT ACCOUNT     SAVINGS BANK ACCOUNT     RECURRING DEPOSIT     TERM DEPOSIT     SPECIAL TERM DEPOSIT

OTHER    PLEASE SPECIFY: \_\_\_\_\_

**8. MODE OF OPERATIONS**

SINGLY     JOINTLY     SEVERALLY     AS PER BOARD RESOLUTION     OTHERS : (PLEASE SPECIFY) \_\_\_\_\_

**9. SERVICES REQUIRED (Tick the required service (Charges may be applicable))**

CORPORATE INTERNET BANKING : VIEWING RIGHTS     TRANSACTION RIGHTS     CHEQUE BOOK

POS FACILITY (CARD SWIPING MACHINE)     SMS ALERTS     CASH PICK UP FACILITY

BCMS     DEBIT CARD     OTHER \_\_\_\_\_

STATEMENT FREQUENCY: MONTHLY     QUARTERLY     HALF-YEARLY     ANNUALLY

E-STATEMENT TO BE SENT TO EMAIL ID:

SMS ALERTS TO BE SENT ON : MOBILE

**10. ACCOUNT VARIANT (To be filled by branch)**

ACCOUNT VARIANT NAME: \_\_\_\_\_

(PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH)

**OTHER ENTITY DETAILS:**

DETERMINE\* WHETHER THE ENTITY IS 'FI' OR 'NFE' [AN ENTITY CAN BE EITHER AN 'FI' OR 'NFE', IT CAN NOT BE BOTH]

**FINANCIAL INSTITUTION (FI):** (IF FINANCIAL INSTITUTION (FI) IS TICKED, PLEASE ALSO FILL ANNEXURE I & ANNEXURE II FOR ALL THE RELATED PERSON) (BANKS, INSURANCE AGENCIES, NBFCS ETC.) **OR**

**NON FINANCIAL ENTITY (NFE):** IF ENTITY IS NFE, WHETHER IT IS\*:  **ACTIVE NFE** OR  **PASSIVE NFE**

(AN ENTITY CAN BE EITHER AN 'ACTIVE NFE' OR A 'PASSIVE NFE', IT CAN NOT BE BOTH - SEE INSTRUCTIONS 'H' IN GENERAL GUIDELINES FOR ACTIVE & PASSIVE NFE)

NUMBER OF CONTROLLING PERSON(S):  (APPLICABLE ONLY IN CASE OF PASSIVE NFE, FILL ANNEXURE II FOR EACH CONTROLLING PERSON)

DIRECT REPORTING NON FINANCIAL FOREIGN ENTITY (NFFE):  YES  NO

IF YES PLEASE PROVIDE GIIN OF DIRECT REPORTING NFFE:

LEGAL ENTITY IDENTIFIER (L.E.I CODE. NO.):   
(AS & WHEN APPLICABLE)

**COUNTRY OF RESIDENCE AS PER TAX LAWS \***

**TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA** YES  NO   
(IF TICKED "YES" THEN THERE IS NO NEED TO FILL IN THE BOX BELOW)

FATCA & CRS BOX

**TAX RESIDENT OF US:** YES  NO  (IF 'YES', PLEASE PROVIDE US TIN) **US TIN:**

**IF TAX RESIDENT OF US, WHETHER THE PERSON IS**

A US PERSON YES  NO  (A TAX RESIDENT OF US IS US PERSON, SEE INSTRUCTION 'J')

A SPECIFIED US PERSON (SEE INSTRUCTIONS 'K') YES  NO  (IF SPECIFIED US PERSON IS YES, THEN THE ENTITY IS US REPORTABLE)

**TAX RESIDENT OUTSIDE INDIA OTHER THAN US:** YES  NO

IF 'YES', PLEASE PROVIDE COUNTRY CODE  & TIN / FUNCTIONAL EQUIVALENT:

IF TAX RESIDENT OUTSIDE INDIA OTHER THAN US IS "YES", WHETHER ENTITY FALLS IN ANY OF THE FOLLOWING CATEGORY (TICK FROM THE FOLLOWING CATEGORY AS APPLICABLE - IF NONE OF THE FOLLOWING CATEGORY IS MARKED "YES" THEN THE ACCOUNT IS AN "OTHER REPORTABLE ACCOUNT")

I. ANY CORPORATION THE STOCK OF WHICH IS REGULARLY TRADED ON ONE OR MORE ESTABLISHED SECURITIES MARKET YES  NO

II. ANY CORPORATION THAT IS A RELATED ENTITY OF A CORPORATION DESCRIBED IN (I) ABOVE YES  NO

III. A GOVERNMENTAL ENTITY YES  NO

IV. AN INTERNATIONAL ORGANIZATION YES  NO

V. A CENTRAL BANK YES  NO

VI. A FINANCIAL INSTITUTION YES  NO

IF ANY OF THE ITEM (I) TO (VI) IS TICKED 'YES' THE ACCOUNT IS NOT AN "OTHER REPORTABLE ACCOUNT"

IF ENTITY IS NEITHER A TAX RESIDENT OF INDIA OR US NOR A TAX RESIDENT OUTSIDE INDIA OTHER THAN US, THEN THE FIELD **NO RESIDENCE FOR TAX PURPOSE** WILL BE 'YES'

**NO RESIDENCE FOR TAX PURPOSE** YES  NO

IF 'YES' PLEASE PROVIDE, COUNTRY CODE WHERE THE PRINCIPAL OFFICE OF THE ENTITY LOCATED COUNTRY CODE:

**MULTIPLE TAX RESIDENCY\*:** YES  NO  (IF 'YES', PLEASE FILL THE TABLE BELOW)

- IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY.
- IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY.

COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)

ADDRESS\*

LINE 1:  CITY:   
 LINE 2:  STATE:   
 LINE 3:  PIN:

COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)

ADDRESS\*

LINE 1:  CITY:   
 LINE 2:  STATE:   
 LINE 3:  PIN:

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION  & 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 THE FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS)  OTHER THAN AGRICULTURAL 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, the ..... day of ..... 20.....

Place: .....

Signature of the Declarant

**NOMINATION : Applicable Only For Sole Proprietorship**

I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR

I/WE DO NOT WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT

Nomination in favour of other than individual is invalid

**NOMINATION FORM (DA1)**

Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in the respect of Bank Deposits.

I/ We ..... nominate the following person to whom in the event of my /our /minor's death the amount of Deposit, particulars whereof are given below, may be returned by Bank of Baroda ..... (Name and address of branch/ office in which the deposit held).

NOMINATION SERIAL NO.

**DETAILS OF DEPOSIT :**

Type of Deposit : ..... ACCOUNT NO:

**DETAILS OF THE NOMINEE**

NAME:

RELATIONSHIP WITH THE DEPOSITOR : ..... AGE:  DATE OF BIRTH OF NOMINEE:

ADDRESS:

CITY:  PIN:  STATE:

COUNTRY:  CIF NO. OF NOMINEE :

As the nominee is a minor on this date, I/We appoint Shri/Smt. .... age ..... years

Address .....

to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Mobile Number of Nominee:

Signature / Thumb impression of the Applicant(s)

Personal Details of Witnesses : (Witnesses are required only in case if applicant is illiterate and is affixing thumb impression)

Witness 1 Name : .....

Witness 2 Name : .....

Address : .....

Address : .....

Signature / Thumb Impression

Signature / Thumb Impression

Place : ..... Date : .....

Place : ..... Date : .....

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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/we am/are aware that I/we may be held liable for it.
- I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
- I/We certify and declare that The Company does belong to the class of companies specified in sub-rule (2) of the Companies Rules 2017 (Restrictions on number of Layers) and it (Company) does not have more than two layers of subsidiaries. (As per the details given in Ministry of Corporate Affairs, Gazette notification No. 793 dated 21st Sept 2017.
- I/We affirm and declare that I/We have read over and understood the rules and regulations of the Bank of Baroda ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-banking/Mobile Banking/Virtual Banking and any other facilities. I/We agree to abide by the same as amended/modified from time to time by the Bank/ Regulator/ Government published through circulars, notifications, notice board/ websites/ newspaper publications, etc. I/We waive the rights, if any, to have personal notice in respect of such amendments/ modifications. I/We agree that the transactions and requests executed in my/our account(s) by me/authorized person through internet, mobile, tele- banking or virtual banking under my/our User ID and password/PIN/OTP will be legally binding on me/us & I/We am/are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/ details/OTP/PIN, etc., in such matters. I/We agree that Bank has got all the rights to debit my/our account for any service charge, expenses or other dues which the Bank is entitled/ liable to recover from me. I/We also authorise the Bank and agree to close/ discontinue my account without any notice to me in case of any violation of laws/rules/ regulations or terms and conditions of maintaining the account. I/We hereby undertake to inform the Bank on any change in my communication address or constitution, and I/We shall submit the address proof in case of transfer of my account from one branch to another branch.
- In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI for identification and / or address proof towards the compliance of KYC norms under the PMLA , 2002 and I hereby agree 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/We confirm and declare that I/We am/are not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
- I/We agree that my/our personal KYC details may be shared with Central KYC registry or any other competent authority. I/We hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I/We also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
- I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA 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/We 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/our account(s) 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/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and

- belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us 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.
- I/We 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/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/information/other details within the stipulated period, may invalidate me/us 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 as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/Gol from time to time.
  - I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us 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/We 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/us.
  - I/We undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
  - I/We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
  - I/We have been advised of Quarterly/Monthly average/minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision/change and such revision/changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect.
  - I/We Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account , failing to which I understand my account will cease to be operational as per GOI guidelines, amending Prevention of Money laundering (Maintenance of Records ) Rules 2005. (In case the account is opened without Aadhaar / PAN )
  - 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.
  - I confirm and undertake that I will not deal in Virtual Currencies and will not use my account for any services related Virtual Currencies or facilitate any person or entity, in dealing with or settling virtual currencies.
  - I/We undertake to keep QAB(Quarterly Average Balance)/ MAB (Monthly Average Balance) in the account as prescribed under the respective account scheme and agree to pay the penalty if QAB/MAB is not maintained.
  - I understood that Internet Banking facility will be disabled before change/deletion of mobile number/e-mail ID.
  - I understood that Mobile Banking facility will be deregistered / disabled before change/ deletion of mobile number.
  - I agree and declare that, in case of any change of mobile number registered with the Bank, I shall immediately update the mobile number details in Bank's records as per procedure laid down by the Bank from time to time, failing which if any loss/damages is incurred either to me or to the Bank then Bank shall not be held liable and I shall be solely liable for the same.

Please paste  
photograph  
here

Signature of Authorized Signatory 1 (Do not overlap)

Please paste  
photograph  
here

Signature of Authorized Signatory 2 (Do not overlap)

Please paste  
photograph  
here

Signature of Authorized Signatory 3 (Do not overlap)

Operating Instructions

Name:
Designation:
Date:
Name, Signature, Seal and S.S No. of the Verifying Official

Name:
Designation:
Date:
Name, Signature, Seal and S.S No. of the Verifying Official

Name:
Designation:
Date:
Name, Signature, Seal and S.S No. of the Verifying Official



We declare and certify our entity status under Rules 114F to 114H of the Income tax Rules, 1962 notified vide CBDT 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, as under:

	Tick status of Financial Institution	Yes	No		
	Name of Entity				
1.	a) Depository Institution				
	b) Custodial Institution				
	c) Investment Entity which is not a passive NFE				
	d) Specified Insurance Company				
2.	Owner-Documented FI with substantial US owner(s) – details of substantial US Owner to be captured as per Annexure-II				
3.	Reporting Financial Institution				
4.	If 2 OR 3 above is yes, please provide Global Intermediary Identification Number (GIIN)				
5.	Non-Participating Financial Institution				
6.	Non-Reporting Financial Entity (If Yes , Please Tick one of the category in the Table below)				
S No.	Category of NRFI	(√)	S No.	Category of NRFI	(√)
1.	Governmental Entity;		13.	Provident fund	
2.	International Organisation;		14.	An Indian investment entity which is wholly held by NRFIs referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFIs referred to in (i) to (xiii) above	
3.	Central Bank;		15.	Qualified credit card issuer;	
4.	Treaty Qualified Retirement Fund;		16.	Specified Investment entity as per CBDT rules (Rule 114F(5)(f));	
5.	Narrow Participation Retirement Fund;		17.	Exempt collective investment vehicle;	
6.	Broad Participation Retirement Fund;		18.	Trustee-documented Indian Trust;	
7.	Pension Fund of a Governmental Entity;		19.	Financial Institution with a local client base;	
8.	Pension Fund of an International Organisation;		20.	Local Bank (including Regional Rural Bank, Urban Cooperative Banks, State Cooperative Banks / District Central Cooperative Banks, Local Area Banks provided that the assets test as in Explanation (O) to Rule 114F(5);	
9.	Pension Fund of a Central Bank;		21.	Financial Institution with only low-value accounts;	
10.	Non-public fund of the armed forces;		22.	Sponsored investment entity and controlled foreign corporation (in case of any U.S. reportable account);	
11.	Employees' state insurance fund;		23.	Sponsored closely held investment vehicle (in case of any U.S. reportable account)	
12.	Gratuity Fund;		24.	An Indian investment entity which is wholly held by NRFIs referred to in (i) to (xiii) above and where any debt interest is held by a	
7.	Sponsored Investment Entity				
a)	GIIN of Sponsored entity				
b)	Name of entity				

We certify that we have the capacity to sign for the Financial Institution as per CBDT rules/RBI guidelines.

Date:

Place: \_\_\_\_\_

SIGNATURE(S)  
NAME OF THE AUTHORIZED PERSON OF ENTITY

(SEPARATE FORM FOR EACH CONTROLLING PERSON /RELATED PERSON/BENEFICIAL OWNER TO BE FILLED IN)

<p style="text-align: center; font-size: small;">FOR OFFICE USE ONLY</p> <p>APPLICATION TYPE*    <input type="checkbox"/> NEW    <input type="checkbox"/> UPDATE</p> <p>APPLICANT (CP/RP) CIF NO.: <input style="width: 100%;" type="text"/></p> <p>CP/RP Account No.: <input style="width: 100%;" type="text"/></p>	<p style="text-align: center; font-size: small;">BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.</p>	<p style="text-align: center; font-size: x-small;">PHOTOGRAPH OF THE CONTROLLING PERSON/ RELATED PERSON/ BENEFICIAL OWNER.</p>
<p>ENTITY NAME: <input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>		

**1. DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER \***  
(Please refer General Instruction ):

**1. A DETAILS OF CONTROLLING PERSON (For Passive NFE Only) :**

ADDITION OF CONTROLLING PERSON     DELETION OF CONTROLLING PERSON     UPDATE CONTROLLING PERSON DETAILS

CKYC NUMBER (IF AVAILABLE \*):  (IF CKYC 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     BENEFICIARY     OTHERS

IN CASE OF OTHER LEGAL ARRANGEMENT:     SETTLOR-EQUIVALENT     TRUSTEE-EQUIVALENT     PROTECTOR-EQUIVALENT     BENEFICIARY-EQUIVALENT     OTHER-EQUIVALENT

IN CASE OF UNKNOWN   

**1. B DETAILS OF RELATED PERSON**

ADDITION OF RELATED PERSON     DELETION OF RELATED PERSON     UPDATE RELATED PERSON DETAILS

CKYC NUMBER OF RELATED PERSON (IF AVAILABLE\*):  (IF CKYC NUMBER IS AVAILABLE, ONLY 'RELATED PERSON TYPE' & 'NAME' IS MANDATORY)

**RELATED PERSON TYPE\*:** (MORE THAN ONE BOX CAN BE TICKED AS APPLICABLE)

DIRECTOR     PROMOTER     KARTA     TRUSTEE     PARTNER     AUTHORISED SIGNATORY     PROPRIETOR

COURT APPOINTED OFFICIAL     BENEFICIARY     BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO. 17)     OTHERS     POWER OF ATTORNEY HOLDER

**2. PERSONAL DETAILS\* (Please refer Instruction G II at the end)**

	P R E F I X	F I R S T N A M E	M I D D L E N A M E	L A S T N A M E
NAME (SAME AS ID PROOF)*:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
MAIDEN NAME (IF ANY)*:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
FATHER NAME:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
MOTHER/SPOUSE NAME:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NAME OF MOTHER/FATHER/SPOUSE: (ANY ONE IS MANDATORY)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
UID / AADHAAR NO.:	<input style="width: 100%;" type="text"/>	OR	AADHAAR ENROLMENT NO.:	<input style="width: 100%;" type="text"/>
DIN ( DIRECTOR IDENTIFICATION NUMBER):	<input style="width: 100%;" type="text"/>			(MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)
DATE OF BIRTH*:	<input style="width: 100%;" type="text"/>			
GENDER:	<input type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE <input type="checkbox"/> T- TRANSGENDER	NATIONALITY:	<input type="checkbox"/> IN-INDIAN <input type="checkbox"/> OTHERS	COUNTRY CODE (ISO 3166) <input style="width: 20px;" type="text"/>
MARITAL STATUS*:	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED	<input type="checkbox"/> LIVING APART	<input type="checkbox"/> DEFACTO	
RESIDENTIAL STATUS*:	<input type="checkbox"/> RESIDENT INDIVIDUAL <input type="checkbox"/> NON RESIDENT INDIAN	<input type="checkbox"/> FOREIGN NATIONAL	<input type="checkbox"/> PERSON OF INDIAN ORIGIN	
CITIZENSHIP*:	<input type="checkbox"/> INDIAN <input type="checkbox"/> OTHERS			
OCCUPATION TYPE*:	<input type="checkbox"/> SERVICE ( <input type="checkbox"/> STATE GOVT. <input type="checkbox"/> CENTRAL GOVT. <input type="checkbox"/> DEFENCE <input type="checkbox"/> PVT. SECTOR <input type="checkbox"/> PUBLIC SECTOR UNDERTAKING)	<input type="checkbox"/> BUSINESS ( <input type="checkbox"/> INDUSTRIALIST <input type="checkbox"/> TRADE SECT. <input type="checkbox"/> SERV. SEC <input type="checkbox"/> MIGRANT LABOUR <input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> JEWELLER/BULLION TRADER <input type="checkbox"/> PAWN SHOP	
	<input type="checkbox"/> OTHERS ( <input type="checkbox"/> MEDICAL PROF. <input type="checkbox"/> LEGAL PROF. CA/ICWA /TAXATION/FINANCE <input type="checkbox"/> ENG/ARCHITECT/ TECH.CONSULTANT <input type="checkbox"/> RETIRED <input type="checkbox"/> JOURNALIST	<input type="checkbox"/> HOUSEWIFE <input type="checkbox"/> STUDENT <input type="checkbox"/> SHARE AND STOCK BROKER <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> AGRICULTURE	<input type="checkbox"/> POLITICAL/SOCIAL WORKER <input type="checkbox"/> OTHER	
POLITICALLY EXPOSED PERSON:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc.		
COUNTRY CODE OF TAX RESIDENCE*:	<input style="width: 20px;" type="text"/> (CODE FOR INDIA IS "IN")			
COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA*	<input type="checkbox"/> YES <input type="checkbox"/> NO			(IF NO, PLEASE FILL THE DETAILS IN COLOUMN 6 & 7 IN PAGE 9)

PAN / TAX IDENTIFICATION NUMBER OR EQUIVALENT\* :  (IF JURISDICTION OF RESIDENCE FOR 'TAX PURPOSE' IS INDIA ONLY, THE PAN IN THIS FIELD)

PLACE / CITY OF BIRTH\* :  COUNTRY CODE OF BIRTH\* :  (ISO 3166)

### 3. PROOF OF IDENTITY AND ADDRESS

#### I (ONE CERTIFIED COPY OF ANY ONE OF THE FOLLOWING OVD WITH CURRENT ADDRESS NEEDS TO BE SUBMITTED)

A- PASSPORT     B- VOTER ID CARD     C- DRIVING LICENCE     D- NREGA JOB CARD    IDENTITY NUMBER :

E- LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING     F- PROOF OF POSSESSION OF AADHAAR    Issued Date :

**OR**    II  E-KYC AUTHENTICATION    III  OFFLINE VERIFICATION OF AADHAAR    Date of Expiry :

#### PROOF OF ADDRESS IN CASE OVD IN POINT NO 3 ALSO DOES NOT CONTAIN UPDATED ADDRESS.

ONE CERTIFIED COPY OF ANY ONE DEEMED OVD NEEDS TO BE SUBMITTED

ADDRESS TYPE\* :  RESIDENTIAL ADDRESS     RESIDENTIAL     BUSINESS     REGISTERED OFFICE     UNSPECIFIED

PROOF OF ADDRESS\* :  UTILITY BILLS     MUNICIPAL TAX RECEIPT     PENSION PAYMENT ORDER (PPO)     LETTER OF ALLOTMENT OF ACCOMODATION FROM EMPLOYER ISSUED BY STATE/CENTRAL/GOVT/STATUTORY OR REGULATORY BODIES/PUBLIC SECTOR UNDERTAKINGS/SCHEDULED COMMERCIAL BANKS/FINANCIAL INSTITUTIONS/LISTED COMPANIES

### 4. ADDRESS DETAILS:

PERMANENT SAME AS CURRENT ADDRESS

DOCUMENT NO. / IDENTIFICATION NUMBER\* :

ISSUED BY\* :

ISSUE DATE\* :

ISSUED AT\* :

EXPIRY DATE (IF APPLICABLE)\* :

LINE 1\* :

LINE 2\* :

LINE 3\* :  CITY / TOWN / VILLAGE \* :

DISTRICT\* :  PIN / POST CODE\* :

STATE / UT NAME CODE\* :  COUNTRY CODE\* :  (ISO 3166)

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

TEL. (OFF) :         TEL. (RES) :    

FAX :    

MOBILE :    

EMAIL ID :

### 6. 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 US including US green card holder.
3. Certain persons who spend more than 180 days in US each year.

### 7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES

ADDRESS TYPE\* :  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\* :  (ISO 3166)

NAME: 

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION  & 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 AGRICULTURAL 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, the ..... day of ..... 20.....

Place: .....

Signature of the Declarant

**9. APPLICANT 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/We 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/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 hereby certify that I/We have declared my status as per the rules applicable under section 285BA 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/We 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/our account(s) 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/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us 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.
- I/We 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/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us 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 (Gol)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/Gol from time to time
- I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us 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/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
- I/We 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/us.

DATE: 

PLACE: \_\_\_\_\_

Signature(s)

Name of the Applicant

**ATTESTATION / FOR OFFICE USE ONLY**DOCUMENTS RECEIVED:  CERTIFIED COPIES  EQUIVALENT E-DOCUMENT **RISK CATEGORY:**  HIGH  MEDIUM  LOWIN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION:  DONEDATE: 

EMP./OFFICIAL SIGNATURE \_\_\_\_\_ EMP./OFF. NAME: \_\_\_\_\_

S.S No. / E.C No.: \_\_\_\_\_ EMP./OFF. DESIGNATION: \_\_\_\_\_ EMP./OFF. BRANCH: \_\_\_\_\_

INSTRUCTIONS:

- FIELDS MARKED WITH "\*" ARE MANDATORY
- PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS

APPLICATION TYPE\*:  NEW  UPDATE

KYC NUMBER (TO BE FILLED BY FINANCIAL INSTITUTION):

(KYC NUMBER OF ENTITY IS MANDATORY FOR UPDATE REQUEST)

PROOF OF ADDRESS (POA)

CORRESPONDENCE / LOCAL ADDRESS DETAILS\*

SAME AS CURRENT /PERMANENT ADDRESS DETAILS

ADDRESS TYPE\*:

RESIDENTIAL OR BUSINESS  RESIDENTIAL  BUSINESS  REGISTERED OFFICE  UNSPECIFIED

LINE 1\*:

LINE 2:

LINE 3:  CITY / TOWN NAME\*:

DISTRICT\*:  COUNTRY NAME:

STATE / UT NAME\*:  PIN / POST CODE\*:

CONTACT DETAILS (If communication has to be done on Mobile/email the following Mobile No/Email ID will be used)

TEL. (OFF):   TEL. (RES):

MOBILE NO.:   FAX:

EMAIL ID:

APPLICANT 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/We 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/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

DATE:

PLACE: \_\_\_\_\_

SIGNATURE (S)  
NAME OF THE AUTHORIZED PERSON OF ENTITY

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED:  CERTIFIED COPIES  EQUIVALENT E-DOCUMENT RISK CATEGORY:  HIGH  MEDIUM  LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION:  DONE DATE:

EMP./OFFICIAL SIGNATURE \_\_\_\_\_ EMP./OFF. NAME: \_\_\_\_\_

S.S No. / E.C No.: \_\_\_\_\_ EMP./OFF. DESIGNATION: \_\_\_\_\_ EMP./OFF. BRANCH: \_\_\_\_\_

(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).

1. NAME OF THE CUSTOMER : \_\_\_\_\_  
( COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION ON BODY OF INDIVIDUALS AND TRUSTS)
2. REGISTERED NUMBER : \_\_\_\_\_  
(IF AVAILABLE)
3. 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. 17 )

SL	FULL NAME OF BENEFICIAL OWNER /	DATE OF BIRTH	NATIONALITY	ADDRESS	TYPE OF KYC	CONTROLLING OWNERSHIP

WE CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND CORRECT. WE UNDERTAKE AND AGREE THAT WE WILL NOTIFY **BANK OF BARODA** 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];

SIGNATURE OF THE AUTHORIZED OFFICIAL\*: \_\_\_\_\_

FULL NAME OF THE AUTHORIZED OFFICIAL: \_\_\_\_\_

DESIGNATION / POSITION : \_\_\_\_\_

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 : \_\_\_\_\_

S.S No. / E.C. No.: \_\_\_\_\_

Date : \_\_\_\_\_

Sr.	Name	Particulars
1.	Name of the Customer	
2.	CIF Name	
3.	Pan / GST / TIN / ID No.	
4.	Branch Name	
5.	Date	

## Exposure Details

(Sum of all sanctioned fund-based credit facilities and non-fund-based facilities availed by the borrower by Commercial Banks (including Small Finance Banks, Local Area Banks, and Regional Rural Banks, but excluding Payments Banks), Urban Co-operative Banks and Rural Co-operative Banks (State Co-operative Banks and Central Co-operative Banks))

Sr.	Bank Name	Total Exposure	% Exposure	Fund Based Exposure	% Exposure
1.	BOB				
2.	Top Bank 1				
3.	Top Bank 2				
4.	Top Bank 3				
5.	Total				

## Checklist for Opening / Continuing Current &amp; Collection (ESCROW) Accounts

Sr.	Particulars	Current Account Status	Annexure	(Tick One)
1.	No Credit Exposure	Can open CA	V-I	<input type="checkbox"/>
2.	Total Credit Exposure less than Rs. 10.00 Crs (Including BOB Exposure)	Can open CA	V-I	<input type="checkbox"/>
<b>3. Total Credit Exposure Rs. 10.00 Crs &amp; Above (Including BOB Exposure): -</b>				
3.1	BOB exposure 10% & Above of Total Credit Exposure	Can open CA	V-II	<input type="checkbox"/>
3.2	BOB exposure 10% & Above of Total Fund Based Credit Exposure	Can open CA	V-II	<input type="checkbox"/>
3.3	BOB is among TOP 2 Lenders	Can open CA	V-II	<input type="checkbox"/>
3.4	Customer Exposure from only 1 Bank other than BOB	Can open CA with NOC from Lender	V-II	<input type="checkbox"/>
3.5	Only 1 Bank has Exposure of 10% or above	Can open CA with NOC from Lenders	V-II	<input type="checkbox"/>
3.6	Borrowers want to Open Current Account with BOB	Can open CA with NOC from Lenders	V-II	<input type="checkbox"/>
3.7	No Bank is meeting the above-mentioned Criteria	Only Collection Account Allowed	V-II	<input type="checkbox"/>

## Special Conditions

Sr.	Particulars	Annexure	Remarks
4.	Bank has offered Special Products or Services that inherently require routing transactions through a current account maintained with BOB.	V-III	Transactions in such accounts shall be limited for the specified purpose(s)

## Exempted Category

Sr.	Particulars	Documents	Annexure	(Tick One)
1.	Accounts opened as per the provisions of <b>Foreign Exchange Management Act, 1999 (FEMA)</b>	As specified by RBI	V-III	<input type="checkbox"/>
2.	Under a statute or a specific instruction of a <b>financial sector regulator</b> , or the <b>Central Government</b> or a <b>State Government</b> .	As specified by RBI	V-III	<input type="checkbox"/>
3.	Accounts of entities regulated by a <b>financial sector regulator</b> , used for the purpose of carrying out their <b>regulated activities</b>	As specified by RBI	V-III	<input type="checkbox"/>
4.	Bank has offered Special Products or Services that inherently require routing transactions through a current account maintained with BOB.	Name of the Product / Service offered by BOB	V-III	<input type="checkbox"/>

- I / We hereby consent to the sharing of my/our personal KYC details with the Central KYC registry (CKYCR) / Credit information Companies (CICs) and/or any other regulatory /statutory, or competent authority as may be required under applicable laws and regulations.
- I/We further consent to receive communication, information, alerts or notifications from the Bank, CIC's, Government of India (GOI), Reserve Bank of India or any other authority through SMS/e-mail on my registered mobile number/ e-mail address.
- I/We agree that the non-receipt of any such communication shall not render the Bank liable for any loss, damage or claim of any nature whatsoever.
- I/We voluntarily give my / our consent to extract information available with Credit Information Companies (CICs), National E-Governance Services Ltd (NeSL) etc. to compute my / our aggregate exposure for the purpose of opening or maintaining of CA / OD / CC with the Bank as per RBI guidelines.
- I / We agree that the Bank is empowered to close / discontinue our account without any notice to us in case of any violation of laws/rules/ regulations or terms and conditions of maintaining the account or if I / we fail to respond in a reasonable time to any notice issued by the Bank in this regard. I/We also agree to close / convert the current account as and when demanded by BOB.
- I/We undertake to inform BOB 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 BOB 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 hereby declare that the information furnished above are / is true and correct to the best of my/our knowledge and belief. I/We undertake to promptly inform the Bank of any changes therein. I/we acknowledge that in the event any information is found to be false, incorrect, misleading or misrepresented, I/we shall be solely responsible and liable for consequences therefrom, including any action may be deemed appropriate by the Bank or the competent authority under applicable law.

Date: 

Place: \_\_\_\_\_

Signature of the Customer (s) / Authorised Signatories

ANNEXURE – V-I

## Declaration cum Undertaking under Credit Discipline for Opening / Continuing Current Accounts

(Exposure Less than Rs. 10.00 Crs)

Sr.	Name	Particulars
1	Name of the Customer	
2	Pan / GST / TIN / ID No.	
3	Branch Name	

Sr.	Particulars	(Tick One)
1	No Credit Exposure	<input type="checkbox"/>
2	Total Credit Exposure less than Rs. 10.00 Crs (Including BOB Exposure)	<input type="checkbox"/>

- I/We.....(Name of Customer), have to advise that I / We have no Credit Exposure with any Bank including BOB or, our Total Credit Exposure with all the Banks (Including BOB) is less than Rs. 10.00 Crores.
- I / We undertake to Inform BOB in case of any changes to my / our Credit Exposure Limits.
- I / We also understand that it will be my / our sole responsibility to inform BOB in writing regarding any changes in the above undertaking and / or when the Credit exposure availed by me / us from the Banking System reaches Rs. 10.00 Crores or more.
- I / We further agree to provide any documents that may be required from me / us time to time in terms of RBI Regulations / BOB Requirements for continuing my Current Account with BOB.
- I / We also agree to close the Current Account or convert the same to Collection Account as and when demanded by BOB and understand that BOB is empowered to close / discontinue / convert the Current Account to Collection Account if I / We fail to respond in a reasonable time to any of the Notice issues in this regard.
- I / We further voluntarily give my / our consent to extract information available with Credit Information Companies (CICs), National E-Governance Services Ltd (NeSL) etc. to compute my / our aggregate exposure for the purpose of opening or maintaining of CA / OD / CC with the Bank as per RBI guidelines.
- I/We further consent to receive communication, information, alerts or notifications from the Bank, CIC's, Government of India (GOI), Reserve Bank of India or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I/We agree that the non-receipt of any such communication shall not render the Bank liable for any loss, damage or claim of any nature whatsoever.

Date: 

Place: \_\_\_\_\_

Signature of the Customer (s) / Authorised Signatories

Toll Free No. – 1800 5700 / 1800 5000

Nomination Facility Available **13**

## Declaration cum Undertaking under Credit Discipline for Opening / Continuing Current Accounts

(Exposure of Rs. 10.00 Crs &amp; Above)

Sr.	Name	Particulars
1	Name of the Customer	
2	Pan / GST / TIN / ID No.	
3	Branch Name	

Sr.	Particulars		(Tick One)
1	Total Credit Exposure Rs. 10.00 Crs & Above (Including BOB Exposure): -		
1.1	BOB exposure 10% & Above of Total Credit Exposure	I / We are willing to have an Operative CA with BOB.	<input type="checkbox"/>
1.2	BOB exposure 10% & Above of Total Fund Based Credit Exposure	I / We are willing to have an Operative CA with BOB.	<input type="checkbox"/>
1.3	BOB is among TOP 2 Lenders	I / We are willing to have an Operative CA with BOB.	<input type="checkbox"/>
1.4	Customer Exposure from only 1 Bank other than BOB	I / We are willing to have an Operative CA with BOB and NOC from Lender is attached.	<input type="checkbox"/>
1.5	Only 1 Bank has Exposure of 10% or above	I / We are willing to have an Operative CA with BOB and NOC from Lender is attached.	<input type="checkbox"/>
1.6	Borrowers want to Open Current Account with BOB	I / We are willing to have an Operative CA with BOB and NOC from Lender is attached.	<input type="checkbox"/>
1.7	No Bank is meeting the above-mentioned Criteria	I / We are willing to have an Collection CA with BOB and details of Designated Account are as below.	

## For Collection Account only

Sr.	Particulars	Details
1	Name of the Bank	
2	Name of the Branch	Type of A/c: CA <input type="checkbox"/> CC <input type="checkbox"/> OD <input type="checkbox"/>
3	IFSC Code	
4	Designated Account Number	

- I / We understand that only Credits will be permitted and I / We will not have any transactions rights in the Collection Account.
- I / We further acknowledge that BOB can recover the fees / charges from the collection account and balance lying in this collection account cannot be used for margin purposes. The Balance (above the applicable Minimum Balance) may be transferred to the Designated Account mentioned above within two working days (T+2 basis) on receipt of such funds.
- I / We further agree to provide any documents that may be required from me / us time to time in terms of RBI Regulations / BOB Requirements for continuing my Current Account with BOB.
- I / We further consent to close the Current Account or convert the same to Collection Account as and when demanded by BOB and understand that BOB is empowered to close / discontinue / convert the Current Account to Collection Account if I / We fail to respond in a reasonable time to any of the Notice issues in this regard.
- I / We further consent that our personal KYC details may be shared with Central KYC registry / CICs or any other regulatory / competent authority.
- I / We further voluntarily give my / our consent to extract information available with Credit Information Companies (CICs), National E-Governance Services Ltd (NeSL) etc. to compute my / our aggregate exposure for the purpose of opening or maintaining of CA / OD / CC with the Bank as per RBI guidelines.
- I / We further consent to receive communication, information, alerts or notifications from the Bank, CIC's, Government of India (GOI), Reserve Bank of India or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I / We agree that the non-receipt of any such communication shall not render the Bank liable for any loss, damage or claim of any nature whatsoever.
- I / We hereby declare that the information furnished above is true and correct to the best of my/our knowledge and belief. I / We undertake to promptly inform the Bank of any changes therein. I / we acknowledge that in the event any information is found to be false, incorrect, misleading or misrepresented, I / we shall be solely responsible and liable for consequences therefrom, including any action may be deemed appropriate by the Bank or the competent authority under applicable law.

Signature of the Customer (s) / Authorised Signatories

Date

Place:

## Declaration cum Undertaking under Credit Discipline for Opening / Continuing Current Accounts

ANNEXURE – V-III  
(Exempted Categories)

Sr.	Name	Particulars
1	Name of the Customer	
2	Pan / GST / TIN / ID No.	
3	Branch Name	

Sr.	My / Credit Exposure	Documents	(Tick One)
1.	Accounts opened as per the provisions of <b>Foreign Exchange Management Act, 1999 (FEMA)</b>	As specified by RBI	<input type="checkbox"/>
2.	Under a statute or a specific instruction of a <b>financial sector regulator</b> , or the <b>Central Government</b> or a <b>State Government</b> .	As specified by RBI	<input type="checkbox"/>
3.	Accounts of entities regulated by a <b>financial sector regulator</b> , used for the purpose of carrying out their <b>regulated activities</b>	As specified by RBI	<input type="checkbox"/>
4.	Bank has offered Special Products or Services that inherently require routing transactions through a current account maintained with BOB.	Name of the Product / Service offered by BOB	<input type="checkbox"/>

- I / We .....(Name of the Customer) have to advise that I am / We are eligible for Opening / Continuation of Current Account..... Which falls under the Exempted Category / Category to which instructions of RBI (**Commercial Banks – Credit Risk Management**) – **Amendment Directions, 2025 dated December 11, 2025**, as regards to opening / continuation of Current Accounts do not apply.
- I / We also agree to provide any documents / proof that may be required from me / us time to time in terms of RBI Regulations / BOB Requirements for continuing my Current Account with BOB under the said exempted Category.
- I / We also agree to route only the permitted / specified transactions in the current account as intended by relevant regulations.
- I / We also agree to close the Current Account or convert the same to Collection Account as and when demanded by BOB and understand that BOB is empowered to close / discontinue / convert the Current Account to Collection Account if I / We fail to respond in a reasonable time to any of the Notice issues in this regard.
- I / We further voluntarily give my / our consent to extract information available with Credit Information Companies (CICs), National E-Governance Services Ltd (NeSL) etc. to compute my / our aggregate exposure for the purpose of opening or maintaining of CA / OD / CC with the Bank as per RBI guidelines.
- I / We further consent to receive communication, information, alerts or notifications from the Bank, CIC's, Government of India (GOI), Reserve Bank of India or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I / We agree that the non-receipt of any such communication shall not render the Bank liable for any loss, damage or claim of any nature whatsoever.
- I / We hereby declare that the information furnished above is true and correct to the best of my/our knowledge and belief. I / We undertake to promptly inform the Bank of any changes therein. I / we acknowledge that in the event any information is found to be false, incorrect, misleading or misrepresented, I / we shall be solely responsible and liable for consequences therefrom, including any action may be deemed appropriate by the Bank or the competent authority under applicable law.

Signature of the Customer (s) / Authorised Signatories

Date

Place:

**GENERAL INSTRUCTIONS:**

**A. Clarification /Guidelines for filling "For office use Only section**

Account type: Simplified should be used for FPI Category I and Category II only.

Account Holder Type:

US Reportable (FATCA) 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 FATCA 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
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In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained ( Companies Act, 2013)

**c. Clarification /Guidelines for filling "Entity Details" section**

1. For sole proprietorship concerns, In case of non-availability of PAN, Form60 needs to be furnished.

2. Identification type: T-TIN, C-Company Identification Number, G-US GIIN, E-Global Entity Identification Number (EIN) O- Others

3. "Date of Commencement of Business" is mandatory for companies and other entities may provide, if applicable.

**D. Clarification /Guidelines for filling "Proof of identity (POI) section**

1. Activity Proof- 1 and Activity Proof-2 are applicable for accounts in case of sole proprietorship firms. Please refer to relevant instructions issued by the RBI in this regard.

2. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.

3. Certified copy of document or equivalent e- document or OVD obtained through Digital KYC process to be submitted.

4.. Equivalent e- document means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention by Intermediaries Providing Digital Locker Facilities) Rules, 2016.

5. Digital KYC process has to be carried out as stipulated in the PML Rules, 2005.

6. Certified copies of all the relevant documents as applicable, needs to be submitted.

7. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

8. Details of the Required Documents for different Entity Constitution type are mentioned in page No. 17 (KYC Documents Required)

**E. Clarification/ Guideline for filling Proof of Address [PoA] SECTION**

1. State/UT Code and Pin/ Post Code will not be mandatory for overseas address.

2. Certified copy of document or equivalent e- document to be submitted.

3. In case of multiple correspondence /Local address, Please fill Annexure-III

**F. Clarification/ Guideline 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.

**IG. Clarification/ Guideline for filling Related Person Details section**

**1. Personal Details**

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.

**B. Clarification /Guidelines for filling "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 Liability Partnership L-Public Sector Banks M-Central/State Government Department or Agency	N-Section 8 Companies (Companies Act, 2013) O-Artificial Juridical Person P-International Organization or Agency / Foreign Embassy or Consular Office etc. Q-Not Categorized R- Others
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**2. Proof of Address [PoA]**

PoA to be submitted only if the submitted PoI does not have an address as per PoI is invalid or not in force.

State /U.T. Code and Pin/Post Code will not be mandatory for overseas addresses.

In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR

REs may use the self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per identity information available in the Central Identities Data Repository.

If KYC number of Related Person is available, no other details except Person Type and Name of the Related Person are required.

Regulated Entity (RE) shall redact (First 8 digits) of the Aadhaar number From Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

Fill separate Annexure (A II) for each Controlling/Related Person /Beneficial Owner:

Resident Outside India for tax purposes:

Provision for capturing multiple tax residency details is made available (Annexure III)

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.

**7. Proof of Identity:**

If driving license number or passport is provided as POI then expiry date is to be mandatorily furnished.

Mention identification/reference number if Z- Others ( any document notified by the central government is ticked.

Section 1 A to be filed for Controlling person and section 1 B to be filled for related person

The details of Controlling Persons are required only if the Legal entity is passive NFE as defined in the Income tax rules.

"Controlling Person" means the natural person who exercises control over an entity and includes a beneficial owner as determined under sub-Rule (3) of Rule 9 of the Prevention of Money-Laundering (Maintenance of records Rules, 2005.

Explanation 1- In determining the beneficial owner, the purpose specified in the following circular as amended from time to time shall be applied namely:-

(i) DBOD.AML.BC.No.71/14.01.001/2012-13 dated 18.01.2013 issued by RBI.

(ii) CIR/MIRSD/2/2013 dated 24.01.2013 by Securities and Exchange Board of India or

(iii) IRDA/SDD/GDL/CIR/019/02/2013 issued on 04.02.2013 by the Insurance Regulatory and Development Authority.

Explanation 2:- In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent or similar position.

Type of legal entity	Type of controlling person (CP)	Permissible values
Sole proprietorship	Sole proprietor	CP not required
Hindu Undivided Family	• Karta	C09 – CP of legal arrangement - Other-settlor equivalent; or C10- CP of legal arrangement - Other-Trustee equivalent
	• Each Coparcener	C12 - CP of legal arrangement - Other-beneficiary equivalent
Partnership	• Ownership	C01- CP of legal person - ownership
	• Other means	C01- CP of legal person – other means
	• Senior managing officials	C03 - CP of legal person – senior managing official
Company	• Ownership	C 01 -CP of legal person - ownership
	• Other means	C 02 -CP of legal person – other means
	• Senior managing official	C 03 - CP of legal person - senior managing official
Society	• Ownership	C 01 -CP of legal person - ownership
	• Other means	C 02 - CP of legal person – other means
	• Senior managing official	C 03 - CP of legal person – senior managing official
AOP/BOI	• Members (owners)	C 01 - CP of legal person - ownership
	• Settlor Equivalent	C 09 – CP of legal arrangement –Other-settlor equivalent
	• Trustee equivalent	C 10 – CP of legal arrangement –Other-trustee equivalent
	• Protector Equivalent	C 11 – CP of legal arrangement –Other-protector equivalent
	• Beneficiary Equivalent	C 12 – CP of legal arrangement –Other-beneficiary equivalent
	• Others	C 13 – CP of legal arrangement –Other-Other equivalent
Trust	• Settlor	C 04 – CP of legal arrangement –Trust-settlor
	• Trustee	C 05 – CP of legal arrangement –Trust-trustee
	• Protector	C 06 – CP of legal arrangement –Trust-protector
	• Beneficiary	C 07 – CP of legal arrangement –Trust-beneficiary
	• Others	C 08 – CP of legal arrangement –Trust-Other
Liquidator		CP not required
Limited Liability Partnership	• Partners(ownership)	C 01 - CP of legal person - ownership
	• Other means	C 02-CP of legal person – other means
	• Senior Managing officials	C 03 - CP of legal person – senior managing official
Artificial Juridical Person	• Equivalent of Settlor	C 09 – CP of legal arrangement –Other-settlor equivalent
	• Trustee	C 10 – CP of legal arrangement - Other - trustee equivalent
	• Protector	C 11 – CP of legal arrangement - Other - protector equivalent
	• Beneficiary	C 12 – CP of legal arrangement - Other - beneficiary equivalent
	• others	C 13 – CP of legal arrangement - Other - Other equivalent

H.	<p>Passive NFE : It means</p> <ol style="list-style-type: none"> <li>i. Any NFE which is not an Active NFE, or</li> <li>ii. An investment entity 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 described in the note below.</li> <li>iii. Not a withholding foreign partnership or withholding foreign trust ("Withholding foreign partnership" means a foreign partnership that has entered into a withholding agreement with the United States of America in which it agrees to assume primary withholding responsibility for all payments which are made to it for its partners, beneficiaries or owners).</li> </ol> <p>Note:</p> <ol style="list-style-type: none"> <li>1. Any entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:- <ol style="list-style-type: none"> <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> </ol> </li> </ol> <p>Explanation 1:- An entity is treated as primarily conducting as a business one or more of the activities described in 1 above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets for purposes of Investment Entity that is a Passive Entity, if the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) the three-year period ending on 31st March of the year preceding the year in which the determination is made; or (ii) the period during which the entity has been in existence.</p> <p>Explanation 2:- The term "investment entity" does not include an Entity that is an active non-financial entity because it meets any of the criteria in sub-clauses (iv), (v), (vi) or (vii) of clause (A) of Explanation to clause (6) of Rule 114F.</p> <p>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; Provided that passive income will not include, in the case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.</p> <p>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.</p> <p>Explanation. - For the purpose of this clause control includes direct or indirect ownership of more than fifty per cent of the vote and value in an entity.</p>
I.	<p>Active NFE is any one of the following</p> <ol style="list-style-type: none"> <li>i. less than fifty per cent of the entity's gross income for the preceding financial year is passive income and less than fifty per cent of the assets held by the entity during the preceding financial year are assets that producer are held for the production of passive income; OR</li> <li>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. Explanation.- For the purpose of this sub-clause, an established securities market means an exchange that is recognized 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; OR</li> <li>iii. the entity is a Governmental Entity or an International Organization or a Central Bank or an entity wholly owned by one or more of the foregoing; OR</li> <li>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: Provided that an entity shall not qualify for this status if it functions 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</li> <li>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 shall not qualify for this exception after the date that is twenty four months after the date of the initial organization of the entity OR</li> <li>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 intent to continue or recommence operations in a business other than that of a financial institution; OR</li> <li>vii. the entity primarily engages in financing and hedging transactions with, or for, related entities which are not financial institutions, and does not provide financing or hedging services to any entity which 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</li> <li>viii. the entity meets all of the following requirements, namely:- <ol style="list-style-type: none"> <li>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;</li> <li>b. It is exempt from income-tax in India;</li> <li>c. It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> <li>d. The applicable laws of the entity's country or territory 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</li> <li>e. The applicable laws of the entity's country or territory 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.</li> </ol> </li> </ol> <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ol style="list-style-type: none"> <li>I. an Investor Protection Fund referred to in clause (23EA);</li> <li>II. a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</li> <li>III. an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act</li> </ol>
J.	<p>A US Person is any of the following</p> <ol style="list-style-type: none"> <li>a. A U. S. citizen or Tax Resident of US; OR</li> <li>b. A partnership or a corporation organized in the US or under the law of the US or any states thereof; OR</li> <li>c. A trust (i) where a court within the United States 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</li> <li>d. an estate of the decedent that is a citizen or resident of the United States.</li> </ol>
K.	<p>Specified US Person - A US Person other than the following</p> <ol style="list-style-type: none"> <li>a. A corporation the stock of which is regularly traded on one or more established securities markets</li> <li>b. 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 (a)</li> <li>c. The United States or any wholly owned agency or instrumentality thereof</li> <li>d. 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</li> <li>e. 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</li> <li>f. Any bank as defined in section 581 of the U. S. Internal Revenue Code;</li> <li>g. Any real estate investment trust as defined in section 856 of the U. S. Internal Revenue Code</li> <li>h. 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)</li> <li>i. Any common trust fund as defined in section 584(a) of the U. S. Internal Revenue Code;</li> <li>j. 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</li> <li>k. 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;</li> <li>l. A broker as defined in section 6045(c) of the U.S. Internal Revenue Code</li> <li>m. 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 S</li> </ol>
L.	<p>Direct Reporting NFFE</p> <p>A direct reporting NFFE will mean an NFFE that elects to report directly to the US IRS certain information about its direct or indirect substantial U.S. owners, in lieu of providing such information to FIs with which the NFFE holds a financial account. Direct Reporting NFE registers with the US IRS to obtain GIIN. Such Direct Reporting NFFEs are required to be reported</p>

**KYC Documents Required for opening Current Accounts:**

SI No	Type of Entity	KYC Documents
1	Proprietorship	<ol style="list-style-type: none"> <li>Minimum 2 documents issued in the name of Proprietary Concern from the following list of documents along with and PAN or Form 60 of the proprietor as a Beneficial owner (Annexure II) must be taken or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted.</li> <li>Proof of the name, address and activity of the concern like registration certificate (in the case of a registered concern).</li> <li>Certificate/license issued by the Municipal Authorities under Shop &amp; Establishment Act.</li> <li>Sales and Income Tax returns.</li> <li>GST/CST certificate, certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities.</li> <li>License/ Certificate of practice issued in the name of the proprietary concern by any professional body incorporated under statute (e.g. Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, etc.)</li> <li>IEC (Importer/Exporter Code) issued to the Proprietary Concern by the Office of Director General of Foreign Trade (DGFT) in the name of Proprietary Concern.</li> <li>The complete Income Tax Return (not just the acknowledgment) in the name of the sole proprietor where the firm's income is reflected duly authenticated/acknowledged by the Income Tax authorities.</li> <li>Utility bills such as electricity, water and land line telephone bills in the name of the proprietary concern</li> </ol>
2	Partnership Firms	<ol style="list-style-type: none"> <li>Registration Certificate (in case of registered firms);</li> <li>Partnership deed dated.....;</li> <li>PAN of the Partnership Firm</li> <li>(a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted.</li> </ol> <p>Other Documents:</p> <ol style="list-style-type: none"> <li>A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV)</li> <li>Mode of operation in case of Partnership to be indicated clearly in AOF (Viz. All Partners jointly/severally (singly), Partner 1 &amp; 2 jointly/severally (singly) etc.)</li> <li>Partnership letter dated..... LDOC39. Signed by all partners. (To be compulsorily obtained in case of partnership firms)</li> <li>Addresses of the Power of Attorney holders</li> <li>PoA granted to a partner or employee of the firm to transact business on its behalf</li> <li>PAN of all partners &amp; beneficial owners Separate Annexure II for each beneficial owner to be obtained.</li> </ol>
3	Limited Companies	<ol style="list-style-type: none"> <li>Certificate of Incorporation dated..... (for inspection and return). A copy of the same is Retained;</li> <li>Memorandum of Association registered on..... and Articles of Association dated..... obtained;</li> <li>A resolution from the Board of Directors and Power of Attorney granted to its managers, officers or employees to transact on its behalf; and</li> <li>(a) Pan or Form 60 issued to managers, officers or employees holding an attorney to transact on the company's behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted.</li> </ol> <p>Other Documents</p> <ol style="list-style-type: none"> <li>A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV)</li> <li>Certificate of commencement of business (in case of Public Limited Company)</li> <li>CIN No. ....</li> <li>Copy of PAN of Company</li> <li>Proof of Current Address</li> <li>Any officially valid document/ Identification of those who have authority as per POA granted to operate the account (as applicable to individual accounts) and KYC of all such persons operating the account and beneficial owners</li> <li>Certificate of Registrar of Joint Stock Companies dated ..... That the Company is entitled to commence business (for inspection, entry in the Power of Attorney Register and return). A copy of the same is retained. (This certificate is not required when, a. The company is a private company b. The company was registered before 1913 and does not invite the public to subscribe for shares. c. The company is Limited by guarantee and does not have a share capital).</li> <li>Certified copy of a resolution dated....., regulating the conduct of the account, obtained, some what on the following lines:- We hereby certify that the following resolution of the Board of Directors of the ..... Company was passed of a meeting of the Board held on the ..... And has been duly recorded in the Minute Book of the said Company:- "resolved :- that a bank account for the company be opened with the Bank of Baroda, and that the said Bank be and is hereby authorised to honour cheques, bills of exchange and promissory notes drawn, accepted or made on behalf of the company by ..... and to act on any instructions so given relating to the account, whether the same be overdrawn or not, or relating to the transactions of the company." sd/- sd/- sd/- Chairman Directors Secretary</li> <li>PAN of the Chairman / Managing Director / Chief Promoter etc of all Related persons or beneficial owners, Separate Annexure II for each beneficial owner to be obtained.</li> </ol>
4	Societies/ Association/ Clubs	<p>KYC Documents as applicable to Accounts of unincorporated Associations or Body of Individuals. Copy of the PAN or Form 60 of the Entity.</p> <p>Other Documents</p> <ol style="list-style-type: none"> <li>Copy of the Memorandum of Association registered on..... and Articles of Association dated ..... Obtained.</li> <li>Resolution of managing body for opening the account</li> <li>Copy of the By Laws dated..... and resolution dated..... Of the Society, regarding the conduct of the account, obtained.</li> <li>Government / Military Order dated..... obtained (whichever applicable).</li> <li>PAN of Chairman/ MD/ Chief Promoter/Secretary etc. of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained.</li> </ol>
5	Hindu Undivided Family (HUF)	<ol style="list-style-type: none"> <li>Joint Hindu Family Letter dated....., signed by all the adult coparceners</li> <li>Declaration from the Karta</li> <li>PAN of Karta</li> <li>PAN of adult coparceners</li> <li>PAN Card of Joint Hindu Family</li> <li>On death of a coparcener, birth of a coparcener and a minor coparcener attaining majority (18 years), a fresh JHF letter has to be executed Declaration that a) the depositor is the Karta of the Joint Family, b) the deposit belongs to JHF</li> </ol>
6	Trusts	<p><u>KYC Documents</u></p> <ol style="list-style-type: none"> <li>Registration Certificate;</li> <li>Trust Deed; and</li> <li>PAN or Form 60 of the Trust; and</li> <li>(a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted.</li> </ol> <p>Other Documents</p> <ol style="list-style-type: none"> <li>A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV)</li> <li>Copy of relevant extracts of trust deed dated..... obtained and perused, with special emphasis on the power of the trustees to sign cheques, delegation of authority, borrow money etc. The relevant portions are entered in the power of attorney register.</li> <li>A copy of the Resolution</li> </ol>

**KYC Documents Required for opening Current Accounts:**

SI No	Type of Entity	KYC Documents
		8. Power of Attorney granted to transact business on its behalf (wherever applicable), 9. PAN of trustees, executors, administrators, etc. of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained. 10. Proof of current address 11. All Trust Accounts to be invariably assigned "High Risk"
7	Unincorporated association or body of individuals	1. Resolution of the managing body of such association or body of individuals; 2. Power of attorney granted to transact on its behalf; 3. PAN or Form 60 of the entity. 4. (a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted. 5. Such information as may be required by the bank to collectively establish the legal existence of such an association or body of individuals. 6. PAN of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained 7. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV) • In Case of Political Parties, along with above mentioned document these 4 other documents will also be attached: a. Certificate from the Election Commission confirming that "the political party is registered under section 29A of Representation of people Act, 1951 (43 of 1951) and secured not less than one percent of the votes polled in the last general election to the House of the People or the Legislative Assembly, as the case may be". b. Memorandum or Rules and regulations of the political party. c. Photograph of the person who has been authorised to transact the account, i.e. to whom Power of Attorney is granted. d. Documents in respect of proof of address of the political party.
8	Executors, Administrators and Liquidators	<b>Proof of Identity for Executors, Administrators and Liquidators</b> 1. Probate or letter of administration or authority under the Companies Act dated ..... obtained (for inspection. Entry in miscellaneous documents register and return). A copy of the same is retained I. In case more than one executors / administrators / liquidators are appointed, letter of authority signed by all of them regulating the conduct of the account, must be obtained. II. Executors / administrators / liquidators cannot normally delegate their powers to third parties. III. PAN of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained <b>Proof of Residence for Tax purpose</b> IV. With respect to an entity, any official document issued by an authorised Government body, including a Government agency or a municipality, which includes the name of the entity and either the address of its principal office in the country or territory in which it claims to be a resident or the country or territory in which the entity was incorporated or organised; V. TIN letter issued by the respective Government body/agency in case of entity resident in any country or territory outside India.
9	Govt. Authorities & Juridical Persons	a) Documents showing name of the person authorised to act on behalf of the entity b) Documents, as specified in section 16, of the person holding an attorney to transact on its behalf and c) Such Documents as may be required by the RE to established the legal existence of such an entity / juridical person.

**Officially Valid Documents:**

The list of OVDs consist only the following Five:

- Passport
- Driving licence
- Proof of possession of Aadhaar Number : Where the customer submit his proof of position of Aadhaar Number as on OVD, he may submitted in such form as are issued by the Unique Identification Authority of india.
- Voter's Identity Card issued by Election Commission of India
- Job card issued by NREGA duly signed by an officer of the State Government
- Letter issued by the National Population Register containing details of name, address. (Aadhaar and PAN are MANDATORY and not part of OVDs)

**Deemed Officially Valid Documents**

The Following documents shall be deemed to be officially valid documents for the limited purpose of proof of address:

- Utility bill which is not more than two months old of any service provider (electricity, Telephone, post-paid mobile phone, piped gas, water bill).
- Property or Municipal Tax Receipt (Latest)
- Pension or Family Pension Payment Orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address
- Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and Listed Companies and leave and license agreements with such employers allotting official accommodation.

**WHO IS A BENEFICIAL OWNER :**

The beneficial owner, as per Rule 9 (3) of PML Amendment Rules 2013 is determined as under:

- where the customer is a company, the beneficial owner is natural person(s), who, whether acting alone or together, or through one or more juridical person, has/have a controlling ownership interest or who exercises control through other means.  
 Explanation.- For the purpose of this sub-clause-  
 i) "Controlling ownership interest " means ownership of or entitlement to more than twenty - five percent of shares or capital or profits of the company;  
 ii) "Control" shall include the right to appoint majority of directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.
- Where the customer is a partnership firm, the beneficial owner is the natural person(s), who, whether acting along or together, or through one or more juridical person, has/have ownership of / entitlement to more than 15% of capital or profits of partnership;
- Where the customer is an unincorporated association or body of individuals, the

beneficial owner is the natural person(s), who, whether acting along or together, or through one or more juridical person, has/have ownership of or entitlement to more than 15 % of the property or capital or profits of such associations 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.

- Where the client is the trust, the identification of the beneficial owner(s) shall include identification of the author of the trust, the trustee, 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.
- Where the client or the owner of the controlling interest is a company listed on a stock exchange or is a subsidiary of such a company, it is not necessary to identify and verify the identity of any share holder or beneficial owner of such companies.

TEAR FROM HERE ( Please make sure the above machine readable code is not damaged while tearing off )

**ACKNOWLEDGEMENT**

1. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

2. DOCUMENTS DEPOSITED (I) \_\_\_\_\_

(II) \_\_\_\_\_ (III) \_\_\_\_\_

(IV) \_\_\_\_\_ (V) \_\_\_\_\_

BRANCH MANAGER

**COUNTRY CODES (ISO 3166)**

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	LJ	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	GG	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   Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion   Réunion	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		

**STATE CODES**

**LIST OF TWO- DIGIT STATE / U.T CODES AS PER INDIAN MOTOR VEHICLE ACT, 1988 I**

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 & DILI	DD	Manipur	MM	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

**CKYC Consent Form**

For Account No: \_\_\_\_\_

**In case of “Non-Individual (Legal Entity) applicant”:**

We M/s \_\_\_\_\_

**In case of “Individual applicant/s” or “related party/ies of Non-Individual (Legal Entity) applicant”:**

I/we _____	S/o / D/o / W/o _____
_____	S/o / D/o / W/o _____
_____	S/o / D/o / W/o _____
_____	S/o / D/o / W/o _____
_____	S/o / D/o / W/o _____
_____	S/o / D/o / W/o _____
_____	S/o / D/o / W/o _____
_____	S/o / D/o / W/o _____

give my/our consent to download my/our KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry.

- I/we understand that my KYC Record includes my/our KYC Records / Personal information such as my/our name, address, date of birth / date of incorporation, PAN number etc.
- I/We agree that my / our personal KYC details may be shared with Central KYC Registry or any other competent authority. I /we hereby consent to receive information from the Bank of Baroda / Central KYC Registry or any other competent authority through SMS/e-mail on my registered mobile number / e-mail address. I also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.

**Signature:** \_\_\_\_\_  
[Applicant 1 signature]

**Signature:** \_\_\_\_\_  
[Applicant 2 signature]

**Signature:** \_\_\_\_\_  
[Applicant 3 signature]

**Signature:** \_\_\_\_\_  
[Applicant 4 signature]

**Signature:** \_\_\_\_\_  
[Applicant 5 signature]

**Signature:** \_\_\_\_\_  
[Applicant 6 signature]

**Date:**