C111L 03/2024 201

ACCOUNT OPENING FORM NON-INDIVIDUAL
(For Savings & Current Account)

FEDERAL BANK
YOUR PERFECT BANKING PARTNER

Account Number | Sol ID | Date

Branch | Government Business ☐ | Appl. No

Branch Code | Initial Remittance ₹ | Employee ID/DSA ID | LEAD ID

Account Type SB ☐ CA ☐ | Scheme Name | Scheme Code

Mode of Operation: Single ☐ Jointly by All ☐ Jointly by any Two ☐ Any one ☐ As per resolution ☐ Others _____

Delivery Point: Branch ☐ Customer ☐

Details of Organisation

Name of the Entity/Establishment	AMTZ MEDPOLIS SQUARE 201 PVT LTD.
Constitution	Sole Proprietorship ☐ Public Ltd. Company ☐ Pvt. Ltd. Company ✓ Club ☐ Society ☐ Trust ☐ Association of person (AOP)/Body of Individual (BOI) ☐ Committee ☐ HUF ☐ Partnership Firm ☐ LLP ☐ Bank ☐ Foreign Company ☐ If Trust / Society, please select ☐ UN Sponsored ☐ Receipt of foreign funds
Type of Business	Agri ☐ Bank ☐ Finance ☐ Govt. ☐ Manufacturing ☐ Services ✓ Trade ☐ Transport ☐ MLM Company ☐ Non- scheduled Co-operative banks ☐
Cust. ID Mandatory for Existing Customer	CKYC
Date of Incorporation /Registration: 07.09.2022	Country of Residence as per Tax laws
Date of Commencement of Business	PAN / GIR: AAXCA5638C
Place of Incorporation: HYDERABAD	GST Registration Number (If applicable): 36AAXCA5638G1Z6
TIN	

CIN/LLPIN (If applicable): U45202TG2022PTC166164 | IEC (If applicable)

Parent Reference Identifier Code (PRI Code)

Annual Turnover ₹ | Net Worth ₹

Account Activity

Purpose of Opening the Account

Savings ☐ Repayment of Loans ✓ Business Collection of Instruments ☐ Others _____

Registration Details

Permanent Address

Residential/Business ☐ Residential ☐ Business ☐ Registered Office ✓ Unspecified ☐

5-4-187/3&4, Soham Mansion
2nd floor, MG Road, Secunderabad.
City/Town/Village: HYDERABAD
PIN / Postal Code: 500003
Stat/UT: TELANGANA Country: INDIA

Communication Address

Residential/Business ☐ Residential ☐ Business ☐ Registered Office ✓ Unspecified ☐

← SAME →
City/Town/Village
PIN / Postal Code
State/UT Country

Contact Details

Land Line Number + | Land Line Number +

Registered Mobile Number & E-mail ID for alerts

Mobile Number +91 9281055264

E-mail ID: ebanking@mradipproperties.com

KYC Documents of the Entity/ Establishment

✓ Certificate of Incorporation/Formation ✓ Resolution of Board/Managing Committee

☐ Registration Certificate ✓ Memorandum and Article of Association/Partnership Deed/Trust Deed

Document Type	Document Number	Issued on	Issuing Authority

Facilities Required

STATEMENT	Yes ☐	No ☐	[Periodicity	Monthly ☐	Half Yearly ☐	Yearly ☐]
CHEQUE BOOK	Yes ☐	No ☐	MOBILE ALERT	Yes ☐	No ☐	
E-MAIL ALERT	Yes ☐	No ☐	[Periodicity	Daily ☐	Weekly ☐	Monthly ☐]
ATM CARD	Yes ☐	No ☐	Card Type		(Applicable only if mode of operation is Single)	
INTERNET BANKING	Yes ☐	No ☐	MOBILE BANKING	Yes ☐	No ☐	

(Please attach separate form for Corporate Internet ban king / Corporate Mobile banking facility)

Certificate/Declarations - Entity

A. DECLARATION OF BENEFICIAL OWNERSHIP

I/We declare that the following persons ultimately own and /or control the customer(s):

- ○ Partnership (All the Partners or as the case may be).
- ○ Company (The shareholders of the company).
- ○ Association club/society/trust (All the members of the association club/society/trust or as the case may be)
- ○ Others whose identities are stated below (please furnish copies of their identity documents)

Where the beneficiaries exceed 3, please attach the list along with certified true copies of all BO's identity documents

Particulars	Bene. Owner 1	Bene. Owner 2	Bene. Owner 3
Full Name	Soham Satish Modi	Mejal Soham Modi	
PAN/Passport No	ADMPM6725H	ADDPM3623R	
Nationality	INDIAN	INDIAN	
Residential Address	Plot No.280, Road No.X, Jubilee Hills, HYD-34	Plot No.280, Road No.25, Jubilee Hills, HYD-34,	
Contact Number			
Occupation	BUSINESS	BUSINESS	
% of Shares Held#			
% of Benefit/Profit#			
Politically Exposed Person (Yes/No)			

#Note: 1. When share aggregated it shall sum up to 100%

2. The questionnaire on Beneficial Ownership applicable to the respective constitutions should be attached to this account opening form.

I/we acknowledge and confirm that Federal Bank shall be entitled to rely on my/our declaration above on the identity(ies) of and information relating to the Beneficial Owners of the account

I/we undertake to inform the bank in writing should there be any changes to the ownership/share holding structure in the future.

B. FOR ACCOUNTS OF SOLE PROPRIETORSHIP FIRMS

I,..... hereby declare that I am the Sole Proprietor of M/S ..... and that all dealings and transactions are being entered into by me as sole proprietor. I am solely responsible to the Bank for all the transactions and liabilities of the firm with the bank. The Bank may recover its claims from my personal estate as well as from the assets of the firm.

C. FOR ACCOUNTS OF PARTNERSHIP FIRMS

We ..... the undersigned carrying on business in the partnership under the name and style of ..... authorise the Bank to honour our respective signatures as reserve on behalf of the said firm. We also request and authorize you, until any one of us shall, give you notice in writing to the contrary, to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipts for monies owing to us signed by any of us duly Authorised from time to time on behalf of our said firm and to debit such cheques, orders, bills, notes and receipts to our said firm's account whether such account be, for the being in credit or overdrawn. We may also request you to accept the endorsement of any of us on behalf of our said firm on cheques, other orders, bills and notes

☐ All the partners participate in the day-to-day functioning activities of the partnership firm and there are no sleeping partners.

☐ The Partner/s mentioned as No ..... in the Partnership deed dated ..... have sufficient interest in the firm but do not devote his/her/their time to the business of the firm

Name of Partners	Signature (To be signed in Individual capacity, without stamp.)
.....	.....
.....	.....
.....	.....
.....	.....

Details of Related Person/Controlling Person

(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment: AMTZ METROPOLIS SQUARE 801 PVT LTD.

Related Person Type/Controlling Person

Promoter ✓ | Karta ☐ | Partner ☐ | Beneficiary ☐ | Trustee ☐ | Proprietor ☐ | Ownership ☐

Senior Managing Official ☐ | Authorised Signatory ☐ | Court Appointed Official ☐ | Other Means ☐

DIN/DPIN (If applicable): 00522546 | Politically Exposed Person: Yes ☐ No ☐

CKYC | Cust. ID (Mandatory for Existing Customer)

	Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)		SOHAM	SATISH	MODI
Maiden Name (If any)				
Father's / Spouse Name		SATISH	MANILAL	MODI
Mother's Name		TARULATA	MODI	

Marital Status: Single ☐ Married ✓ Others ____

Date of Birth: 18/10/1969

Gender: Male ✓ Female ☐ Transgender ☐

Nationality: INDIAN

Residential Status: Resident ✓ NRI ☐ PIO ☐ Foreign National ☐

Residence for Tax Purpose | **City of Birth**

Related to Staff/Director: Yes ✓ No ☐

If Yes, Name of Staff/Director

PAN: ABMPM6725H | Form 60 Yes ☐ No ☐

Aadhaar: 3146 8727 4389

Officially Valid Document

Aadhaar ✓ | Driving Licence ☐ | NREGA ☐ | Voters ID ☐

Passport ☐ | Letter from National Population Register ☐

Document No: 3146 8727 4389

Issued on | Valid Till

Occupation

Private Sector ☐ | Public Sector ☐ | Government Sector ☐ | Business ✓

Professional ☐ | Self Employed ☐ | Home Maker ☐ | Retired ☐ | Student ☐

Choose sub category of occupation

Academicians ☐ | Bureaucrat ☐ | Car Dealers ☐ | Financial Sector ☐

Judiciary ☐ | Media ☐ | Pawn Broker ☐ | Real Estate ✓

Scrap Dealers ☐ | Stateman ☐ | Stock Brokers ☐ | Virtual Currency ☐

Dealers in Art and Antiques ☐ | Dealers in Arms and Armaments ☐

Entertainment Industry ☐ | Professional Intemiediaries ☐

Dealers in Gems, Jewels and Precious Stones ☐

Permanent Address

Residential/Business ☐ | Residential ✓ | Business ☐ | Registered office ☐ | Unspecified ☐

Plot No.280, Road No.25, Jubilee Hills, New Peddamma Temple,

City/Town/Village: HYDERABAD

PIN / Postal Code: 500034

State/UT: TELANGANA | Country: INDIA

Communication Address

Residential/Business ☐ | Residential ☐ | Business ✓ | Registered office ☐ | Unspecified ☐

— SAME —

City/Town/Village

PIN / Postal Code

State/UT | Country

Mobile Number: 9849349373 | Land Line Number

E-mail ID: sohammodi@modiproperties.com

Monthly Income

<₹10,000 ☐ | ₹10,001 - 25,000 ☐ | ₹25,001 - 50,000 ☐ | ₹50,001 - 1,00,000 ☐

₹1,00,001 - 5 Lakhs ☐ | ₹5,00,001 - 25 Lakhs ☐ | ₹25,00,001 - 50 Lakhs ☐ | >₹50 Lakhs ☐

FATCA/CRS: FATCA/CRS Applicable Yes ☐ No ☐ (If yes, please attach FATCA/CRS Declaration)

Community: Hindu ✓ | Sikh ☐ | Muslim ☐ | Christian ☐ | Zoroastrians ☐ | Jain ☐ | Buddhist ☐

Others ☐ (Specify).....

Category: General ☐ | OBC ☐ | SC ☐ | ST ☐ | Others ☐ (Specify).....

Educational Qualification: Doctoral ☐ | Professional Degree/ Diploma ☐ | Post Graduate ☐ | Graduate ☐

Under Graduate ☐ | Non Literate ☐

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein immediately.

Place: _____ Date: _____

For Office Use

Address Proof ☐ | ID Proof ☐

Photos ☐ | PAN Card/Form 60 ☐

Risk Rating: Low ☐ | Medium ☐ | High ☐

KYC norms complied

Assistant Manager/Manager | Principal Officer

Details of Related Person/Controlling Person

(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment: AMTZ MADPOUS SQUARE 801 PVT LTD

Related Person Type/Controlling Person

Promoter ✓ | Karta | Partner | Beneficiary | Trustee | Proprietor | Ownership

Senior Managing Official | Authorised Signatory | Court Appointed Official | Other Means

DIN/DPIN (If applicable): 06983437 | Politically Exposed Person: Yes | No

CKYC | Cust. ID (Mandatory for Existing Customer)

	Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)		TEJAL	JOHAM	MODI
Maiden Name (If any)				
Father's / Spouse Name		SOHAM	SATISH	MODI
Mother's Name		PALLAVI	MODH	

Marital Status: Single | Married ✓ | Others _____

Date of Birth: 19 10 1970

Gender: Male | Female ✓ | Transgender

Nationality: INDIAN

Residential Status: Resident ✓ | NRI | PIO | Foreign National

Residence for Tax Purpose

City of Birth

Related to Staff/Director: Yes | No

If Yes, Name of Staff/Director

PAN: ADDPM3623R | Form 60: Yes | No

Aadhaar: 3987 5220 4530

Officially Valid Document

Aadhaar ✓ | Driving Licence | NREGA | Voters ID

Passport | Letter from National Population Register

Document No: 3987 5220 4530

Issued on | Valid Till

Occupation

Private Sector | Public Sector | Government Sector | Business ✓

Professional | Self Employed | Home Maker | Retired | Student

Choose sub category of occupation

Academicians | Bureaucrat | Car Dealers | Financial Sector

Judiciary | Media | Pawn Broker | Real Estate ✓

Scrap Dealers | Stateman | Stock Brokers | Virtual Currency

Dealers in Art and Antiques | Dealers in Arms and Armaments

Entertainment Industry | Professional Intemediaries

Dealers in Gems, Jewels and Precious Stones ✓

Permanent Address

Residential/Business | Residential ✓ | Business | Registered office | Unspecified

Plot No. 280, Road No. 25
Jubilee Hills, Near Peddamma Temple,

City/Town/Village: HYDERABAD

PIN / Postal Code: 500034

State/UT: TELANGANA | Country: INDIA

Communication Address

Residential/Business | Residential ✓ | Business | Registered office | Unspecified

— SAME —

City/Town/Village

PIN / Postal Code

State/UT | Country

Mobile Number: 9281055264 | Land Line Number

E-mail ID: gvens@modigroupltes.in

Monthly Income

<₹10,000 | ₹10,001 - 25,000 | ₹25,001 - 50,000 | ₹50,001 - 1,00,000

₹1,00,001 - 5 Lakhs | ₹5,00,001 - 25 Lakhs | ₹25,00,001 - 50 Lakhs | >₹50 Lakhs

FATCA/CRS: FATCA/CRS Applicable: Yes | No (If yes, please attach FATCA/CRS Declaration)

Community: Hindu | Sikh | Muslim | Christian | Zoroastrians | Jain | Buddhist

Others (Specify).....

Category: General | OBC | SC | ST | Others (Specify).....

Educational Qualification: Doctoral | Professional Degree/ Diploma | Post Graduate | Graduate

Under Graduate | Non Literate

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.

Place: _____ Date: _____

For Office Use

Address Proof | ID Proof | Photos | PAN Card/Form 60

Risk Rating: Low | Medium | High

KYC norms complied

Assistant Manager/Manager | Principal Officer

Facilities Required

STATEMENT	Yes ☐	No ☐	[Periodicity	Monthly ☐	Half Yearly ☐	Yearly ☐]
CHEQUE BOOK	Yes ☐	No ☐	MOBILE ALERT	Yes ☐	No ☐	
E-MAIL ALERT	Yes ☐	No ☐	[Periodicity	Daily ☐	Weekly ☐	Monthly ☐]
ATM CARD	Yes ☐	No ☐	Card Type		(Applicable only if mode of operation is Single)	
INTERNET BANKING	Yes ☐	No ☐	MOBILE BANKING	Yes ☐	No ☐	

(Please attach separate form for Corporate Internet ban king / Corporate Mobile banking facility)

Certificate/Declarations - Entity

A. DECLARATION OF BENEFICIAL OWNERSHIP

I/We declare that the following persons ultimately own and /or control the customer(s):

- ○ Partnership (All the Partners or as the case may be).
- ○ Company (The shareholders of the company).
- ○ Association club/society/trust (All the members of the association club/society/trust or as the case may be)
- ○ Others whose identities are stated below (please furnish copies of their identity documents)

Where the beneficiaries exceed 3, please attach the list along with certified true copies of all BO's identity documents

Particulars	Bene. Owner 1	Bene. Owner 2	Bene. Owner 3
Full Name	Rajesh Kumar Jayantilal Kadakia	Sharad Kumar Jayantilal Kadakia	
PAN/Passport No	ABRPK6958C	ACBPK9161F	
Nationality	INDIAN	INDIAN	
Residential Address			
Contact Number			
Occupation	BUSINESS	BUSINESS	
% of Shares Held#	40 %	40 %	
% of Benefit/Profit#			
Politically Exposed Person (Yes/No)			

#Note: 1. When share aggregated it shall sum up to 100%

2. The questionnaire on Beneficial Ownership applicable to the respective constitutions should be attached to this account opening form.

RJK

I/we acknowledge and confirm that Federal Bank shall be entitled to rely on my/our declaration above on the identity(ies) of and information relating to the Beneficial Owners of the account

I/we undertake to inform the bank in writing should there be any changes to the ownership/share holding structure in the future.

Signature

SJK

B. FOR ACCOUNTS OF SOLE PROPRIETORSHIP FIRMS

I,..... hereby declare that I am the Sole Proprietor of M/S ..... and that all dealings and transactions are being entered into by me as sole proprietor. I am solely responsible to the Bank for all the transactions and liabilities of the firm with the bank. The Bank may recover its claims from my personal estate as well as from the assets of the firm.

Signature without stamp

C. FOR ACCOUNTS OF PARTNERSHIP FIRMS

We ..... the undersigned carrying on business in the partnership under the name and style of .... authorise the Bank to honour our respective signatures as reserve on behalf of the said firm. We also request and authorize you, until any one of us shall, give you notice in writing to the contrary, to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipts for monies owing to us signed by any of us duly Authorised from time to time on behalf of our said firm and to debit such cheques, orders, bills, notes and receipts to our said firm's account whether such account be, for the being in credit or overdrawn. We may also request you to accept the endorsement of any of us on behalf of our said firm on cheques, other orders, bills and notes

☐ All the partners participate in the day-to-day functioning activities of the partnership firm and there are no sleeping partners.

☐ The Partner/s mentioned as No ..... in the Partnership deed dated ..... have sufficient interest in the firm but do not devote his/her/their time to the business of the firm

Name of Partners	Signature (To be signed in Individual capacity, without stamp.)
.....	.....
.....	.....
.....	.....
.....	.....

Details of Related Person/Controlling Person

(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment: ANTZ MEDPOLIS SQUARE EDI PVT LTD.

Related Person Type/Controlling Person

Promoter ✓ | Karta ☐ | Partner ☐ | Beneficiary ☐ | Trustee ☐ | Proprietor ☐ | Ownership ☐

Senior Managing Official ☐ | Authorised Signatory ☐ | Court Appointed Official ☐ | Other Means ☐

DIN/DPIN (If applicable): 02903019 | Politically Exposed Person: Yes ☐ No ☐

CKYC: | Cust. ID (Mandatory for Existing Customer):

	Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)		RAJESH KUMAR	JAYANTILAL	KADAKIA
Maiden Name (If any)				
Father's / Spouse Name		JAYANTILAL	KADAKIA	
Mother's Name		KOKILABEN	JAYANTILAL	KADAKIA

Marital Status: Single ☐ Married ✓ Others ____ | **Date of Birth**: 21 01 1955 | **Gender**: Male ✓ Female ☐ Transgender ☐ | **Nationality**: INDIAN

Residential Status: Resident ☐ NRI ✓ PIO ☐ Foreign National ☐ | **Residence for Tax Purpose**: | **City of Birth**: MUMBAI

Related to Staff/Director: Yes ☐ No ☐ | PAN: AERPK6958C | Form 60 Yes ☐ No ☐

If Yes, Name of Staff/Director: | Aadhaar: 5295 9420 8346

Officially Valid Document

Aadhaar ✓ | Driving Licence ☐ | NREGA ☐ | Voters ID ☐

Passport ☐ | Letter from National Population Register ☐

Document No: 5295 9420 8346

Issued on: | Valid Till:

Occupation

Private Sector ☐ | Public Sector ☐ | Government Sector ☐ | Business ✓

Professional ☐ | Self Employed ☐ | Home Maker ☐ | Retired ☐ | Student ☐

Choose sub category of occupation

Academicians ☐ | Bureaucrat ☐ | Car Dealers ☐ | Financial Sector ☐

Judiciary ☐ | Media ☐ | Pawn Broker ☐ | Real Estate ✓

Scrap Dealers ☐ | Stateman ☐ | Stock Brokers ☐ | Virtual Currency ☐

Dealers in Art and Antiques ☐ | Dealers in Arms and Armaments ☐

Entertainment Industry ☐ | Professional Intemiediaries ☐

Dealers in Gems, Jewels and Precious Stones ☐

Permanent Address

Residential/Business ✓ | Residential ☐ | Business ☐ | Registered office ☐ | Unspecified ☐

5-2-223, Gokul Distillery Road, Hyderabasti, Secunderabad.

City/Town/Village: HYDERABAD | PIN / Postal Code: 500003

State/UT: TELANGANA | Country: INDIA

Communication Address

Residential/Business ☐ | Residential ☐ | Business ☐ | Registered office ☐ | Unspecified ☐

- SAME -

City/Town/Village: | PIN / Postal Code: | State/UT: | Country:

Mobile Number: 9281055264 | Land Line Number:

E-mail ID: greens@modipropertics.in

Monthly Income

☐ <₹10,000 ☐ ₹10,001 - 25,000 ☐ ₹25,001 - 50,000 ☐ ₹50,001 - 1,00,000

☐ ₹1,00,001 - 5 Lakhs ☐ ₹5,00,001 - 25 Lakhs ☐ ₹25,00,001 - 50 Lakhs ☐ >₹50 Lakhs

FATCA/CRS: FATCA/CRS Applicable Yes ☐ No ☐ (If yes, please attach FATCA/CRS Declaration)

Community: Hindu ✓ Sikh ☐ Muslim ☐ Christian ☐ Zoroastrians ☐ Jain ☐ Buddhist ☐

Others ☐ (Specify)....

Category: General ☐ OBC ☐ SC ☐ ST ☐ Others ☐ (Specify)....

Educational Qualification: Doctoral ☐ Professional Degree/ Diploma ☐ Post Graduate ☐ Graduate ☐

Under Graduate ☐ Non Literate ☐

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.

Place: _____ Date: _____

RJK

For Office Use

Address Proof ☐ | ID Proof ☐

Photos ☐ | PAN Card/Form 60 ☐

Risk Rating: Low ☐ Medium ☐ High ☐

KYC norms complied

Assistant Manager/Manager | Principal Officer

Details of Related Person/Controlling Person

(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment: AMTZ MADPOLLI SQUARE PVT LTD.

Related Person Type/Controlling Person

Promoter ☐ Karta ☐ Partner ☐ Beneficiary ☐ Trustee ☐ Proprietor ☐ Ownership ☐

Senior Managing Official ☐ Authorised Signatory ☐ Court Appointed Official ☐ Other Means ☐

DIN/DPIN (If applicable): 02903050 Politically Exposed Person: Yes ☐ No ☐

CKYC: Cust. ID (Mandatory for Existing Customer)

	Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)		SHARAD KUMAR	JAYANTILAL	KADAKIA
Maiden Name (If any)				
Father's / Spouse Name		JAYANTILAL	KADAKIA	
Mother's Name		KIRKICABEN	JAYANTILAL	KADAKIA

Marital Status: Single ☐ Married ✓ Others ____ Date of Birth: 25 08 1959

Gender: Male ✓ Female ☐ Transgender ☐ **Nationality:** INDIAN

Residential Status: Resident ☐ NRI ✓ PIO ☐ Foreign National ☐

Residence for Tax Purpose: **City of Birth:** MUMBAI

Related to Staff/Director: Yes ☐ No ☐ If Yes, Name of Staff/Director

PAN: ACBPK9161F Form 60 Yes ☐ No ☐

Aadhaar: 7035 9749 3710

Officially Valid Document: Aadhaar ✓ Driving Licence ☐ NREGA ☐ Voters ID ☐ Passport ☐ Letter from National Population Register ☐

Document No: 7035 9749 3710

Issued on ____ Valid Till ____

Occupation: Private Sector ☐ Public Sector ☐ Government Sector ☐ Business ✓ Professional ☐ Self Employed ☐ Home Maker ☐ Retired ☐ Student ☐

Choose sub category of occupation: Academicians ☐ Bureaucrat ☐ Car Dealers ☐ Financial Sector ☐ Judiciary ☐ Media ☐ Pawn Broker ☐ Real Estate ✓ Scrap Dealers ☐ Stateman ☐ Stock Brokers ☐ Virtual Currency ☐ Dealers in Art and Antiques ☐ Dealers in Arms and Armaments ☐ Entertainment Industry ☐ Professional Intermediaries ☐ Dealers in Gems, Jewels and Precious Stones ✓

Permanent Address: Residential/Business ✓ Residential ☐ Business ☐ Registered office ☐ Unspecified ☐

5-2-223, Gokul Distillery Road, Mydarbasti, Secunderabad.

City/Town/Village: HYDERABAD PIN / Postal Code: 500003

State/UT: TELANGANA Country: INDIA

Communication Address: Residential/Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified ☐

← SAME →

City/Town/Village ____ PIN / Postal Code ____

State/UT ____ Country ____

Mobile Number: 9281055266 Land Line Number ____

E-mail ID: greens@modipropertiesin

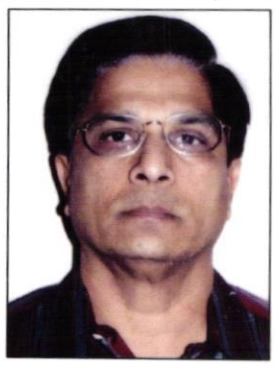
Monthly Income: <₹10,000 ☐ ₹10,001 - 25,000 ☐ ₹25,001 - 50,000 ☐ ₹50,001 - 1,00,000 ☐ ₹1,00,001 - 5 Lakhs ☐ ₹5,00,001 - 25 Lakhs ☐ ₹25,00,001 - 50 Lakhs ☐ >₹50 Lakhs ☐

FATCA/CRS: FATCA/CRS Applicable Yes ☐ No ☐ (If yes, please attach FATCA/CRS Declaration)

Community: Hindu ☐ Sikh ☐ Muslim ☐ Christian ☐ Zoroastrians ☐ Jain ☐ Buddhist ☐ Others (Specify)....

Category: General ☐ OBC ☐ SC ☐ ST ☐ Others ☐ (Specify)....

Educational Qualification: Doctoral ☐ Professional Degree/ Diploma ☐ Post Graduate ☐ Graduate ☐ Under Graduate ☐ Non Literate ☐



I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.

Place: ____ Date: ____

SJK

For Office Use

Address Proof ☐ ID Proof ☐ Photos ☐ PAN Card/Form 60 ☐

Risk Rating: Low ☐ Medium ☐ High ☐

KYC norms complied

Assistant Manager/Manager Principal Officer

D. FATCA/CRS declaration (Please tick any one, as applicable to you)

☐ Entity is a tax resident of India and not resident of any other country **or** ☐ Entity is a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Identification Number %	Identification Type (TIN or Others, please specify)

E. Declarations (Tick whichever is applicable)

☐ I/We am/are not enjoying any credit facility with any other bank/any other branch of your bank and I/we undertake to inform you, in writing as soon as any credit facilities are availed of by me/us from any other bank/any other branch of your bank.

☐ I/We have availed credit facility from other banks and the NOC from lending banker is enclosed with this application.

☐ Copies of Memorandum of Association/Articles of Association along with a Board Resolution detailing the manner and extent of opening and operating company's account with Federal Bank Ltd are enclosed

☐ Copies of the Bye Law is and Resolution detailing the powers of office bearers of the Society/ Charitable /Educational Institution are enclosed.

F. Declaration:1. I/ We hereby undertake: (A) To inform the bank immediately on any change occurring in my business/office/communication address/other contact details. (B) To pay any overdraft created in my/our account inadvertently together with applicable interest and without demur. (C) To inform the bank of the wrong credits in my/our account, pertaining to other customers and refund the same together with applicable interest and without demur. (D) We agree and affirm that the instruction regarding operation of saving bank/current deposit Account is not revocable/or modified by one or more of us unless the request is signed by all of us jointly.

2). I/We understand & declare that: (A) I/We have read and understood the Terms and Conditions (a copy of which Iam in possession of) governing the opening and operation of account under Savings/Current deposit schemes of Federal Bank and those relating to various services including but not limited to ATMs/Debit Card/Mobile Banking/Tele Banking/Internet Banking E Pay Facility/ Mobile & e-mail alert/ IMPS/ Cheque Book. I/We accept and agree to be bound by the said Terms and Conditions. I/We agree that the Bank may debit my account for service charges as applicable from time to time. Apart from this the current Schedule of Charges has been received by me/us and I/We agree with the same. I/We further understand and agree that any subsequent changes in the tariffs/service charges shall be published by the Bank in its website and/or on the notice boards ofits branches, which shall be sufficient notice to me/us regarding such change. (B) The above account will be opened on the basis of the statements/ declarations made by me/us and I/we also agree that if any of the statements/ declarations made herein are found to be not correct in material particulars you are not bound to pay any interest on my/our deposits. (C) Rate of interest applicable, TDS on interest earned and filing/renewal I cancellation of the nomination will be as per RBI/IBA/Income Tax/ Bank's rules in force from time to time. I/We understand that there will be no interest paid in current accounts. In the cases of all types of joint accounts, name of the first person will be considered for all Income Tax Purpose. Unless and until modified or cancelled by filing a fresh nomination form/request for cancellation, a nomination once filed will continue to be applicable to the deposit. (D) I/we understand that the bank may at any time and without notice to me/us combine and consol date all or any of my/our accounts and set off or transfer any sum or sums standing to the credit of any one or more such accounts in or towards the satisfaction of any of my/our liabilities to the bank or any account or in any other respect whether such liabilities be actual or contingent. primary or collateral and several or joint. (E) I/We wish to avail the add on facility/ facilities, as selected above, in my account. For the purpose of availing the services in respect of joint accounts, I/We am/are enclosing the mandate from the joint account holders. (F) I/We will verify the account details/balances periodically, (at least once inevery 3 months) and ensure correctness of the same in order to avoid/curtail fraudulent transactions occurring in the account, irrespective of the reasonable care and caution exercised by the Bank. (G) For existing customers, details given will be updated in all accounts held with the bank. If more than one Customer ID exist Bank reserves the right to consoli date the customer IDs without any prior notice.

3) 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 above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it. My/our personal I 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.

4) I/We here by state that I/We have no objection for Federal Bank validating and fetching my/our e-KYC details from Unique Identification Authority of India (UIDAI) through the Federal Bank e-KYC system using my/our Aadhaar Number/s or Aadhaar Card/s which is/are provided by UIDAI. I/We further authorise UIDAI to release my/our identity/ address available in UIDAI database to the Federal Bank. I/We also agree to provide the biometric scan of my/our finger(s) and the Aadhaar Number/s or Aadhaar Card/s details as required by the Federal Bank for the above purpose.

5) I/We understand/acknowledge that (i) Centralised Positive Pay System (CPPS) facility, an additional indicator provided by NPCI, is available for all CTS cheques to pre-empt occurrence of cheque related frauds (ii) CPPS facility would be an added safety measure to reconfirm the key particulars of the cheques issued like date, name of the beneficiary/payee etc., to ensure correctness/genuineness of the cheques presented for collection (iii) in the event of non-subscription to CPPS facility, I/We would become incapable/disentitled to lodge complaints under the dispute redressal mechanism at the CTS grids/clearing houses.

6) I/We have carefully read, understood and agreed to all the Terms and Conditions document published in Fedral Bank's website (www.federalbank.co.in/general-terms-and-conditions) and I/We undertake abide by the same at all times. I/We further hearby authorise the bank to share all the information provided by me/us of any nature with credit rating/credit information companies. other service providers who have an agreement with the Bank for business purpose. and to third parties engaged by the bank for the purposes as detailed in the Terms and Conditions.

Please open a deposit account in my/our name as per the selected scheme. I agree to maintain AMB of Rs ..... in my account.

Signature of Authorised Signatories

For seal

For AMTZ MEDPOLIS SQUARE 801 PRIVATE LIMITED

Authorised Signatory

Place: _____ Date: _____

For Office Use

Address Proof ☐ ID Proof ☐

Photos ☐ PAN Card/Form 60 ☐

Risk Rating of Entity

Low ☐

Medium ☐

High ☐

KYC norms complied D D M M Y Y Y Y

Assistant Manager/Manager

Principal Officer

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Private/ Public Limited Company – Questionnaire

FEDERAL BANK
YOUR PERFECT BANKING PARTNER

Questionnaire related to Beneficial Ownership to be collected from customers during account opening.

Sl No.	Query	Response
1.	Name the shareholders who are holding more than 10% of shares or capital in the company.	1. RAJESH KUMAR JAYANTILAL KAKKIA 2. SHARAD KUMAR JAYANTILAL KAKKIA
2.	Are there any close relatives of such persons who are also holding the shares in the company? If yes, all such close relatives need to be identified as Beneficial owners. If No, the shareholder(s) identified under question no. 1 will be treated as beneficial owner(s).	3. SOHAM SATISH MODI 4. PIHJAL SOHAM MODI,
3.	If no one is holding 10% shares in the company, mention the top 3 shareholders in the company. Are there any close relatives of each of them holding shares in the company? If so, please provide the consolidated share holding of each person and his close relatives If the consolidated shareholding crosses the 10% limit, all such shareholders needs to be identified as Beneficial owner(s).	
4.	If 1 to 3 above are not applicable, are there any persons associated with the company who can/has right to: - a. appoints majority of the directors. b. control the management. c. takes policy decisions by any other means. If yes, the person(s) needs to be appointed as Beneficial owner(s).	
5.	Persons holding Senior Management officials of the Company such as MD, Directors, CFO, COO etc	

Customer Signature (Authorised Signatories)

For AMTZ MEDPOLIS SQUARE 801 PRIVATE LIMITED

Authorised Signatory

For Office Use

Questionnaire Completed and attached to AOF	Verified
Assistant Manager	**Manager/ Senior Manager/ AVP**

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Annexure 2

DECLARATION CUM UNDERTAKING FORMAT FOR OPENING/CONTINUING CURRENT ACCOUNT

(Please select any one option)

For new account opening	*For existing accounts for submission during half yearly scrub:*
☐ I/We Proprietor/Partners/Directors/Trustees/Signatories of AMYZ MIDTOWN SQUARE 801 PVT LTD, _____ _____ (name & address) wish to open a current/collection account with your _____ branch	☐ I/We Proprietor/Partners/Directors/Trustees/Signatories of _____ _____ _____ (name & address) maintains a current/collection account/s _____ (account numbers) with Federal Bank.

(Please select any one option from 1-5)

I / We declare that:

☑ 1. I / We do not have any credit exposure from any Bank. In future if we avail any credit exposure from any Bank, we shall inform Federal Bank immediately of availing such credit exposure with all details.

☐ 2. I/We have credit exposure only with Federal Bank (Federal Bank is the sole lender).

☐ 3. I/We do not have a credit exposure of Rs. 5 Cr or more in total from the banking system in India. In future if we avail overall credit exposure of Rs. 5 Cr or more, we shall inform Federal Bank immediately on availing such credit facilities with all details thereto.

☐ 4. The current account to be opened, comes under the list of specific type of accounts* _____(mention the specific account category listed from 'a' to 'j', under which the account is proposed to be opened) provided as exemption under Para 4 of the RBI circular DOR.CRE.REC.23/21.08.008/2022-23.

*** List of specific accounts exempted by RBI under Para 4 of the said Circular:**

(a) Specific accounts which are stipulated under various statutes and specific instructions of other regulators/ regulatory departments/ Central and State Governments. An indicative list of such accounts is given below: *(i)* Accounts for real estate projects mandated under Section 4 (2) l (D) of the Real Estate (Regulation and Development) Act, 2016 for the purpose of maintaining 70 per cent of advance payments collected from the home buyers *(ii)* Nodal or escrow accounts of payment aggregators/ prepaid payment instrument issuers for specific activities as permitted by Department of Payments and Settlement Systems (DPSS), Reserve Bank of India under Payment and Settlement Systems Act, 2007 *(iii)* Accounts for the purpose of IPO/ NFO/ FPO/ share buyback/ dividend payment/ issuance of commercial papers/ allotment of debentures/ gratuity etc. which are mandated by respective statutes or by regulators and are meant for specific/ limited transactions only.

(b) Accounts opened as per the provisions of Foreign Exchange Management Act, 1999 (FEMA) and notifications issued thereunder including any other current account if it is mandated for ensuring compliance under the FEMA framework.

(c) Accounts for payment of taxes, duties, statutory dues, etc. opened with Banks authorized to collect the same, for borrowers of such Banks which are not authorized to collect such taxes, duties, statutory dues, etc.

(d) Accounts for settlement of dues related to debit card/ ATM card/ credit card issuers/ acquirers.

(e) Accounts of White Label ATM Operators and their agents for sourcing of currency

(f) Accounts of Cash-in-Transit (CIT) Companies/ Cash Replenishment Agencies (CRAs) for providing cash management services.

(g) Accounts opened by a Bank funding a specific project for receiving/monitoring cash flows of that specific project, provided the borrower has not availed any CC/OD facility for that project

(h) Inter-Bank accounts

(i) Accounts of All India Financial Institutions (AIFIs), viz., EXIM Bank, NABARD, NHB, and SIDBI

(j) Accounts attached by orders of Central or State governments/ regulatory body/ Courts/ investigating agencies etc. wherein the customer cannot undertake any discretionary debits.

☐ 5. I / We are having credit exposure of Rs 5Cr or more from Banking system in India as per details given below (All amounts in INR):

Sl No	Name of the Bank and Branch	Account Number of Credit Facility	Type of Credit facility: (Fund based & non-Fund based) Cash Credit / Overdraft/Term Loans/PCL/Bill facilities/LC/BG ...etc	Sanctioned Amount	Whether maintaining Operative Current account: (Yes/No)

FOR COLLECTION ACCOUNT ONLY (Please refer to Checklists No 1 & 2 mentioned in next page) **:

☐ I/We request to remit proceeds from the collection account opened by this application/ A/c: _____ maintained with Federal Bank to '**other Bank's CC/OD Account on T+2 basis'/'Escrow account at the agreed frequency'**, whose details are mentioned below, with whom I/we maintain more than 10% of the aggregate exposure.

Bank Name: _____
Branch Name: _____
Account No: _____
IFSC Code: _____
Frequency (applicable for Escrow mechanism only): _____.

Further:

- I/We confirm that the details provided are true and correct as per my knowledge and that Federal Bank reserve rights to reject the account opening application in case of any discrepancies.
- We further confirm that as and when there is any change in Bank exposure, I/We will inform the same to Federal Bank immediately. Accordingly, Federal Bank may take requisite action in compliance with the RBI guideline on Current Accounts, , and/or any other applicable regulations/laws.
- I/We understand that the Bank reserves the right to block or close our account in the event of the above information shared subsequently found to be factually incorrect/untrue through the Bank's independent validation procedures, and the Bank shall not be responsible, or any loss suffered by me/us due to such block/closure of my/our account.
- I/We hereby voluntarily give my/our consent to extract the information available in Credit Information Companies (CICs), National E-Governance Services Ltd (NeSL) etc. to compute my/our aggregate exposure for the purpose of opening of CA/OD/CC as per RBI Guidelines
- I/We understand that Bank conducts a half yearly monitoring activity, wherein my exposure will be cross checked with Credit Information Companies (CICs), National E-Governance Services Ltd (NeSL) etc. to compute my/our aggregate exposure for the purpose of opening of CA/OD/CC and may issue advisory to convert/close the account opened.
- I/We confirm that the balances in collection accounts (if collection account is opened) shall not be used for repayment of any credit facilities provided by the Bank, or as collateral/ margin for availing any fund or non-fund-based credit facilities.

Yours Faithfully,

For AMTZ MEDPOLIS SQUARE 801 PRIVATE LIMITED

Authorised Signatory

Signatures of Authorized Persons

Place:
Date:

For Branch/Office Use Only

The above details are found correct as per the discussion with the customer:

Name and Signature of the Bank Official with seal

For Branch/Office Use Only (Applicable only for collection account):

We have verified the Bank account/Escrow account details pertaining to the collection account and are found correct as per the discussion with the customer:

Name and Signature of two Bank Officials with seal and SP Number: (1) (2)

****NOTES:**

1. **Checklist for customers enjoying other credit exposure (who do not have CC/OD) from Banking system in India (All amount in INR):**

Total exposure from Banking system	Banks with which limit is enjoyed	Escrow Managing Bank	Type of Account that can be opened
Less Than 5 Cr	Any Bank	NA	Current Account
5 Cr or more but less than 50 Cr	Federal Bank is a lender	NA	Current Account
5 Cr or more but less than 50 Cr	Federal Bank is not a lender	NA	Collection Account
50 Cr or more	Federal Bank & Other Banks	Federal Bank	Current Account and Escrow Account
50 Cr or more	Federal Bank & other Banks	Other Bank	Collection Account

2. **Checklist for customers enjoying CC/OD facilities from Banking system in India (All amount in INR):**

Total exposure from Banking system	Banks with which limit is enjoyed	Type of Account that can be opened
Less than 5 Cr	Any Bank	Current Account
5Cr or more	With Federal Bank Only	Current Account
5Cr or more (Federal Bank share is 10% or more)	Federal Bank and Other Banks	Current account (CA) can be opened, if there are no CA for the borrower with other Banks who have share of 10% or more.
5Cr or more (Federal Bank share is less than 10%)	Federal Bank and other Banks	If any other bank has 10% or more share of exposure, our Bank can open Collection Account only. (If none of the lending Bank has atleast 10% of aggregate credit exposure, then the Bank who are having highest credit exposure may open current account).

 # In case of proprietary firms, the aggregate exposure shall include all the credit facilities availed by the borrower, for business purpose or in personal capacity
 # "Exposure" for the purpose of these instructions shall mean sum of sanctioned fund based and non-fund-based credit facilities availed by the borrower. All such credit facilities carried in customer's Indian books shall be included for the purpose of exposure calculation.
 # "Banking System" for the purpose of these instructions, shall include Scheduled Commercial Banks and Payments Banks only.