## The Karur Vysya Bank Limited Customer Creation Form

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EMPLOYED WITH	A (0)012.77
STATE GOVT. CENTRAL GOVT. PUBLIC LTD. PRIVATE LTD.	BUSINESS OTHER ENTITY (specify)
*NATURE OF BUSINESS	
*TYPE OF PROFESSION DOCTOR ENGINEER BANKER T	TEACHER LAWYER ARCHITECT CONSULTANT
IT PROFESSIONAL OTHERS (specify)	
*ANNUAL INCOME SELF  ₹	SPOUSE HOUSEHOLD ₹
ASSETS OWNED HOUSE CAR TWO WHEELER GOL	LD SILVER LAND
LOANS WITH OTHER BANKS  ☐ HOUSING ☐ BUSINESS ☐ CAR ☐ TWO WHEELER ☐ CREDIT CARE	D PERSONAL JEWEL PROFESSIONAL
OTHER INVESTMENTS  DEPOSITS  INSURANCE  SHARES  MF DP ID  DP Name	Client ID
DF Name	Client ID
FATCA / CRS Declaration	
Country of Residence	Indes
Residence for tax purposes	Inde
Country of Birth	Inde
US Person (Yes/No)	alo
	ed is other than "India" / U.S Person=Yes, then fill out the det
submit my KYC documents including Aadhaar number voluntarily, and offer indentification Authority of India), Govt. of India to my customer profile. (ii) Use my levice, to authenticate me with UIDAI. (iii) To retrieve my demographic details visor the purpose of providing certain services, the Bank is / may be required to entank to furnish any information regarding my account to these service providers such information.  consent to receive information/service etc. from the Bank or from the authorize MS/E-mail by the Bank. I am aware that as a part of the post account opening equest made either through the branch/call centre/mobile application/KVB webs accept and agree to be bound by the said terms and conditions including those and meaning of the above Declaration.  hereby declare that the information provided herein as well as in the documental and complete in all aspects to the best of my knowledge and that I have not with the account as a Reportable account or otherwise. I further agree that any false will render my account liable for closure and the bank shall have the right to initial incorrect. The reby agree to indemnify and keep indemnified KVB, their affiliates of the Signature of the provided account holders attach this same type of form.  Bank Use Section	by Aadhaar number and biometric details (fingerprints / Iris), captured on a biomiz Name, Age, Gender, Address, Photograph etc available with UIDAI.  Ingage the services of specialized and other service providers/agents. I authorize stagents. I shall not hold KVB or its agents/ representatives liable for using/shall ed call center for marketing of KVB products & services through Telephone/Mog/availing services, I may receive calls from the Bank to verify the correctness of site, and also for cross sell/upsell of the Bank's products/services.  In the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability. I confirm that I have read and understood the correctness of the Bank's liability liability. I confirm that I have read and understood the correctness of the Bank's products/services.
	CALLY EXPOSED PERSON Yes No
This form is complete in all respects, and all relevant documents are obtain	A CONTRACTOR OF THE PROPERTY O
Bank records.	
Sank records.	Manager / Officer
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	Manager / Officer  Checker ID Completed



## FATCA/CRS Declaration Form (For Individuals)

(Foreign Account Tax Compliance Act / Common Reporting Standard)

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Cu	stomer ID:		Customer	Name:	Bonam .	Sad	Fish Mo	di.				
	Tobile No :			E-Mail:								
Cit	ty of Birth:				Occupation:							
	PAN:	ABMPM6725 H.	Aadhaar No	314	68727 43	85	Date of Birth:	18/10/1969				
Fath	ers' name:	Satisty Manifest	MoDi	Spou	se Name:							
				PART A								
Country	of Residen	ce	7	ndis								
Residen	ce for Tax P	urposes	India									
Country	of Birth	National State of the State of	I	India								
US Pers	on* (YES /N	0)	(	No.			*					
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		ds under "PART A", the					a or ii u.s pers	on=res, then				
either	fill the deta	ils in Part-B (i) below OI	R sign the sel	f-declar	ation in Part-B	(ii)						
			Par	t B (i)								
S.No	Country	of Tax Tax Payer Ide	entification	Issui	ng Country of	S	pecify whether	r column (3) is				
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		countries especially of L			,,		,					
		Part B is applicable but I		not bee	n filled in, kind	ly pro	vide information	on below)				
		neither a U.S Person no	8.036			250 76						
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		of my citizenship and re			nac maiar me		)					
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*-Defin	ition for th	e term 'U.S Person' is av	vailable on th	e rear o	of this form							
						_						

#### Declaration by customer:

- 1. I hereby certify that I 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<sup>th</sup> August 2015 and RBI Circular No. RBI/2015-16/165.DBR.AML.BC.No.36/14.01.001/2015-16 dated 28<sup>th</sup> August 2015 in this regard.
- I understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. I shall seek advice from a professional tax advisor for clarification on my tax residency and its implication under FATCA / CRS.
- 3. I understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and guidelines issued by the RBI in the matter, depending upon the residential status and / or other criteria stipulated therein, the Bank may have to report the details in respect of my account(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) and common Reporting Standards (CRS) and or any other similar arrangements.
- I certify that the information provided by me above as applicable to me and signed by me as well as in the documentary evidence provided by me is, to the best of my knowledge and belief, true, correct and complete and that I have not withheld

5. I		may be held liable for it	nation is found to be false or untrue or misleading or					
	misinterpreting, I am aware that I may be held liable for it.  I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may to place in the information provided above, as well as in the documentary evidence provided by me or if any certification.							
		fresh and valid self-declaration alor						
6. I agree to make good any loss that may be caused to KarurVysya Bank on account of providing incorrect								
i	information by me.							
			_					
Place	11	Date:	Customer Signature					
Note:	Stragged Free and the same							
		based on one or more of the follo	owing indicia:					
		ident of the United States of Ameri						
	Unambiguous indication of a US pla		Ca.					
			/G					
		ess (including a US post office box)/						
		nds to an account maintained in US						
			person with a US address (or) An 'in-care-of' or 'Hold					
'	mail address that is the sole addres	ss the indian rinancial institution n	as on the file for the account holder.					
Date	: Branch		Signature & Stamp of Branch Official					

	Tear of	portion
	Acknowle	edgement
KarurVysya Bank h	ereby confirms that the Bank has receive	ed FATCA /CRS declaration from Mr / Ms / Mrs.
	on	
Date :	Branch:	Signature & Stamp of Branch Official



# Aadhaar / e-KYC consent form

\_ Branch

Signature and seal of the branch official

Customer ID	Account Number	ORN
e-KYC resident consent	(For paperless KYC verification): I he	ereby grant my explicit consent to the Bank to
	10 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address, Photograph etc. available with UIDA Bank to store the demographic details for thei
records. I understand th to the Bank and authent	at the details can be retrieved by the icate with my finger prints / iris on a	Bank only when I furnish my Aadhaar numbe biometric device, and that my biometric finge uthentication of my details with UIDAI and wil
not be stored by the Ba	ank in electronic form or otherwise.	I also understand that my details cannot be uses a secure medium of communication.
I am desirous of receivi	ng entitled benefits and/or subsidies	s of welfare schemes (DBT-Beneficiary) of the
Government of India dir	ectly in my account.	A L
Date:		Signature of the customer
Resident consent for no	n e-KYC:	
		d extend my full consent to the bank to update
my Aadhaar Number in	their records	1
Date:		Signature of the customer
	For official use	

Date:

# Annexure to Circular No: 231 /2024 (INF) dt. 23.07.2024

# CKYC Consent Form (Mandatorily to be obtained along with physical AOF)

Dear Sir/Madam,
I, Scham Baffsh Mod; [Name of the customer] S/o / D/o / W/o download my 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 understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number, Mobile Number, etc.
I hereby consent to receive information from Central KYC Registry through SMS/eMail on my registered mobile number/eMail@dress.
Signature:
Residential Address Plot No: 280, Rend No: 21, Near peddamma Temple, Jublee Hill Khairaen bad, Bangmattills, 500034.
Date: Khairatabad, Bangarattills, 500034.

#### रचाई लेखा संख्या /PERMANENT ACCOUNT NUMBER





SOHAM SATISH MODI

पिता का नाम FATHER'S NAME SATISH MANILAL MODI

जन्म तिथि /DATE CF BIRTH

18-10-1969

EXTIRITY ISIGNATURE

ुंबर जापबार सामृत्य, जाल, सर्वस Chief Commissioner of Income-tax, Andhra Pradesh

इस कार्ड के खो / मिल जाने पर कृपया जागे करने वाले प्रधिकारी के सूनित / वापम कर दे मुख्य आयवत आयवत, आयकर भवन, बशीर वाग, तेयगबद - 500004

In case this card is lost/found, kindly inform/return to the rooting authority Chief Commissioner of locome day, Aayakar Bhayan.

Basheerbagh,

Hyderabad - 500 004.



#### भारतीय विशिष्ट पहचान प्राधिकरण

#### भारत सरकार





##555 € Freelment No . 1118/60036/01057

Scham Satish Modi (Fore කර්ය කාස්) S/O Satish Modi plot no-280, read no-25 perat peddamma temple jubilitie high. Khair statuad. Banjara Hills, Hyderahad

జ ఆదార్ గుర్తుపులు ఉద్దేవీకరణ పోరసత్వానికి కాను

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a ಎರ ೨೦೬೦ಕ ರಾಧರಿಲ್, ಸ್ವಯಾಭಾ ಧನ್

#### INFORMATION

# Anchor is proof of identity not of citizenship.

To establish identity, authoriticate online
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Do estro soug! Your Amshaar No.:

3146 8727 4389



ఆధార్-ఆధార్ – సామాన్యమానవుడి హక్కు









- ಆದಾರೆ ದೇಶವಾಶವಾ ವಟುತುಂದೆ.
- \* ఆడాన్ ఆడాన్ కోరక్తా ఒక సార నమాడు చేసుకుంటే సరిచేసుంది.
- ి దయటిస్ మీ లేలస్తే మొద్దల్ నంటర్ మరియు ఈ మయిల్ అడ్డస్ నమాడు చెడుకోండి. దీనీచలన మీరు విదిన్న ప్రయాజనాలను పోంద Swews.





ಕ್ಷಮ ಎನ್ನು ನಾಡ Suham Satish Modi coβδ ≈0.7YoB-1969 Application Make







in future.

# भारतीय विशिष्ट गहुनान प्राधिकरण क्षेत्रकर प्रकारकारकारकार प्राधिकरण

Please update your mobile number and e-mail address. This will help you to avail various services

Validity unknow Elgistally signed by Kharikoul Andulk

Diec 20105-2017

\* Andhaar is valid throughout the country.

# You need to enrol only once for Aadhaar,

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gampid, event trid, g-00°€5 end 6d9 500034

Address: S/O: Saitch Modi jikit no 280, road no 25, near peddamma tempie jahlen zens Khakunatand, Danjara Hills, Hyderahad

Andrea Prodoch 500034

3146 8727 4389

ఆధార్ - ఆధార్ – సామాన్యమానవుడి హక్కు

Aadhaar - Aam Aadmi ka Adhikar

peddamma temple jubilities 188s, Hyderahad Andera Pradesh, 500034

E-Aadhaar Letter

Government of India



#### **Customer Profile-Individual**

Branch: Hy derabad

	A COLUMN	
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	(a 6)	
	County	
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; <u> </u>		

Name of the Applicant : Shri/Smt Mb. Soham (First Name) (Middle Name) ADDRESS FOR COMMUNICATION Existing Customer : O Yes ONo If Yes, Since Is the Residence : O Rented OOwned O Leased O Family O Employer Customer ID A/c Type: If Owned, Date of Purchase : DD/MM/YYYY A/c No KVB Staff: O Yes O No : Male O Female Address for Communication : Plat Not 280, 2000 No. 25, Near peddamma Date of Birth : 18/10/1969 Temple, Jublee Hills, Khourdabad Marital Status : O Unmarried Married Bongara Hills. Name of the Father/Husband No. of Dependants (Including Self): City Pin code: 500034 ' Earning member in Family (Excluding Self) District : Hyderabad Nationality : O Indian O Others Telongana State : OSC OST OBC O Minority Oothers Country: India : OHindu OMuslim O Christian OOthers Religion Type of Center : Metro Ourban Osemi Urban ORural Residential Status : O Resident O NRI No of Years in Current Address: Educational Qualification : PGO UG OHSC OKHSC O Illiterate Passport No Residence: Issued By Mobile Issued Date : DD/MM/YYYY Office Expiry Date : DD/MM/YYYY E-Mail ID: Introducer Name: Shri/Smt **IDENTIFICATION DETAIL** PAN/GIR No. : ABMPM 6725H. Customer ID Voter ID Driving License No.: Employment Status : O Employee OBusiness National ID Card No.: O Professional Doctor OProfessional Others Name & No. of Other Identification Document: 1. KXXXXXXX 4389 O Agriculturist OStudent OUnemployed : If Employed : Line of Activity / MISCELLANEOUS DETAIL O Public Ltd / MNC O Quasi Govt O Govt Constitution Physically Handicapped: OYes O No OGovt O Pvt Ltd O Others Ex Servicemen : O Yes ONo Minority : O Yes O No If Self Employed: SALARY ACCOUNT DETAILS OFamily Owned O Partnership My Salary A/c with KVB : OYes O No Self run employee support Self run alone If Yes, A/c No: Is Job Transferable : OYes ONo If Yes, Place of Transfer: All India Within State

PERMANENT ADDRESS	PREVIOUS ADDRESS
Address for Communication: Plotalo + 280, Poadalo! 2	Address for Communication :
dear peddamma Temple Jublue Hills	
Address for Communication: Plot alu: 280, Poadalo: 29 dear peddamma Temple Jubble Hills Khouratabad, Banjara Hills.	
, , ,	
City :	City :
Pin code: 500034 ·	Pin code:
District: Hyderabad	District :
State : Telongona	State :
District: Hyderabad  State: Telongons  Country: India.	Country :
SECTION 20 DETAIL	
Is the applicant related to any of the Directors of our Bank /	
other Bank (Section 20 of Section 20 of BR Act.)	the Bank :
Name of the Director with	
whom the applicant is related	
and the relationship	
PENSION DETAIL	
My Pension Account with KVB bank: OYes ONO Pension Paymer	nt Order No. : Account No.:
	Pension Amount :
	ship of Nominee :
SPOUSE DETAIL	
	yment Status : O Employee O Business
Email: PAN/GIR No. :	O Professional Doctor OProfessional Others
Net Monthly Income :	O Agriculturist OStudent OUnemployed
EMPLOYMENT	
Name of the Employer/ Firm:	Phone No. :
Address:	Fax No. :
	Email :
City: State:	
Country: Pin Code:	
SELF EMPLOYED	JOB DETAIL
Nature of Business: O Manufacturing O Trading	Department Name:
O Marketing O Others	Designation :
Established on : DD/MM/YYYY	Date of Joining in the Service : DD/MM/YYYY
No. of Years in Business :	Category : O Executive O Managerial/Supervisory
Business Premises : O Owned O Rented	Officer O Junior/Clerk O Others
O Leased O Not Applicable	Completed Years of Service: MonthsYears
Lease Period DD/MM/YYYY upto DD/MM/YYYY	Retirement Age :
TAN No :	Employee No./ Identity Card No. :
Sales As Per Sales Tax Returns (For Last 3 Years)	Knowledge & Experience :
Year: YYYY YYYY YYYY (Latest Year)	
Rs.:	
No	



#### **Customer Profile-Individual**

Branch: Hyderabad

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V

Name of the Applicant : Shri/Smt (First Name) (Middle Name) **ADDRESS FOR COMMUNICATION** Existing Customer : O Yes ONo If Yes, Since Is the Residence : O Rented OOwned O Leased Customer ID A/c Type: O Family O Employer KVB Staff: O Yes O No If Owned, Date of Purchase : DD/MM/YYYY A/c No : Male O Female Address for Communication: Plat Not 280, Sex Pard No. 25, Near peddamma Date of Birth : 187/10/1969 Temple, Jublee Halls, Kocaratabad Marital Status : O Unmarried Amarried Name of the Father/Husband No. of Dependants (Including Self): City Pin code: 500034 ' Earning member in Family (Excluding Self) District : Hyderabad Nationality : Indian Others Telongana : OSC OST OBC O Minority OOthers Country: India Religion : O'Hindu OMuslim O Christian OOthers Type of Center : Metro Urban Semi Urban Rural Residential Status : Resident NRI No of Years in Current Address: Educational Qualification : (Doctorate O PGO UG (HSC O<HSC O Illiterate PASSPORT DETAIL **CONTACT NUMBERS** Passport No Residence: Issued By Mobile **Issued Date** : DD/MM/YYYY Office Expiry Date Fax E-Mail ID: Introducer Name: Shri/Smt **IDENTIFICATION DETAIL** PAN/GIR No.: ABMPM 6725H. Customer ID EMPLOYMENT STATUS Voter ID Driving License No. : National ID Card No.: Employment Status : O Employee OBusiness Name & No. of Other Identification Document : O Professional Doctor O Professional Others O Agriculturist OStudent OUnemployed 1. xxxxxxx 4389 : If Employed : Line of Activity / MISCELLANEOUS DETAIL O Public Ltd / MNC Quasi Govt O Govt Constitution Physically Handicapped : OYes O No OGovt O Pvt Ltd O Others Ex Servicemen : O Yes ONo Minority : O Yes O No If Self Employed: SALARY ACCOUNT DETAILS OFamily Owned O Partnership My Salary A/c with KVB : OYes O No OSelf run employee support OSelf run alone If Yes, A/c No: Is Job Transferable : OYes ONo If Yes, Place of Transfer: All India Within State

PERMANENT ADDRESS	PREVIOUS ADDRESS
Address for Communication: Plotalo: 280, Poadalo: 25 stear peddamma Temple Jubla Hills. Khouratabad, Bangara Hills.	Address for Communication :
dear peddamma Temple Jublae Hills.	and the second s
Khouratabad, Bangara Hills.	,
Secretary Secretary	
City :	City :
Pin code: 500034 ·	Pin code:
District: Hyderabad	District :
District: Hyderabad  State: Telongons  Country: India.	State : /
Country: India.	Country:
SECTION 20 DETAIL  Is the applicant related to any of the Directors of our Bank / other Bank (Section 20 of BR Act.)  O Yes O No Name of the Directors of the D	he Bank :
Name of the Director with whom the applicant is related and the relationship	
PENSION DETAIL	
My Pension Account with KVB bank: OYes O No Pension Paymen	t Order No. : Account No.:
Pension Authority : Monthly F	Pension Amount :
Name of Nominee : Relations	thip of Nominee :
SPOUSE DETAIL	
Name of the Spouse : Shri/Smt Employ	ment Status : O Employee O Business
Email: PAN/GIR No. :	O Professional Doctor OProfessional Others
Net Monthly Income :	O Agriculturist OStudent OUnemployed
EMPLOYMENT	DETAIL
Name of the Employer/ Firm:	Phone No. :
Address:	Fax No. :
	Email:
City: State:	
Country : Pin Code : SELF EMPLOYED	JOB DETAIL
Nature of Business: O Manufacturing O Trading	Department Name:
O Marketing O Others	Designation :
Established on : DD/MM/YYYY	Date of Joining in the Service : DD/MM/YYYY
No. of Years in Business :	Category: O Executive O Managerial/Supervisory
Business Premises : Owned O Rented	Officer O Junior/Clerk O Others
O Leased O Not Applicable	Completed Years of Service: MonthsYears
Lease Period DD/MM/YYYY upto DD/MM/YYYY	Retirement Age :
	Employee No./ Identity Card No. :
TAN No :	Knowledge & Experience :
Sales As Per Sales Tax Returns (For Last 3 Years)	
Year: YYYY YYYY YYYY (Latest Year)	
Rs. :	

Profit (For Last 3 Years)		Conta	Contact Person :					
Year: YYYY YYYY	YYYY ( Latest Year )	Desig	nation :					
Rs. :		Phone	e:					
Investment in Business (For	Last 3 Years)	Name	e of Previous Employ	er:				
Year: YYYY YYYY	YYYY ( Latest Year )	Addre	ess:					
Rs.								
SECTION OF THE PROPERTY.	Inco	me & Expenditure						
Note: For Housing Loans, in case	se of Professionals, self emp	ployed and business	persons, the figures	to be filled in, on this page				
should be the average of last th	ree years with proof.	•		No. of the control of				
	INCOM	E DETAILS (Yearly	v)	Amount in Rs.				
Year	YYYY	YYYY	YYYY	AVERAGE				
Gross Annual Income				0.0000000000000000000000000000000000000				
			-					
Statutory Deduction								
Net Income			_					
Other Deductions		Isco						
Other Income	C. C.							
Total Income								
	OTHER INCO	OME DETAILS (	Yearly)					
Rent	Se .			3				
Agriculture								
Others [please specify]								
Total								
	EXPENDIT	URE DETAILS (Ye	arly)					
Total Loan Repayment			_					
Insurance								
Other Deductions 1								
Other Deductions 2								
Total								
		PRINTED TO STATE OF THE STATE OF		wanter only I have been about the property of				
IT Assesse :Yes ONO								
IT Assesse :Yes No Income as per IT Return (For Li	ast 3 Years) :	Year: YYY	Y YYYY	YYYY ( Latest Year )				
Theome as per 11 Netari (10)		Rs.		2				
Tax paid as per IT Return (For	Last 3 Years) :	Year: YYY	Y YYYY	YYYY ( Latest Year )				
Wealth Tax Assesse : OYesNo								
Wealth Reported as per Wealth		rs): Year: YYYY Rs.	YYYY	YYYY ( Latest Year )				
		NS.						

atic	ns, if any
	DECLARATION
1.	Any change in my address for communication / contact will be intimated to you
2.	I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and I abide by the rules and regulations of the bank
	4
	( Marie Tourist Touris
	Signature of Applicant
	Date: dd/mm/yyyy
	CHECKLIST
	Identity Proof, Address Proof and Date of Birth Proof
	1. Identity Proof, Address Proof and Date of Birth Proof
	2. IT Returns
	2. IT Returns
	2. IT Returns  3. Wealth Tax Returns
	2. IT Returns 3. Wealth Tax Returns 4. Sales Tax Returns

NAME OF TH	HE APPLICA	DETAILS O	OF ASSETS & I		satish	modi	
			ASSETS			111101	
Details of B	ank Accoun	ts (A)			(Rs in Lak	(hs)	
Bank Name	Type of Account	Account Number	Deposit Amount	Date of Maturity	Balance	Under Lien? (Yes/NO)	
4							
Investment	s (B) (Includ	ding Mutual funds, E	quities, Insura	nces, KVP/NSC	etc.)	Under Lien?	
Descr	ription	Issued by	Maturity Date	Invested	Present Value	(Yes/No)	
						-	
	8/6755	Size 1			,		
				<u> </u>			
Details of Po			T	Building ,Year of	Total Value	Lanca hald	
Name of the Vi particulars	liage or Town,	street with	Built, Area of L Area		Total value	Lease hold Or Free Hold, Encumbrance If any	
Jewels/Orn	aments (D)		•		2	3	
Description		Net Weight in Gr	rams Amou	ınt ( <i>Rs in Lakh</i>	us) Under Li	en? (Yes/NO)	
				w		5	

Lien Details (If any of the	he above asse	ets are und	ler lien, please furni	ish the deta	ils belov	v) -
			<u> </u>			
Limits with our Bank		<u>Lia</u>	abilities(E)			
Account Number & Facility	Fa	cility	Limit	Balance	O/s	Due Date
						+
			4			
		rijes <del>Mari Transporter</del>				
Limits with other Bank	e/ETe/Erion	de & Pola	atives		3	
Borrowed from		cility	Limit	Balance	0/s	Due Date
						<del>- </del>
	- 2 -					
Guarantees given to th	ne loans tak	en by othe	ers			
Name of the Firm/Person	Bank/FIs		Facility		Amount	
						A
		N	ET MEANS			
Immovable Ass						
Other Assets(A	(+B+D)					
Total Assets						
Less Liabilities	(E)					
Net Means				0		
Signature of th	e Borrower,	/Guaranto	or:		_	•
			0	nte: dd/mn	n/yyyy	
*information can be	given in Annexui	re if required.				

### **ANNEXURE**

From	Date:
maschan satish, (Name(s) of the Born	rower/Guarantor/Co-obligant)
(Address)	
То:	
The Karur Vysya Bank Ltd,	
Sir,	
Reg: Expression of Consent for availing platform of your Bank.	g Ioan through Digital Lending
Upon our query, I/We have been explained of processing and lending through manual and diglending has been introduced by the bank with me/us through faster and paperless mode, I/We lending process.	gital modes. Since the Digital form of the objective of rendering services to
I/We fully understand and are aware that my/o for availing the loan under digital lending system AADHAAR details/AADHAAR mode voluntarily hereby give my/our full consent and authorise executed through E-signing mode as may be re	<ul> <li>I/We am/are hereby sharing my/our and made a request thereof. I/we the bank to get the loan documents</li> </ul>
I/We hereby undertake not to make change knowledge of the bank.	s in AADHAAR details without the
Yours faithfully, (Borrowers)	
BANK USE	<u>i</u>
APPLICATION NO:	
LOAN ACCOUNT NO:	

**BANK MANAGER** 

## थाई लेखा संख्या /PERMANENT ACCOUNT NUMBER







SOHAM SATISH MODI

पिशा का नाम /FATHER'S NAME SATISH MANILAL MODI

जन्म तिथि /DATE OF BIRTH

18-10-1969

Charlemandores

हस्ताक्षर /SIGNATURE

(Ehan Mod.

हुन्द अध्यक्त अनुता, अस्त प्रदेश Chief Commissioner of Income-tax, Andhra Pradesh

इस कार्ड के खो / मिल जाने पर कृपया जारी करने वाले प्राधिकारी को सूचित / वापस कर दं मुख्य आयकर आयुक्त, आयकर भवन, बशीर बाग, हैट्राबाद - 500,004.

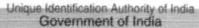
In case this card is lost/found, kindly inform/return to the issuing authority: Chief Commissioner of Income-tax. Aayakar Bhavan. B.isheerbagh. Hyderabad - 500 004.

July .



#### भारतीय विशिष्ट पहचान प्राधिकरण

#### भारत सरकार





#### E-Aadhaar Letter

రజనున Enrolment No.: 1118/60036/01057

Soham Satish Modi (శోహాం సరీప్ మాడి) S/O: Satish Modi, plot no-280, road no-25, near peddamma temple jubilee hills. Khairatabad, Banjara Hills, Hyderabad Andhra Pradesh, 500034

# ఆదార్ గుర్తింపుకు దృవీకరణ, పౌరసతా(నికి కాదు.

గుర్తింపుకు దృవీకరణ ఆసీలైన అడింబికేషన్ డ్వారా పెందవచ్చు.

ඉති බවප්‍රවීම් හතුම්ඒ නුගාහස්ත ඒක.

మీ ఆనార్ సంఖ్య/ Your Aadhaar No.:

3146 8727 4389



ఆధార్ - ఆధార్ – సామాన్యమానవుడి హక్కు

సమాదారం

- INFORMATION Aadhaar is proof of identity, not of citizenship.
- \* To establish identity, authenticate online.
- \* This is electronically generated letter.









Validity unknow

Date: 20/05/2013









- ಆದ್ ದೆಳಿಮಂತಲ್ ಬೆಲುತುಂದೆ.
- \* ఆధార ఆధార కోరక్తి. ఒకే సారి నమోదు చేసుకుంటే సరివేకుంది.
- \* దయిసేసీ మీ లేటెస్ట్ మొబైల్ నంటర్ మరియు ఈ మెయిల్ ఇడ్లస్ నమోదు డెసుకోండి. దీనీవలని మీరు వీభిన్న ప్రయోజనాలను వీంది వీలుంటుంద
- \* Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.



#### भारत सरकार

DOVERNMENT DE MON



కోపోం సరీపీ మాడే Soham Satish Modi කුණු බං./YeB:1969 application Male



3146 8727 4389

ఆధార్ - ఆధార్ – సామాన్యమానవుడి హక్కు

भारतीय विशिष्ट पहचान प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:

S/0: ఇతిప మాడి, ప్రార చే-280, కోడ్ నో-25, పెద్దమ్మ దేవాలయం చగ్గం అటితీ హేల్స్,

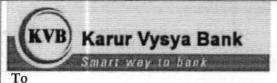
ఖైందాబాద్, బంజారా హేల్ ,

S/O: Satish Modi, plot no-280, road no-25, near peddamma temple jubilee hilfs. Khairatabad, Banjara Hills, Hyderabad Andhra Pradesh, 500034

පලේ බුත්% 500034

Samoré

Aadhaar - Aam Aadmi ka Adhikar



# CUSTOMER PROFILE & APPLICATION

The Branch Manager,

For Branch Use:	0
CBS Customer ID:	

(This form must be filled and complete in all respects. Please strike out inapplicable items wherever necessary.)

#### Guidelines to Fill the Application:

- 1) Details to be filled up neatly and legibly.
- 2) Particulars to be filled up with all genuineness and without any scope for alteration/Modification.
- 3) All the columns should be invariably filled without any omissions.
- 4) Where ever the provided space is insufficient, additional sheets to be attached without altering the format of the particular section of the application.
- 5) Where ever a particular column is not applicable, it should be clearly mentioned as "Not Applicable".
- 6) Where ever no data is required to be given, then the corresponding column to be reported as 'Nil'. (Ex: Limit with other Banks, if the borrower has not availed any outside borrowings then it should be reported as 'Nil')

		PART A	(Rs. IN LAKHS)
1)	NAME OF THE BORROWER		
2)	CONTACT PERSON NAME & DESIGNATION		
3)	LINE OF ACTIVITY	PRESENT : PROPOSED:	
4)	CONSTITUTION (MEMORANDUM & ARTICLES OF ASSN. / PARTNERSHIP DEED / REGISTRATION CERTIFICATE / TRUST DEED / ANY OTHER RELEVANT DOCUMENTS TO BE ENCLOSED )	☐ TRUST ☐ PSU ☐ HUF ☐ ST CORP ☐ NO ☐ COMMERCIAL BANKS ☐ COOPERATIVE ☐ OTHERS	PUBLIC LIMITED  SOCIETIES  SOS SHOS
5)	INDUSTRY TYPE	REAL ESTATE EDUCATIONAL INS	SERVICE MICRO FINANCE STITUTION
6)	SECTOR	PRIORITY NON PRIORITY	
7)	WHETHER A/C FALLS UNDER MSME	YES NO, IF YES, MICRO SM.	ALL DMEDIUM
8)	AMOUNT OF ORIGINAL INVESMENT IN PLANT & MACHINERY / EQUIPMENT		
9)	DATE OF INCORPORATION / ESTABLISHMENT (CERTIFICATE OF INCORPORATION / PARTNERSHIP DEED ETC TO BE ENCL.)		
10)	CIN Number of the Company /Partnership Registration number (PRN) / Other Nos (Pls Specify)		V I
11)	PAN NUMBER OF THE		
12)	COMPANY/FIRM / OTHERS  TAN NUMBER OF THE  COMPANY/ FIRM / OTHERS		
13)	STATE SALES TAX REGISTRATION NO.		
14)	CST NUMBER		

- 2 -

15)	DATE OF COMMENCEMENT OF BUSINESS (IN CASE OF PUBLIC LTD COMPANY)	DD/MM/YYYY
16)	AUTHORIZED CAPITAL OF THE COMPANY	
17)	ISSUED CAPITAL	
18)	PAID UP CAPITAL & AS ON	
19)	CAPITAL & AS ON	
20)	CORPUS FUND	
21)	NET WORTH & AS ON	
22)	NAME OF THE CHIEF PERSON WITH	
In E	DESIGNATION (22 25)	
	XPORT/IMPORT ORIENTED FILL (23-25)	
23)	IE CODE NUMBER	Here Here
24)	EXPORT ZONE	SEZ PEZ OTHERS
25)	STATUS & VALID UP TO	☐ EXPORT HOUSE NE STAR ☐ TWO STAR ☐ THREE STAR ☐ FOUR STAR ☐ FIVE STAR ☐ SUPER STAR ☐ OTHERS  VALID TILL: DD/MM/YYYY
26)	WHETHER THE FIRM/COMPANY WAS RECONSTITUTED	☐ YES ☐ NO IF YES, DATE OF RECONSTITUTION : DD/MM/YYYY DETAILS OF RECONSTITUTION :
27)	WHETHER ANY OF THE PARTNER/ DIRECTOR/ PROPRIETOR/ INDIVIDUAL /GUARANTOR IS RELATED TO ANY OF THE DIRECTORS OF KVB/ANY OTHER BANK.	☐ YES ☐ NO  IF YES, PLEASE STATE THE RELATIONSHIP WITH DIRECTORS OF THE BANK
28)	NAME OF THE GROUP	
29)	A) CUSTOMER SINCE	
	B) LIMIT ENJOYED SINCE	
30)	ADDRESS OF THE BORROWER  a) REGISTERED OFFICE	
	b) Corporate Office	
	c) Administrative Office	
31)	WEBSITE ADDRESS OF THE FIRM/ COMPANY (IF ANY)	
32)	E-MAIL ID OF THE FIRM / COMPANY	
33)	DETAILS OF COURT CASES PENDING, IF ANY	

34)	BRANCHES (@)TYPE: FA	CTORY/BRANCHES/GODO	OWN /SALES DEPOTS	OUTLETS/	DIVISION/COLL	EGES/SCHOOLS/
NO	OTHER INSTI		Address		PHONE/FAX	LEASED/OWNED WITH DETAILS
35) NO	NAME (A	CERN / HOLDING COMPAN LONG WITH DMER ID)	NIES ADDRESS	PHONE / FAX	LEASED/ OWNED WITH DETAILS	TURNOVER DETAILS
36)	INCOME FOR	LAST 3 YEARS	YEAR : YYY	YY	YYYY	YYYY
37)	2	PAID FOR LAST 3 YEARS	YEAR : YYY Rs. IN LAKHS :			YYYY
38)	SALES/SERV LAST 3 YEARS	ICE TAX DETAILS FOR	YEAR : YY Rs. IN LAKHS :			YYYY
39)	SALES/ SERV YEARS	VICE TAX PAID FOR LAST 3	YEAR : YY' RS. IN LAKHS:	YY	YYYY	YYYY

			- 4 -									
							ART B				(AMOUN	T IN LAKI
N O	NAME	NAME OF THE FATHER / HUSBAND	DESIGN ATION	DATE OF BIRTH	GUARANTO RELIGION	QUALIFIC ATION	YEARS OF EXPERIENCE IN THE FIELD	RELATIO N SHIP WITH THE BOROWER	Address with Telephone/Mobile & E-Mail ID	No of shares held	AMOUNT OF SHARES HELD	% OF HOLDIN
										W)		
									-			
					1					1	1	

	MILLARDED		ME IAX	FILED FOR T	HE ASSE	SSMENT YEA	R	WI	ALIH I	AX FIELD FOR I	HE ASSES	SMENT YEAR	NT YEAR				
	NUMBER	YEAR TAXABLE TAX		YEAR YEAR TAXABLE TAX		TAX	YEAR WEALTH	YEARVEALTH TAX		YEAR WEALTH TAX		YEAR WEALTH TAX					
		INCOME	PAID	INCOME	PAID	INCOME	PAID	REPORTED	PAID	REPORTED	PAID	REPORTED					
						5											
			100														
												7					
												6					

NO	NATURE OF FACILITY	LIMIT	BALANCE O/s. As on	ROI/ COMM.	MARGIN (%)	DUE DATE	ARREARS (IF ANY)
						ā.	0

3.B) S ECURITIES OFFERED FOR ABOVE LIMITS: (FACILITY WISE PRIMARY SECURITY & COLLATERAL SECURITY TO BE GIVEN COMPULSORILY, WITH DETAILS OF ENCUMBRANCES, IF ANY)

#### 4. A) LIMIT WITH OTHER BANKS

N 0	NAME OF THE BANK & BRANCH	FACILITY	LIMIT	BALANCE O/s. As on	ROI/ COMM	MARGIN (%)	DUE DATE	ARREARS (IF ANY)
							=	

4.B) SECURITIES OFFERED FOR ABOVE LIMITS: (FACILITY WISE PRIMARY SECURITY & COLLATERAL SECURITY TO BE GIVEN COMPULSORILY WITH DETAILS OF ENCUMBRANCES, IF ANY)

NO	NAME OF THE GROUP CONCERN	NATURE OF FACILITY	LIMIT	BALANCE O/s. As on	ROI/ COMM	MARGIN (%)	DUE DATE	ARREARS (IF ANY)
					s			er si
					e			5
5.B) S	ECURITIES OFFER	ED FOR ABO	VE LIMITS:	(FACILITY WIS	SE PRIMARY	SECURITY	& COLLA	TERAL
	RITY TO BE GIVEN							A 10
				PART C			(AN	OUNT IN LAKHS)
	ENT REQUEST: HEREBY APPLY FO	R THE FOLLO	WING I OA	NS FROM THE	BANK AS PE	R THE DETA	II.S FURNI	SHED BELOW:
No	NATURE OF FA		LIMIT	MARGIN	ROI	PER		PURPOSE
				*		e		
						2		
				1			- 1	

	DETAILS OF ENCUMBRANCES, II	F ANY:		77
PRIMARY				196
				9
COLLATERAL				× 17
			X 1 42 - 30	
				Sex

#### CHECK LIST OF DOCUMENTS FOR CREDIT APPRAISAL

I.MANDATORY DOCUMENTS [FOR ALL FACILITIES]

S. No.	DOCUMENTS	CHECKED
1.	Loan application in the prescribed format – Customer Profile, Application & Industry Based Forms	Ø
2.	FINANCIAL STATEMENTS:	
Α.	Audited financials for the previous three years	Ø
В.	Estimates for the current year and actual financials until the last completed quarter for the current year duly signed by the Customer	Ø
C.	Projections for the next year duly signed by the Customer	Ø
3.	Latest IT / Wealth tax returns of the Firm / Company and its Proprietor / Partners / Directors / Guarantors	Ø
4.	Latest Sales Tax / VAT / Customs / Excise duty returns of the Firm / Company	Ø
5.	Month-wise Sales / Purchases for the current financial year	
6.	List of major Debtors / Creditors and details of age-wise Debtors	Ø
7.	Orders on hand	$\square$
8.	SSI / MSME registration certificate, necessary licenses, IE code (in case of Import / Export business), if any	M
9.	Assets & Liabilities statement of the Proprietor / Partners / Directors and Guarantors in the prescribed form	⊿
10.	Details of immovable properties offered as securities in the prescribed form	図
11.	External ratings, if any	☑
12.	In case the business is carried out on rented premises a copy of lease deed entered with the owner of the building	Ø

II. ADDITIONAL DOCUMENTS / INFORMATION [FACILITY-WISE]

S. No.	DOCUMENTS	CHECKEL
	FOR WORKING CAPITAL LIMITS:	
1.	CMA data [for working capital limits of Rs.100.00 lakhs and more]	Ø
2.	Cash budget statement for construction / seasonal / software and other units in service industry	Ø
	FOR BANK GUARANTEES:	
1.	Format of the Bank Guarantee	Ø
2.	Documentary proof for submission of Bank Guarantee	Ø
	For Letters of Credit:	
1.	Details of the goods to be purchased, quantity and the total value inclusive of Cost, Insurance and Freight.	✓ -
2.	Terms of LC – Sight / Usance (period of usance). Confirm whether Buyers credit is available to the applicant in case of sight LC	Ø
3.	Lead time - time taken from the date of LC to shipment	
4.	Sources of meeting the LC commitment on the due date and whether backup finance is required	Ø
5.	If the machinery is to be imported under FLC whether BG required under EPCG scheme. Details	M
<b></b>	of duty saved, export obligation, copy of licenses and sources of meeting the export obligation	
	FOR TERM LOAN - MACHINERY & FACTORY BUILDING:	
1.	Project report / Brief of the Project / Techno Economic Viability (TEV) report	Ø
2.	Projected profitability, cash flow statement covering the proposed repayment period and DSCR workings including the holiday period	Ø
3.	Details and the cost of the machinery along with the quotation / pro-forma invoices from the suppliers	M
4.	If the machinery is to be imported whether FLC limit is sought for and the terms of FLC – sight or usance and BG required under EPCG scheme. Details of duty saved, export obligation, copy of licenses and sources of meeting the export obligation	V
5.	In case of second hand machinery a certificate issued by the approved Mechanical / Chartered Engineer mentioning the residual life, value of the machinery, etc	<b>2</b>

S.No	DOCUMENTS	CHECKED
6.	Sources through which the margin would be financed	Ø
7.	Approved building plan, estimates for construction of the factory premises and other statutory clearances	Ø
	For Term loan – Building:	
1.	Project report / Brief of the Project	Ø
2.	Projected profitability, cash flow statement covering the proposed repayment period and DSCR workings including the holiday period	Ø
3.	Details of the location of the land (in case of construction) / building (in case of outright purchase) and their proximity and the relevant plan approval given by the local authorities	Ø
4.	Detailed estimates from engineer for building construction with clear specifications	Ø
5.	Copy of the sale agreement entered into with the present owner of the building in case of outright purchase	Ø
6.	In case of construction of residential flats the details of the marketability of the flats and the	Ø
	construction rate per sq ft vis-à-vis the prevailing market rate	
7.	Sources through which the margin would be financed	Ø

III. ADDITIONAL DOCUMENTS FOR NEW CUSTOMERS [FOR ALL FACILITIES]

S. No.	DOCUMENTS	CHECKED
1.	Brief profile of the customer	V
2.	KYC documents:	
Α.	Photo / Address Proof / PAN card copy in case of Proprietor / Partners / Directors	Ø
В.	Registrations like VAT / Commercial Tax or any other in case of Sole Proprietorship / Partnership firms	Ø
C.	Firm registration copy, Latest Partnership deed in case of Partnership firm	Ø
D.	Memorandum & Articles of Association, Certificate of Incorporation, Certificate of commencement of Business, DIN of Directors, List of Directors and Form 32, if applicable in case of Ltd Companies	☑
E.	LLP agreement, Registration certificate issued by RoC, DPIN of designated partners and Certificate of Incorporation in case of LLP.	Ø
3.	Capital investment certificate from the Auditor in case of newly established firms / Companies pertaining to the year of establishment	
4.	Government clearances from statutory agencies like Electricity Board, Pollution Control Board, Environmental Ministry, etc, if any	Ø

IV. ADDITIONAL DOCUMENTS FOR TAKE-OVER OF LIMITS FROM OTHER BANK / FI [FOR ALL FACILITIES]

	[TOKTHED THE DETAILS]	
S. No.	DOCUMENTS	Снескер
1.	Statement of accounts from the existing Bank / FI	
2.	Confidential opinion and NOC from the existing Bank / FI	☑
3.	Latest sanction letter from the existing Bank / FI and the prevailing ROI	
4.	Reasons for switching over from the existing Bank / FI	

#### **DECLARATION:**

- Use furnish herewith as enclosures all the documents as specified above in the checklist. I/ We also undertake to use the Bank's funds for the declared purpose only.
- Use I / We have no borrowing arrangements for the unit with any other Bank/FIs, except as specified in the application.
- ➡ I / We also submit that there are no overdues / statutory overdues against me/us/promoters except as indicated in the application.
- ♥ I / We certify that the securities offered are free from encumbrance and that a valid mortgage can be created in respect of immovable properties offered as securities and that the securities offered can be charged to secure the requested borrowings from the Bank.
- ➡ I / We undertake to furnish all other information that may be required by you in connection with my/our application. I /We agree for the Banks exchanging information pertaining to our account with RBI / NABARD / IDBI / SIDBI / CIBIL or other agencies you may deem fit and if sought for.
- U/We undertake that you, your representatives, representatives of any agencies as authorized by you, may at any time inspect / verify my / our assets, books of accounts etc., in our factory / business premises as given above.
- Use I / We confirm that no legal action has been / is being taken against me / us / partners / directors/promoters till date. I / We also undertake to keep the bank informed in such an eventuality.
- Use I / We also undertake not to open any Current Accounts / Apply for Credit Facilities with Banks/FIs other than those mentioned in our above application without prior consent.
- I / We confirm and certify that I / We either individually or as Proprietors / Partners / Directors of the applicant unit or any of the other concern either Subsidiary / Associate or not had / have not committed any default in the repayment of loan / advances or servicing of interest to any of the Bank / Financial Institutions.
- \[
  \begin{align\*} I / We hereby agree as a pre-condition of the loan / advance given to me / us by the bank that in case I / We commit default in the repayment of the loan /advances or in the repayment of interest thereon or any of the agreed installment of the loan on due date/s, the bank and/or the Reserve Bank of India will have unqualified right to disclose or publish my / our name or the name of our company / firm / unit and its directors / partners / proprietor as defaulter in such manner and through such medium as the Bank or Reserve Bank of India in their absolute discretion may think fit.
  \]
- Use I / We certify that all the information furnished above by me / us is true and correct and I / We undertake to abide by the rules, terms and conditions of the Bank from time to time.
- Use I / We also certify to agree all the charges viz., processing charges, service charges, upfront fee, penal interest for arrears in the loan, preclosure charges, etc., as stipulated by the bank from time to time.
- ⋄ I / We have not entered into any Derivative transaction with any other Banks/FIs without the consent of the Bank.
- Use have not been at any time in SAL of ECGC / RBI Defaulter's List / RBI Wilful Defaulter's List / RBI Caution List in any company / Firm / Concern at our capacities as a Director / Partner / Proprietor / Guarantor, etc., of the business unit or any other establishment.

#### PROCESSING CHARGES/UP-FRONT FEE:

- 1. For working capital loans upto `5 Crores, 0.50% for fresh loans and 0.40% for renewals plus applicable service tax.
- 2. For working capital loans above `5 Crores, 0.40% for fresh loans and 0.30% for renewals plus applicable service tax.
- 3. For term loans, 1% plus applicable service tax.

#### PREPAYMENT CHARGES:

- ♦ In case of preclosure of term loan a charge of 2% p.a. of the prepaid amount will be charged.
- Upon request of the borrower, copies of loan documents executed by the borrower, in respect of the loan availed by him, shall be provided.

#### **BORROWER COVENANTS:**

To be entitled to the provisions contained in the Fair Practices code, the applicant shall abide by the assessment of credit carried out by the Bank and agree that;

- 1. The interest rate stipulated for the limit is as per the existing guidelines. Appropriate rate of interest will be charged for taking into account the changes that may be effected by the bank from time to time.
- The Rate of Interest stipulated is linked to the Base Rate of the bank. Depending upon the change in Base Rate, the ROI will be modified without sending any notice of information to the borrower / guarantor.
- 3. The bank may revoke in part or in full or withdraw / stop financial assistance, at any stage, without any notice, or giving any reasons or any purpose whatsoever.
- 4. The sanction does not vest with any one the right to claim any damages against the Bank for any reason or whatsoever.
- 5. The limits sanctioned and other terms and conditions are purely at the discretion of the Bank and subject to modification as may be prescribed by the Bank.
- 6. Due to destruction of old records/ ledgers / transaction details periodically as per the law, the Bank will not be in a position to provide details of transactions which have already been destroyed.
- 7. Allowing drawings beyond the sanctioned limits, honouring of cheques issued for the purpose other than specifically agreed into credit sanction are at the discretion of the Bank.
- 8. The bank can disallow drawing on a borrowal account on its classification as a non performing asset or on account of non compliance with the terms of sanction.
- 9. The Bank does not have an obligation to meet further requirements of the borrower on account of growth in business, etc.
- 10. The Bank does not have the obligation to nurse / finance the account in the event of unit's sickness

11. In the event of the account becoming NPA full details of the account can be disclosed to the public and we undertake to sign the disclosure clause.

SIC

ATURE OF BORROWER

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PLACE:

DATE:

#### CERTIFICATION OF THE BRANCH:

WE HEREBY CERTIFY THAT THE PARTICULARS FURNISHED ABOVE ARE TRUE TO THE BEST OF OUR KNOWLEDGE AND WE HAVE VERIFIED ALL THE STATEMENTS / APPROVALS / CERTIFICATES / DEEDS AND FOUND THE SAME IN ORDER.

DEPUTY MANAGER MANAGER

PLACE:

DATE: