

4.3 Principal place of Business (as same registered address) Y ☐ N ☐ (if no please fill details as under)

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

PROOF OF ADDRESS*: ☐ CERTIFICATE OF INCORPORATION / FORMATION ☐ REGISTRATION CERTIFICATE

LINE 1*:

LINE 2*:

LINE 3*:

DISTRICT*:

STATE / UT NAME*:

CITY/ TOWN/VILLAGE*:

PIN/POST CODE*:

COUNTRY CODE*:

4.4 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*:

STATE*:

ZIP / POST CODE*:

COUNTRY CODE*:

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 1:

MOBILE 2:

EMAIL ID 1:

EMAIL ID 2:

6. NATURE OF BUSINESS

☐ MANUFACTURER ☐ TRADER ☐ RETAILER ☐ SERVICE PROVIDER ☐ EXPORT / IMPORT ☐ OTHERS _____

INDUSTRY CODE*: (PLEASE REFER TO INDUSTRY CODES PAGE ON PAGE 5) OTHERS: _____

ANNUAL TURNOVER RS. _____ PLEASE PROVIDE SUPPORTING DOCUMENTS OR SELF DECLARATION (Applicable upto certain limit as decided by Bank)

EXPECTED ANNUAL CREDIT RS. _____

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 the 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."

7. TYPE OF ACCOUNT

☐ CURRENT ACCOUNT ☐ SAVINGS BANK ACCOUNT ☐ OTHER PLEASE SPECIFY: _____

☐ RECURRING DEPOSIT ☐ SWEEP FACILITY

SCHEME TYPE _____ AMOUNT _____ PERIOD _____ AUTO RENEWAL ☐ YES ☐ NO

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 ONLY ☐ VIEW & TRANSACTION ☐ CHEQUE BOOK ☐ DEBIT CARD ☐

POS FACILITY (CARD SWIPING MACHINE) ☐ SMS ALERTS ☐ DOOR STEP BANKING ☐ PAY FEE FACILITY ☐

PLATINUM DEBIT CARD ☐ OTHER _____

STATEMENT FREQUENCY: MONTHLY ☐ QUARTERLY ☐ HALF-YEARLY ☐ DAILY ☐

E-STATEMENT TO BE SENT TO EMAIL ID:

SMS ALERTS TO BE SENT ON : MOBILE

(PLEASE REFER TO THE MOBILE NUMBERS GIVEN IN CONTACT DETAILS IN AOF PART 1)

10. ACCOUNT VARIANT

ACCOUNT VARIANT NAME: _____

(FOR MORE DETAILS, PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH)

11. UNDERTAKING : CREDIT FACILITY FROM OTHER BANK / FINANCIAL INSTITUTION

CREDIT FACILITY AVAILED FROM OTHER BANK/FINANCIAL INSTITUTION ☐ NO ☐ YES (IF YES, PLEASE FILL ANNEXURE V)

I/we undertake to inform you immediately if and when the sum of my/our availed credit facility(ies) becomes Rs. 5.00 crore or more.
I/We also understand that when the credit exposure is Rs. 5.00 crore or more, my/our account shall be governed by RBI Guidelines

For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED

Signature of Applicant/s Director

12. 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 (DNFFE): ☐ YES ☐ NOIF YES PLEASE PROVIDE GIIN OF DIRECT REPORTING DNFFE: LEGAL ENTITY IDENTIFIER (L.E.I. CODE. NO.):
(AS & WHEN APPLICABLE) **13. COUNTRY OF RESIDENCE AS PER TAX LAWS***TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES ☐ NO ☐ (IF NO, PLEASE FILL THE DETAILS ANNEXURE -VI)**Income-tax Rules, 1962
FORM 60 [see second proviso to rule 114B]****FORM 60 ONLY FOR ENTITIES OTHER THAN COMPANIES AND PARTNERSHIPS (In Case PAN is not Available)**NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION & 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

15 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
(The benefit of nomination facility has been explained to me/us. However I/we don't want to nominate any person in the account)**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 Punjab National Bank (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: CIF NO. OF NOMINEE: age years

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

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.

②

For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED
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 :

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.
- 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 Punjab National Bank ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/Internet banking/ Mobile Banking/ whatsapp 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, telebanking 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 scheme guidelines and service charge, expenses or other dues which the Bank is entitled/ liable to recover from me/us. I/We also authorize 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.
- I/We hereby, give my consent to 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 include my KYC record/personal information such as my name/address, date of birth, PAN no. etc.
- 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

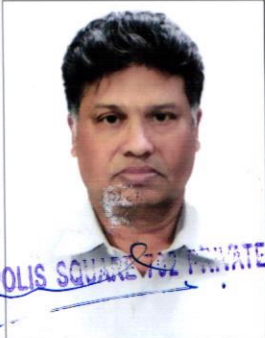
Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.

- 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 (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 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 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 MAB (Monthly Average Balance) in the account as prescribed under the respective account scheme and agree to pay the penalty if MAB is not maintained.

CIF NO.

A/C NO.

MODE



verlap)

Director

For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED

Name:

Director

Please Paste

Photograph
Here

Signature

Signature of Authorized Signatory 2 (Do not overlap)

Please Paste

Photograph
Here

Signature 3

Signature of Authorized Signatory 3 (Do not overlap)

Name:
Designation:
Date:
Name, Signature, Seal and GBPA/PF No. of verifying official

Name:
Designation:
Date:
Name, Signature, Seal and GBPA/PF No. of verifying official

FOR OFFICE USE ONLY

1. APPLICANT(S) INTERVIEWED AND PURPOSE ASCERTAINED (SPECIFY THE PURPOSE): _____

2. WHETHER SELF - CERTIFICATION & DOCUMENTS SUBMITTED BY THE CUSTOMERS HAVE BEEN VERIFIED AND FOUND CORRECT AND RELIABLE: ☐ YES ☐ NO
(CARE : BRANCH TO PROCEED WITH OPENING OF ACCOUNT ONLY WHEN THIS CERTIFICATION IS "YES")

3. DOCUMENTS RECEIVED: ☐ SELF CERTIFIED ☐ TRUE COPIES ☐ NOTARY

4. RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☐ LOW

5. IN PERSON VERIFICATION CARRIED OUT AND SIGNATURE OF THE APPLICANT VERIFIED BY: IDENTITY VERIFICATION:

☐ DONE

6. AUTHORISED OFFICIAL HAS VERIFIED THE ACTIVITY OF PROPRIETARY CONCERN AT THE ADDRESS MENTION IN ACCOUNT OPENING FORM: ☐ YES ☐ NO

OFFICIAL NAME: _____ PF NO.: _____ DESIGNATION: _____

DATE: GBPA NO.: _____ SIGNATURE: _____

OPEN CIF

TRANSACTION NO.

INITIALS

DATE: (AUTHORISED SIGNATORY)

CIF:

OPEN THE ACCOUNT

BRANCH MANAGER / AUTHORISED OFFICIAL (SIGNATURE)

ACCOUNT OPENED ON:

ACCOUNT NUMBER:

REMARKS (IF ANY): _____

MAKER (SWO/OFFICER)

NAME: _____

EMP/OFFICIAL NAME: _____

GBPA No./ PF No.: _____

EMP/OFF. DESIGNATION: _____

EMP/OFF. BRANCH: _____

AUTHORIZED OFFICER (SIGNATURE)

NAME: _____

EMP/OFFICIAL NAME: _____

GBPA No./ PF No.: _____

EMP/OFF. DESIGNATION: _____

EMP/OFF. BRANCH: _____

ACCOUNT CLOSED ON: _____ ACCOUNT TRANSFERRED TO _____ BRANCH ON _____

AUTHORISED OFFICIAL (SIGNATURE)

CURRENT ACCOUNT RULES

- Whenever the customer does not use alternate channels for opening the Current Account, payments to credit of an account with the Bank should ordinarily be accompanied by a pay-in slip duly signed by the constituent. Slips with counterfoils will be supplied in book form and the entry of the transactions made in the counterfoil will be authenticated by the initials of an authorised employee of the Bank. The depositor should satisfy himself that the transaction is so certified.
- Cheques must be drawn on the Bank's printed forms. The Bank reserves its right to refuse payment of any cheque drawn otherwise. The bank reserves the right to refuse payment of cheques that have been altered in any way unless the alteration is authenticated by the drawer under full signature. Cheques should be drawn in such a way as to prevent alteration after issue, and the signature should be uniform with that on record at the Bank.
- Constituents should not overdraw their accounts, even for small amounts without having made previous arrangements. Overdraft are granted in current accounts on terms as per extant instructions. Interest will be charged at the rates stipulated by the Bank and calculated upon the daily balances.
- The Bank will register instructions from the drawer regarding cheques lost, stolen, etc. but cannot guarantee depositors against loss in such cases in the event of such a cheque being paid.
- The bank collects bills, drafts, cheques, pay and pension bills, etc. on behalf of constituents. In personal accounts, the Bank offers up to a specified limit immediate credit in respect of cheques, drafts, dividend warrants, etc., payable at outstation branches.
- Local cheques, etc. will be cleared under CTS Clearing
- Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against until they have been realised.
- Bills, notes, etc. not payable on demand, intended for realisation by the Bank, should be sent at least one clear day before due date.
- The Bank accepts standing instructions on accounts for making periodic remittances, etc.
- Statements of accounts will be sent to constituents periodically and can be obtained at any time on application. The entries of accounts should be carefully examined by the constituent, and, if any errors or omissions are discovered, the attention of the Bank must be drawn to them immediately. The Bank will not be responsible for any loss arising from neglect of this precaution.
- Any change in the address of the constituent must be promptly advised to the Bank. In all their correspondence with the Bank and on pay-in slips etc. constituents should clearly mention the account number allotted at the time of opening of the account.
- Accounts may be transferred at the request of the constituent to any other office of the Bank.
- The Bank accepts securities and shares for sale, purchase and realisation of interest, dividends, etc. on terms which may be had on application.
- The Bank reserves the right to alter/add to/delete any of these rules at any time.

INDUSTRY CODES

01. AIRLINES / AVIATION	15. CASINOS	29. IMPORT / EXPORT	43. STEEL / HARDWARE
02. ADVERTISING AGENCY	16. CEMENTS / PAINTS	30. MANUFACTURING	44. STOCKS & SHARES
03. AGRICULTURE / ALLIED INDUSTRIES	17. CHIT FUNDS	31. MONEY LENDER	45. TECH STARTUPS
04. AUTOMOBILES	18. CONSUMER DURABLES	32. MEDIA / ENTERTAINMENT	46. TELECOMMUNICATION
05. AUTOPARTS	19. COURIER / CARGO	33. MEDICAL / HEALTHCARE	47. TEXTILES / GARMENTS
06. AUTO FINANCE	20. CONSTRUCTION / REAL ESTATE	34. MARBLE & GRANITE	48. TRAVEL & TOURISM
07. ARMS DEALER	21. CONSULTANCY	35. OIL & GAS	49. TRANSPORTATION & LOGISTICS
08. BANKING / FINANCIAL SERVICES	22. ELECTRONICS	36. PETROL PUMPS	50. FOREX DEALERS / BULLION
09. ENGINEERING / CAPITAL GOODS	23. FURNITURE / TIMBER	37. PHARMACEUTICALS	51. PROFESSIONALS (DOCTOR, LAWYER, ENGG. CONSULTING, HR)
10. FERTILIZERS / CHEMICALS / SEEDS /	24. GOVERNMENT BODIES	38. POWER / ELECTRICITY	52. RETAIL CHAIN / FMCG
11. PESTICIDES	25. HOTELS / RESTAURANTS	39. PRINTING / PUBLISHING	53. IT SERVICES
12. FISHERIES / POULTRY	26. HOSPITALS / CLINICS / NURSING HOME	40. RELIGIOUS INSTITUTIONS	
13. GEMS / JEWELLERY	27. INFRASTRUCTURE	41. SCIENCE & TECHNOLOGY	
14. CALL CENTERS / BPO	28. INSURANCE	42. SCHOOL / COLLEGES / INSTITUTES	

GENERAL INSTRUCTIONS:

A. Clarification / Guidelines for filling 'For Office Use Only' section

1. Account Type : Simplified should be used for FPI Category I and Category II only.
2. Account Holder Type :

US Reportable (FATCA)	Other Reportable (Other than FATCA)
F1- Owner- Documented FI with specified US owner(s)	C1- Passive Non- Financial Entity with one or more controlling person that is a Reportable person
F2- Passive Non -Financial Entity with substantial US owner(s)	C2- Other Reportable Person
F3- Non- Participating FFI	C3- Passive Non- Financial Entity that is a CRS Reportable
F4- Specified US person	XX- Not Applicable
F5-Direct Reporting NFFE	

B. Clarification / Guidelines for filling 'Entity Constitution type' section

A- Sole Proprietorship	H- Trust	N- Foreign Portfolio
B- Partnership firm	I- Liquidator	O- Section 8 Companies (Companies Act, 2013)
C- HUF	J- Limited Liability Partnership	P- Artificial Judicial Person
D- Private Limited Company	K- Artificial Judicial Person	X- Not Categorized
E- Public Limited Company	L- Public Sector Banks	Z- Others
F- Society	M- Government Departments/ Agency	
G- Association of Persons (AOP)/ Body of Individuals (BOI)		

C. Clarification / Guidelines for filling 'Entity Details' section

1. For sole proprietorship Concerns, in case of non- availability of PAN, Form 60 needs to be furnished
 2. Identification Type: T- TIN, C- Company Identification Number, G-US GIIN, E- Global Entity Identification Number (EIN), O- Others
- ### D. Clarification / Guidelines for filling 'Proof of Identity [PoI]' section
1. Certified copies of all the relevant documents, as applicable, needs to be submitted.
 2. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.
 3. Details of the Required Documents for different Entity Constitution Types are mentioned in Page 16 (KYC Documents Required)
 4. 'Date of Commencement of Business' is mandatory for companies, and other entities may provide if applicable.
- ### E. Clarification / Guidelines for filling 'Proof of Address [PoA]' section
1. State / U.T Name and Pin / Post Code will not be mandatory for Overseas addresses.
 2. In case of multiple correspondence / local addresses, please fill 'Annexure III'
- ### F. Clarification / Guidelines for filling 'Contact Details' section
1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
 2. Do not add '0' in the beginning of Mobile number.
- ### G. Clarification / Guidelines for filling 'Controlling/Related Person Details' section
- i. Fill Separate Annexure (A11) for each Controlling/ Related Person/Beneficial Owner.
 - ii. Personal Details
 1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
 2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.
 - iii. Resident outside India for tax purposes
 1. Provision for capturing multiple Tax residency details is made available (Annexure III)
 2. Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an

equivalent level of identification ("Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)

iv. Proof of Identity [PoI]

1. If driving license number or passport is provided as PoI then expiry date is to be mandatorily furnished.
 2. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- #### v. Proof of Address [PoA]
1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
 2. State / U.T Name and Pin / Post Code will not be mandatory for Overseas addresses.
- #### vi. Section 1 A to be filled for Controlling Person and Section 1 B to be filled for related Person.
- #### vii. The details of Controlling Persons are required only if the Legal Entity is Passive NFE as defined in the Income Tax Rules
- #### viii. If KYC number of Related or Controlling person is available, no other details except 'Person Type' and 'Name of the Controlling/Related Person' are required.

"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 procedure 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, issued on the 18th January, 2013 by the Reserve Bank of India; or
- (ii) CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of India; or
- (iii) IRDA/SDD/GDL/CIR/019/02/2013, issued on the 4th February, 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	C01 - CP of legal person - ownership
	• Other means	C02 -CP of legal person - other means
	• Senior managing official	C03 - CP of legal person - senior managing official
Society	• Ownership	C01 -CP of legal person - ownership
	• Other means	C02 - CP of legal person - other means
	• Senior managing official	C03 - CP of legal person - senior managing official
AOP/BOI	• Members (owners)	C01 - CP of legal person - ownership
	• Settlor Equivalent	C09 - CP of legal arrangement -Other-settlor equivalent
	• Trustee equivalent	C10 - CP of legal arrangement -Other-trustee equivalent
	• Protector Equivalent	C11 - CP of legal arrangement -Other-protector equivalent
	• Beneficiary Equivalent	C12 - CP of legal arrangement -Other-beneficiary equivalent
	• Others	C13 - CP of legal arrangement -Other-Other equivalent
Trust	• Settlor	C04 - CP of legal arrangement -Trust-settlor
	• Trustee	C05 - CP of legal arrangement -Trust-trustee
	• Protector	C06 - CP of legal arrangement -Trust-protector
	• Beneficiary	C07 - CP of legal arrangement -Trust-beneficiary
	• Others	C08 - CP of legal arrangement -Trust-Other
Liquidator		CP not required
Limited Liability Partnership	• Partners(ownership)	C01 - CP of legal person - ownership
	• Other means	C02-CP of legal person - other means
	• Senior Managing officials	C03 - CP of legal person - senior managing official
Artificial Judicial Person	• Equivalent of Settlor	C09 - CP of legal arrangement -Other-settlor equivalent
	• Trustee	C10 - CP of legal arrangement - Other - trustee equivalent
	• Protector	C11 - CP of legal arrangement - Other - protector equivalent
	• Beneficiary	C12 - CP of legal arrangement - Other - beneficiary equivalent
	• others	C13 - CP of legal arrangement - Other - Other equivalent

H.	Passive NFE :It means - Any NFE which is not an Active NFE, or - 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. - 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). Note:- - 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:- - 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 - Individual and collective portfolio management; or - Otherwise investing, administering, or managing financial assets or money on behalf of other persons. 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. 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. 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. 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. 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.
I.	Active NFE is any one of the following - 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 - 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 - 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 - 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 - 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 - 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 - 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 - the entity meets all of the following requirements, namely:- - 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; - It is exempt from income-tax in India; - It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; - 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 - 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. Explanation. - For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:- - an Investor Protection Fund referred to in clause (23EA); - a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and - an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act
J.	A US Person is any of the following - A U. S. citizen or Tax Resident of US; OR - A partnership or a corporation organized in the US or under the law of the US or any states thereof; OR - 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 - an estate of the decedent that is a citizen or resident of the United States.
K.	Specified US Person - A US Person other than the following - A corporation the stock of which is regularly traded on one or more established securities markets - 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) - The United States or any wholly owned agency or instrumentality thereof - 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 - 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 - Any bank as defined in section 581 of the U. S. Internal Revenue Code; - Any real estate investment trust as defined in section 856 of the U. S. Internal Revenue Code - 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) - Any common trust fund as defined in section 584(a) of the U. S. Internal Revenue Code; - 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 - 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; - A broker as defined in section 6045(c) of the U.S. Internal Revenue Code - 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
L.	Direct Reporting NFFE 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 GILN. Such Direct Reporting NFFEs are required to be reported under Rules 114F to 114H

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
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire / 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 & Diu	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		

KYC Documents Required for opening Current Accounts:

Sl No	Type of Entity	KYC Documents
1	Proprietorship	Any two of the following documents or the equivalent edocument thereof as a proof of business / activity in the name of the proprietary firm shall also be obtained: (i) Registration certificate including Udyam Registration Certificate (URC) issued by the Government. (ii) Certificate / Licence issued by the municipal authorities under Shop and Establishment Act. (iii) Sales and income tax returns. (iv) CST / VAT / GST certificate. (v) Certificate / registration document issued by Sales Tax / Service Tax / Professional Tax authorities. (vi) IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT / Licence / certificate of practice issued in the name of the proprietary concern by any professional body incorporated under a statute. (vii) Complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where the firm's income is reflected, duly authenticated / acknowledged by the Income Tax authorities. (viii) Utility bills such as electricity, water, and landline telephone bills.
2	Partnership Firms	The certified copies of each of the following documents or the equivalent e-documents thereof shall be obtained: (i) Registration certificate; (ii) Partnership deed; (iii) Permanent Account Number of the partnership firm; (iv) Documents, as specified in Section 2, relating to beneficial owner, the managers, officers or employees, as the case may be, holding an attorney to transact on its behalf (v) The names of all the partners and address of the registered office, and the principal place of its business, if it is different. (vi) PAN or Form60 issued to the person holding POA on its behalf (vii) Mode of operation in case of Partnership to be indicated clearly in AOF (Viz. All Partners jointly/severally (singly), Partner 1 & 2 jointly/severally (singly) etc.) (ix) A declaration containing the names of all the beneficial owners together with their shareholding/controlling interest/stake duly signed by the authorized signatory. (Annexure IV) (x) Partnership letter dated.....and No..... obtained and Signed by all partners. (To be compulsorily obtained in case of partnership firms) (xi) Addresses of the Power of Attorney holders
3	Limited Companies	(i) Certified copies of each of the following documents or the equivalent e-document thereof shall be obtained: (ii) Certificate of incorporation; (iii) Memorandum and Articles of Association; (iv) Permanent Account Number of the company; (v) A resolution from the Board of Directors and power of attorney granted to its managers, officers or employees to transact on its behalf; (vi) Documents, as specified in Section 2, relating to beneficial owner, the managers, officers or employees, as the case may be, holding an attorney to transact on the company's behalf. (vii) the names of the relevant persons holding senior management position; and (viii) the registered office and the principal place of its business, if it is different. (ix) PAN or Form60 issued to the person holding POA to transact on company's behalf. (x) Certificate of commencement of business in case of Public limited company. (xi) CIN no. (xii) Proof of current address. (xiii) 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 certificated 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). (xiv) Certified copy of a resolution datedregulating 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 Punjab National Bank and that the said Bank be and is here by Authorized to honour cheques, bills of exchange and promissory noted 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/- Chairman sd/- Directors sd/- Secretary (XV) 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.
4	Societies/ Association / Clubs	KYC Documents as applicable to Accounts of unincorporated Associations or Body of Individuals. Copy of the PAN or Form 60 of the Entity. Other Documents 1. Copy of the Memorandum of Association registered on.....and Articles of Association dated.....Obtained. 2. Resolution of managing body for opening the account 3. Copy of the By Laws dated.....and resolution dated.....Of the Society, regarding the conduct of the account, obtained. 4. Government/Military Order dated.....obtained (whichever applicable). 5. 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.
5	Hindu Undivided Family (HUF)	Certified copies of each of the following documents shall be obtained: (i) Joint Hindu Family Letter dated.....And NoObtained on Cos38, signed by all the adult coparceners. (ii) Identification information as mentioned under Section 2 in respect of the Karta and Major Coparceners, (iii) Declaration of HUF and its Karta, (iv) Recent Passport photographs duly self-attested by major co-parceners alongwith their names and addresses. (v) The Permanent Account Number or the equivalent e-document thereof or FormNo. 60 as defined in Income-tax Rules, 1962 (vi) On death of a coparcener, birth of a coparcener and a minor coparcener at attaining majority (18 years), a fresh JHF letter has to be executed Declaration that althe depositor is the Karta of the Joint Family, b) the deposit belongs to JHF
6	Trusts	Certified copies of each of the following documents or the equivalent e-documents thereof shall be obtained: (i) Registration certificate; (ii) Trust deed; (iii) Permanent Account Number or Form No.60 of the trust; (iv) Documents, as specified in Section 2, relating to beneficial owner, the managers, officers or employees, as the case may be, holding an attorney to transact on its behalf (v) the names of the beneficiaries, trustees, settlor and authors of the trust (vi) The address of the registered office of the trust; and list of trustees and documents, as are required for individuals under Section 2 for those discharging role as trustee and authorised to transact on behalf of the trust. (vii) Permanent Account Number or Form60 issued to the person holding POA on trust behalf (viii) A declaration containing the names of all the beneficial owners together with their shareholding/controlling interest/stake duly signed by the authorized signatory. (Annexure III) (ix) 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. A copy of the Resolution (x) All Trust Accounts to be invariably assigned "High Risk"

KYC Documents Required for opening Current Accounts:

Sl No	Type of Entity	KYC Documents
7	Unincorporated association or body of individuals	Certified copies of each of the following documents or the equivalent edocument thereof shall be obtained: (i) Resolution of the managing body of such association or body of individuals; (ii) Permanent account number or Form No.60 of the unincorporated association or a body of individuals; (iii) Power of attorney granted to transact on its behalf; (iv) Documents, as specified in Section 2, relating to beneficial owner, the managers, officers or employees, as the case may be, holding an attorney to transact on its behalf and such information as may be required by the Bank to collectively establish the legal existence of such an association or body of individuals. Explanation: Unregistered trusts / partnership firms shall be included under the term 'unincorporated association'. Explanation: Term 'body of individuals' includes societies (v) Permanent Account Number or Form60 issued to the person holding POA on its behalf (vi) Such information as may be required by the bank to collectively establish the legal existence of such an association or body of individuals. (vii) 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 Authorized 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	Proof of Identity for Executors, Administrators and Liquidators 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 Proof of Residence for Tax purpose 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	Societies, universities and local bodies like village panchayats, etc., or who purports to act on behalf of such juridical person or individual or trust, certified copies of the following documents or the equivalent edocuments there of shall be obtained and verified: (i) Document showing name of the person authorised to act on behalf of the entity; (ii) Documents, as specified in Section 2, of the person holding an attorney to transact on its behalf. (iii) Such documents as may be required by the Bank to establish the legal existence of such an entity/juridical person

Officially Valid Documents:

The list of OVDs consist only the following Five:

1. Passport
2. Driving licence
3. 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.
4. Voter's identity Card issued by Election Commission of India
5. Job card issued by NREGA duly signed by an officer of the State Government
6. 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:

- (i) Utility bill which is not more than two months old of any service provider (electricity, Telephone, post-paid mobile phone, piped gas, water bill).
- (ii) Property or Municipal Tax Receipt (Latest)
- (iii) Pension or Family Pension Payment Orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address
- (iv) 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:

- (a) 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 10% 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.
- (b) Where the customer is a partnership Firm, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has/have ownership of / entitlement to more than 10% of capital or profits of partnership; Or who exercise control through other means. Explanation: For the purpose of this clause, "control" shall include the right to control the management or policy decision.

- (c) Where the customer is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting alone 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.
- (d) 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 10% 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.
- (e) 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

TO BE FILLED ONLY IN CASE OF FINANCIAL INSTITUTION

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:

		Yes	No	
Tick status of Financial Institution				
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 NRFI referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFI 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 NRFI referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFI referred to in (i) to (xiii) above
7.	Sponsored Investment Entity			
a)	GIIN of Sponsored entity			

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

Date:

--	--	--	--	--	--	--	--	--	--

Place:

②



For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED


Director

SIGNATURE(S)
NAME OF THE AUTHORIZED PERSON OF ENTITY

PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE ONLY) / RELATED PERSON-RP/ BENEFICIAL OWNER

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

APPLICATION TYPE* ☐ NEW ☐ UPDATE

FOR OFFICE USE ONLY

BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.

APPLICANT (CP/RP) CIF NO.:

CP/RP Account No.:

For AMTZ MEDPOLIS SQUARE



Director

ENTITY NAME:

ENTITY ACCOUNT NO.:

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

☐ BENEFICIARY

☐ Others

IN CASE OF TRUST:

☐ SETTLOR

☐ TRUSTEE

☐ PROTECTOR

☐ BENEFICIARY-EQUIVALENT

☐ OTHER-EQUIVALENT

IN CASE OF OTHER LEGAL ARRANGEMENT:

☐ SETTLOR-EQUIVALENT

☐ TRUSTEE-EQUIVALENT

☐ PROTECTOR-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

☐ COURT APPOINTED OFFICIAL

☐ BENEFICIARY

☐ BENEFICIAL OWNER
(SEE DEFINITION AT PAGE NO.10)

☐ OTHERS

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

NAME (SAME AS ID PROOF)*:

PREFIX

FIRST NAME

MIDDLE NAME

LAST NAME

Name of*

☐ Father

☐ Mother

☐ Spouse

(One among three is mandatory, Father name is mandatory if PAN is not provided)

DIN (DIRECTOR IDENTIFICATION NUMBER):

(MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)

DATE OF BIRTH*:

GENDER:

☐ M - MALE

☐ F - FEMALE

☐ THIRD GENDER

MARITAL STATUS*:

☐ MARRIED

☐ SINGLE

☐ OTHERS

RESIDENTIAL STATUS*:

☐ RESIDENT INDIVIDUAL

☐ NON RESIDENT INDIAN

NATIONALITY:

☐ IN-INDIAN

☐ OTHERS

☐ FOREIGN NATIONAL

COUNTRY CODE
(ISO 3166)

☐ PERSON OF INDIAN ORIGIN

CITIZENSHIP*:

☐ INDIAN

☐ OTHERS

OCCUPATION TYPE*:

☐ S - SERVICE (

☐ PUBLIC SECTOR

☐ PRIVATE SECTOR

☐ GOVERNMENT SECTOR)

☐ O - OTHERS (

☐ PROFESSIONAL

☐ SELF EMPLOYED

☐ RETIRED

☐ HOUSE WIFE

☐ STUDENT)

☐ B - BUSINESS

☐ NOT CATEGORIZED

POLITICALLY EXPOSED PERSON:

☐ YES

☐ NO

COUNTRY CODE OF TAX RESIDENCE*:
(ISO 3166)

(CODE FOR INDIA IS "IN")

PEP definition: (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials"

COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA*

☐ YES

☐ NO

(IF NO, PLEASE FILL THE DETAILS IN COLOUMN 6 & 7)

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 NRFI referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFI 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 NRFI referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFI referred to in (i) to (xiii) above	
7.	Sponsored Investment Entity				
a)	GIIN of Sponsored entity				

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

Date:

--	--	--	--	--	--	--	--	--	--

Place: _____

② 

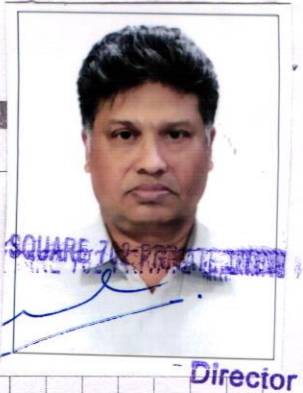
For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED

 Director
 SIGNATURE(S)
 NAME OF THE AUTHORIZED PERSON OF ENTITY

PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE ONLY) / RELATED PERSON-RP / BENEFICIAL OWNER

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

FOR OFFICE USE ONLY		BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.
APPLICATION TYPE* ☐ NEW ☐ UPDATE		
APPLICANT (CP/RP) CIF NO.:		
CP/RP Account No.:		



Director

ENTITY NAME: _____

ENTITY ACCOUNT NO.: _____

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 ☐ BENEFICIARY ☐ Others

IN CASE OF TRUST: ☐ SETTLOR ☐ TRUSTEE ☐ PROTECTOR ☐ BENEFICIARY-EQUIVALENT ☐ OTHER-EQUIVALENT

IN CASE OF OTHER LEGAL ARRANGEMENT: ☐ SETTLOR-EQUIVALENT ☐ TRUSTEE-EQUIVALENT ☐ PROTECTOR-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 ☐ COURT APPOINTED OFFICIAL ☐ BENEFICIARY ☐ BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO.10) ☐ OTHERS

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

NAME (SAME AS ID PROOF)*: PREFIX _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

Name of* ☐ Father ☐ Mother ☐ Spouse (One among three is mandatory, Father name is mandatory if PAN is not provided)

DIN (DIRECTOR IDENTIFICATION NUMBER): _____ (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)

DATE OF BIRTH*: _____

GENDER: ☐ M - MALE ☐ F - FEMALE ☐ THIRD GENDER

MARITAL STATUS*: ☐ MARRIED ☐ SINGLE ☐ OTHERS

NATIONALITY: ☐ IN-INDIAN ☐ OTHERS

COUNTRY CODE (ISO 3166) _____

RESIDENTIAL STATUS*: ☐ RESIDENT INDIVIDUAL ☐ NON RESIDENT INDIAN ☐ FOREIGN NATIONAL ☐ PERSON OF INDIAN ORIGIN

CITIZENSHIP*: ☐ INDIAN ☐ OTHERS

OCCUPATION TYPE*:

☐ S - SERVICE (☐ PUBLIC SECTOR ☐ PRIVATE SECTOR ☐ GOVERNMENT SECTOR)

☐ O - OTHERS (☐ PROFESSIONAL ☐ SELF EMPLOYED ☐ RETIRED ☐ HOUSE WIFE ☐ STUDENT)

☐ B - BUSINESS ☐ NOT CATEGORIZED

POLITICALLY EXPOSED PERSON: ☐ YES ☐ NO

COUNTRY CODE OF TAX RESIDENCE*: _____ (CODE FOR INDIA IS "IN")

COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA* ☐ YES ☐ NO (IF NO, PLEASE FILL THE DETAILS IN COLOUMN 6 & 7)

ADDRESS TYPE:		RESIDENTIAL / BUSINESS	RESIDENTIAL	BUSINESS	REGISTERED OFFICE	UNSPECIFIED
LINE 1:						
LINE 2:						
LINE 3:						
DISTRICT:						
STATE / UT NAME CODE:			COUNTRY CODE:			
PIN / POST CODE:		CITY / TOWN / VILLAGE:				

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

1. A citizen of US including individual born in US but as stated as TIN;
2. A citizen of US including individual born in US but as stated as TIN;
3. A person residing in US including US green card holder;
4. A person who spend more than 180 days in US each year;

COUNTRY OF TAX RESIDENCE #	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY)

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

[illegible]

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

DOCUMENT NO. / IDENTIFICATION NUMBER*										ISSUED BY*										ISSUED AT*										DATE OF EXPIRY*									
LINE 1*										LINE 2*										DISTRICT*										STATE / UT NAME CODE*									
CITY / TOWN / VILLAGE*										PIN / POST CODE*										COUNTRY CODE* (ISO 3166)																			

I/WE SHALL SUBMIT UPDATED CURRENT ADDRESS WITHIN A PERIOD OF THREE MONTHS, FAILING WHICH BANK MAY RESTRICT THE OPERATIONS IN THE ACCOUNT (NOT APPLICABLE WHEN SETL
DECLARATION IS PROVIDED BY THE CUSTOMER) (AS PER POINT NO. 5 ABOVE)

- | | | | | |
|-----------------|-------------|--------------------------------------|---|---|
| 1. UTILITY BILL | 2. PPO/FPPO | 3. PROPERTY OR MUNICIPAL TAX RECEIPT | 4. LETTER OF ALLOTMENT OF ACCOMMODATION ISSUED BY EMPLOYER/ISSUED BY STATE OR CENTRAL GOVERNMENT DEPARTMENTS, STATUTORY OR REGULATORY BODIES, PUBLIC SECTOR UNDERTAKING SCHEDULED COMMERCIAL BANKS, FINANCIAL INSTITUTIONS AND LISTED COMPANIES, SIMILARLY, LEASE AND LICENSE AGREEMENTS WITH SUCH EMPLOYERS ALLOTTING OFFICIAL ACCOMMODATION." | 5. SELF-DECLARATION (APPLICABLE ONLY WHEN CUSTOMER HAS CARRIED OUT E-KYC (AADHAAR AUTHENTICATION) AND ADDRESS IN AADHAAR IS NOT SAME AS CURRENT ADDRESS |
|-----------------|-------------|--------------------------------------|---|---|

4. IF THE PROOF OF ADDRESS/OVD PROVIDED DOES NOT CONTAIN CURRENT ADDRESS, PLEASE PROVIDE ANY OF THE DOCUMENTS BELOW AS OVD (OFFICIALLY VALID DOCUMENT)

							DOCUMENT NO. / IDENTIFICATION NUMBER*												
										ISSUED AT*									
										ISSUED BY*									
										LINE 1*									
										LINE 2*									
										CITY / TOWN / VILLAGE *									
										PIN / POST CODE*									
										STATE / UT NAME CODE*									

(ISO 3166)

COUNTRY CODE*

- | | | | | | | | | | |
|--|--------------|--------------------------|-------------------|--------------------------|---------------------|--------------------------|--------------------|--------------------------|---------------------|
| ☐ | A - PASSPORT | ☐ | B - VOTER ID CARD | ☐ | C - DRIVING LICENCE | ☐ | D - NREGA JOB CARD | ☐ | PROOF OF POSSESSION |
| E - LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME AND ADDRESS | | | | | | | | | |

3. PROOF OF IDENTITY/ADDRESS (PLEASE TICK THE APPROPRIATE BOX (ANY ONE ID TYPE) AND GIVE DETAILS) *

[illegible]

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

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 give my consent to 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 will include my KYC record/personal information such as my name/address, date of birth, PAN no. etc.

I/We have declared my status as per the rules applicable under section 285B 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.AM.LB.C.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/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/us 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/GoI 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/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:

Signature(s)
Name of the Applicant
Director
For AMR MEDICALS SQUARE 702 PRIVATE LIMITED

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: ☐ SELF-CERTIFIED ☐ TRUE COPIES ☐ NOTARY ☐ DONE

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION: ☐ DONE

RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☐ LOW

DATE:

EMP/OFFICIAL SIGNATURE

EMP/OFF. DESIGNATION

EMP/OFF. BRANCH

GBPA No./PF No.

APPLICATION FORM FOR MULTIPLE CORRESPONDENCE/ LOCAL ADDRESS

ANNEXURE - III

INSTRUCTIONS: • FIELDS MARKED WITH "*" ARE MANDATORY • PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS

APPLICATION TYPE*: ☐ NEW ☐ UPDATE

CKYC NUMBER (TO BE FILLED BY FINANCIAL INSTITUTION):

(CKYC NUMBER OF ENTITY IS MANDATORY FOR UPDATE REQUEST)

PROOF OF ADDRESS (POA)

CORRESPONDENCE / LOCAL ADDRESS DETAILS* ☐ SAME AS CURRENT / PERMANENT/OVERSEAS 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/ENTITY

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED:

☐ SELF-CERTIFIED☐ TRUE COPIES☐ NOTARY

RISK CATEGORY:

HIGH

MEDIUM

LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION:

☐ DONE

DATE:

EMP./OFFICIAL SIGNATURE

EMP./OFF. NAME:

GBPA No./P.F. No.:

EMP./OFF. DESIGNATION:

EMP./OFF. BRANCH:

DECLARATION OF BENEFICIAL OWNERSHIP

ANNEXURE - IV

(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 OR 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 IS MORE THAN 10% (COMPANY), MORE THAN 10% (PARTNERSHIP FIRM), MORE THAN 15% (UNINCORPORATED ASSOCIATION OF INDIVIDUALS), MORE THAN OR EQUAL TO 10% (TRUST) OF CAPITAL/PROFITS/PROPERTY OR CONTROLLING THROUGH VOTING RIGHTS, AGREEMENT, ARRANGEMENT ETC. (OR AS REVISED FROM TIME TO TIME BY RBI/BANK)

SL NO.	FULL NAME OF BENEFICIAL OWNER / CONTROLLING NATURAL PERSON(S)	DATE OF BIRTH	NATIONALITY	ADDRESS	TYPE OF KYC DOCUMENTS	CONTROLLING OWNERSHIP INTEREST (%)

DECLARATION OF RELEVANT PERSON HOLDING SENIOR MANAGEMENT/ALL PARTNERS/LIST OF TRUSTEES ETC.

SL NO.	FULL NAME	DESIGNATION	DATE OF BIRTH	NATIONALITY	ADDRESS

IN CASE OF MORE RELEVANT PERSONS (HOLDING SENIOR MANAGEMENT/PARTNERS/TRUSTEES) PLEASE INFORM IN SEPARATE SHEET.

WE CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND CORRECT. WE UNDERTAKE AND AGREE THAT WE WILL NOTIFY THE BANK 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:

GBPA No./P.F. No.:

Date:

UNDERTAKING: CREDIT FACILITY FROM THE BANKING SYSTEM

ANNEXURE-V

APPLICANT CIF NO.:

DATE:

CUST ID:

ACCOUNT NAME:

UNDERTAKING: CREDIT FACILITY FROM THE BANKING SYSTEM

☐ I/WE AM/ARE NOT AVAILING ANY CREDIT FACILITY(IES) FROM THE BANKING SYSTEM (Can open CA without any restriction) OR

☐ I/WE AM/ARE AVAILING CREDIT FACILITY(IES) FROM THE BANKING SYSTEM AS DETAILED BELOW (can open CA subject to following provisions):

SR. NO.	NAME OF THE LENDING INSTITUTION(S)	BRANCH	ADDRESS OF THE BRANCH (WITH EMAIL AND PIN NUMBER)	TYPE OF CREDIT EXPOSURE	AMOUNT IN CRORES

1. ☐ TOTAL CREDIT EXPOSURE LESS THAN RS 5.00 CRORE	DECLARATION CUM UNDERTAKING I/WE UNDERTAKE TO INFORM YOU IMMEDIATELY IF AND WHEN THE SUM OF MY/OUR AVAILED CREDIT FACILITY(IES) BECOMES RS.5.00 CRORE OR MORE. I/WE ALSO UNDERSTAND THAT WHEN THE CREDIT EXPOSURE IS RS. 5.00 CRORE OR MORE, MY/OUR ACCOUNT SHALL BE GOVERNED BY PARA 2 (I) AND PARA 2 (III) (A) OR (B) AS THE CASE MAY BE
2. ☐ TOTAL CREDIT EXPOSURE 5 CRORE OR MORE WHETHER CUSTOMER IS HAVING CC-OD FACILITY (i) ☐ YES (CA CAN BE OPENED SUBJECT TO CONDITIONS GIVEN IN COLUMN 3)	1. CURRENT ACCOUNT CAN BE OPENED IN ANY ONE OF THE BANKS (AT THE OPTION OF THE BORROWER) WITH WHICH IT HAS CC/OD FACILITY, PROVIDED THAT THE BANK HAS AT LEAST 10% OF THE EXPOSURE OF THE BANKING SYSTEM TO THAT BORROWER. 2. OTHER LENDING BANKS MAY OPEN ONLY COLLECTION ACCOUNT SUBJECT TO THE CONDITION THAT FUNDS DEPOSITED IN SUCH COLLECTION ACCOUNTS WILL BE REMITTED WITHIN TWO WORKING DAYS OF RECEIVING SUCH FUNDS, TO THE CC/OD ACCOUNT MAINTAINED WITH THE AFORESAID BANK MAINTAINING CURRENT ACCOUNTS OF THE BORROWER. 3. NON-LENDING BANKS SHALL NOT OPEN ANY CURRENT ACCOUNT FOR SUCH BORROWERS. 4. IN CASE NONE OF THE LENDERS HAS AT LEAST 10% EXPOSURE OF THE BANKING SYSTEM TO THE BORROWERS, THE BANK HAVING THE HIGHEST EXPOSURE MAY OPEN CURRENT ACCOUNTS.
(ii) ☐ NO , IN CASE OF CUSTOMERS WHO HAVE NOT AVAILED CC/OD FACILITY FROM ANY BANK, BANKS MAY OPEN CURRENT ACCOUNT AS UNDER:- A. BORROWERS WITH EXPOSURE FROM THE BANKING SYSTEM OF RS. 50 CRORE OR MORE B. BORROWERS WITH EXPOSURE FROM THE BANKING SYSTEM OF RS. 5 CRORE OR MORE BUT LESS THAN RS. 50 CRORE.	WHETHER PNB IS LENDER ☐ NO (IF NO, CA CANNOT BE OPENED) ☐ YES (CAN OPEN CA SUBJECT TO FOLLOWING CONDITIONS) 1. A MANDATORY ESCROW MECHANISM WILL BE REQUIRED. 2. ONLY THE ESCROW MANAGING BANK WILL OPEN THE CURRENT ACCOUNT. 3. \$\$ OTHER LENDERS CAN OPEN COLLECTION ACCOUNTS SUBJECT TO THE CONDITION THAT FUNDS WILL BE REMITTED FROM THESE COLLECTION ACCOUNTS TO THE SAID ESCROW ACCOUNT AT THE FREQUENCY AGREED BETWEEN THE BANK AND THE BORROWER. 4. WHILE THERE IS NO PROHIBITION ON AMOUNT OR NUMBER OF CREDITS IN 'COLLECTION ACCOUNTS'; DEBITS IN THESE ACCOUNTS SHALL BE LIMITED TO THE PURPOSE OF REMITTING THE PROCEEDS TO THE SAID ESCROW ACCOUNT 5. NON-LENDING BANKS SHALL NOT OPEN ANY CURRENT ACCOUNT FOR SUCH BORROWERS. WHETHER PNB IS LENDER ☐ YES (THERE IS NO RESTRICTION ON OPENING OF CURRENT ACCOUNTS BY THE LENDING BANKS.) ☐ NO (NON-LENDING BANKS MAY OPEN ONLY COLLECTION ACCOUNTS AS DEFINED ABOVE)
3. ☐ EXEMPTED ACCOUNTS IRRESPECTIVE OF CREDIT EXPOSURE.	☐ 1. ACCOUNTS FOR REAL ESTATE PROJECTS MANDATED UNDER SECTION 4(2)(I) (D) OF THE REAL ESTATE (REGULATION & DEVELOPMENT) ACT 2016 FOR THE PURPOSE OF MAINTAINING 70% OF ADVANCE PAYMENTS COLLECTED FROM THE HOME BUYERS. ☐ 2. NODAL OR ESCROW ACCOUNTS OF PAYMENT AGGREGATORS/PREPAID PAYMENT INSTRUMENT ISSUERS FOR SPECIFIC ACTIVITIES AS PERMITTED BY DEPARTMENT OF PAYMENTS AND SETTLEMENT SYSTEMS (DPSS), RBI UNDER PAYMENT AND SETTLEMENT SYSTEMS ACT, 2007. ☐ 3. ACCOUNTS FOR SETTLEMENT OF DUES RELATED TO DEBIT CARD/ATM CARD/CREDIT CARD ISSUERS/ACQUIRERS. ☐ 4. ACCOUNTS PERMITTED UNDER FEMA, 1999. ☐ 5. ACCOUNTS FOR THE PURPOSE OF IPO/NFO/FPO/SHARE BUYBACK/DIVIDEND PAYMENT/ISSUANCE OF COMMERCIAL PAPERS/ALLOTMENT OF DEBENTURES/GRATUITY, ETC. ☐ 6. 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. ☐ 7. ACCOUNTS OF WHITE LABEL ATM OPERATORS AND THEIR AGENTS FOR SOURCING OF CURRENCY. THE EXEMPTION WILL EXTEND TO CASH-IN TRANSIT (CIT) COMPANIES/CASH REPLENISHMENT AGENCIES (CRAS) SINCE THEY ESSENTIALLY CARRY OUT A SIMILAR ACTIVITY. ☐ 8. INTER-BANK ACCOUNTS ☐ 9. ACCOUNTS OF ALL INDIA FINANCIAL INSTITUTIONS (AIFIS), VIZ., EXIM BANK, NABARD, NHB, AND SIDBI ☐ 10. SPECIFIC ACCOUNTS WHICH ARE STIPULATED UNDER VARIOUS STATUTES AND SPECIFIC INSTRUCTIONS OF OTHER REGULATORS/REGULATORY DEPARTMENTS/CENTRAL AND STATE GOVERNMENTS. ☐ 11. ACCOUNTS ATTACHED BY ORDERS OF CENTRAL OR STATE GOVERNMENTS/REGULATORY BODY/COURTS/INVESTIGATING AGENCIES ETC. WHEREIN THE CUSTOMER CANNOT UNDERTAKE ANY DISCRETIONARY DEBITS. SCHEME SPECIFIC DOCUMENTS RELATED TO ABOVE CATEGORIES OF ACCOUNTS TO BE SUBMITTED WITH THE AOF.

I/WE UNDERTAKE TO INFORM PNB 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 PNB REGARDING ANY CHANGES TO THE ABOVE FACTS/ASPECTS STATED BY ME/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 ME / US IN THE ABOVE DECLARATION CUM UNDERTAKING. I/WE ALSO AGREE TO CLOSE THE CURRENT ACCOUNT AS AND WHEN DEMANDED BY PNB. I/WE HEREBY UNDERTAKE TO ABIDE BY THE EXISTING GUIDELINES OF RBI / BANK REGARDING THE OPENING / MAINTENANCE OF MY/OUR CURRENT ACCOUNT(S).

PLEASE STRIKE OFF THE INAPPLICABLE OPTION.

\$\$ I/WE UNDERTAKE THAT FUNDS WILL BE REMITTED FROM THIS COLLECTION ACCOUNT TO ESCROW ACCOUNT AT THE FOLLOWING FREQUENCY:

DAILY ☐ WEEKLY ☐ MONTHLY ☐ OTHERS, PLEASE SPECIFY

For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED

Signature of Applicant/s

Director

COUNTRY OF RESIDENCE AS PER TAX LAWS

ANNEXURE-VI

APPLICANT CIF NO.:

FOR OFFICE USE ONLY

DATE:

ENTITY NAME:

ENTITY ACCOUNT NUMBER

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 ☐

NO RESIDENCE FOR TAX PURPOSE 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'

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)

1. IF AN ENTITY IS A

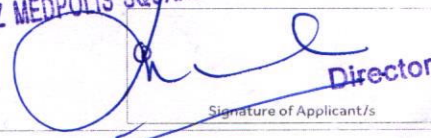
SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY.

2. 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:	
ADDRESS*		
LINE 1:	CITY:	
LINE 2:	STATE:	
LINE 3:	PIN:	

For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED

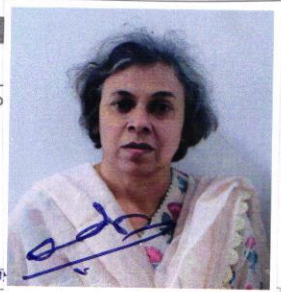



Director
Signature of Applicant/s

PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE ONLY) / RELATED PERSON-RP/ BENEFICIAL OWNER

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

FOR OFFICE USE ONLY		BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO
APPLICATION TYPE*	☐ NEW ☐ UPDATE	
APPLICANT (CP/RP) CIF NO.:		
CP/RP Account No.:		



ENTITY NAME:

ENTITY ACCOUNT NO.:

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 ☐ BENEFICIARY ☐ Others

IN CASE OF TRUST: ☐ SETTLOR ☐ TRUSTEE ☐ PROTECTOR ☐ BENEFICIARY-EQUIVALENT ☐ OTHER-EQUIVALENT

IN CASE OF OTHER LEGAL ARRANGEMENT: ☐ SETTLOR-EQUIVALENT ☐ TRUSTEE-EQUIVALENT ☐ PROTECTOR-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 ☐ COURT APPOINTED OFFICIAL ☐ BENEFICIARY ☐ BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO.10) ☐ OTHERS

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

NAME (SAME AS ID PROOF)*: PREFIX FIRST NAME MIDDLE NAME LAST NAME

Name of* ☐ Father ☐ Mother ☐ Spouse (One among three is mandatory, Father name is mandatory if PAN is not provided)

DIN (DIRECTOR IDENTIFICATION NUMBER): (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)

DATE OF BIRTH*:

GENDER: ☐ M - MALE ☐ F - FEMALE ☐ THIRD GENDER

MARITAL STATUS*: ☐ MARRIED ☐ SINGLE ☐ OTHERS

RESIDENTIAL STATUS*: ☐ RESIDENT INDIVIDUAL ☐ NON RESIDENT INDIAN ☐ FOREIGN NATIONAL ☐ PERSON OF INDIAN ORIGIN

CITIZENSHIP*: ☐ INDIAN ☐ OTHERS

OCCUPATION TYPE*: ☐ S - SERVICE (☐ PUBLIC SECTOR ☐ PRIVATE SECTOR ☐ GOVERNMENT SECTOR) ☐ O - OTHERS (☐ PROFESSIONAL ☐ SELF EMPLOYED ☐ RETIRED ☐ HOUSE WIFE ☐ STUDENT) ☐ B - BUSINESS ☐ NOT CATEGORIZED

POLITICALLY EXPOSED PERSON: ☐ YES ☐ NO

COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS "IN")

COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA* ☐ YES ☐ NO (IF NO, PLEASE FILL THE DETAILS IN COLUMN 6 & 7)

PEP definition: (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials"

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/ADDRESS (PLEASE TICK THE APPROPRIATE BOX (ANY ONE ID TYPE) AND GIVE DETAILS)*

☐ A- PASSPORT☐ B- VOTER ID CARD☐ C- DRIVING LICENCE☐ D- NREGA JOB CARD☐ E- LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME AND ADDRESS☐ PROOF OF POSSESSION OF AADHAR NO.

DOCUMENT NO. / IDENTIFICATION NUMBER*

Issued Date:

Date of Expiry:

ISSUED BY*:

ISSUED AT*:

LINE 1*:

LINE 2:

DISTRICT*:

CITY / TOWN / VILLAGE*:

PIN / POST CODE*:

STATE / UT NAME CODE*:

COUNTRY CODE*:
(ISO 3166)

4. IF THE PROOF OF ADDRESS/OVD PROVIDED DOES NOT CONTAIN CURRENT ADDRESS, PLEASE PROVIDE ANY OF THE DOCUMENTS BELOW AS OVD (OFFICIALLY VALID DOCUMENT)

☐ 1. UTILITY BILL ☐ 2. PPO/FPPO ☐ 3. PROPERTY OR MUNICIPAL TAX RECEIPT☐ 4. LETTER OF ALLOTMENT OF ACCOMMODATION ISSUED BY EMPLOYER/ISSUED BY STATE OR CENTRAL GOVERNMENT DEPARTMENTS, STATUTORY OR REGULATORY BODIES, PUBLIC SECTOR UNDERTAKING SCHEDULED COMMERCIAL BANKS, FINANCIAL INSTITUTIONS AND LISTED COMPANIES. SIMILARLY, LEASE AND LICENSE AGREEMENTS WITH SUCH EMPLOYERS ALLOTING OFFICIAL ACCOMMODATION."☐ 5. SELF-DECLARATION (APPLICABLE ONLY WHEN CUSTOMER HAS CARRIED OUT E-KYC (AADHAAR AUTHENTICATION) AND ADDRESS IN AADHAAR IS NOT SAME AS CURRENT ADDRESS

I/WE SHALL SUBMIT OVD WITH UPDATED CURRENT ADDRESS WITHIN A PERIOD OF THREE MONTHS, FAILING WHICH BANK MAY RESTRICT THE OPERATIONS IN THE ACCOUNT (NOT APPLICABLE WHEN SELF DECLARATION IS PROVIDED BY THE CUSTOMER) (AS PER POINT NO. 5 ABOVE)

DOCUMENT NO. / IDENTIFICATION NUMBER*

Issued Date:

Date of Expiry:

ISSUED BY*:

ISSUED AT*:

LINE 1*:

LINE 2:

DISTRICT*:

CITY / TOWN / VILLAGE*:

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 1:

MOBILE 2:

EMAIL ID 1:

EMAIL ID 2:

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:

DISTRICT*:

CITY / TOWN / VILLAGE*:

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

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)

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

Verified today, the day of 20.....

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, give my consent to 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 include my KYC record/personal information such as my name/address, date of birth, PAN no. etc.
- 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/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/GoI 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: _____

For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED
Director
Signature(s)
Name of the Applicant

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: ☐ SELF-CERTIFIED ☐ TRUE COPIES ☐ NOTARY ☐ DONE
IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION: ☐ DONE
DATE: _____
RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☐ LOW
EMP/OFF. NAME: _____
EMP/OFF. DESIGNATION: _____
EMP/OFF. BRANCH: _____

AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED
(Previously known as AMTZ MEDPOLIS SQUARE PRIVATE LIMITED)

CIN: U45209TG2022PTC166113

5-4-187/3&4, Soham Mansion,
2nd Floor, M.G. Road, Secunderabad
Hyderabad - 500 003.
Phone: +91-40-66335551
Email: roc@modiproperties.com

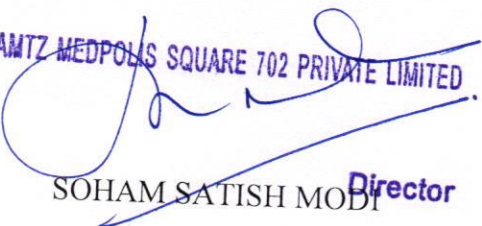
13/03/2025
VISAKHAPATNAM

Sub: Requesting for current account opening of authorized signatory

Dear Sir/ Madam,

We are doing business in the name of AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED with two directors. We would like to open a current account in Punjab national bank and it will be operated by authorised signatory by SOHAM SATISH MODI. The account will be operated by SOHAM SATISH MODI director.

We hear by request you to provide current account facility as early as possible.

For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED

SOHAM SATISH MODI **Director**


For AMTZ MEDPOLIS SQUARE 702 PRIVATE LIMITED
TEJAL MODI
Director