

KYC Form

For Institutions / Associations / Clubs and Societies / Trusts / NGOs

(Requirement in terms of the Financial Transaction Reporting Act No . 6 of 2006 and other Applicable Laws)



For Bank Use Only

| | |
|---------------------|--|
| Date | |
| A/c Number | |
| Branch Code | |
| Manager's Signature | |

PART - I

SECTION (A) - Basic information of the Account

1. Name of the Organization :

2. Business Registration No :

3. Local Address :

4. Nature & Purpose of Business / Organization :

5. Foreign Address (If any) :

6. Countries involved in the Business (If any) :

(✓) tick one or more appropriate boxes

7. Purpose of Opening the Account:

- | | | |
|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Investment | <input type="checkbox"/> Social & Charity |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Loan Payment | <input type="checkbox"/> Others (Specify) |

8. Source of Funds : (Expected source and nature of credits into the account)

- | | | |
|--|--|---|
| <input type="checkbox"/> Sales and Business Turnover | <input type="checkbox"/> Contract Proceeds | <input type="checkbox"/> Investment Proceeds |
| <input type="checkbox"/> Commission Income | <input type="checkbox"/> Donations/Charities (Local/Foreign) | <input type="checkbox"/> Membership Contributions |
| <input type="checkbox"/> Export Proceeds | <input type="checkbox"/> Profit/Professional Income | <input type="checkbox"/> Others (Specify) |

9. Anticipated Volume : (Expected/Usual average volumes of deposits into the account in rupees per month)

- | | |
|---|--|
| <input type="checkbox"/> Less than 500,000/- (or equivalent FC value) | <input type="checkbox"/> 1,000,000/- to 1,500,000/- (or equivalent FC value) |
| <input type="checkbox"/> 500,000/- to 1,000,000/-(or equivalent FC value) | <input type="checkbox"/> Over 1,500,000/- (or equivalent FC value) |

10. Expected mode of Transactions :

- | | | |
|---|--|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Foreign Remittance |
| <input type="checkbox"/> Standing Order | <input type="checkbox"/> Slips/TT/Wire Transfer/RTGS | <input type="checkbox"/> Others (Specify)..... |

11. Does the organization have any foreign investors or share holders ? (i.e. a Non Citizen/ Dual Citizen/ Non Resident)

- Yes No

If "Yes" please state :

| Name | Country | Percentage of Investment |
|------|---------|--------------------------|
| | | |
| | | |
| | | |
| | | |

SECTION (B) - Mandatory Checks - For Bank Use Only

(✓) tick one or more appropriate boxes

1. Customer Type :

- Proprietorship Public Company Clubs/Societies/Associations Trust/Charities
 Partnership Private Company Gov./Institution/Bank NGOs/NPOs

2. Geographical Area :

Is the organization's registered place of business situated within a reasonable distance to the Branch ?

Yes *If "No" reason for opening account out of the geographical area of the Organization :*

No

3. Are the office Bearers/Directors (Including family and close associates) Politically Exposed Persons?

Yes No

4. Does the organization has any linkage ownership with US ? Yes No

If "Yes" have you filled FATCA Declaration Form : Yes No

5. Other Details/Remarks/Notes (If any) :

Manager's Name Signature EPF No:

Branch Seal :

Date

Required Documents in the case of Proprietorship/Partnership :

- Copy of the Business Registration
- KYC forms of Proprietors /Partners
- Partnership deed/agreement if available

Required Documents in the case of Limited Liability Company :

- Certificate of Incorporation
- Copy of Articles of Association
- Copy of Board Resolution regarding the conduct of the account
- KYC of all Directors
- List of major shareholders with equity interest of more than ten percent
- Copy of certificate to commence business (*for public companies*)
- Copy of Export Development Board approved letter (*If applicable*)
- Copy of Board of Investment agreement (*If applicable*)
- Copy of form 01/ form 40
- Copy of form 20 (*If applicable*)
- Copy of form 44 (*If applicable*)
- Copy of form 45 (*If applicable*)
- List of subsidiaries and affiliates
- Latest Audited Accounts (*If available*)

Required Documents in the case of

Clubs, Societies, Charities, Associations, Trust and Non-Governmental Organizations :

- Copy of the Registration Document/ Constitution Charter etc...
- Committee or Board Resolution authorizing the account opening
- KYC for all authorized signatories
- Other connected Institutions/Associates/Organizations
- Trust Deed (*For Trust Accounts Only*)
- Copies shall be certified by the Manager or Authorized Officer

Declaration of Beneficial Ownership

Customer Identification :

| | |
|--|-------------------------------|
| Names and Designations of Natural Person Opening Account | 1. 2. 3. |
| Name, Reg.No. and Address of Organization for which the Account is being opened | |
| Name, Deed No., Trustee and Address of Legal Arrangement for which the account is being opened | |

I/We declare that I/we ;

| | |
|--------------------------|--|
| <input type="checkbox"/> | am/are the sole beneficial owner/s* of the customer of this account. |
| <input type="checkbox"/> | am/are not the beneficial owner of the customer of this account. |

Identifying information for all beneficial owners that own or control 10% or more of the customer's equity, beneficial owners on whose behalf the account is being operated and at least one person who exercises effective control of the legal entity regardless of whether such person is already listed.

| Name | NIC or Passport No. / Country of issue/ Country of Citizenship | Date of Birth | Current Address | Source of Beneficial Ownership <small>1 = Equity (Indicate %) 2 = Effective Control 3 = Person on whose behalf the account is operated</small> | Check if Politically Exposed Person (PEP) |
|------|--|---------------|-----------------|---|---|
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

***** Beneficial owner as "a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a person or a legal agreement."

Details of the Natural Person Authorized to Act on behalf of the Customer

(01) Name :

NIC/Passport :

Date of Birth :

Signature :

(By signing you attest to the veracity of all information contained herein)

(02) Name :

NIC/Passport :

Date of Birth :

Signature :

(By signing you attest to the veracity of all information contained herein)

(03) Name :

NIC/Passport :

Date of Birth :

Signature :

(By signing you attest to the veracity of all information contained herein)

Verification of Beneficial Ownership

- Copies of Passport / NIC
- Constitution of the Organization

Authorized Financial Institution Official

Name :

Title :

Date :

Signature :

(By signing you attest that you have identified the customer whose signature is on this form and have witnessed the said signature)