

RELATIONSHIP FORM FOR LEGAL ENTITYBranch Code Date Branch Name: **DhanlaxmiBank**
established 1927 Application Type New Update Customer Type Customer ID Account No. Existing CKYC No.(If any) **ENTITY DETAILS (To be filled by applicant in BLOCK letters and with BLACK INK only)**Name : M/s Short Name Date of Incorporation

Signature with Seal

COMMUNICATION/CURRENT ADDRESSAddress Type Residential / Business Residential Business Registered Office UnspecifiedLine 1 Line 2 Line 3 City PIN District State Country **PERMANENT/REGISTERED ADDRESS Same as Communication/Current Address**Address Type Residential / Business Residential Business Registered Office UnspecifiedLine 1 Line 2 Line 3 City PIN District State Country **Entity Contact Details**Tel. (Off) - Tel. (Res) - Mobile - FAX Email ID **PROOF OF IDENTITY (POI) & PROOF OF ADDRESS (POA)**CIN GSTIN TAN Registration No: IE Code PAN Form 60 Form 49 A Ack. No. Registration Certificate Certificate of incorporation Memorandum and Articles of Association Partnership Deed / Trust Deed Resolution of the Board/Managing Committee Dated Document showing name of the person authorised to act on behalf of the entity
(For Accounts of Government or its Departments, societies, universities and local bodies)**ADDRESS IN THE JURISDICTION DETAILS WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES (ONLY FOR FATCA/CRS APPLICABLE CASES)** Same as Communication / Current Address Same as Permanent / Registered AddressAddress Type Residential / Business Residential Business Registered Office UnspecifiedLine 1 Line 2 Line 3 City PIN District State Country

b.) Is the entity a Financial Institution (FI) OR a Direct Reporting NFE Yes No (If Yes, please fill Annexure 1; If No, please go to next question)

c.) Is the entity a publicly traded corporation/ a related entity of a publicly traded corporation

i. Publicly traded corporation Yes No (If Yes, please specify any one stock exchange upon which the stock is regularly traded)

Name of the stock exchange :

ii. Related entity of a publicly traded corporation Yes No

If Yes, please provide below details:

Name of the listed company, the stock of which is regularly traded _____

Name of the stock exchange _____

Nature of relation: Subsidiary of the listed company Controlled by a listed company or under common control

(If answer to Q.4(c)(i) or Q.4(c)(ii) above is Yes, please sign the FATCA-CRS terms & conditions declaration; If No, go to next question)

d.) Does the entity have any ultimate beneficial owners (incl. controlling persons) who are tax residents (incl. U.S. citizens/green card holders) of countries other than India Yes No (if yes, please fill Annexure 1 and Annexure 2)

FATCA-CRS terms & conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days**. Please note that you may receive more than one request for information if you have multiple relationships with Dhanlaxmi Bank. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor.

Certification

Under penalty of perjury, I/we certify that:

- I/We understand that Dhanlaxmi Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. Dhanlaxmi Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.
- I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- I/We agree that as may be required by domestic regulators/tax authorities, Dhanlaxmi Bank may also be required to report, reportable details to CBDT or other authorities/agencies or close or suspend my account, as appropriate.
- I/We have understood the information requirements of this Form and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name

Designation

Date Place

Signature with Seal

BRANCH DECLARATION

Face to face customer for bank

Applicant is being investigated for criminal offences or there are adverse market information on applicant

I confirm having met the customer and verified the original with the document proof.

I have verified the signature. all signatories have signed before me.

Positive address confirmation : SVR

Application Type Sourced Walk-in

Branch Staff Emp No. SBURM'S ID SBU Code

Branch Staff Emp Name _____

Branch Staff Signature _____

I hereby confirm having done the due diligence. I hereby certify that this Relationship form is complete in all respects and relevant documents have been obtained.

Checked UNSCR Lists and confirm that the name does not appear in the list.

The following risk level to be assigned to the customer

LOW **MEDIUM** **HIGH** Threshold Limit fixed ₹ _____

Employee designation _____

Employee Code POA

Employee Name _____

Employee Signature _____

Business Site Verification Report

Sl No	Particulars	Branch comments / Observation		
1	Address Visited with <u>Building No</u> , Phone/Mobile Number (Without building number, the SVR will be treated as invalid)			
2	Nature of business activity			
3	Description of business activity			
4	Number of staff present at the time of visit			
5	Name of the Person contacted during verification / His/her Designation in the concern			
6	Name and address of two nearby shops/Offices			
7	Customer vintage (in Months) at the present premises as per nearby shops/offices mentioned in point No 6			
8	Whether Visiting/Business Card Obtained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9	Entity Name Board Sighted at the entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	The Name Board Sighted at the entrance	<input type="checkbox"/> Permanent in nature	<input type="checkbox"/> Temporary in nature	
11	Does the Name in the Name Board match with Records/Documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12	Sufficient stock of goods / articles available/visible at the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13	Do Neighbouring shops or offices know the customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	Normal business activity seen during the visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15	Whether any License Displayed in business premises (Like GSTIN Registration, License from municipality etc)	<input type="checkbox"/> Yes (Specify type)	<input type="checkbox"/> No	
16	Building Description	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good <input type="checkbox"/> Posh
17	Furniture/ Fixtures / Office equipments seen at the premises are	Seems to be a make shift/temporary arrangements		
		Are suitable for the nature of business carried on by the entity		
18	Type of Building	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	
19	Distance from Branch (in Kilo Meter) and Nearest Landmark of the entity.			
20	Land Line Phone number Noticed and verified at the premises (verification by Missed call at the time of presence at the client's premises itself)			
21	Business Locality Type	Residential	Commercial	Industrial
		Business centre	Slum	Under developed
22	Any Other Observations (Like dealership agreement, agency agreement etc seen)			

I _____ Name of the official hereby confirm that I made a personal visit on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

at Time to the premises of the above party and the address and other details given in the above

- a) Matches with the data given in the application form and the data evidenced by the KYC documents (or)
- b) Is not matching which is given as a separate report.

Signature with Seal

Name		Designation	
Employee No		POA No	

Note : * Bank Official conducting Site verification to fill/ Put Tick Mark in the relevant fields
*On best effort basis attach photograph of the Business Site Visited