RELATIONSHIP FORM FOR LEGAL ENTITY								
Branch Code Date Date DMMYYYYY DhanlaxmiBank established 1927								
Branch Name:								
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 D D M M Y Y Y Y								
Signature with Seal								
COMMUNICATION/CURRENT ADDRESS								
Address Type         Residential / Business         Registered Office         Unspecified           Line 1         Line 2         City         PlN								
PERMANENT/REGISTERED ADDRESS Same as Communication/Current Address								
Address Type         Residential / Business         Registered Office         Unspecified           Line 1         Line 2         City         Pln           Line 3         City         Country         Country								
Entity Contact Details								
Tel. (Off)								
FAX                   Email ID								
PROOF OF IDENTITY (POI) & PROOF OF ADDRESS (POA)								
CIN								
TAN								
PAN Registration Certificate Certificate of incorporat								
Memorandum and Articiles of Association Partnership Deed / Trust Deed Resolution of the Board/Managing Committee Dated Delay No. 10 May 19 19 19 19 19 19 19 19 19 19 19 19 19								
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)								
Address Type Residential Business Residential Business Residential Business Residential Registered Address Registered Office Unspecified								
Line 2								
Line 3 L A N D M A R K PIN PIN								

APPLICANT DECLARATION														
Credit Facilities Enjoyed with														
any other Bank(s)	not enjoy any credit facilities with othe acilities from other Bank(s) as below ar	, ,				,				,			availed by	/ me/us from
Nature of facility	.,						J DUI K						Secu	ritios
Nature of facility	Name & Address of the Bank Branch		Original Advance/limit				Balance outstanding				3		illes	
I/we understand the bank may at such accounts in or fowards the sc. If by error overdraft is created in m If by mistake, the bank credits cast I/we here by undertake to intimat necessary documents. My/our personal / KYC details mar I/we accept the Bank's right to tak Account Closure: I/we authorize payments from the account c), no I/we understand there will be no in	and regulations which have been read / explored regulations which have been read / explored regulations which have been read / explored regulations and without notice to me / us combitistaction of any of my/our liabilities to the bary/our account, I/ we undertake to pay the sar h/Cheques pertaining to other customers to e the new address to the Bank in the event of a y be shared with Central KYC Registry, I/ we have steps to close the account if frequent returns the bank to close the account, with prior in a customer induced transactions for 6 month terest paid in current accounts.	oine and c nk on any o me with ap my /our a any chang ere by cons of chequi- timation to s or more.	onsolidate account or plicable ro ccount(s), ge in currer sent to rece es for want o me / us ,	tes of intere I/we under it/commur eiving inforn of funds or o in case of	est take to nication nation f any oth a) bald	inform th n / jurisdic from Cer er undes ance in t	ne bank o tion / Pe ntral KYC sirable fe he acco	of the sar rmanent registry t eature is c ount rem	me and i /Registe hrough S observed ains zero	refund the ered add BMS/Emc d. o for 3 m	e same wi ress within ail on the c onths or r	ith interest of two weeks above regist more b) hig	ind without ar of such chan tered numbe	ny demur. ge supported by r/email address
Date D D M M Y Y	Y Y Place									Sig	ınature	with Sec	П	
BENEFICIAL OWNER DETA	ILS													
Name of Beneficion	al Owner/s	Custon	ner ID (it	existing	ı) Per	centa	ge of (	Owners	ship/C	Capital	/ Profits	Benefic	ial Owne	r Type Code
Number of Reneficial Ov		Tay Pu	rnose											
BUSINESS ACTIVITY	Whole redidenti Galdide in ala ter	Тахта												
Profession S		1 1		1.1	1 1					1 1	1 1	1.1		
Business-Main Activity S	P E C I F Y			ii						iii				
Nature of Industry S	P E C I F Y				ÌÌ				ÌÌ	İ		ii		
☐ Agriculture Type of	Agriculture SPECIF	Υ												
☐ Others	P E C I F Y													
Major Client Profile:	☐ Foreign Parties ☐ PEP/NG	O/Trust	:/Societ	ies [	] Oth	ners								
Expected Annual Turnove	er SPECIFY													
Is the business cash inter	nsive 🗌 Yes 🗌 No 💮 Seas	onal Bo	ased Ag	griculture	e □ Y	∕es □	No	0	perate	ed by	POA/m	nandate	holder (	☐ Yes ☐ No
Are the Major stake or beneficial ownership held by close family Members    Yes No														
Whether Politician or connected/related to politicians/political party (Politically Exposed Person -PEP) or account opened on behalf of PEP Yes No														
FATCA / CRS Declaration	1													
All Questions are manda	itory													
1. Registered in India	] Yes 🔲 No													
2. a) Country of incorpora	ation:	1 1	1 1	_ b) Pla	ce/Ci	ty of ir	corpo	oration	:					
c) Date of Commence	ement of Business	YYY	/ Y											
b) Is the entity incorpore	ident of any country/ies outside Ir ated or organized in the United S	tates (ind	Yes 🗌 Yes		,	If Yes, p tee is a				_	Yes [	]No (If	Yes, please	fill Annexure 1)
	entity FATCA and CRS classifica ssional tax advisor for further guidanc		residenc	y and FAT	CA& C	CRS cla	ssificati	ion)						
<ul><li>a.) Is the entity a Gover entity types</li></ul>	rnmental entity, an International C s $\ \square$ No (If yes, please sign the	•								•		nore of th	ne above	mentioned

b.) Is the entity a Financial Institution (FI) OR a Direct Reporting NFE $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	□ 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 tra	ded corporation								
i. Publicly traded corporation 🗌 Yes 🔲 No (If Yes, please specify any one	e 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 Controlle (If answer to Q.4(c)(i) or Q.4(c)(ii) above is Yes, please sign the FATCA-CRS terms & co	ed by a listed company or under common control inditions declaration; If No, go to next question)								
d.) Does the entity have any ultimate beneficial owners (incl. controlling person other than India	,								
FATCA-CRS terms & conditions									
the Bank to seek additional personal, tax and beneficial owner information of relevant cases, information will have to be reported to tax authorities/ apprinformation to any institutions such as withholding agents for the purpose of othereto.	e Income-tax Rules, 1962, which Rules require Indian financial institutions such as and certain certifications and documentation from all our account holders. In pointed agencies. Towards compliance, we may also be required to provide ensuring appropriate withholding from the account or any proceeds in relation								
	ensure you advise us promptly, i.e., within 30 days. Please note that you may os with Dhanlaxmi Bank. Therefore, it is important that you respond to our request, ation.								
If you have any questions about your tax residency, please contact your tax adv	visor.								
Certification Under penalty of perjury, I/we certify that:									
. •	e purpose of determining the status of the account holder named above in dvice on FATCA or CRS or its impact on the account holder. I/we shall seek advice								
<ul> <li>I/We agree to submit a new form within 30 days if any information or certificat</li> </ul>	ion on this form becomes incorrect.								
<ul> <li>I/We agree that as may be required by domestic regulators/tax authorities, E authorities/agencies or close or suspend my account, as appropriate.</li> </ul>	Chanlaxmi Bank may also be required to report, reportable details to CBDT or other								
·	eby confirm that the information provided by me/us on this Form including the nfirm that I/We have read and understood the FATCA Terms and Conditions below								
Name									
Designation									
Date D D M M Y Y Y Y Place	Signature with Seal								
BRANCH DECLARATION									
Face to face customer for bank $\ oxdot$ $\ oxdot$									
Applicant is being investigated for criminal offences or there are adverse	market information on applicant $\ oxdot \ igwedge \ igwedge$								
I confirm having met the customer and verified the original with the document proof.	I hereby confirm having done the due diligence. I hereby certify that this Relationship form is complete in all respects and relevant								
☐ I have verified the signature. all signatories have signed before me. ☐ Checked UNSCR Lists and confirm that the name does not appear in the li									
Positive address confirmation : SVR	The following risk level to be assigned to the customer								
Application Type Sourced Walk-in	LOW MEDIUM HIGH Threshold Limit fixed ₹								
Branch Staff Emp No. SBURM'S ID SBU Code SBU Code	Employee designation         POA								
ranch Staff Emp Name Employee Vame									
Branch Staff Signature	Employee Signature								

BUSII	ness Site Verification Report									
SI No	Particulars	Branch comments / Obs	servation							
1	Address Visited with <u>Building No, Phone/Mobile Number</u> (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	☐ Yes	□ N	lo						
9	Entity Name Board Sighted at the entrance	☐ Yes	☐ Yes ☐ No							
10	The Name Board Sighted at the entrance	Permanent in natu	☐ Permanent in nature ☐ Temporary in nature							
11	Does the Name in the Name Board match with Records/Document									
12	Sufficient stock of goods / articles available/visible at the premise	es 🗌 Yes	□ N	lo						
13	Do Neighbouring shops or offices know the customer	☐ Yes ☐ No								
14	Normal business activity seen during the visit	☐ Yes ☐ No								
15	Whether any License Displayed in business premises (Like GSTIN Registration, License from municipality etc)	☐ Yes (Specify type) ☐ No								
16	Building Description	☐ Poor ☐ Average ☐ Good ☐ Posh								
17	Furniture/ Fixtures / Office equipments	Seems to be a make shift/temporary arrangements								
.,	seen at the premises are	Are suitable for the nature of business carried on by the entity								
18	Type of Building	☐ Owned ☐ 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)									
01	Puripose Looglity Type	Residential Commer		mercial	Industrial					
21	Business Locality Type	Business centre	S	lum	Under developed					
22	Any Other Observations (Like dealership agreement, agency agreement etc seen)		·							
	Name of the official hereby confirm that I made a personal visit on DDDMMYYYYY									
at _T	at _Time_ to the premises of the above party and the address and other details given in the above									
~N.A. (r	a) Matches with the data given in the application form and the data evidenced by the KYC documents (or)									
		videriced by the KTC doc	currierns (Oi)							
o) Is n	oot matching which is given as a separate report.				Signature with Seal					
Nai	me		Designation							
	polovee No		POA No							