

RELATIONSHIP FORM FOR LEGAL ENTITY

Branch Code					Date	D	D	M	M	Y	Y	Y	Y
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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

[illegible]

Date of Incorporation

Signature with Seal

COMMUNICATION/CURRENT ADDRESS

Address Type ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Line 1

Line 2

Line 3 | L A N D | M A R K | City | PIN

[illegible]

PERMANENT/REGISTERED ADDRESS

☐ Same as Communication/Current Address

Address Type ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

[illegible]

Line 2

Line 3 LAND MARK City PIN

[illegible]

Entity Contact Details

[illegible][illegible]

PROOF OF IDENTITY (POI) & PROOF OF ADDRESS (POA)

[illegible][illegible]

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 | D | D | M | M | Y | Y | Y | Y

☐ 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 Address

Address Type ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

[illegible][illegible][illegible][illegible]

Credit Facilities Enjoyed with Other Bank(s)

- | Nature of facility | Name & Address of the Bank Branch | Original Advance/limit | Balance outstanding | Securities |
|--------------------|-----------------------------------|------------------------|---------------------|------------|
| | | | | |
| | | | | |

- I/We agree that “The Bank reserves the right, at its sole discretion and without prior notice, to block, freeze or place restrictions on the operations of any account, either partially or fully, in the event it is observed that the account is being operated by a third party, or if the transactions in the account are inconsistent with the declared nature and purpose of the account as provided by you at the time of account opening or subsequently updated. I/We agree that The Bank may, at its sole discretion, without prior notice, restrict the operations in such account to branch-only transactions or impose such other conditions as deemed necessary to safeguard the interest of the Bank and to ensure compliance with applicable laws, regulations, and the Bank’s internal policies. I/We agree that The Bank shall not liable for any loss or inconvenience caused to you due to such restrictions, blockages, or freezing of account operations, undertaken in good faith and in accordance with applicable regulatory and internal compliance requirements.”

Signature with Seal

Name of Beneficial Owner/s	Customer ID (if existing)	Percentage of Ownership / Capital / Profits	Beneficial Owner Type Code

BUSINESS ACTIVITY

Whether Politician or connected/related to politicians/political party (Politically Exposed Person -PEP) or account opened on behalf of PEP ☐ Yes ☐ No

All Questions are mandatory

1. Registered in India ☐ Yes ☐ No
2. a) Country of incorporation: _____ b) Place/City of incorporation: _____
- c) Date of Commencement of Business

D	D	M	M	Y	Y	Y	Y
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3. a) Is the entity a tax resident of any country/ies outside India ☐ Yes ☐ No (If Yes, please fill Annexure 1)
- b) Is the entity incorporated or organized in the United States (including a Trust, if the trustee is a U.S. citizen or resident) ☐ Yes ☐ No (If Yes, please fill Annexure 1)
4. **Questions relevant for entity FATCA and CRS classification**
(Please consult your professional tax advisor for further guidance on tax residency and FATCA& CRS classification)
- a.) Is the entity a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the above mentioned entity types ☐ Yes ☐ No (If yes, please sign the FATCA-CRS terms & conditions declaration; If No, go to next question)

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	☐ Yes	☐ No									
9	Entity Name Board Sighted at the entrance	☐ Yes	☐ No									
10	The Name Board Sighted at the entrance	☐ Permanent in nature	☐ Temporary in nature									
11	Does the Name in the Name Board match with Records/Documents	☐ Yes	☐ No									
12	Sufficient stock of goods / articles available/visible at the premises	☐ Yes	☐ No									
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 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	☐ 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)											
21	Business Locality Type	Residential	Commercial	Industrial								
		Business centre	Slum	Under developed								
22	Any Other Observations (Like dealership agreement, agency agreement etc seen)											
<p>I _____ <small>Name of the official</small> hereby confirm that I made a personal visit on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>at <u>Time</u> to the premises of the above party and the address and other details given in the above</p> <p>a) Matches with the data given in the application form and the data evidenced by the KYC documents (or)</p> <p>b) Is not matching which is given as a separate report.</p> <p style="text-align: right;">Signature with Seal</p>					D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					
Name		Designation										
Employee No		POA No										
<p>Note : * Bank Official conducting Site verification to fill/ Put Tick Mark in the relevant fields</p> <p>*On best effort basis attach photograph of the Business Site Visited</p>												