

DECLARATION OF BENEFICIAL OWNERSHIP

• Customer ID (If existing customer): _____

• Customer Constitution (Please tick the correct box):

- Pvt Ltd. Company
- Public Ltd. Company
- Foreign Ltd. Company
- Partnership
- LLP
- AOP
- Society
- Trust
- Club
- University
- Institution

• Name of Customer* : _____

4. Registered Number : _____
(if available)

5. Registered Address : _____

** Customer includes Applicant/Co-applicant*

The Customer as stated above hereby confirms and declares that on the below date:

(Please select the option A or B and tick the correct box)

A. If Constitution is Pvt Ltd. Company/Public Ltd. Company/Foreign Ltd. Company

• The following **natural person(s)** (listed in Table below) exercise control or ultimately have a controlling ownership interest in the company i.e. having ownership/entitlement of **more than 25%** of shares/capital/profits or controlling through voting rights, agreement, arrangement etc.

Or

• There are **no natural person(s)** who exercise control or ultimately have a controlling ownership interest in the company as stated above, therefore details of natural person(s) holding the position of directors/senior management in the company are given in the below Table.

B. If Constitution is Partnership/LLP/AOP/Society/Trust/Club/University/Institution

• The following **natural person(s)** (listed in **Table below**) exercise control or ultimately have a controlling ownership interest i.e. having ownership/entitlement of **more than 15%** of capital/profits/property or controlling through voting rights, agreement, arrangement etc.

Or

• There are **no natural person(s)** who exercise control or ultimately have a controlling ownership interest as stated above, therefore details of all partner(s)(for partnership)/trustees (for trust) /senior managing officials (for unincorporated bodies)who are natural person(s) are stated in the below Table.

(*If you have ticked any of the above, please complete Table below before signing the declaration)

Sr No.	Full Name of Beneficial owner/controlling natural person(s)	Date of Birth	Nationality	Address (with City and Pincode)	Type of KYC Documents		Controlling ownership Interest (%)
					Identity	Address	

The Customer undertakes that the facts stated above are true and correct.

The Customer undertakes and agrees that it will notify **Axis Bank** without delay of any changes to the controlling shareholders, person exercising control or having controlling ownership interest in the entity, as declared in **the table above**.

For and on behalf of [name of Customer]

Signature of the Authorized Official: _____
Full Name of the authorized official: _____
Designation / Position: _____
Date : _____

For Bank Use Only

We have made best efforts to identify the beneficial owner(s) of the said Customer. The details furnished above have been verified from information, wherever available, in public domain.

(Signature of the Bank Official)

Name:

Employee No.:

Date: