

DECLARATION OF BENEFICIAL OWNERSHIP

(Applicable to Pvt Ltd Company / Public Ltd Company (Unlisted) / Partnership/ LLP/ AOP/ HUF/ Society/ Trust/ Club/ University/ Institution)

1. Name of the Depositor : _____
2. Customer ID/ Deposit A/C No.: _____
3. Legal Constitution/ Type of Entity (Please tick) : ☐ Pub/Pvt. Co. ☐ LLP ☐ Partnership ☐ Trust ☐ Association ☐ Society ☐ Club ☐ HUF ☐ University ☐ Institution ☐ Bank ☐ Insurance ☐ NGO ☐ Mutual Fund ☐ Government.
4. CIN or Identification Number : _____
5. We, as stated above, hereby confirm and declare that on the below date (Please tick the correct box)
☐ The following natural person(s) are the Beneficial Owners.
Or
☐ There are no natural person(s), who are Beneficial Owners; therefore details of Senior Managing Officials, who are natural person(s) are stated hereunder
(Please attach self-attested proof of KYC documents of each Beneficial Owner/ Senior Managing Official)

1. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official.		
Full Name of Beneficial owner/ Senior Managing Official :	Mr. / Ms. / Mrs. / Dr.	Affix Photo Here
Controlling ownership Interest (%) :		
Gender :	<input type="checkbox"/> Male; <input type="checkbox"/> Female	
Date of Birth :		
Address :		
PIN Code :		
PAN :		
KYC Documents: Identity Proof :	<input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter	
KYC Documents Address Proof :	<input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter	
Director Identification Number (if applicable) :		
Mobile Number(s) / e-mail :		
Related Type :	<input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual	
Relationship :	<input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director;	
	<input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta	
	<input type="checkbox"/> Chairman / Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others	
CKYC Number:		
DECLARATION AND VERIFICATION : I hereby authorise Sundaram Home Finance Limited to search, download and store my KYC details from CKYC Registry for the purpose of KYC compliance. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I hereby give my consent to Sundaram Home Finance Limited for sending OTP (One Time Password) on my mobile number and email id to facilitate processing the transactions using OTP authentication. I also agree to furnish such information and/or documents as Sundaram Home Finance Limited may require from time to time to comply with regulations.		
Signature of the Beneficial Owner:	X	

2. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official.		
Full Name of Beneficial owner/ Senior Managing Official :	Mr. / Ms. / Mrs. / Dr.	Affix Photo Here
Controlling ownership Interest (%) :		
Gender :	<input type="checkbox"/> Male; <input type="checkbox"/> Female	
Date of Birth :		
Address :		
PIN Code :		
PAN :		
KYC Documents: Identity Proof :	<input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter	
KYC Documents Address Proof :	<input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter	
Director Identification Number (if applicable) :		
Mobile Number(s) / e-mail :		
Related Type :	<input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual	
Relationship :	<input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director;	
	<input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta	
	<input type="checkbox"/> Chairman / Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others	
CKYC Number:		
DECLARATION AND VERIFICATION : I hereby authorise Sundaram Home Finance Limited to search, download and store my KYC details from CKYC Registry for the purpose of KYC compliance. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I hereby give my consent to Sundaram Home Finance Limited for sending OTP (One Time Password) on my mobile number and email id to facilitate processing the transactions using OTP authentication. I also agree to furnish such information and/or documents as Sundaram Home Finance Limited may require from time to time to comply with regulations.		
Signature of the Beneficial Owner:	X	

3. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official.		
Full Name of Beneficial owner/ Senior Managing Official :	Mr. / Ms. / Mrs. / Dr.	Affix Photo Here
Controlling ownership Interest (%) :		
Gender :	<input type="checkbox"/> Male; <input type="checkbox"/> Female	
Date of Birth :		
Address :		
PIN Code :		
PAN :		
KYC Documents: Identity Proof :	<input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter	
KYC Documents Address Proof :	<input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter	
Director Identification Number (if applicable) :		
Mobile Number(s) / e-mail :		
Related Type :	<input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual	
Relationship :	<input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director; <input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta <input type="checkbox"/> Chairman / Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others	
CKYC Number:		
DECLARATION AND VERIFICATION : I hereby authorise Sundaram Home Finance Limited to search, download and store my KYC details from CKYC Registry for the purpose of KYC compliance. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I hereby give my consent to Sundaram Home Finance Limited for sending OTP (One Time Password) on my mobile number and email id to facilitate processing the transactions using OTP authentication. I also agree to furnish such information and/or documents as Sundaram Home Finance Limited may require from time to time to comply with regulations.		
Signature of the Beneficial Owner:	X	

4. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official.		
Full Name of Beneficial owner/ Senior Managing Official :	Mr. / Ms. / Mrs. / Dr.	Affix Photo Here
Controlling ownership Interest (%) :		
Gender :	<input type="checkbox"/> Male; <input type="checkbox"/> Female	
Date of Birth :		
Address :		
PIN Code :		
PAN :		
KYC Documents: Identity Proof :	<input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter	
KYC Documents Address Proof :	<input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter	
Director Identification Number (if applicable) :		
Mobile Number(s) / e-mail :		
Related Type :	<input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual	
Relationship :	<input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director; <input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta <input type="checkbox"/> Chairman / Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others	
CKYC Number:		
DECLARATION AND VERIFICATION : I hereby authorise Sundaram Home Finance Limited to search, download and store my KYC details from CKYC Registry for the purpose of KYC compliance. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I hereby give my consent to Sundaram Home Finance Limited for sending OTP (One Time Password) on my mobile number and email id to facilitate processing the transactions using OTP authentication. I also agree to furnish such information and/or documents as Sundaram Home Finance Limited may require from time to time to comply with regulations.		
Signature of the Beneficial Owner:	X	

We undertake that the facts stated above are true and correct. We also undertake and agree that we will notify Sundaram Home Finance Limited without delay of any changes in the Beneficial Owners/ Senior Managing Officials as declared.

For and on behalf of (name of Depositor) :	
Signature & Seal of the Authorised Official*:	X
Full Name of the Authorised Official :	
Designation / Position;	

Date : _____ Place : _____
 (*The declaration should be signed by Authorised Signatories in case of company, an active/ designated partner in case of Partnership Firm/ LLP, a trustee in case of Trust, a senior member in case of AOP, Society, Club and member of the Managing Committee in case of University and Institution, Karta in case of HUF).

Beneficial Owner Definition:	
Legal Constitution	Beneficial Owner Identification
Company	Beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical persons, has/ have a controlling ownership interest or who exercises control through other means. "Controlling ownership interest" means ownership of/ entitlement to more than 10 per cent of the shares or capital or profits of the company. "Control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.
Partnership Firm	Beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has/have ownership of/ entitlement to more than 10 per cent of capital or profits of the partnership.
Unincorporated association or body of individuals (includes societies and HUF)	Beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has / have ownership of/ entitlement to more than 15 per cent of the property or capital or profits of the unincorporated association or body of individuals.
Company / Partnership Firm / Unincorporated association or body of individuals (includes societies)	Where no natural person is identified, the beneficial owner is the relevant natural person who holds the position of Senior Managing Official
Trust	Beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with 10 per cent or more interest in the trust, and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

For Office Use

We certify that the Beneficial Owners of the said Depositor has / have been recorded on the basis of declaration made by the Depositor.

Signature of the Official : _____
 Name : _____
 Employee No. : _____

Date : _____
 Place : _____