

( To be obtained on the letterhead of the client / customer )

**ANNEXURE - A**

**DECLARATION OF BENEFICIAL OWNERSHIP**

(Applicable to Partnership / LLP / AOP / Society / Trust / Club / University / Institution)

1. Name of the Customer : \_\_\_\_\_

(Partnership / LLP / AOP / Society / Trust / Club / University / Institution)

2. Registered Number : \_\_\_\_\_ (if available)

3. Registered Address : \_\_\_\_\_ The

Customer as stated above hereby confirms and declares that on the below date: (Please tick the correct box)

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 inthe above Table.

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

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

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

The customer also undertakes and agrees that it will notify **Pune People's Co-op Bank Ltd** without delay of any changes in the controlling persons, person exercising control or having controlling ownership interest in the Partnership / LLP / AOP / Society / Trust / Club / University / Institution, as declared in **the table above**.

For and on behalf of [name of Partnership / LLP / AOP / Society / Trust / Club / University / Institution]:

Signature of the Authorized Official \* : \_\_\_\_\_

Full Name of the Authorized official : \_\_\_\_\_

Designation / Position : \_\_\_\_\_

Date : \_\_\_\_\_

(\* The declaration should be signed by 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)

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**For Branch Use Only**

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

(Signature of the Branch Incharge / Branch Officer)

Name : \_\_\_\_\_

Employee No. : \_\_\_\_\_

Date : \_\_\_\_\_