

DECLARATION OF BENEFICIAL OWNERSHIP

(NOT APPLICABLE FOR SOLE PROPRIETORSHIP ACCOUNTS)

Name of the Customer/Company

Registered Number
(Wherever applicable)

Registered Address

The Customer/Company as stated above hereby confirms and declares that on the below date (Please tick the correct option - option 3 is applicable only for Company)

- 1 ☐ 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 10% (in case of Company) or more than 10% (Partnership/LLP) or more than 15% (Association/BOI/Society) or 10% and above (in case of Trust) of capital/profits/property or controlling through voting rights, agreement, arrangement etc.

OR

2. ☐ 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
- ☐ Natural person(s) holding the position of directors/senior management in the Company are given in the below Table.

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

[illegible]

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3. ☐ The Company is listed on _____ (*Name of the Stock Exchange)
or is a majorly owned subsidiary of _____ (*Name of the listed Company)
listed on _____ (*Name of the Stock Exchange)
in _____ (*Name of the Jurisdiction)

*Stock Exchange listed in India or any jurisdiction notified by Central Govt.

The Customer/Company undertakes that the facts stated above are true and correct. The Customer/Company also undertakes and agrees that it will notify Axis Bank without delay of any changes in the controlling persons / shareholders, person exercising control or having controlling ownership interest in the Company / Partnership / LLP / AOP / Society / Trust / Club / University / Institution, as declared in the table above.

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

Signature of the Authorized Official* :

Full Name of the Authorized Official:

Designation / Position:

Date _____

Only for Trust Accounts

- ☐ We confirm that all details of the trustees, settlor and authors, beneficiary/(ies) of the trust have been provided above and is detailed in the trust deed submitted herein and the same is in order.

OR,

- ☐ We confirm that the following are the additional names associated with the trust which is not recorded in trust deed and the same is in order.

Name of Settlor /Author of Trust /Trustee/ beneficiary(/ies)

Signature of the Authorized Official*

* The declaration should be signed by:

- i. 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.