



स्वातंत्र्याचा अमृत महोत्सव



डॉ. प्रभाकर देसाई

एम.ए., पीएच.डी.

संचालक

सावित्रीबाई फुले पुणे विद्यापीठ

(पूर्वीचे पुणे विद्यापीठ)

राष्ट्रीय सेवा योजना

गणेशखिंड, पुणे - ४११ ००७



कार्यालय क्र. : ०२०-२५६२२६८८/८९

: ०२०-२५६२२६९०/९१

: ०२०-२५६२२६९२

: ०२०-२५६९७३४१

संदर्भ : रासेयो/२०२२-२३/९०७ अति महत्वाचे व कालमर्यादित

दि. ०९/०१/२०२३

प्रति,
मा.प्राचार्य/संचालक,
रासेयो संलग्नित सर्व महाविद्यालये परिसंस्था,
पुणे, अहमदनगर व नाशिक जिल्हा,
सावित्रीबाई फुले पुणे विद्यापीठ.

विषय : केंद्र हिस्सा योजना (C.S.S.) अंतर्गत केंद्रीय नोडल अकाऊंट (C.N.A) द्वारे रासेयो सहायक अनुदान निधी वितरणाची अंमलबजावणी करणेसाठी विद्यापीठ तसेच महाविद्यालय स्तरावर Z.B.S.A. (Zero Balance Subsidiary Account)(Current Account) खाते SBI च्या नजीकच्या शाखेमध्ये उघडणेबाबत

- संदर्भ : १) अवर सचिव, युवा कार्य व क्रीडा मंत्रालय, युवा कार्य विभाग, रासेयो कक्ष, नवी दिल्ली यांचे कडील दि. २१.२०२३ रोजीचा ई-मेल संदेश.
२) उच्च व तंत्र शिक्षण विभाग, मंत्रालय कक्ष क्र.रासेयो-२०२२/प्र.क्र.१५५/साशि-७, दि.०२ जानेवारी, २०२३ चे पत्र.

महोदय,

उपरोक्त विषयानुसार मा. अवर सचिव, युवा कार्य व क्रीडा मंत्रालय, युवा कार्य विभाग, रासेयो कक्ष, नवी दिल्ली आणि मा. राज्य संपर्क अधिकारी उच्च व तंत्र शिक्षण विभाग, मंत्रालय, महाराष्ट्र शासन यांनी कळविल्यानुसार सन २०२२-२३ या वर्षापासून रासेयो करिताचा सहायक अनुदान निधी वितरणाची अंमलबजावणी ही केंद्र हिस्सा योजना अंतर्गत केंद्रीय नोडल अकाऊंट (C.N.A) द्वारे करणेबाबत सूचित करण्यात आले आहे.

सावित्रीबाई फुले पुणे विद्यापीठ रासेयो संलग्नित पुणे, अहमदनगर व नाशिक मधील रासेयो नियमित एकक मंजूर असलेल्या सर्व महाविद्यालयांनी (रासेयो स्वयंनिर्वाही एकक महाविद्यालये वगळून) विषयांमध्ये नमूद केलेल्या सुधारीत कार्य पध्दतीकरिता नव्याने भारतीय स्टेट बँकेच्या नजीकच्या शाखेमध्ये Z.B.S.A. (Zero Balance Subsidiary Account)(Current Account) खाते 'कार्यक्रम अधिकारी रासेयो व प्राचार्य (महाविद्यालयाचे नाव) या नावे खाते उघडण्याची कार्यवाही प्राथमिकतेने व तातडीने दि. ११ जानेवारी २०२३ पूर्वी पूर्ण करण्यात यावी. सन २०२२-२३ यावर्षापासून केंद्रीय नोडल अकाऊंट(C.N.A) द्वारे रासेयो अनुदान महाराष्ट्र शासनमार्फत महाविद्यालयांना परस्पर अदा करण्यात येणार आहे. त्यामुळे सदर खाते तातडीने उघडण्यात यावे व सदर माहिती <https://forms.gle/Ug8zFdj5DxVuuyRy9> या गुगल फॉर्म मध्ये दि. १६ जानेवारी २०२३ पर्यंत कळवावी. खाते उघडण्याबाबत महाविद्यालयांकडून दिरंगाई झाली अथवा खाते उघडले नाही तर यांची सर्व जबाबदारी संबंधित महाविद्यालयांची राहिल. सदर खाते उघडण्यापूर्वी महाराष्ट्र शासनाच्या सोबत जोडलेल्या मार्गदर्शक सुचनांचे अवलोकन करून त्या पध्दतीने खाते उघडण्याबाबत कार्यवाही करण्यात यावी. कळावे, ही विनंती.

संचालक

राष्ट्रीय सेवा योजना

टिप : ज्या महाविद्यालयांना स्वयंनिर्वाही एकक मंजूर आहे. त्या महाविद्यालयांनी सदर खाते उघडणे आवश्यक नाही. अधिक माहितीकरिता : मा. राज्य संपर्क अधिकारी रासेयो, उच्च व तंत्र शिक्षण विभाग, मंत्रालय, महाराष्ट्र शासन यांचे पत्र

महाराष्ट्र शासन



क्रमांक : रासेयो-२०२२/प्र.क्र.१५५/साशि-७
उच्च व तंत्र शिक्षण विभाग मंत्रालय कक्ष,
एलफिन्स्टन तंत्र विद्यालय परिसर,
३, महापालिका मार्ग, धोबीतलाव, मुंबई-१.
Email: nssmantralaya@gmail.com
दिनांक :- ०४ जानेवारी, २०२३.

तात्काळ / अति महत्त्वाचे

प्रति,
कार्यक्रम समन्वयक तथा संचालक,
राष्ट्रीय सेवा योजना, सर्व अकृषी विद्यापीठे/ कृषी विद्यापीठे / अभिमत विद्यापीठे / संस्था/संचालनालय,
महाराष्ट्र राज्य.

विषय :- केंद्रीय नोडल अकाउंट (C.N.A.) द्वारे रासेयो सहायक अनुदान निधी वितरणाची
अंमलबजावणी करणेसाठी विद्यापीठ तसेच महाविद्यालय स्तरावर Z.B.S.A. [Zero
Balance Subsidiary Account - Current Account] खाते SBI च्या नजीकच्या
शाखेमध्ये उघडणेबाबत

संदर्भ :- १. अवर सचिव, युवा कार्य व क्रीडा मंत्रालय, युवा कार्य विभाग, रासेयो कक्ष, नवी दिल्ली
यांचे कडील दि. २.१.२०२३ रोजीचा ई-मेल संदेश.
२. या कार्यासनाकडील पत्र क्र. रासेयो-२०२२/प्र.क्र.१५५/साशि-७, दि. २.१.२०२३.

विषयांकीत प्रकरणी अवर सचिव, युवा कार्य व क्रीडा मंत्रालय, युवा कार्य विभाग, रासेयो कक्ष, नवी दिल्ली
यांनी कळविल्यानुसार, सन २०२२-२३ या वर्षापासून राष्ट्रीय सेवा योजना करिताचा सहायक अनुदान निधी
वितरणाची अंमलबजावणी ही केंद्र हिस्सा योजना अंतर्गत केंद्रीय नोडल अकाउंट (C.N.A.) द्वारे करणेबाबत सूचित
करण्यात आले आहे. त्यानुसार राज्याच्या अधिनस्थ असलेल्या सर्व विद्यापीठांनी तसेच विद्यापीठ अधिनस्थ
असलेल्या सर्व रासेयो एकक महाविद्यालयांनी विषयांमध्ये नमूद केलेल्या सुधारीत कार्यपद्धतीकरीता नव्याने
भारतीय स्टेट बँकेच्या नजीकच्या शाखेमध्ये Z.B.S.A. [Zero Balance Subsidiary Account] (Current Account)
खाते उघडण्याची कार्यवाही तातडीने पूर्ण करण्यात यावी, असे संदर्भित ई-मेल संदेश तसेच पत्रान्वये आपणांस
कळविण्यात आले आहे.

आपले विद्यापीठाचे तसेच अधिनस्थ असलेल्या सर्व रासेयो एकक महाविद्यालयांचे भारतीय स्टेट बँकेच्या
नजीकच्या शाखेमध्ये Z.B.S.A. [Zero Balance Subsidiary Account] (Current Account) खाते उघडण्याची
कार्यवाही दि. ११.०१.२०२३ पर्यंत वा पूर्वी विनाविलंबाने व तातडीने पूर्ण करावी, याकरीता काही मार्गदर्शक सूचना
सोबतच्या प्रपत्रामध्ये नमूद करण्यात आल्या आहेत.

त्यानुसार आपले विद्यापीठाचे तसेच अधिनस्थ असलेल्या शासन अनुदानीत रासेयो एकक महाविद्यालयाचे
चालू प्रकारातील खाते (Current Account) उघडण्यात यावे व तसा कार्यपूर्ती अहवाल या कार्यासनास विद्यापीठाने
एकत्रितपणे सादर करावा.

(डॉ. प्रशांतकुमार वनंजे)

राज्य संपर्क अधिकारी/वि.का.अ.
राष्ट्रीय सेवा योजना, महाराष्ट्र राज्य.

प्रत माहितीस्तव :-

क्षेत्रीय संचालक, संचालनालय रासेयो, महाराष्ट्र व गोवा राज्य, शिवाजीनगर, पुणे-४११००१.

मार्गदर्शक सूचना

१. या कार्यासनाकडील पत्र क्र. रासेयो-२०२१/प्र.क्र.१५५/साशि-७ अन्वये निर्गमित केलेल्या विविध पत्रांमधील सन २०२३-२४ ऐवजी सन २०२२-२३ असे वाचावे. चालू वित्तीय वर्षापासून केंद्र शासनाने C.N.A. मार्फत निधी वितरणाच्या कार्यपद्धतीची अंमलबजावणी करण्याचे निर्देश दिले आहेत.

२. राष्ट्रीय सेवा योजनेच्या निधीकरीता विद्यापीठ तसेच शासन अनुदानीत रासेयो एकक महाविद्यालयाकडील अस्तित्वात असलेले पूर्वीचे जुने कोणत्याही बँकेकडील बँक खाते सन २०२२-२३ या वर्षापासून वापरात आणू नये.

३. सन २०२२-२३ या वर्षापासून रासेयो निधी वितरणाच्या कार्यपद्धतीमध्ये सुधारणा झाल्याने विद्यापीठ तसेच शासन अनुदानीत रासेयो एकक महाविद्यालयांनी भारतीय स्टेट बँकेच्या नजीकच्या शाखेमध्ये चालू प्रकारातील झिरो बॅलन्स सबसिडीयरी अकाऊंट (Zero Balance Subsidiary Account - Current Type Account) नव्याने उघडण्याची कार्यवाही तातडीने पूर्ण करावी.

४. विद्यापीठाकडील नवीन खाते संचालक/कार्यक्रम समन्वयक, रासेयो (विद्यापीठाचे नांव) यानांवे उघडण्यात यावे आणि सदरील खात्याचे व्यवहार विद्यापीठाकडील वित्त व लेखा अधिकारी यांचेकडून करणेकरीताचे “नमुना स्वाक्षरी” बाबतचे पत्र विद्यापीठाचे मा. कुलगुरु यांचे स्वाक्षरीने देण्यात यावे. तसेच महाविद्यालयाकडील नवीन खाते कार्यक्रम अधिकारी, रासेयो व प्राचार्य (महाविद्यालयाचे नांव) यानांवे उघडण्यात यावे व सदरील खात्यामधील आर्थिक व्यवहार प्राचार्य यांचेकडून करण्याकरीताचे “नमुना स्वाक्षरी” बाबतचे पत्र महाविद्यालयातील रासेयो कार्यरत कार्यक्रम अधिकारी यांचे स्वाक्षरीने देण्यात यावे.

५. सद्यस्थितीत कार्यरत असलेल्या संचालक/कार्यक्रम समन्वयक, रासेयो तसेच वित्त व लेखा अधिकारी यांची तसेच महाविद्यालयातील कार्यक्रम अधिकारी, रासेयो आणि प्राचार्य यांची केवायसी माहिती देण्यात यावी व त्याकरीता आधारकार्ड, पॅनकार्ड, सेवा ओळखपत्र इत्यादीच्या छायांकित प्रती आणि पासपोर्ट आकारातील रंगीत फोटो नवीन खाते उघडणेकामी देण्यात याव्यात.

६. सोबतच्या प्रपत्रामधील अ.क्र. १, २ व ३ अन्वये नमूद केलेल्या पत्रांच्या छायांकित प्रती नवीन खाते उघडतेवेळी बँकेकडील फॉर्मसोबत जोडाव्यात. तसेच खालील दिलेल्या माहितीच्या आधारे नवीन खाते उघडण्याची विनंती संबंधित शाखा अधिकारी/शाखा व्यवस्थापक यांना करावी. याव्यतिरिक्त इतर कोणत्याही प्रकारचे नवीन खाते उघडण्यात येऊ नये. [याकरीता State Bank of India, Govt. Business Unit, Local Head Office, Mumbai-Maharashtra Circle यांचेकडील दि.४.१.२०२३ रोजीचा ई-मेल पाहावा.]

- | | | | |
|----|------------------------------|---|----------------------------|
| 1. | CIF NUMBER | - | 91058972303 |
| 2. | Current Account Product Code | - | 5011-2141 |
| 3. | Product Code Description | - | CA-DBT-GOVT AGENCY A/C-INR |

[वरील माहितीशिवाय अन्य प्रकारचे नवीन खाते उघडले गेल्यास, त्याची सर्वस्वी जबाबदारी संबंधित विद्यापीठ / महाविद्यालयाची राहिल, याची नोंद घ्यावी.]

७. राष्ट्रीय सेवा योजना, मंत्रालय कक्ष, उच्च व तंत्र शिक्षण विभाग, मुंबई यांचेकडून भारतीय स्टेट बँक, मुंबई यांचे कार्यालयास दिलेल्या प्राधिकार पत्राचा नमुना, या कार्यालयाकडून नवीन खाते उघडण्यासाठी भरलेल्या फॉर्मचा नमुना, चालू प्रकारातील नवीन खाते उघडण्याकरीताचा फॉर्म यासोबत जोडून माहितीस्तव पाठविण्यात येत आहेत. आपणांस त्याचा वापर करून पुढील कार्यवाही करणे सोईचे ठरेल.

८. भारतीय स्टेट बँकेच्या नजीकच्या शाखेमध्ये विद्यापीठ तसेच महाविद्यालयाचे नवीन खाते उघडल्यानंतर तातडीने नवीन बँक खात्याचा तपशिल खालील विहित नमुन्यामध्ये Excel sheet format (Times New Roman-१२ Font size) महाविद्यालयांनी त्यांचे संबंधित विद्यापीठाकडे soft copy & hard copy स्वरूपात पाठवावी.

९. संबंधित विद्यापीठांनी त्यांचे अधिनस्थ असलेल्या सर्व महाविद्यालयांकडील नवीन खात्यासंबंधित माहिती एकत्रित संकलीत करून पूर्णपणे शासनास soft copy & hard copy स्वरूपात सादर करावी.

(विद्यापीठाने शासनास सादर करावयाची माहिती)

Sr.No.	Name of University	Branch Name	Branch Code	IFS Code	A/c No.

(शासन अनुदानीत रासेयो एकक महाविद्यालयाने विद्यापीठास सादर करावयाची माहिती)

Sr.No.	Name of University	Name of College and address	Branch Name	Branch Code	IFS Code	A/c No.

[* टीप :- विद्यापीठांनी सन २०२२-२३ या वर्षाकरीता वितरीत केलेल्या रासेयो एकक महाविद्यालयांची संख्या व नवीन खाते उघडण्यात आलेल्या महाविद्यालयांची एकूण संख्या यांची पडताळणी करून खात्री करावी व तदनंतरच एकत्रितपणे माहिती शासनास सादर करताना अपूर्ण माहिती सादर केली जाणार नाही, याची दक्षता घ्यावी.]

१०. संबंधित सर्व विद्यापीठांनी त्यांची स्वतःची PFMS प्रणालीमध्ये नोंदणी झाल्याची खात्री करावी. तसेच त्यांचेशी संलग्न असलेली सर्व शासन अनुदानीत रासेयो एकक महाविद्यालये PFMS प्रणालीमध्ये नोंदणीकृत आहेत किंवा कसे याची देखील खात्री करावी.

११. PFMS प्रणालीमध्ये नोंदणीकृत नसलेल्या विद्यापीठांनी तसेच त्यांचेशी संलग्न असलेल्या शासन अनुदानीत रासेयो एकक महाविद्यालयांना प्रथमतः नोंदणी करण्याची कार्यवाही विद्यापीठाने तातडीने पूर्ण करावी. त्याशिवाय नव्याने उघडण्यात आलेले बँक खाते मॅपिंग करणे शक्य होणार नाही. परिणामी संबंधित विद्यापीठ तसेच महाविद्यालय चालू वर्षाच्या रासेयो निधीकरीता वंचीत राहिल्यास त्याची सर्वस्वी जबाबदारी संबंधित विद्यापीठाची राहिल.

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प्रपत्र - १

१. अवर सचिव, युवा कार्य व क्रीडा मंत्रालय, युवा कार्य विभाग, रासेयो कक्ष, नवी दिल्ली यांचेकडील ई-मेल संदेश दि. ०६.१०.२०२२ अन्वये प्राप्त झालेले पत्र क्र. के-११०३२/३/२०२२-NSS, दि. ६.१०.२०२२ व त्यासोबत वित्त मंत्रालय, व्यय विभाग, नॉर्थ ब्लॉक, भारत सरकार, नवी दिल्ली यांचेकडील पत्र क्र.१(१८)/PFMS/ FCD/२०२१, दि. ९ मार्च, २०२२.
२. अवर सचिव, युवा कार्य व क्रीडा मंत्रालय, युवा कार्य विभाग, रासेयो कक्ष, नवी दिल्ली यांचेकडील प्राप्त ई-मेल संदेश दि. २.१.२०२३.
३. राष्ट्रीय सेवा योजना, मंत्रालय कक्ष, उच्च व तंत्र शिक्षण विभाग, मुंबई यांचेकडील पत्र क्र. रासेयो-१५५/ प्र.क्र. १५५/साशि-७, दि. २ जानेवारी, २०२३.
४. State Bank of India, Govt. Business Unit, Local Head Office, Mumbai-Maharashtra Circle यांचेकडील दि.४.१.२०२३ रोजीचा ई-मेल.

उक्त नमूद केलेल्या १ ते ३ पत्रांच्या कॉपी soft copies in pdf format ई-मेलसोबत जोडण्यात येत असून त्याच्या प्रती नवीन बँक खाते उघडणेकामी फॉर्मसोबत जोडण्यात याव्यात.

F. No. K-11032/3/2022-NSS
Government of India
Ministry of Youth Affairs & Sports
Department of Youth Affairs
(NSS Section)

Shastri Bhawan, New Delhi
Dated the 6th October, 2022

To

The Chief General Manager
State Bank of India
Government Branch
Service & Solution Unit, Corporate Centre
2nd Floor, Main Branch Building
11 Sansad Marg, New Delhi-110001

(Kind Attn:- Shri Jai Shankar Prasad, AGM & RM)

Subject:- Implementation of Central Nodal Account (CNA) system for flow of funds under Central Sector Scheme (CSS) in the MoYAS - reg.

Sir,

I am directed to the refer to the subject cited above and to say that as per the guidelines dated 9th March, 2022 (**copy enclosed**) issued by the Department of Expenditure, Ministry of Finance, all eligible Central Sector Schemes will be covered under the revised procedure for Flow of Funds w.e.f. 1st April, 2022. This is a mandatory requirement for release of funds to any implementing agency under the Central Sector Schemes. There are two Models prescribed under the guidelines of Ministry of Finance. **Model-1** is implementation through Treasury Single Account (TSA) for those schemes having annual outlay of Rupees more than 500 crore and implemented without involvement of State Agencies. **Model-2** is implementation through Scheduled Commercial Banks for those Central Sector Schemes having annual outlay of Rupees less than 500 crore or where the schemes are being implemented by the State Government Agencies.

2. It is submitted that as the annual budget outlay of **National Service Scheme (NSS)** is of Rs. 283.50 Cr. under BE 2022-23 which is less than the 500 crore therefore, the NSS comes under **Model-2**. Further, Ministry of Finance has accorded the permission to the National Service Scheme that as per the para 8 of DoE's guidelines dated 9th March, 2022, MoYAS may notify each State NSS Cell as CNA provided that such State NSS Cell are State Government Agencies. As a result of, multiple State level CNAs may be opened under the NSS Scheme.


Ravi Kumar Sinha
Under Secretary
MoYAS
Govt. of India, New Delhi


3. The details of funds flow to the States/UTs to conduct the NSS activities is attached herewith for information please.

4. Further, it is stated that the Department of Youth Affairs, National Service Scheme (NSS) has 35 State NSS Cells in the States/UTs to release the NSS Grant to the institutions as mentioned in the para 3 above. Now, as per the Ministry of Finance O.M. dated 9th March, 2022, 35 New CNA bank accounts of State NSS Cell alongwith the Subsidiary Accounts (SAs) at University Level may be opened to flow of funds to the States/UTs. Further, the unspent balance with each of the sub agency in their existing bank Account will have to be transferred to State CNA Account. The Balance lying in State NSS Cells in their existing Bank Accounts will also be transferred to newly opened State CNA Bank Account. Screen Shots of PFMS Portal after mapping and Bank Accounts details (so opened) may be obtained from State CNAs. These Bank details may be mentioned specifically in the Sanction letter. A list of State NSS Cell alongwith their bank account details is also attached for reference.

Further, it is also requested to provide necessary reports and a user-friendly dashboard to officers at various levels to monitor utilization of funds by SAs.

5. In view of the above, you are requested to take necessary action to open 35 CNA bank accounts at State NSS Cells alongwith Subsidiary Accounts (SAs) at University Level with zero balance to smooth flow of funds to the States/UTs as per the directions of Ministry of Finance's O.M. dated 9th March, 2022.

Yours faithfully



(Ravi Kumar Sinha)

Under Secretary to the Government of India

Tel. 011-23386390

Copy to:-

1. The Director (NSS), Directorate of NSS, Shivaji Stadium Annexe, New Delhi.
2. All Regional Director, Directorate of NSS are requested to coordinate with all the SNOs for opening of CNA accounts at State NSS Cell level and their Subsidiary Accounts (SAs) at University level.
3. All State NSS Officers are request to provide the assistance to the SBI for opening the Central Nodal Accounts (CNA) and Subsidiary Accounts (SAs) at University level to flow of funds as per the direction of Ministry of Finance O.M. dated 9th March, 2022.
4. APA, Directorate of NSS, New Delhi to collect the compliance report from the concerned Regional Directors and SNOs for onward submission to this Ministry.

F. No. 1(18)/PFMS/FCD/2021
Government of India
Ministry of Finance
Department of Expenditure

North Block, New Delhi
Dated : 9th March, 2022

OFFICE MEMORANDUM

Subject: Revised procedure for flow of funds under Central Sector Schemes

In supersession of all previous orders issued by the Department of Expenditure, Ministry of Finance regarding release of funds under the Central Sector Schemes, the following procedure shall be followed w.e.f 1st April, 2022 by the Ministries/ Departments of Government of India for flow of funds under the Central Sector Schemes and monitoring utilization of funds released.

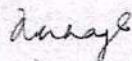
Model – 1 : Implementation through Treasury Single Account (TSA)

2. In case of Central Sector Schemes having annual outlay of more than Rs 500 crores and implemented without involvement of State agencies, it shall be mandatory to implement such schemes through the Treasury Single Account (TSA) model. This will ensure that the funds of these schemes are released "Just-In-Time" from the Consolidated Fund of India (CFI) to the beneficiaries/vendors. The Ministries/Departments may opt for Model-I for other Central Sector Schemes too in consultation with RBI. For the schemes implemented through this model, the following procedure shall be followed by the Ministries/Departments:

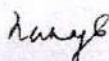
- i. For each Central Sector Scheme, the concerned Ministry/Department will designate an Autonomous Body as the Central Nodal Agency (CNA) to implement the scheme.

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- ii. If there are other agencies involved in implementation of the scheme down the ladder, which get funds from the CNA, these Implementing Agencies (IAs) will be notified as Sub-Agencies (SAs) of the CNA.
- iii. Each CNA will open an account with the Reserve Bank of India (RBI) in e-Kuber. Even in cases where CNA is already registered in the TSA module and has a bank account in e-Kuber for some other grant, it will open separate account in e-Kuber for funds to be provided under each Central Sector Scheme.
- iv. The SAs of every CNA will also open scheme-wise bank accounts with RBI in e-Kuber in line with the requirements of para (iii) above.
- v. The relevant details of all the accounts of the CNA and SAs opened with RBI shall be mapped in the TSA module of PFMS as per the extant guidelines on TSA.
- vi. In respect of funds of Central Sector Schemes, the CNA and SAs shall not open/operate/ park funds in any other bank account except under the provisions made in these guidelines.
- vii. RBI will function as the primary banker to the Ministries/ Departments in this regard without involvement of an agency bank.
- viii. All these accounts in RBI will be "Assignment Accounts". A limit up to which expenditure can be incurred by the CNA/ sub-agencies shall be assigned to these accounts from time to time by the Pay and Accounts Office (PAO) concerned through PFMS.
- ix. Assignment will be based on an expenditure sanction issued by the Programme Division (PD) and the bill preferred by the Drawing and Disbursing Officer (DDO). The e-format of the assignments and Sub-assignments shall have requisite details required for accounting and reconciliation of transactions. The e-Kuber bank account details of the CNA/SAs shall be incorporated in the sanction order.
- x. Consequent upon receipt of the sanction order for release of funds to the CNA alongwith bills from the Drawing and Disbursing Officer (DDO), the concerned



- Pay and Accounts Officers (PAOs) shall, through assignments, advise RBI, after exercising all necessary checks, to honour the payment instructions issued by the concerned CNA/SA up to the, "assigned limit" in the advice.
- xi. The PAO shall debit the concerned Head of Account for appropriation but not transfer the cash directly to the CNA. It shall be retained in an interim account in respect of the CNA listed under the parent Ministry/ Department in the public account.
 - xii. The assignments shall be uploaded on the TSA module and received electronically by the CNAs as per the existing protocols of TSA module. The CNA may issue e-Sub-assignments in PFMS against this assignment setting limits of expenditure for the SAs.
 - xiii. CNAs & SAs shall adhere to all due process while incurring expenditure from the assignment limit sanctioned through PFMS. CNAs shall also ensure that sufficient limit is available in the relevant account before issue of assignment to SAs.
 - xiv. The system will be digital and fully online on PFMS with no physical flow of assignments to RBI or expenditure by CNAs/SAs on assignment basis. The electronic file containing a unique sanction ID and necessary details of the sanction order will travel directly from PAO to RBI and concerned CNAs. RBI will maintain individual ledgers in respect of the accounts of the CNAs for watching the availability of assignment.
 - xv. PFMS Division in CGA will design requisite reports to enable all Program Division (PDs), Pay & Accounts Officers (PAOs), and other stakeholders to view details of sanction orders, summary and budget balance of assignments/sub-assignments, and expenditure details.
 - xvi. Ministries/ Departments administering the schemes concerned should strive to make realistic estimation of Budget under the Central Sector schemes and issue sanction orders according to actual requirements. The savings in the assignments should be anticipated well in advance particularly in the third quarter of



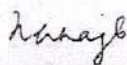
- Financial Year and Ministries/Departments shall ensure suitable savings/surrenders are informed to Budget Division during the pre-budget meetings.
- xvii. Control of limits shall be at the Standard Object Head level.
 - xviii. Unutilized assignments will lapse to the Government at the close of the Financial Year as per the extant norms of Budget execution and will not be available to the CNAs /SAs for expenditure in the next financial year. In PFMS too, all e-assignments/e-sub assignments shall cease to exist after the close of financial years and shall be flushed out from the system as per the current practice in TSA module.
 - xix. In respect of some transactions like payment of TDS, Income Tax and GST, Opening of Letter of Credit in favour of foreign suppliers, scholarships to foreign students not having account in India, and payment of salaries of the month of March to be paid in 1st week of April, CNAs/SAs may utilize the services of their existing account at commercial banks. They may transfer funds "just in time" to the extent required for meeting such transactions. However, in no case the money transferred under this provision will be parked in a Commercial Bank beyond a period of two weeks.
 - xx. Unutilized amount of past releases under the scheme available in the bank account of CNA & SAs shall be deposited in the Consolidated Fund of India.

Model – 2: Implementation through scheduled commercial banks

3. In case of Central Sector Schemes having (a) annual outlay of less than Rs 500 crores or (b) the schemes are being implemented by agencies of the State Governments exclusively or in addition to the central agencies or (c) other schemes not covered in Model-I, the following procedure will be followed by the Ministries/ Departments :

Range

- (i) Every Ministry/ Department will designate a Central Nodal Agency (CNA) for implementing each Central Sector Scheme. The CNA will open a Central Nodal Account for each Central Sector Scheme in a scheduled commercial bank authorized to conduct Government business by the Ministry/ Department concerned.
- (ii) Implementing Agencies (IAs) down the ladder will be designated as Sub-Agencies (SAs). The SAs will use the CNA's accounts with clearly defined drawing limits set for that account. However, depending upon operational requirements, zero balance subsidiary accounts for each scheme may also be opened by the SAs.
- (iii) All zero balance subsidiary accounts will have allocated drawing limits to be decided by the CNA concerned from time to time and will draw on real time basis from the Central Nodal Account of the scheme as and when payments are to be made to beneficiaries, vendors etc. The available drawing limit will get reduced by the extent of utilization.
- (iv) For seamless management of funds, the main account and all zero balance subsidiary accounts should be maintained with the same bank. However, Ministry/ Department may choose different banks for opening Central Nodal Accounts of different Central Sector Schemes.
- (v) Only banks having a robust IT system and adequate branch network should be chosen for opening Central Nodal Account and the zero balance accounts of SAs of each Central Sector Scheme. The bank chosen should have the facility to open the required number of subsidiary zero balance accounts and a robust MIS for handling accounting and reconciliation at each level. The bank should also provide necessary reports and a user-friendly dashboard to officers at various levels to monitor utilization of funds by SAs.
- (vi) The bank's software system should be able to monitor the drawing limits of the SAs who should be able to draw funds on real time basis from the CNA's account as and when payments are to be made. The selected bank should ensure



proper training and capacity building of branch managers and other staff for smooth operation of these accounts.

- (vii) Ministries/ Departments will release the scheme funds for each Central Sector Scheme to the account of CNA concerned strictly on the basis of requirement, keeping in view the balance funds of the scheme available with the CNA as per PFMS or scheme-specific portals fully integrated with PFMS in consonance with Rule 232(v) and 230(vii) of the General Financial Rules, 2017.
- (viii) The Ministries/ Departments and the CNAs shall ensure that the interest earned from the funds released is mandatorily remitted to the Consolidated Fund of India in terms of Rule 230(8) of GFR, 2017. The interest component shall be distinctly reflected in the MIS provided by the banks.
- (ix) The Ministries/ Departments shall release the funds as far as possible in 'Just-In-Time' manner keeping the float in CNAs account to the minimum possible and shall in no case release more than 25% of the amount earmarked for the scheme in a financial year at a time. Additional funds (not more than 25% at a time) will be released only upon utilization of at least 75% of the funds released earlier and in compliance with the conditions of previous sanction.
- (x) For administrative convenience and efficiency the Program Division may obtain approval of the competent authority and concurrence of the Financial Advisor for more than 25% at a time. But release of funds shall not exceed 25% in one instalment.
- (xi) After opening of Central Nodal Account of the scheme and before opening zero balance subsidiary account of SAs or assigning them drawing rights from CNA's account, the SAs at all levels shall return all unspent amounts of the scheme lying in their accounts to the Central Nodal Account of the CNA.
- (xii) It will be the responsibility of the Ministry/ Department concerned to ensure that the entire unspent amount of the scheme is returned by all the SAs to the Central Nodal Account of the CNA concerned before releasing funds to CNAs.

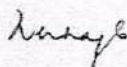
- (xiii) Ministries/ Departments will ensure that releases under all Central Sector Schemes are made strictly as per the actual requirement on the ground, without resulting in any material float with the implementing agencies at any level.
 - (xiv) Ministry/ Department will register the CNAs and all SAs on PFMS and use the unique PFMS ID assigned to the CNA and SAs for making all payments to them. Bank accounts of the CNAs, SAs, vendors and other organisations receiving funds will also be mapped in PFMS.
 - (xv) Payments will be made from the zero balance subsidiary accounts up to the drawing limit assigned to such accounts from time to time. Transactions in each Subsidiary Account will be settled with the Central Nodal Account daily through the core banking solution (CBS) on the basis of payments made during the day.
 - (xvi) CNAs and SAs will mandatorily use the EAT module of PFMS or integrate their systems with the PFMS to ensure that information on PFMS is updated by each SA at least once every day.
 - (xvii) CNAs will keep all the funds received in the Central Nodal Account only and shall not transfer the funds to any other account or not divert the same to Fixed Deposits/ Flexi-Account/ Multi-Option Deposit Account/ Corporate Liquid Term Deposit (CLTD) account etc. The funds released to CNA shall not be parked in bank account of any other agency.
 - (xviii) Release of funds by the Ministries/ Departments towards the end of the financial year should be avoided to prevent accumulation of unspent balances with CNAs.
4. UTs without legislature work directly in PFMS and should be given Letter of Authorization (LoA). There is no need for them to open a Central Nodal Account. They will ensure that the funds are released on the basis of LoA to the vendors/ beneficiaries 'Just-In-Time'.
5. Secretaries are requested to, and Financial Advisors of Ministries/ Departments shall, undertake monthly review of strict implementation of these guidelines, opening of

accounts in RBI, issue of authorization or release of funds to the CNA, utilization of funds by CNAs and IAs and outputs/ outcomes vis-a-vis the targets of each Central Sector Scheme.

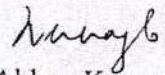
6. Gradually, schemes in Model-2 are expected to move to Model-1 depending on readiness of RBI and Ministries for which necessary orders will be issued separately by the Department of Expenditure.

7. The following categories of Central Sector Schemes will be exempted from following these guidelines and may continue in existing mode:

- (i) Central Sector Schemes being implemented by Ministries/ Departments in Direct Benefit Transfer (DBT) mode or reimbursement mode.
- (ii) Central Sector Schemes involving payment of equity share or extension of loan by the Government to a company.
- (iii) Central Sector Schemes where 100% payments are made by the Ministry/Department directly to the vendors/beneficiaries against the bills/claims raised by the vendors/beneficiaries.
- (iv) Central Sector Schemes where funds are transferred by the Ministry/Department directly to multiple Implementing Agencies (IAs) and amount transferred to any agency does not exceed Rs. 10 lakhs per annum.
- (v) Central Sector Schemes in which funds are transferred to the Indian Missions abroad for implementation of the scheme.
- (vi) Central Sector Schemes being implemented exclusively from a corpus/revolving fund approved by the Cabinet.
- (vii) Central Sector Schemes where expenditure is based on authorization and is incurred on real time basis with no float. However, in such cases Ministry/Department shall avoid the mode of transfer of funds through Civil Deposit and the option of Letter of Authorization should be adopted.



8. In cases where there is no Central Autonomous Body in a Ministry/Department or where the Ministry/Department wishes to implement the scheme directly through State Government agencies, such State Government agency will be designated as CNA. However, there shall not be more than one CNA per State. The funds in such cases will be released by the Ministry/Department to the CNA directly and not through state treasury
9. An illustrative list of roles and responsibilities of CNAs is given in Annexure-I.
10. This issues with the approval of Finance Secretary & Secretary (Expenditure).


 (Abhay Kumar)
 Director
 Tel. No. 24360647

To

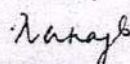
1. Secretaries of all Ministries/Departments of Government of India
2. Chief General Manager, Reserve Bank of India, Department of Government and Bank Accounts
3. Controllor General of Accounts, Department of Expenditure, INA, New Delhi
4. Financial Advisers of all Ministries/Departments of Government of India
5. Additional CGA (PFMS), O/o CGA with the request to take immediate steps for carrying out necessary change in PFMS and designing requisite reports.
6. Additional CGA (GBA), O/o CGA with the request to take necessary steps to implement model 1 of the Guidelines.
7. All Principal CCAs/CCAs of Ministries/Departments

Copy to:

1. Chief Secretaries of all States/Union Territories
2. Principal Secretary Finance of all States/Union Territories

Copy for information:

1. PSO to Secretary (Expenditure)
2. PSO to Special Secretary (Pers.)
3. Sr. PPS to AS (PFC-II)
4. Sr. PPS to AS (PF-S)



Annexure

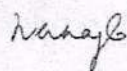
Role and Responsibilities of CNA
Modified Fund Flow Guidelines for Central Sector Schemes

1. Model 1 – Treasury Single Account (TSA) Model

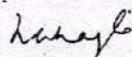
- a. Open Account with RBI in e-Kuber for each scheme under which it receives grant
- b. Mandatorily use TSA Module of PFMS
- c. Map the RBI Account details in TSA Module of PFMS
- d. Receive (electronically in TSA Module) the assignment done by the PAO
- e. Approve the account and scheme mapping of sub-Agencies at Level 1
- f. Issue e-Sub-assignments against the assignment setting limits of expenditure for the sub-Agencies
- g. Ensure funds are not transferred/parked in any other account except as per the guidelines
- h. Process payments by adhering to due process
- i. If existing accounts with commercial banks is to be used for specified purposes in the guidelines (such as payment of TDS, IT and GST, opening of LoC for foreign suppliers etc.), funds shall be transferred just-in-time and, in no case, parked beyond two weeks.
- j. All such unutilized funds (as above) shall be deposited back to the Consolidated Fund of India.

2. Model 2 – through Scheduled Commercial Banks (SCBs)

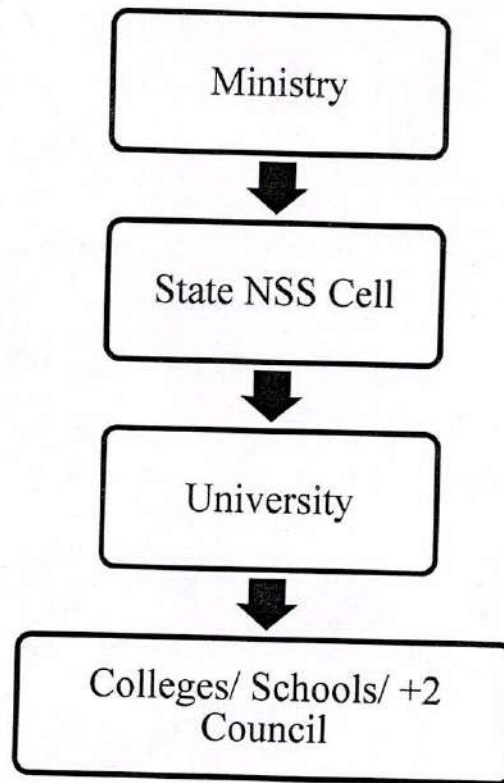
- a. Open Account with a SCB authorized to do Government business, for each scheme under which it receives grant
- b. Mandatorily use REAT Module of PFMS or integrate own IT system with PFMS for exchange of information (contact PFMS Rollout for details)
- c. Approve the account and scheme mapping of sub-Agencies at Level 1
- d. Approve the scheme mapping of all sub-Agencies using the CNA's Account



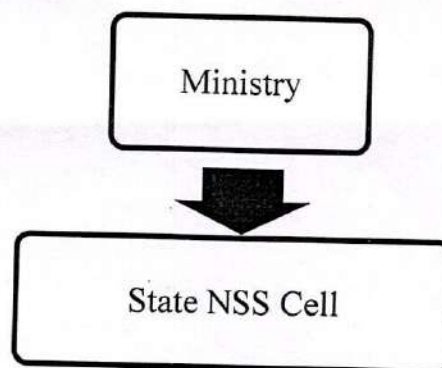
- e. Allocate limits for Level 1 sub-Agencies and all other sub-Agencies using the Central Nodal Account
 - f. Ensure funds are not transferred/parked in any other account of any Agency
 - g. Submit UCs after utilization of the funds that were transferred in the Central Nodal Account
 - h. Ensure that interest earned from the funds released is remitted to the Consolidated Fund of India
3. One time activity –
- a. Ensure refund of unspent balance of lower level Agencies to the Central Nodal Account. This is needed after opening of the Central Nodal Account and other Zero Balance Subsidiary Accounts, and prior to assigning the drawing rights to sub-Agencies.



- Details of funds flow from Department of Youth Affairs to the States/UTs to conduct the NSS activities under Grant-in-Aid



- Establishment Reimbursement



Rpsinha
रवि कुमार सिन्हा / Ravi Kumar Sinha
अवर सचिव / Under Secretary
युवा कार्यक्रम एवं खेल मंत्रालय
M/o Youth Affairs & Sports
भारत सरकार, नई दिल्ली
Govt. of India, New Delhi

Details of State NSS Cell alongwith their existing bank account

Sl. No.	State/ UTs	Bank Name	Account No.	IFSC Code	MICR No.	Branch Name with Address
1.	Andaman & Nicobar Island	Indian Bank	6478945311	IDIB000P117	744019006	Port Blair, 22, Babu Lane, Aberdeen Bali, Port Blair- 744101
2.	Andhra Pradesh	State Bank of India	36210254268	SBIN0016857	520002046	M.G. Road Branch, Veterinary Hospital Road, Labbipet, Vijayawada-520010
3.	Arunachal Pradesh	State Bank of India	36055714108	SBIN0010764	791002005	Ganga, 2 nd Floor, Akashdeep Market, Ganga, Itanagar-791113
4.	Assam	State Bank of India	36180723902	SBIN0003030	781002007	Dispur Branch, Dispur, Guwahati, Assam
5.	Bihar	Bank of India	440010110005179	BKID0004400	800013002	Patna Main Branch, Frazer Road Patna-800001
6.	Chandigarh	Punjab National Bank	0095000115387447	PUNB0009500	160024016	SCF 1-2, Sector-22D, Chandigarh
7.	Chhattisgarh	State Bank of India	36185314486	SBIN0004286	492002013	Secretariat, Mahanadi Bhawan, Naya Raipur, Chhattisgarh
8.	Dadar & Nagar and Daman & Diu	Indian Bank	6107570240	IDIB000S187	396019111	Silvassa Branch, 'Nikhilleshwar', Pruthviraj Chauhan Marg, Naroli Road, Silvassa-396230
9.	Delhi	Union Bank of India	419002010579028	UBIN0541907	110026033	Mall Road Branch, New Delhi-110009
10.	Goa	State Bank of India	36718916625	SBIN0008851	403002002	Treasury Branch, Panaji PB No.13, Opp. Hotel, Fidalgo Panaji, Goa
11.	Gujarat	State Bank of India	36134176283	SBIN0060363	380002129	Gandhinagar, Sector-22 (60363) Kailash Sagar Complex, Plot No 313 Sector-22, Gandhinagar-382022
12.	Haryana	State Bank of India	32316629478	SBIN0063773	160002230	Main Branch Panchkula. SCO-I Sector-10. Panchkula-134109
13.	Himachal Pradesh	Punjab National Bank	4588000100025939	PUNB0458800	171024072	B/O HP Secretariat Chhota Shimla-171002


 Ravi Kumar Singh
 Joint Secretary
 Under Secretary
 Youth Affairs & Sports
 Ministry of Youth Affairs & Sports
 New Delhi

Sl. No.	State/ UTs	Bank Name	Account No.	IFSC Code	MICR No.	Branch Name with Address
14.	Jammu & Kashmir	Jammu & Kashmir Bank	0110010200000977	JAKA0MOVING	190051062	Civil Secretariat Moving Branch, Jammu & Kashmir
15.	Jharkhand	State Bank of India	36154518894	SBIN0016002	834002035	Morhabadi Branch, PO- Ranchi University, P.S.- Bariyatu, Ranchi
16.	Karnataka	State Bank of India	64207825444	SBIN0040526	560002441	M.S Building Branch Gate No. 4, DR. Ambedkar Veedi M.S.Building, Bengaluru-560001
17.	Kerala	State Bank of India	67375061221	SBIN0070415	695002941	Vikas Bhavan, Vikas Bhavan
18.	Lakshadweep	Canara Bank	99502200002066	CNRB0019950	682015951	Specialised SME Branch, Kavaratti U.T.of Lakshadweep-682555
19.	Madhya Pradesh	Central Bank Of India	3569437736	CBIN0283312	462016014	Arera Hills Bhopal
20.	Maharashtra	Bank Of Maharashtra	60362204733	MAHB0001388	400014069	Mantralaya Branch Nariman Point Mumbai-400032
21.	Manipur	State Bank of India	36311701746	SBIN0004562	795002003	State Bank of India, Secretariat complex Babupara, Imphal-795001
22.	Meghalaya	Meghalaya Rural Bank	87001667137	SBINORRMEGB	793620002	Shillong Branch, MTC Building, 2 nd floor police Bazar, Shillong -793001
23.	Mizoram	State Bank of India	36119093973	SBIN0001539	796002002	State Bank of India, Main Branch Aizawl
24.	Nagaland	State Bank of India	30220228115	SBIN0000214	797002102	SBI Kohima, Main Branch Near Deputy Commissioner Officer
25.	Odisha	State Bank of India	36339584019	SBIN0010236	751002033	Orissa State Secretariate Branch
26.	Puducherry	State Bank of India	36110885414	SBIN0006842	605002005	Market Committee Complex, Thattanchavady, Puducherry -605009.
27.	Punjab	State Bank of India	36112591193	SBIN0003936	160002002	Attawa, Chandigarh Sec-42A, CHO.
28.	Rajasthan	State Bank of India	61332090958	SBIN0031031	302002103	Secretariat Jaipur
29.	Sikkim	State Bank of India	36204110744	SBIN0001601	737002002	Gangtok, State Bank of India M.G.Marg. East Sikkim.
30.	Tamil Nadu	Indian Overseas Bank	142301000007069	IOBA0001423	600020076	DPI Campus, College Road, Chennai-6
31.	Tripura	State Bank of India	36187687956	SBIN00000002	799002002	Agartala Branch, Hariganga Basak Road

1. The above details are for the purpose of the State Bank of India.
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 31. The details are for the purpose of the State Bank of India.

Sl. No.	State/ UTs	Bank Name	Account No.	IFSC Code	MICR No.	Branch Name with Address
32.	Telangana	State Bank of India	62483462317	SBIN0020077	500002354	Secretariat, Tankbund, Basheer Bagh, Near NTR Gardens, Opposite Lumbini Park, Hyderabad, Telangana 500022
33.	Uttar Pradesh	State Bank of India	36120459766	SBIN0006893	226002036	U.P.Civil Secretariat-Lucknow Vidhan Sabha Marg Lucknow
34.	Uttarakhand	State Bank of India	36253759790	SBIN0010164	248002020	Sachivalaya, Secretariate, 4 Subhash Road D.DUN
35.	West Bengal	HDFC Bank	50100189996280	HDFC0002697	700240082	Bidhannagar Branch, BF-13, Salt Lake Sector-1 Kolkata

Raj Kumar Sinha
 राज कुमार सिन्हा / Ravi Kumar Sinha
 Under Secretary / Under Secretary
 खेल मंत्रालय एवं खेल भवन
 खेल कार्यक्रम एवं खेल भवन
 खेल मंत्रालय, नई दिल्ली
 Min. Youth Affairs, New Delhi
 भारत सरकार, नई दिल्ली
 Govt. of India, New Delhi



NSS Mantralaya <nssmantralaya@gmail.com>

CNA- regarding

AGMGAD LHOMAH <agmgad.lhomah@sbi.co.in>
To: NSS Mantralaya <nssmantralaya@gmail.com>

Wed, Jan 4, 2023 at 3:33 PM

Respected Sir,

With reference to the trail mail we submit the required information as below:

CIF Number : 91058972303

Current Account Product Code : 5011-2141

Product Code Description : CA-DBT-GOVT AGENCY A/C-INR

-
In this connection we request you to kindly arrange to issue suitable instructions to all the Implementing Agencies / Subsidiary Agencies under your control as under:

-
1. **Account is to be opened by Implementing Agencies / Subsidiary Agencies on the CIF number 91058972303 ONLY. KINDLY DO NOT OPEN THE ACCOUNT UNDER A NEW CIF.**
 2. **The account is to opened under the product code "5011-2141" ONLY. The description of this product code is "CA-DBT-GOVT AGENCY A/C-INR".**
- -
-

सादर धन्यवाद / Thanks & Regards

कृते सहायक महाप्रबन्धक / For Assistant General Manager

सरकारी व्यवसाय ईकाई / Govt. Business Department

स्थानीय प्रधान कार्यालय - मुंबई)महाराष्ट्र मंडल -3971

Local Head Office - Mumbai (Maharashtra Circle) - 3971

लैंडलाइन / Landline: 022 - 26445158,



COMMON ACCOUNT OPENING FORM FOR ALL PUBLIC SECTOR BANKS (Non Individual)



ACCOUNT OPENING FORM (NON INDIVIDUALS)

APPLICATION TYPE: ☒ NEW ☐ UPDATE DATE: 19/10/2022 FOR OFFICE USE ONLY

CIF NO. A/C NO.

KYC NUMBER (MANDATORY FOR KYC UPDATE REQUEST):

ACCOUNT HOLDER TYPE: ☐ US REPORTABLE ☐ OTHER REPORTABLE (PLEASE REFER TO GENERAL INSTRUCTIONS POINT 'A' AT PAGE No. 14)

A. Fields marked with '*' are mandatory fields.
B. Tick 'X' wherever applicable.
C. Please fill the date in DD-MM-YYYY format.
D. Please fill the Form in English and in BLOCK Letters.
E. Please read section wise detailed guidelines / Instructions.
F. List of two character ISO 3166 country codes and List of State/UT Code as per Indian Motor Vehicle Act, 1988 is available in the General Instructions.
G. For particular section update, please tick () in the box available before the section number and strike for the sections not required to be updated.
H. KYC number is Mandatory for Update Application.
I. Definition of Important Terms are at the End

☒ I/WE DO NOT HAVE ANY ACCOUNT WITH SBI OR

☐ I/WE HAVE AN ACCOUNT WITH SBI & THE ACCOUNT NUMBER IS

Kindly fill in Annexure V first to check your eligibility to open Current Account as per the RBI Guidelines.

1. ENTITY DETAILS* (Please refer General Guidelines Point 'C')

NAME OF THE ENTITY* (IN BLOCK LETTERS) STATE LIAISON OFFICER - O.S.D., N.S.S., MAHARASHTRA

DATE OF COMMENCEMENT OF BUSINESS* (APPLICABLE IN CASE OF PUBLIC LIMITED COMPANIES)

DATE OF INCORPORATION/ FORMATION* PAN* OR FORM 60 (FOR ENTITIES TAX RESIDENT OF INDIA ONLY, PAN IS EQUIVALENT TO TIN)

PLACE OF INCORPORATION/ FORMATION* COUNTRY OF INCORPORATION/ FORMATION* (CODE-ISO 3166): (REFER GENERAL INSTRUCTIONS)

GSTN: IDENTIFICATION TYPE* (PLEASE REFER GENERAL INSTRUCTIONS 'C2', IF O-OTHERS (SPECIFY))

ENTITY CONSTITUTION TYPE* (PLEASE REFER INSTRUCTION B IN GENERAL INSTRUCTIONS)

CIN: (ONLY APPLICABLE IN CASE OF A COMPANY)

2. PROOF OF IDENTITY (PoI)* (Please refer 'D' in General Instructions)

☐ CERTIFICATE OF INCORPORATION / FORMATION ☐ REGISTRATION CERTIFICATE ☒ OTHER Govt. Letter
☐ OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTHORIZED TO TRANSACT ☐ RESOLUTION OF BOARD / MANAGING COMMITTEE
☐ MEMORANDUM AND ARTICLE OF ASSOCIATION / PARTNERSHIP DEED/ TRUST DOCUMENT ☐ ACTIVITY PROOF (FOR SOLE PROPRIETORSHIP ONLY)

3. DETAILS OF RELATED PERSON/ BENEFICIAL OWNER* (An 'Annexure II' to be filled for each related person please refer point 'G' in General Instructions)

NUMBER OF RELATED PERSONS*: 01 (A RELATED PERSON CAN BE DIRECTOR, PROMOTER, KARTA, TRUSTEE, PARTNER, AUTHORISED SIGNATORY, BENEFICIARY, BENEFICIAL OWNER, COURT APPOINTED OFFICIAL)

NUMBER OF BENEFICIAL OWNERS*: 01 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER SHOULD BE DETERMINED SEPARATELY OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)

4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Please see instruction 'E' at the end)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS*

☒ REGISTERED OFFICE ADDRESS IN INDIA (IF APPLICABLE) / PLACE OF BUSINESS*

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☒ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

PROOF OF ADDRESS*: ☐ CERTIFICATE OF INCORPORATION / FORMATION ☐ REGISTRATION CERTIFICATE

LINE 1*: HIGHER AND TECHNICAL EDUCATION DEPARTMENT,

LINE 2: NSS, PANTRALAH ADESK, ELPHINSTON TECH SCHOOL,

LINE 3: CAMPUS, MAHAPALIKAMARKH, CITY/TOWN/VILLAGE*: MUMBAI

DISTRICT*: MUMBAI PIN/POST CODE*: 400001

STATE / UT NAME CODE*: COUNTRY CODE*: IN (ISO 3166)

CORRESPONDENCE / LOCAL ADDRESS DETAILS*

☒ SAME AS CURRENT / PERMANENT ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESSES, PLEASE FILL 'ANNEXURE III')

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

PROOF OF ADDRESS*: ☐ CERTIFICATE OF INCORPORATION / FORMATION ☐ REGISTRATION CERTIFICATE

LINE 1*:

LINE 2*:

LINE 3*: CITY / TOWN / VILLAGE*:

DISTRICT*: PIN / POST CODE*:

STATE/UT NAME CODE*: (ISO 3166) COUNTRY CODE*:



4.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*

☐ SAME AS BUSINESS ADDRESS DETAILS ☐ SAME AS CORRESPONDENCE / LOCAL ADDRESS DETAILS

PROOF OF ADDRESS*: ☐ REGISTRATION CERTIFICATE ☐ OTHER _____

PROOF OF ADDRESS (FOR ENTITIES REGISTERED OUTSIDE INDIA)*: ☐ REGISTRATION CERTIFICATE OR EQUIVALENT ☐ CERTIFICATE OF INCORPORATION/FORMATION

LINE 1*: _____	CITY / TOWN / VILLAGE*: _____
LINE 2: _____	
LINE 3: _____	
DISTRICT*: _____	
STATE/UT NAME* _____	PIN / POST CODE*: _____
STATE/UT NAME CODE*: _____	COUNTRY CODE*: _____

5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer General Instruction 'F')

TELE (OFF): _____	MOBILE NO. OF AUTHORISED SIGNATORY: 7498007380
EMAIL ID 1: nssmant@alaya4a@gmail.com	
EMAIL ID 2: _____	

6. NATURE OF BUSINESS

☐ MANUFACTURER ☐ TRADER ☐ RETAILER ☐ SERVICE PROVIDER ☐ EXPORT / IMPORT ☒ OTHERS: **Govt. Office**

INDUSTRY CODE*: _____ (PLEASE REFER TO INDUSTRY CODES GIVEN AT THE BOTTOM) OTHERS: _____ (PLEASE SPECIFY FOR CODE 50, 51, 52, 74, 93, 99)

ANNUAL TURNOVER

☐ 0-5 LAKH ☐ 5-10 LAKH ☐ 10-50 LAKH ☐ 50 LAKH-1 CR. ☐ 1 CR. - 10 CR. ☐ 10 CR. - 50 CR. ☐ 50 CR. - 100 CR. ☐ > 100 CR.

MLM UNDERTAKING: (Please tick (3) the correct one)

☒ We Declare that our Company/ Firm is not a MLM (Multi Level Marketing) Company / Firm

☐ We Declare that our Company/ Firm is a MLM (Multi Level Marketing) Company / Firm (Select Industry code 98, if MLM Firm) and the Company / Firm is doing business of Multi-Level Marketing and has given an undertaking to the Department of Consumer Affairs that the Company / Firm is in compliance with Direct Selling Guidelines, 2016 issued by the Government of India, Ministry of Consumer Affairs, Food & Public Distributions as also any direct selling guidelines issued by the State Government, where the registered office of the Firm is located. Further, the Company / Firm is not in violation and undertake not to violate the provisions of Prize Chit and Money Circulation (Banning) Act, 1978.

7. MODE OF OPERATION

☒ SINGLY ☐ JOINTLY ☐ SEVERALLY ☐ AS PER BOARD RESOLUTION ☐ OTHERS: (PLEASE SPECIFY) _____

8. SERVICES REQUIRED

CORPORATE INTERNET BANKING: VIEWING RIGHTS <input checked="" type="checkbox"/> TRANSACTION RIGHTS <input checked="" type="checkbox"/>	BUSINESS DEBIT CARD: PRIDE <input checked="" type="checkbox"/> PREMIUM <input checked="" type="checkbox"/>
CASH MGMT PRODUCTS <input type="checkbox"/>	POS FACILITY (CARD SWIPING MACHINE) <input type="checkbox"/> CHEQUE BOOK <input checked="" type="checkbox"/>
viz CASH PICK UP <input type="checkbox"/> e-COLLECTION <input type="checkbox"/> e-PAYMENT <input type="checkbox"/>	UPI / QR CODE <input type="checkbox"/> SMS ALERTS <input checked="" type="checkbox"/> E-HAND SHAKE INSTA DEPOSIT CARD <input type="checkbox"/>

DO YOU WISH TO REGISTER FOR POSITIVE PAY SYSTEM: YES ☐ NO ☒

9. ACCOUNT VARIANT (Please refer to Bank's latest instructions on Monthly Average Balance (MAB) and other product Current Account Variant information)

☐ REGULAR CURRENT ACCOUNT (MAB Rs. 5,000) ☐ GOLD CURRENT ACCOUNT (MAB Rs. 1,00,000) ☐ DIAMOND CURRENT ACCOUNT (MAB Rs. 5,00,000) ☐ PLATINUM CURRENT ACCOUNT (MAB Rs. 10,00,000) ☐ SURABHI CURRENT ACCOUNT (MAB Rs. 10,000)

☐ POWER JYOTI CURRENT ACCOUNT (MAB Rs. 50,000) ☐ POWER JYOTI PUL CURRENT ACCOUNT (MAB Rs. 50,000) ☐ CFDL CURRENT ACCOUNT (Centralized Fund cum Distribution Limit) ☒ OTHERS (PLEASE SPECIFY): **Govt. A/C (S.B.)**

10. FORM - 60 (IN CASE PAN IS NOT AVAILABLE) (FOR ENTITIES OTHER THAN COMPANIES AND PARTNERSHIP FIRMS)

NAME: _____
IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION _____ & THE ACKNOWLEDGEMENT NUMBER _____

IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS) _____ OTHER THAN AGRICULTURAL INCOME _____

VERIFICATION

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum that is not chargeable to tax.

Verified today, the _____ day of _____, 20____.

Place: _____

INDUSTRY CODES

01: AGRICULTURE & RELATED SERVICE ACTIVITIES	25: MFG OF RUBBER, PLASTIC & PETRO PRODUCTS	41: WATER SUPPLY
02: FORESTRY, LOGGING & RELATED ACTIVITIES	26: MFG OF WOOD & WOOD PRODUCTS	42: CONSTRUCTION
03: FISHING & RELATED ACTIVITIES	27: MFG OF FOODS & BEVERAGES	43: WHOLESALE/RETAIL TRADE
04: MINING OF COAL & LIGNITE	28: MFG OF TEXTILES & APPAREL	44: WHOLESALE/COMMISSION TRADE
05: PETROLEUM & NATURAL GAS	29: MFG OF BASIC METALS	45: RETAIL TRADE
06: URANIUM & THORIUM	30: MFG OF NON-FERROUS METALS	46: HOTELS/RESTAURANTS
07: MINING OF METAL ORES	31: MFG OF CHEMICALS & ALLIED PRODUCTS	47: TRANSPORT/STORAGE/COMMUNICATION
08: OTHER MINING/QUARRYING	32: MFG OF ELECTRICITY, GAS & HEAT	48: WATER TRANSPORT
09: MFG OF FOOD PRODUCTS/BEVERAGES	33: MFG OF RADIO, TELEVISION & COMMUNICATION EQUIPMENT	49: AIR TRANSPORT
10: MFG OF TEXTILES	34: MFG OF TRANSPORT EQUIPMENT	50: SUPPORTING/AUXILIARY TRANSPORT
11: MFG OF WEARING APPAREL	35: MFG OF OTHER TRANSPORT EQUIPMENT	51: POST & TELECOMMUNICATIONS
12: MFG OF LEATHER PRODUCTS	36: MFG OF OTHER TRANSPORT EQUIPMENT	52: FINANCIAL INTERMEDIATION
13: MFG OF WOOD PRODUCTS	37: REPAIRS & MAINTENANCE	53: INSURANCE/PENSION FUNDING
14: MFG OF PAPER & PAPER PRODUCTS	38: ELECTRICITY/GAS/STEAM SUPPLY	54: AUXILIARY FINANCIAL INTERMEDIATION
15: PUBLISHING/PRINTING		55: REAL ESTATE ACTIVITIES
		56: RENTING OF MACHINERY/EQUIPMENT
		57: RESEARCH & DEVELOPMENT
		58: RECREATION/AMUSEMENT
		59: EDUCATION
		60: HEALTH & SOCIAL WORK
		61: SEWAGE/SANITATION
		62: ACTIVITIES OF MEMBERSHIP ORGANIZATION
		63: RECREATION/CULTURAL/SPORTING
		64: OTHER SERVICE ACTIVITIES
		65: PERSONAL LOANS
		66: MULTI-LEVEL MARKETING FIRM (MLM)
		67: MISCELLANEOUS

State Liaison Officer,

**Higher & Tech. Education Department,
N.S.S. Mantralaya, Desh, Mumbai.**

11. OTHER ENTITY DETAILS:

DETERMINE* WHETHER THE ENTITY IS 'FI' OR 'NFE' [AN ENTITY CAN BE EITHER AN 'FI' OR 'NFE', IT CAN NOT BE BOTH]

☐ FINANCIAL INSTITUTION (FI): (IF FINANCIAL INSTITUTION (FI) IS TICKED, PLEASE ALSO FILL ANNEXURE I & ANNEXURE II FOR ALL THE RELATED PERSON) (BANKS, INSURANCE AGENCIES, NBFCs ETC.) OR

☐ NON FINANCIAL ENTITY (NFE): IF ENTITY IS NFE, WHETHER IT IS: ☐ ACTIVE NFE OR ☐ PASSIVE NFE

(AN ENTITY CAN BE EITHER AN 'ACTIVE NFE' OR A 'PASSIVE NFE', IT CAN NOT BE BOTH - SEE INSTRUCTIONS 'H' IN GENERAL GUIDELINES FOR ACTIVE & PASSIVE NFE)

NUMBER OF CONTROLLING PERSON(S): (APPLICABLE ONLY IN CASE OF PASSIVE NFE, FILL ANNEXURE II FOR EACH CONTROLLING PERSON)

DIRECT REPORTING NON FINANCIAL FOREIGN ENTITY (NFFE): ☐ YES ☐ NO

IF YES PLEASE PROVIDE GIIN OF DIRECT REPORTING NFFE:

LEGAL ENTITY IDENTIFIER (L.E.I. CODE, NO.):

(AS & WHEN APPLICABLE)

12. COUNTRY OF RESIDENCE AS PER TAX LAWS *

TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES ☒ NO ☐

(IF TICKED "YES" THEN THERE IS NO NEED TO FILL IN THE BOX BELOW)

TAX RESIDENT OF US: YES ☐ NO ☐ (IF 'YES', PLEASE PROVIDE US TIN) US TIN:

FATCA & CRS BOX

IF TAX RESIDENT OF US, WHETHER THE PERSON IS

A US PERSON YES ☐ NO ☐ (A TAX RESIDENT OF US IS US PERSON, SEE INSTRUCTION 'J')

A SPECIFIED US PERSON (SEE INSTRUCTIONS 'K') YES ☐ NO ☐ (IF SPECIFIED US PERSON IS YES, THEN THE ENTITY IS US REPORTABLE)

TAX RESIDENT OUTSIDE INDIA OTHER THAN US: YES ☐ NO ☐

IF 'YES', PLEASE PROVIDE COUNTRY CODE & TIN / FUNCTIONAL EQUIVALENT:

IF TAX RESIDENT OUTSIDE INDIA OTHER THAN US IS "YES", WHETHER ENTITY FALLS IN ANY OF THE FOLLOWING CATEGORY (TICK FROM THE FOLLOWING CATEGORY AS APPLICABLE - IF NONE OF THE FOLLOWING CATEGORY IS MARKED "YES" THEN THE ACCOUNT IS AN "OTHER REPORTABLE ACCOUNT")

I. ANY CORPORATION THE STOCK OF WHICH IS REGULARLY TRADED ON ONE OR MORE ESTABLISHED SECURITIES MARKET YES ☐ NO ☐

II. ANY CORPORATION THAT IS A RELATED ENTITY OF A CORPORATION DESCRIBED IN (I) ABOVE YES ☐ NO ☐

III. A GOVERNMENTAL ENTITY YES ☐ NO ☐

IV. AN INTERNATIONAL ORGANIZATION YES ☐ NO ☐

V. A CENTRAL BANK YES ☐ NO ☐

VI. A FINANCIAL INSTITUTION YES ☐ NO ☐

NO RESIDENCE FOR TAX PURPOSE YES ☐ NO ☐

IF ANY OF THE ITEM (I) TO (VI) IS TICKED "YES" THE ACCOUNT IS NOT AN "OTHER REPORTABLE ACCOUNT"

IF ENTITY IS NEITHER A TAX RESIDENT OF INDIA OR US NOR A TAX RESIDENT OUTSIDE INDIA OTHER THAN US, THEN THE FIELD NO RESIDENCE FOR TAX PURPOSE WILL BE "YES"

IF 'YES' PLEASE PROVIDE, COUNTRY CODE WHERE THE PRINCIPAL OFFICE OF THE ENTITY LOCATED

COUNTRY CODE

MULTIPLE TAX RESIDENCY*: YES ☐ NO ☐ (IF 'YES', PLEASE FILL THE TABLE BELOW)

1. IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY.
2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY.

COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)
ADDRESS*		
LINE 1: <input type="text"/>		CITY: <input type="text"/>
LINE 2: <input type="text"/>		STATE: <input type="text"/>
LINE 3: <input type="text"/>		PIN: <input type="text"/>
COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)
ADDRESS*		
LINE 1: <input type="text"/>		CITY: <input type="text"/>
LINE 2: <input type="text"/>		STATE: <input type="text"/>
LINE 3: <input type="text"/>		PIN: <input type="text"/>



15. APPLICANT DECLARATION

1. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, We are aware that We may be held liable for it.
2. We certify that We have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
3. We certify and declare that The Company does belong to the class of companies specified in sub-rule (2) of the Companies Rules 2017 (Restrictions on number of Layers) and it (Company) does not have more than two layers of subsidiaries. (As per the details given in Ministry of Corporate Affairs, Gazette notification No. 793 dated 21st Sept 2017).
4. We affirm and declare that We have read over and understood the rules and regulations of the State Bank of India ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-banking/Mobile Banking/Virtual Banking and any other facilities. We agree to abide by the same as amended/modified from time to time by the Bank/Regulator/ Government published through circulars, notifications, notice board/ websites/ newspaper publications, etc. We waive the rights, if any, to have personal notice in respect of such amendments/ modifications. We agree that the transactions and requests executed in our account(s) by me/authorized person through internet, mobile, tele- banking or virtual banking under our User ID and password/PIN/OTP will be legally binding on us & We are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/ details/OTP/PIN, etc., in such matters. We agree that Bank has got all the rights to debit our account for any service charge, expenses or other dues which the Bank is entitled/ liable to recover from us. We also authorise the Bank and agree to close/ discontinue our account without any notice to us in case of any violation of laws/rules/ regulations or terms and conditions of maintaining the account. We hereby undertake to inform the Bank on any change in our communication address or constitution, and We shall submit the address proof in case of transfer of our account from one branch to another branch.
5. We confirm and declare that We are not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
6. We agree that our personal KYC details may be shared with Central KYC registry or any other competent authority. We hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. We also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
7. We hereby certify that We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
8. We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and for any other similar arrangements.
9. We certify & declare that the information provided by us for opening account and availing other services herein or through website/electronically as applicable to us and signed /

authenticated by us as well as in the documentary evidence provided by us for opening account and availing other services are, to the best of our knowledge and belief, true, correct and complete and that We have not withheld any material information that may affect the assessment/categorization of our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by us is found to be false or untrue or misleading or misrepresenting, We are aware that We may be held liable for it.

10. We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/ or otherwise, as well as in the documentary evidence provided by us or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by us unless revised self-certification as above is provided to the Bank.

11. We also agree that our failure to disclose any material fact/information known to us now or in future or our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate us from transacting in the account and the Bank would be within its right to put restrictions in the operations of our account or to close it or to report to any regulator and/or any authority designated by the Government of India (Gol)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/Gol from time to time.

12. We also agree to furnish and intimate to the Bank any other particulars that are called upon us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.

13. We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect/incomplete information by us.

14. We undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.

15. We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.

16. We have been advised of Monthly average/minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision/change and such revision/changes will be uploaded in the Bank's site which will be acceptable to us from time to time as a notice to that effect.

17. We Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account, failing to which I understand my account will cease to be operational as per GOI guidelines, as amended from time to time Prevention of Money laundering (Maintenance of Records) Rules 2005. (In case the account is opened without Aadhaar / PAN)

18. We acknowledge and agree that the bank may at its absolute discretion disclose any of our information if required or permitted by any law rule or regulation or at the request/ direction of any statutory or regulatory authority or court of law or such disclosure is required for the purpose of preventing any fraud without any specific consent authorisation from us.

19. We hereby confirm that We have read and understood all the SBI Current Account rules as applicable to Current Accounts as well as the General instructions for filling Current Account opening form as available at the Banks website : bank.sbi>>Business>>Current Account. Physical copy of General Instructions is also available at the Branch.



Please paste
photograph
here

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photograph
here

Signature of
Authorised Signatory 1

Signature of
Authorised Signatory 2

Signature of
Authorised Signatory 3

NAME: PRASHANTKUMAR
VETHAL WANJARE
DESIGNATION: State Liaison Officer
DATE:

NAME:
DESIGNATION:
DATE:

NAME:
DESIGNATION:
DATE:

OFFICER (SIGNATURE)

OFFICER (SIGNATURE)

OFFICER (SIGNATURE)

NAME: Mayur A. Deshpande
PF No.: 6431231
SS No.: 11013

NAME:
PF No.:
SS No.:

NAME:
PF No.:
SS No.:



FOR OFFICE USE ONLY

1. APPLICANT INTERVIEWED AND PURPOSE ASCERTAINED (SPECIFY THE PURPOSE): Account opening

2. WHETHER SELF - CERTIFICATION & DOCUMENTS SUBMITTED BY THE CUSTOMERS HAVE BEEN VERIFIED AND FOUND CORRECT AND RELIABLE: ☒ YES ☐ NO
(CARE : BRANCH TO PROCEED WITH OPENING OF ACCOUNT ONLY WHEN THIS CERTIFICATION IS "YES")

3. THRESHOLD LIMIT IS RS: _____

4. DOCUMENTS RECEIVED: ☒ SELF CERTIFIED ☐ TRUE COPIES ☐ NOTARY

5. RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☐ LOW

6. IN PERSON IDENTITY AND SIGNATURE VERIFIED ☒ YES ☐ NO

7. AUTHORISED OFFICIAL HAS VERIFIED THE BUSINESS ACTIVITY AT THE ADDRESS MENTIONED IN ACCOUNT OPENING FORM:

OFFICIAL NAME: ☒ YES ☐ NO Mayur A. Deshpande

PF NO.: 6431201 DESIGNATION: Manager (LBU)

DATE: 18/10/2022

SS NO.: _____

OPEN CIF

QUEUE NO.

INITIALS

DATE:

CIF:

CIF NUMBER:

OPEN THE ACCOUNT

BRANCH MANAGER / AUTHORISED OFFICIAL

ACCOUNT OPENED ON:

REMARKS (IF ANY):

ACCOUNT NUMBER:

ASSISTANT (SIGNATURE)

NAME:

S. S. No. / P.F. No.

EMP. / OFF. DESIGNATION

EMP. / OFF. BRANCH

OFFICER (SIGNATURE)

NAME:

S. S. No. / P.F. No.

EMP. / OFF. DESIGNATION

EMP. / OFF. BRANCH

CURRENT ACCOUNT RULES

- Whenever the customer does not use alternate channels for opening the Current Account, payments to credit of an account with the Bank should ordinarily be accompanied by a payin slip duly signed by the constituent. Slips with counterfoils will be supplied in book form and the entry of the transactions made in the counterfoil will be authenticated by the initials of an authorised employee of the Bank. The depositor should satisfy himself that the transaction is so certified.
- Cheques must be drawn on the Bank's printed forms. The Bank reserves its right to refuse payment of any cheque drawn otherwise. The bank reserves the right to refuse payment of cheques that have been altered in any way unless the alteration is authenticated by the drawer under full signature. Cheques should be drawn in such a way as to prevent alteration after issue, and the signature should be uniform with that on record at the Bank.
- Constituents should not overdraw their accounts, even for small amounts without having made previous arrangements. Overdraft are granted in current accounts on terms as per extant instructions. Interest will be charged at the rates stipulated by the Bank and calculated upon the daily balances.
- The Bank will register instructions from the drawer regarding cheques lost, stolen, etc. but cannot guarantee depositors against loss in such cases in the event of such a cheque being paid.
- The bank collects bills, drafts, cheques, pay and pension bills, etc. on behalf of constituents. In personal accounts, the Bank offers up to a specified limit immediate credit in respect of cheques, drafts, dividend warrants, etc., payable at outstation branches.
- Local cheques, etc. will be cleared under CTS Clearing
- Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against until they have been realised.
- Bills, notes, etc. not payable on demand, intended for realisation by the Bank, should be sent at least one clear day before due date.
- The Bank accepts standing instructions on accounts for making periodic remittances, etc.
- Statements of accounts will be sent to constituents periodically and can be obtained at any time on application. The entries of accounts should be carefully examined by the constituent, and, if any errors or omissions are discovered, the attention of the Bank must be drawn to them immediately. The Bank will not be responsible for any loss arising from neglect of this precaution.
- Any change in the address of the constituent must be promptly advised to the Bank. In all their correspondence with the Bank and on pay-in slips etc. constituents should clearly mention the account number allotted at the time of opening of the account.
- Accounts may be transferred at the request of the constituents to any other office of the Bank.
- The Bank accepts securities and shares for safe custody and realisation of interest, dividends, etc. on terms which may be had on application.
- The Bank reserves the right to alter/add/delete any of these rules at any time.

TO BE FILLED ONLY IN CASE OF FINANCIAL INSTITUTION


We declare and certify our entity status under Rules 114F to 114H of the Income tax Rules, 1962 notified vide CBDT Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015, as under:

		Yes	No		
Tick status of Financial Institution					
Name of Entity					
1.	a) Depository Institution				
	b) Custodial Institution				
	c) Investment Entity which is not a passive NFE				
	d) Specified Insurance Company				
2.	Owner-Documented FI with substantial US owner(s) – details of substantial US Owner to be captured as per Annexure-II				
3.	Reporting Financial Institution				
4.	If 2 OR 3 above is yes, please provide Global Intermediary Identification Number (GIIN)				
5.	Non-Participating Financial Institution				
6.	Non-Reporting Financial Entity (If Yes, Please Tick one of the category in the Table below)				
S No.	Category of NRFI	(✓)	S No.	Category of NRFI	(✓)
1.	Governmental Entity;		13.	Provident fund	
2.	International Organisation;		14.	An Indian investment entity which is wholly held by NRFI referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFI referred to in (i) to (xiii) above	
3.	Central Bank;		15.	Qualified credit card issuer;	
4.	Treaty Qualified Retirement Fund;		16.	Specified Investment entity as per CBDT rules (Rule 114F(5)(f));	
5.	Narrow Participation Retirement Fund;		17.	Exempt collective investment vehicle;	
6.	Broad Participation Retirement Fund;		18.	Trustee-documented Indian Trust;	
7.	Pension Fund of a Governmental Entity;		19.	Financial Institution with a local client base;	
8.	Pension Fund of an International Organisation;		20.	Local Bank (including Regional Rural Bank, Urban Cooperative Banks, State Cooperative Banks / District Central Cooperative Banks, Local Area Banks provided that the assets test as in Explanation (O) to Rule 114F(5);	
9.	Pension Fund of a Central Bank;		21.	Financial Institution with only low-value accounts;	
10.	Non-public fund of the armed forces;		22.	Sponsored investment entity and controlled foreign corporation (in case of any U.S. reportable account);	
11.	Employees' state insurance fund;		23.	Sponsored closely held investment vehicle (in case of any U.S. reportable account)	
12.	Gratuity Fund;		24.	An Indian investment entity which is wholly held by NRFI referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFI referred to in (i) to (xiii) above	
7.	Sponsored Investment Entity				
a)	GIIN of Sponsored entity				

We certify that we have the capacity to sign for the Financial Institution as per CBDT rules/RBI guidelines.

Date:

Place: _____


State Liaison Officer,
 Higher & Tech. Education Department,
 N.S.S. Mantralaya Desk, Mumbai.



PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE ONLY) / RELATED PERSON-RP/ BENEFICIAL OWNER

ANNEXURE-II

APPLICATION TYPE* ☒ NEW ☐ UPDATE

APPLICANT (CP/RP) CIF NO.:

CP/RP Account No.:

FOR OFFICE USE ONLY

BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.



ENTITY NAME: State Liaison Office - 2-0-5-D, N-5-5
MAHARASHTRA

1. DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER *

1. A DETAILS OF CONTROLLING PERSON (For Passive NFE Only):

☒ ADDITION OF CONTROLLING PERSON ☐ DELETION OF CONTROLLING PERSON ☐ UPDATE CONTROLLING PERSON DETAILS

CKYC / KYC NUMBER (IF AVAILABLE *):

TYPE OF CONTROL*:

IN CASE OF LEGAL PERSON: ☐ OWNERSHIP ☐ OTHER MEANS ☐ SENIOR MANAGING OFFICIALS

IN CASE OF TRUST: ☐ SETTLOR ☐ TRUSTEE ☐ PROTECTOR

IN CASE OF OTHER LEGAL ARRANGEMENT: ☐ SETTLOR-EQUIVALENT ☐ TRUSTEE-EQUIVALENT ☐ PROTECTOR-EQUIVALENT ☐ BENEFICIARY ☐ Others

IN CASE OF UNKNOWN ☐ BENEFICIARY-EQUIVALENT ☐ OTHER-EQUIVALENT

(IF CKYC / KYC NUMBER IS AVAILABLE, ONLY 'CONTROLLING TYPE' & 'NAME' IS MANDATORY)

1. B DETAILS OF RELATED PERSON

☐ ADDITION OF RELATED PERSON ☐ DELETION OF RELATED PERSON ☐ UPDATE RELATED PERSON DETAILS

CKYC / KYC NUMBER OF RELATED PERSON (IF AVAILABLE *):

RELATED PERSON TYPE* (MORE THAN ONE BOX CAN BE TICKED AS APPLICABLE): ☐ DIRECTOR ☐ PROMOTER ☐ KARTA ☐ TRUSTEE ☐ PARTNER ☐ AUTHORIZED SIGNATORY ☐ POWER OF ATTORNEY HOLDER

☐ COURT APPOINTED OFFICIAL ☐ BENEFICIARY ☐ BENEFICIAL OWNER ☐ POWER OF ATTORNEY HOLDER ☐ OTHERS

(IF CKYC / KYC NUMBER IS AVAILABLE, ONLY 'RELATED PERSON TYPE' & 'NAME' IS MANDATORY)

2. PERSONAL DETAILS* (Please refer Instruction G II)

NAME (SAME AS ID PROOF)*: PREFIX MR FIRST NAME PRAASHANT MIDDLE NAME KUMAR LAST NAME VETHALRAO WANANJE

MAIDEN NAME (IF ANY):

FATHER NAME*: MR VITHHALRAO LALU WANANJE

SPOUSE NAME:

MOTHER NAME*:

UID / AADHAAR NO.: 346431640674 OR AADHAAR ENROLMENT NO.:

DATE OF BIRTH*: 12021976 DIN: (FOR DIRECTOR OF THE COMPANY)

GENDER*: ☒ M - MALE ☐ F - FEMALE ☐ T - TRANSGENDER

MARITAL STATUS*: ☒ MARRIED ☐ UNMARRIED ☐ OTHERS

RESIDENTIAL STATUS*: ☒ RESIDENT INDIVIDUAL ☐ NON RESIDENT INDIAN ☐ OTHERS

CITIZENSHIP*: ☒ INDIAN ☐ OTHERS

OCCUPATION TYPE*: ☐ S - SERVICE ☐ PUBLIC SECTOR ☐ PRIVATE SECTOR ☒ GOVERNMENT SECTOR ☐ RETIRED ☐ HOUSE WIFE ☐ STUDENT

☐ O - OTHERS ☐ PROFESSIONAL ☐ SELF EMPLOYED

☐ B - BUSINESS ☐ NOT CATEGORIZED (PLEASE SPECIFY)

ANNUAL INCOME

POLITICALLY EXPOSED PERSON*: ☐ YES ☒ NO

Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials etc.

COUNTRY CODE OF TAX RESIDENCE*: IN (CODE FOR INDIA IS "IN")

COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA* ☒ YES ☐ NO (IF NO, PLEASE FILL THE DETAILS IN COLUMN 6 & 7 IN PAGE 2)

PAN / TAX IDENTIFICATION NUMBER OR EQUIVALENT*: ABPPW9241D (IF JURISDICTION OF RESIDENCE FOR 'TAX PURPOSE' IS INDIA ONLY, THE PAN IN THIS FIELD)

PLACE / CITY OF BIRTH*: DEGLOOR COUNTRY CODE OF BIRTH*: IN

(MAHARASHTRA)



3. PROOF OF ADDRESS* (Copies of the document, as applicable, need to be submitted) (Please refer General Instruction 'E')

COPY OF ANY ONE OF THE FOLLOWING OVD WITH CURRENT ADDRESS NEEDS TO BE SUBMITTED

☐ A- PASSPORT

☐ B- VOTER ID CARD

☐ C- DRIVING LICENCE

☐ D- NREGA JOB CARD

☐ E- LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING

☒ F- AADHAAR CARD

IDENTITY NUMBER: 3604 3104 2674

Issued Date: 10072013

Date of Expiry: N.A.

Issued at: AURANGABAD

Issued by: GOVT OF INDIA

OR

PROOF OF ADDRESS IN CASE OVD IN POINT NO 3 DOES NOT CONTAIN UPDATED ADDRESS.

COPY OF ANY ONE DEEMED OVD NEEDS TO BE SUBMITTED

PROOF OF ADDRESS*: ☐ UTILITY BILLS (Not more than two months old)

☐ PROPERTY / MUNICIPAL TAX RECEIPT

☐ PENSION PAYMENT ORDER (PPO)

☐ LETTER OF ALLOTMENT OF ACCOMODATION FROM EMPLOYER ISSUED BY STATE/CENTRAL/GOVT/STATUTORY OR REGULATORY BODIES/PUBLIC SECTOR UNDERTAKINGS/SCHEDULED

COMMERCIAL BANKS/FINANCIAL INSTITUTIONS/LISTED COMPANIES

4. ADDRESS DETAILS:

LINE 1:

C-13, AMODI HILLS, NEW PAHAD SINUPURA

LINE 2:

AURANGABAD

CITY/TOWN/VILLAGE:

AURANGABAD

LINE 3:

AURANGABAD

PIN/POST CODE:

DISTRICT:

AURANGABAD

STATE/UT NAME:

MAHARASHTRA

STATE/UT NAME CODE:

COUNTRY CODE: IN

5. CONTACT DETAILS

MOBILE :

7498007380

EMAIL ID 1:

EMAIL ID 2:

TELE (OFF):

TELE (RES.):

6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or in any other Country or Territory Outside India as Under:

COUNTRY OF TAX RESIDENCE#	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY)

In case, country of tax residence is India, PAN is treated as TIN.

1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship).
2. A person residing in US including US green card holder.
3. Certain persons who spend more than 180 days in US each year.

7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES

ADDRESS TYPE: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

LINE 1:

LINE 2:

LINE 3:

DISTRICT:

STATE / UT NAME CODE:

COUNTRY CODE: (ISO 3166)

CITY / TOWN / VILLAGE:

PIN / POST CODE:

8.

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION

& THE ACKNOWLEDGEMENT NUMBER

IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS)

OTHER THAN AGRICULTURAL INCOME

VERIFICATION

I, do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the day of 20.....

Place:



Signature of the Declarant

Higher & Tech. Education Department, Mumbai

9. APPLICANT DECLARATION

- 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 of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- My personal KYC details may be shared with Central KYC Registry.
- I hereby consent to receive information from Central KYC Registry through SMS/ email on the above registered number /email address.
- I hereby certify that I have declared my status as per the rules applicable under section 285 BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes cbdt vide notification No. S.O. 2155(E) dated 7 August 2015 and RBI circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/ amendment thereof.
- I understand, acknowledge and authorise that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and/or any other similar arrangements.
- I certify & declare that the information provided by me for opening account and availing other services herein or through website/ electronically as applicable to me and signed/ authenticated by me as well as in the documentary evidence provided by me for opening account and availing other services are, to the best of my knowledge and belief true, correct and complete and that I have not withheld any material information that may affect the assessment/ categorisation of my account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/ or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required, nevertheless all declaration and undertaking given herein will also be applicable to all such modified /amended documents /information provided by me unless revised self certification as above is provided to the bank.
- I also agree that my failure to disclose any material fact/ information known to me now or in future or my failure to remedy any deficiency in documents /information/ other details within the stipulated period, may invalidate me from transacting in the account and the bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/ or any authority designated by the Government of India (GoI)/ RBI for the said purpose or take any other action and may be deemed appropriate by the bank under the guidelines issued by CBDT/ RBI/ GoI from time to time.
- I also agree to furnish and intimate to the bank any other particulars that are called upon me to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- I shall indemnify the bank from any loss / damage that may be caused to the bank on account of any defect/ mistake in the details provided herein or on account of providing incorrect or incomplete information by me.
- In case, deemed OVDs are submitted for current address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing to which I understand that my account may cease to be operational as per GoI guidelines at the material time.
- In respect of account opened on the basis of Aadhar, I hereby declare that I have submitted the Aadhar card issued by UIDAI voluntarily for identification and / or address proof towards the compliance of KYC norms under the PMLA 2002 and I hereby consent that the bank may verify the same with UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the bank.
- I hereby confirm that I have read and understood all the SBI Current Account rules as applicable to Current Account as well as the General instructions for filling Current Account opening form as available at the Banks website : bank.sbi>>Business>>Current Account Physical copy of General instructions is also available at the Branch.

DATE: 19/10/2022

PLACE: Mumbai


State Liaison Officer,
Signature of the Applicant

Higher & Tech. Education Department,
N.S.S. Mantralaya Desk, Mumbai.

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: ☒ SELF-CERTIFIED ☐ TRUE COPIES ☐ NOTARY

RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☒ LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION: ☒ DONE

DATE: 19/10/2022

EMP/OFFICIAL SIGNATURE

EMP/OFF. NAME: Mayur A. Deshpande

S.S No. / P.F No.:

11013/643124

EMP/OFF. DESIGNATION:

Manager (GBO)

EMP/OFF. BRANCH:

LHO, MAHARASHTRA.



APPLICATION FORM FOR MULTIPLE CORRESPONDENCE/ LOCAL ADDRESS
(Separate Form to be filled in for multiple Address)

ANNEXURE - III

INSTRUCTIONS:

- FIELDS MARKED WITH "*" ARE MANDATORY
- PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS

APPLICATION TYPE*: ☐ NEW ☐ UPDATE

KYC NUMBER (TO BE FILLED BY FINANCIAL INSTITUTION):

(KYC NUMBER OF ENTITY IS MANDATORY FOR UPDATE REQUEST)

PROOF OF ADDRESS (POA)

CORRESPONDENCE / LOCAL ADDRESS DETAILS*

☐ SAME AS CURRENT /PERMANENT/OVERSEAS ADDRESS DETAILS

ADDRESS TYPE*:

RESIDENTIAL OR BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

LINE 1*:

LINE 2:

LINE 3:

DISTRICT*:

STATE /
UT NAME*:

PIN / POST CODE*:

CITY / TOWN NAME*:

COUNTRY NAME:

CONTACT DETAILS (If communication has to be done on Mobile/email the following Mobile No/Email ID will be used)

TEL. (OFF):

TEL. (RES):

MOBILE NO.:

FAX:

EMAIL ID:

APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately, in case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address

DATE:

PLACE:

State Liaison Officer,
Higher & Tech. Education Department,
N.S.S. Mantralaya Desk, Mumbai.

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: ☐ SELF-CERTIFIED ☐ TRUE COPIES ☐ NOTARY

RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☐ LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION: ☐ DONE

DATE:

EMP./OFFICIAL SIGNATURE

EMP./OFF. NAME:

S.S No. / P.F No.: 11013/6431291

EMP./OFF. DESIGNATION: Manager (G.B.U.)

EMP./OFF. BRANCH: LHO, MAHARASHTRA



DECLARATION OF BENEFICIAL OWNERSHIP

ANNEXURE - IV

(APPLICABLE TO COMPANY (EXCEPT THE COMPANY LISTED ON A STOCK EXCHANGE OR IN CASE OF A SUBSIDIARY OF SUCH A COMPANY), PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS).

1. NAME OF THE CUSTOMER: State Liaison Officer - O.S.D. - N.S.S., MAHARASHTRA.
(COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS)2. REGISTERED NUMBER:
(IF AVAILABLE)3. REGISTERED ADDRESS: Higher And Technical Education Department, N.S.S. Mantralaya Desk, Elphinstone Technical School campus, 3, Mantralaya Marg, Dhobitala, Mumbai - 400001THE CUSTOMER AS STATED ABOVE HEREBY CONFIRMS AND DECLARES THAT AS ON DATE:


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 25% (COMPANY) / MORE THAN 15% (PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OF INDIVIDUALS) / MORE THAN OR EQUAL TO 15% (TRUST) OF CAPITAL/PROFITS/PROPERTY OR CONTROLLING THROUGH VOTING RIGHTS, AGREEMENT, ARRANGEMENT ETC.

(FOR DEFINITION OF BENEFICIAL OWNER, SEE AT PAGE NO. 18)

SL NO.	FULL NAME OF BENEFICIAL OWNER / CONTROLLING NATURAL PERSON(S)	DATE OF BIRTH	NATIONALITY	ADDRESS	TYPE OF KYC DOCUMENTS	CONTROLLING OWNERSHIP INTEREST (%)
1	PRASHANT KUMAR VITTHAL WANANJE	12/02/1976	INDIAN	Aurangabad.	PAN, AADHAR.	100%

WE CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND CORRECT. WE UNDERTAKE AND AGREE THAT WE WILL NOTIFY STATE BANK OF INDIA WITHOUT DELAY OF ANY CHANGES IN THE CONTROLLING PERSONS, PERSON EXERCISING CONTROL OR HAVING CONTROLLING OWNERSHIP INTEREST IN THE COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS, AS DECLARED IN THE TABLE ABOVE.

FOR AND ON BEHALF OF [NAME OF COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS];

FULL NAME OF THE AUTHORISED OFFICIAL: Prashant Kumar Vitthal WananjeDESIGNATION / POSITION: State Liaison Officer, N.S.S. Cell, MAHARASHTRA.DATE: 19/10/2022PLACE: Mumbai.

 SIGNATURE OF THE AUTHORISED OFFICIAL
 State Liaison Officer
Higher & Tech. Education Department,
N.S.S. Mantralaya Desk, Mumbai.

(*The declaration should be signed by an active / designated partner in case of Partnership Firm, a trustee in case of Trust)

For Branch use Only

We certify that the beneficial owner (s) of the said firm has / have been determined on the basis of declaration made by the above mentioned Company / Firm / Trust and the details furnished above have been verified from information, whenever available, in public domain.


 (Signature of the Branch Head / Branch Operation Head)
Name: Mayur DeshpandeS.S.No. / P.F.No.: 11013 / 6431201Date: 19/10/2022

Annexure-V (Version 3)

**Credit Discipline Check List for Opening / Continuing Current and Collection Accounts
(Annexure to Current Account Opening Form)**

Name of the Customer: State Liaison Officer, O.S.D. N.S.S., MAHARASHTRA Rs.

Bank Name	Total Exposure	Fund Based CC/OD	Fund based (like TL/DL)	Non-Fund based (like LC/BG)	Exposure %
SBI					
Bank1:					
Bank2:					
Total					

Check list for opening/ continuation of Current and Collection Accounts

Sl. No.	Particulars	Current Account Status	Annx	Check Box (Tick one)
1	No credit exposure	Can open CA	V-A	<input checked="" type="checkbox"/>
2	Total Credit exposure less than Rs. 5 Crores (even with CC/OD facility with SBI/any Bank)	Can open CA	V-A	N.A.
3a.	i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure 10% or more iii) SBI having CC/OD Account iv) Customer willing to have operative CA with SBI	Can open CA	V-B	N.A.
3b.	i) Total Credit exposure Rs. 5 Crore or more ii) SBI exposure 10% or more (or) Exposure less 10% iii) Customer, having CC/OD Account with any Bank which may or may not include SBI. iv) Customer NOT willing to have operative CA with SBI	Can open Collection Account	V-B	N.A.
3c	i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure less than 10% and is the highest amongst all the lenders. iii) No other bank has exposure 10% or more	Can open CA	V-B	N.A.
3d	i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure 10% or more without CC/OD with SBI iii) SBI is one of the lenders. iv) Customer having CCOD with another Bank	Can open Collection Account	V-B	N.A.
4a	i) Total credit exposure Rs.5 crore or more but less than Rs.50 crore, <u>without CC/OD exposure</u> from any Bank ii) SBI is one of lending Bank	Can open Current Account	V-B	N.A.
4b	i) Total credit exposure Rs.5 crore or more but less than Rs.50 crore, <u>without CC/OD exposure</u> from any Bank ii) SBI is not one of lending Bank	Can open Collection Account	V-B	N.A.
5	i) Total credit exposure Rs. 50 crores or more <u>without CC/OD exposure</u> from any Bank ii) SBI one of lending Bank	ESCROW arrangement to be followed and/or Collection AC may be opened	V-B	N.A.
6	Exempted Accounts as per RBI revised guidelines dated 29.10.2021 in addition to exemption granted vide RBI guidelines dated 14.12.2020	Can open CA for permitted purposes	V-C	N.A.



**Undertaking for Opening/Continuing Current Account
(Annexure to Current Account Opening Form)
(Exposure Less than Rs.5.00 Crs)**

Sl. No.	Particulars	Check Box (Tick one)
1	No credit exposure with any Banks including SBI	<input checked="" type="checkbox"/>
2	Total Credit exposure is less than Rs. 5 Crores (even with CCOD facility with SBI/any Bank)	<input type="checkbox"/> N.A.

I/We State Liaison Officer, O.S.D., N.S.S. Maharashtra (Name of the Customer)
have to advise that I/We have no credit exposure with any Banks including SBI or, our total credit exposure with all the Banks (including SBI) is less than Rs.5.00 crores.

I / We undertake to inform SBI in case of any changes to my/ our CC/OD/ Other Credit facilities. I/We also understand that it will be my/our sole responsibility to inform SBI in writing regarding any changes in the above undertaking and/or when the credit facilities availed by me/us from the banking system reaches Rs.5.00 crores or more.

I/We also agree to provide any documents that may be required from me/us time to time in terms of RBI regulations / SBI requirements for continuing my Current Account with SBI. I/We also agree to close the Current Account as and when demanded by SBI and understand that SBI is empowered to close / discontinue the Account if I/We fail to respond in a reasonable time to any notice issued in this regard.

State Liaison Officer,
Higher & Tech. Education Department,
Signature of the Customer(s) / Authorised Representative(s)
N.S.S. Mantralaya Desk, Mumbai.

(Tick whichever is applicable)



Annexure-Ver3-(V-B) - (Exposure Rs.5.00 Crs or more)

Declaration for Opening/Continuing Current/Collection Account
(Annexure to Current Account Opening Form)

I/We(Name of the Customer) have to advise as under:

Sl. No.	My / Our Credit Exposure	My / Our request	Tick one
3a.	i) Total Credit exposure Rs.5 Crores or more ii) SBI exposure 10% or more iii) SBI having CC/OD Account iv) <input checked="" type="checkbox"/> Customer willing to have operative CA with SBI	I/We willing to have an Operative Current Account with SBI	N.A.
3b.	i) Total Credit exposure Rs. 5 Crore or more ii) SBI exposure 10% or more (or) Exposure 10% or less iii) Customer having CC/OD Account with any Bank, which may or may not include SBI. iv) Customer NOT willing to have operative CA with SBI	I/We am willing to have a *collection account with SBI.	N.A.
3c.	i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure less than 10% with CC/OD facility and is the highest amongst all the lenders. iii) No other bank has exposure 10% or more	I/We willing to have an Operative Current Account with SBI.	N.A.
3d.	i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure 10% or more without CC/OD iii) SBI is one of the lenders. iv) Customer having CCOD with another Bank	I/We am willing to have a *collection account with SBI.	N.A.
4a.	i) Total credit exposure Rs.5 crores or more but less than Rs.50 crore, <u>without CC/OD exposure</u> from any Bank ii) SBI is one of lending Bank	I/We am willing to have an Operative Current Account with SBI	N.A.
4b.	i) Total credit exposure Rs.5 crore or more but less than Rs.50 crore, <u>without CC/OD exposure</u> from any Bank ii) SBI is not one of lending Bank	I/We am willing to have a *collection account with SBI.	N.A.
5	i) Total credit exposure Rs. 50 crores or more <u>without CC/OD exposure</u> from any Bank ii) SBI one of lending Bank	I/We am willing to have Current account (under the prescribed Escrow mechanism) / *collection account with SBI (strike whichever not applicable). I understand that Current account can be opened/ maintained with the escrow managing bank only.	N.A.

For * collection accounts only

Name of Bank / IFSC Code:	
Account Number:	

* I / We understand that only credits will be permitted and we will not have any transaction rights in the collection account. Further, we understand that SBI can recover fees / charges from the collection account and balance in lying in these collection accounts cannot be used for margin purposes. The balance (above the applicable minimum balance) may please be transferred to the above main operating CC / OD / Escrow account within two working days (T+ 2 basis) on receipt of such funds.

State Liaison Officer,
Higher & Tech. Education Department,
Signature of the Customer(s) / Authorised Representative(s)
N.S.S. Mandale & Debi, Mumbai

(Tick whichever is applicable)



**Declaration for Opening/Continuing Current Account
(Annexure to Current Account Opening Form)**

I/We (Name of the Customer) have to advise that I am/We are eligible for opening / continuation of current accounts which falls under **exempted category/category to which instructions of RBI as regards opening/maintaining of current accounts, do not apply.**

I/We also agree to provide any documents / proofs that may be required from time to time in terms of RBI regulations / SBI requirements for continuing my Current Account with SBI under the said exempted category. I / We also agree to route only the permitted / specified transactions in the Current Account as intended by relevant regulations. I/We also agree to close the Current Account as and when demanded by SBI and SBI is empowered to close / discontinue the Account if I / We fail to respond in a reasonable time to any notice issued in this regard.

State Liaison Officer,

Signature of the Customer(s) / Authorised Representative(s)

**Higher & Tech. Education Department,
M.S.S. Mantralaya Desk, Mumbai.**

Sl. No.	My / Our Credit Exposure	Documents	Tick one
1	Accounts for real estate projects mandated under Section 4(2) (D) of the Real Estate (Regulation and Development) Act, 2016 for the purpose of maintaining 70% of advance payments collected from the home buyers.	As specified in RERA Circular	N.A.
2	Nodal or escrow accounts of payment aggregators/prepaid payment instrument issuers for specific activities as permitted by Department of Payments and Settlement Systems (DPSS), Reserve Bank of India under Payment and Settlement Systems Act, 2007.	As specified by RBI	N.A.
3	Accounts for settlement of dues related to debit card / ATM card / credit card issuers / acquirers.	As specified by RBI / relevant regulation	N.A.
4	Accounts permitted under FEMA, 1999.	As specified by FEMA regulation	N.A.
5	Accounts for the purpose of IPO/NFO/FPO/ share buyback / dividend payment/ issuance of commercial papers/ allotment of debentures/gratuity, etc. which are mandated by respective statutes or regulators and are meant for specific / limited transactions only.	As mandated by respective statutes or regulators	N.A.
6	Accounts for payment of taxes, duties, statutory dues, etc. opened with banks authorized to collect the same, for borrowers of such banks which are not authorized to collect such taxes, duties, statutory dues, etc.	Letter from Other Bank	N.A.
7	Accounts of White Label ATM Operators and their agents for sourcing of currency/Cash-in-Transit/Companies/Cash Replenishment Agencies.	As mandated by respective statutes or regulators	N.A.
8	Current accounts which are stipulated under various statutes and instructions of other regulator/regulatory department (Give details of such regulations and attach regulation copy(ies))	As mandated by respective statutes or regulators	N.A.
9	To open a current account for project specific facilities like Term Loan/Lease Rental Discounting (LRD) term loan for receiving/monitoring cash flows of a specific project, I / We have not availed any CC/OD facility for that specific project. Give details and attach relevant proofs (FAQ 11 of RBI Circular dated 14.12.2020). I / We undertake to ensure that cash flows will be coming in this account are from that specific project only.	Documents established the claim of customer and Annexure ver 3 (V-A)	N.A.
10	To open current accounts for borrowers having credit facilities only from NBFCs/FIs/co-operative banks/ non-bank institutions. Give details and attach relevant proofs (FAQ 12 of RBI Circular dated 14.12.2020).	CRIF report & Annexure ver 3 (V-A)	N.A.
11	Inter-bank accounts	Ensure customer is a Bank	N.A.
12	Accounts of All India Financial Institutions (AIFIs), viz., EXIM Bank, NABARD, NHB, and SIDBI	Ensure customer is AIFI	N.A.
13	Accounts opened under specific instructions of Central Government and State Governments	Copy of relevant Govt Instructions	✓



(For Ready Reference)

LIST OF ENTITIES WITH CORRESPONDING CUSTOMER TIER TYPE

SR. NO.	TYPE OF ENTITY	PAN 4TH CHARACTER	TIERED_CUST	DESCRIPTION
1	ARTIFICIAL JUDICIAL PERSON	J	212	NON PERSONAL-JUDICIARY
2	ASSOCIATION OF PERSONS	A	207	NON PERSONAL-COOPERATIVE
3		A	20701	NON PERSONAL-SOCIETIES
4		A	20702	NON PERSONAL-SOCIETIES (NPO)
5		A	210	NON PERSONAL-ASSOCIATIONS
6		A	211	NON PERSONAL-NGO'S
7		A	217	NON PERSONAL-GROUP CUSTOMERS
8		A	21701	NON PERSONAL-OTHERS-GROUP CUSTOMERS
9		A	21702	NON PERSONAL-OTHERS-NOTIONAL CUSTOMERS
10		A	21703	SHG-MIXED GROUP
11		A	21704	SHG- ALL MALE MEMBERS
12		A	21705	SHG- ALL FEMALE MEMBERS
13		A	219	STAFF ASSOCIATION/SOCITIES
14	BANKS /FI	C	21301	NON PERSONAL-BANKS-FOREIGN
15		C	2130201	NON PERSONAL-BANKS-DOMESTIC-COOPERATIVES
16		C	2130202	NON PERSONAL-BANKS-DOMESTIC-PUBLIC SECTOR
17		C	2130203	NON PERSONAL-BANKS-DOMESTIC-PRIVATE SECTOR
18		C	2130204	NON PERSONAL-BANKS-DOMESTIC-LOCAL AREA BANKS
19		C	2130205	NON PERSONAL-BANKS-DOMESTIC-REGIONAL RURAL BANKS
20		C	2130206	NON PERSONAL-BANKS-DOMESTIC-OTHER GOVT.OWN BANKS
21		C	2130207	NON PERSONAL-BANKS-DOMESTIC-OTHER BANKS
22		C	21303	NON SCHEDULED BANK
23		C	214	NON PERSONAL-DOMESTIC NON BANKING FINANCE CO'S
24		C	21501	NON PERSONAL-FINANCIAL INSTITUTION-FOREIGN
25		C	21502	NON PERSONAL-FINANCIAL INSTITUTION-DOMESTIC
26		C	22301	NBFC-ASSET FINANCE CO OTHER
27		C	22302	NBFC-HOUSING FINANCE CO
28		C	22303	NBFC-INFRASTRUCTURE FINANCE CO
29		C	22304	NBFC-GOLD LOAN CO
30		C	22305	NBFC-MFI
31		C	22306	NBFC-NON DEP TAKING SYSEMATICALY IMP
32	BODY OF INDIVIDUALS	B	209	NON PERSONAL-CLUBS
33	COMPANY	C	10218	BROKING CLIENTS"ANAGRAM CAPITAL LTD"
34		C	2040101	NON PERSONAL-LIMITED CO'S-PUBLIC SECTOR-CENTRAL
35		C	2040102	NON PERSONAL-LIMITED CO'S-PUBLIC SECTOR-STATE
36		C	20402	NON PERSONAL-LIMITED CO'S-PUBLIC
37		C	2040201	NON PERSONAL - LIMITED COMPANIES - PUBLIC (NPO)
38		C	20403	NON PERSONAL-LIMITED CO'S-PRIVATE
39		C	2040301	NON PERSONAL - LIMITED COMPANIES - PRIVATE-(NPO)
40		C	20404	NON PERSONAL-LIMITED CO'S-LISTED
41		C	20501	NON PERSONAL-FOREIGN COMPANIES- MNC'S
42		C	20502	NON PERSONAL-FOREIGN COMPANIES- OTHERS
43		C	215	NON PERSONAL-WHITE LABEL ATM VENDOR
44		C	21706	PRIMARY DEALER
45		C	21707	MULTILATERAL BODIES (BIS, IMF, MDB)
46		C	21708	MUTUAL FUND OR OTHERS ASSET MANAGEMENT CO
47		C	222	NON PER : OFFICE A/C(INTERNAL)
48	FIRM	F	20602	NON PERSONAL-FIRMS-PARTNERSHIP
49		F	20603	NON PERSONAL-FIRMS-OTHER FIRMS
50		F	218	NON-PERSONAL-JLG
51		F	220	NON PERSONAL-APMC/MANDIS TRADER
52		F	221	NON PERSONAL -BUSINESS CORRESPONDENT
53	GOVERNMENT	F	3	DEFAULT MIGRATION
54		G	20101	NON PERSONAL-GOVERNMENT-CENTRAL
55		G	20102	NON PERSONAL-GOVERNMENT-STATE
56		G	2010301	NON PERSONAL-GOVERNMENT-FOREIGN-EMBASSIES
57		G	2010302	NON PERSONAL-GOVERNMENT-FOREIGN-OTHERS
58		G	20201	NON PERSONAL-QUASI GOVERNMENT-LOCAL BODIES
59		G	20202	NON PERSONAL-QUASI GOVERNMENT-OTHERS
60		G	20301	NON PERSONAL-STATUTORY BODIES- UNDER STATE STATUTE
61		G	20302	NON PERSONAL-STATUTORY BODIES- UNDER CNTRL STATUTE
62	HINDU UNDIVIDED FAMILY	G	2130208	Central Scheme of Int Subsidy on Edn Loans for EWS
63		H	216	NON PERSONAL-HINDU UNDEVIDED FAMILIES
64	TRUST	T	208	NON PERSONAL-TRUSTS
65		T	20801	NON PERSONAL - TRUSTS (NPO)



F. No. K-11032/3/2022-NSS
Government of India
Ministry of Youth Affairs & Sports
Department of Youth Affairs
(NSS Section)

Shastri Bhawan, New Delhi
Dated the 6th October, 2022

To

The Chief General Manager
State Bank of India
Government Branch
Service & Solution Unit, Corporate Centre
2nd Floor, Main Branch Building
11 Sansad Marg, New Delhi-110001

(Kind Attn:- Shri Jai Shankar Prasad, AGM & RM)

Subject:- Implementation of Central Nodal Account (CNA) system for flow of funds under Central Sector Scheme (CSS) in the MoYAS - reg.

Sir,

I am directed to the refer to the subject cited above and to say that as per the guidelines dated 9th March, 2022 (**copy enclosed**) issued by the Department of Expenditure, Ministry of Finance, all eligible Central Sector Schemes will be covered under the revised procedure for Flow of Funds w.e.f. 1st April, 2022. This is a mandatory requirement for release of funds to any implementing agency under the Central Sector Schemes. There are two Models prescribed under the guidelines of Ministry of Finance. **Model-1** is implementation through Treasury Single Account (TSA) for those schemes having annual outlay of Rupees more than 500 crore and implemented without involvement of State Agencies. **Model-2** is implementation through Scheduled Commercial Banks for those Central Sector Schemes having annual outlay of Rupees less than 500 crore or where the schemes are being implemented by the State Government Agencies.

2. It is submitted that as the annual budget outlay of **National Service Scheme (NSS)** is of Rs. 283.50 Cr. under BE 2022-23 which is less than the 500 crore therefore, the NSS comes under **Model-2**. Further, Ministry of Finance has accorded the permission to the National Service Scheme that as per the para 8 of DoE's guidelines dated 9th March, 2022, MoYAS may notify each State NSS Cell as CNA provided that such State NSS Cell are State Government Agencies. As a result of, multiple State level CNAs may be opened under the NSS Scheme.



Raj Kumar Sinha
Under Secretary
Ministry of Youth Affairs & Sports
Govt. of India, New Delhi

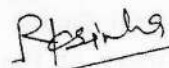
3. The details of funds flow to the States/UTs to conduct the NSS activities is attached herewith for information please.

4. Further, it is stated that the Department of Youth Affairs, National Service Scheme (NSS) has 35 State NSS Cells in the States/UTs to release the NSS Grant to the institutions as mentioned in the para 3 above. Now, as per the Ministry of Finance O.M. dated 9th March, 2022, 35 New CNA bank accounts of State NSS Cell alongwith the Subsidiary Accounts (SAs) at University Level may be opened to flow of funds to the States/UTs. Further, the unspent balance with each of the sub agency in their existing bank Account will have to be transferred to State CNA Account. The Balance lying in State NSS Cells in their existing Bank Accounts will also be transferred to newly opened State CNA Bank Account. Screen Shots of PFMS Portal after mapping and Bank Accounts details (so opened) may be obtained from State CNAs. These Bank details may be mentioned specifically in the Sanction letter. A list of State NSS Cell alongwith their bank account details is also attached for reference.

Further, it is also requested to provide necessary reports and a user-friendly dashboard to officers at various levels to monitor utilization of funds by SAs.

5. In view of the above, you are requested to take necessary action to open 35 CNA bank accounts at State NSS Cells alongwith Subsidiary Accounts (SAs) at University Level with zero balance to smooth flow of funds to the States/UTs as per the directions of Ministry of Finance's O.M. dated 9th March, 2022.

Yours faithfully



(Ravi Kumar Sinha)

Under Secretary to the Government of India
Tel. 011-23386390

Copy to:-

1. The Director (NSS), Directorate of NSS, Shivaji Stadium Annexe, New Delhi.
2. All Regional Director, Directorate of NSS are requested to coordinate with all the SNOs for opening of CNA accounts at State NSS Cell level and their Subsidiary Accounts (SAs) at University level.
3. All State NSS Officers are request to provide the assistance to the SBI for opening the Central Nodal Accounts (CNA) and Subsidiary Accounts (SAs) at University level to flow of funds as per the direction of Ministry of Finance O.M. dated 9th March, 2022.
4. APA, Directorate of NSS, New Delhi to collect the compliance report from the concerned Regional Directors and SNOs for onward submission to this Ministry.



महाराष्ट्र शासन



स्वातंत्र्याचा अमृत महोत्सव

क्रमांक : रासेयो-२०२२/प्र.क्र.१५५/साशि-७
उच्च व तंत्र शिक्षण विभाग मंत्रालय कक्ष,
एलफिन्स्टन तंत्र विद्यालय परिसर,
३, महापालिका मार्ग, धोबीतलाव, मुंबई-१.
Email: nssmantralaya@gmail.com
दिनांक :- १८ ऑक्टोबर, २०२२.

प्रति,

महाव्यवस्थापक,
भारतीय स्टेट बँक, शासकीय व्यवहार विभाग,
बीकेसी, बांद्रा, मुंबई.

विषय :- केंद्र हिस्सा योजना अंतर्गत [Central Sector Scheme]
राष्ट्रीय सेवा योजना, उच्च व तंत्र शिक्षण विभागाचे C.N.A. अंतर्गत
नवीन बँक खाते उघडणेबाबत ...

संदर्भ :- युवा कार्य व क्रीडा मंत्रालय, भारत सरकार, नवी दिल्ली यांचेकडील
पत्र क्र. के-११०३२/३/२०२२/NSS, दि. ६ ऑक्टोबर, २०२२.

युवा कार्य व क्रीडा मंत्रालय, नवी दिल्ली यांचे अधिपत्याखाली केंद्र हिस्सा योजना अंतर्गत निधी वितरणाची कार्यपद्धती C.N.A. च्या माध्यमातून अंमलात आणणेच्या दृष्टीने देशातील सर्वच राष्ट्रीय सेवा योजना कार्यरत असलेल्या राज्यांना भारतीय स्टेट बँकेच्या मार्फत C.N.A. खाते उघडण्याच्या सूचना संदर्भीय पत्रान्वये देण्यात आल्या आहेत. सदर पत्राची पत्र यासोबत जोडली आहे.

उपरोक्त संदर्भाधीन केंद्र शासनाच्या पत्रानुसार केंद्र हिस्सा योजना अंतर्गत राबविल्या जाणाऱ्या राष्ट्रीय सेवा योजना करिता Central Nodal Account [C.N.A.] अंतर्गत Z.B.S.A. [Zero Balance Subsidiary Account] नवीन खाते उघडणेस विभागाचे मा. प्रधान सचिव यांनी मान्यता दिली आहे.

त्यानुसार आपणांस कळविण्यात येते की, राष्ट्रीय सेवा योजना, उच्च व तंत्र शिक्षण विभाग, महाराष्ट्र राज्य हे आपलेकडील मोड्यूल-२ ["DigiGov" platform with REAT integration (MIS + Payments)] ची निवड करण्यात येऊन केंद्र हिस्सा योजनेच्या PFMS मार्फत निधी वितरणाची नवीन कार्यपद्धती अंमलात आणणेकरिता भारतीय स्टेट बँकेमध्ये C.N.A. अंतर्गत Z.B.S.A. [Zero Balance Subsidiary Account] नवीन खाते उघडणेची मान्यता देण्यात येत आहे.

सदरील नवीन खाते " राज्य संपर्क अधिकारी - विशेष कार्य अधिकारी, राष्ट्रीय सेवा योजना, महाराष्ट्र " / "[State Liaison Officer - O.S.D., N.S.S., Maharashtra] या नांवे उघडण्यात यावे. तसेच सदरचे खात्यामधील सर्व व्यवहार राज्य संपर्क अधिकारी-विशेष कार्य अधिकारी, राष्ट्रीय सेवा योजना, महाराष्ट्र या पदावरील कार्यरत अधिकाऱ्यांमार्फत करणेकरिता प्राधिकृत करण्यात येत आहे.

उक्त प्रकरणी तातडीने नवीन खाते उघडण्याची कार्यवाही पूर्ण करण्यात यावी.

द.रा.क.हा

(द.रा.क.हा)

सह सचिव, महाराष्ट्र शासन

(द.रा.क.हा)

सहसचिव

उच्च व तंत्र शिक्षण विभाग

मंत्रालय विस्तार भवन

मंत्रालय, मुंबई - ४०० ०३२

महाराष्ट्र शासन

क्रमांक : एसटी ४४२२/प्र.क्र.१७/आस्था-

उच्च व तंत्र शिक्षण विभाग,

मादाम कामा मार्ग, हुतात्मा राजगुरु चौक,

मंत्रालय, मुंबई ४०० ०३२.

दिनांक : ०९ फेब्रुवारी २०२२

कार्यालयीन आदेश

प्रशासकीय कारणास्तव डॉ. प्रभाकर देसाई, कार्यक्रम समन्वयक तथा संचालक शिरोमणी विभाग सावित्रीबाई फुले विद्यापीठ, पुणे, यांना राज्य संपर्क अधिकारी, राष्ट्रीय सेवा योजना या पदाचा अतिरिक्त कार्यभारातून दिनांक ०९.०२.२०२२ (म.नं.) पासून कार्यमुक्त करण्यात येत आहे.

तसेच मा.मंत्री महोदयांच्या निदेशानुसार, श्री.देसाई यांच्या कार्यमुक्तीनंतर राज्य संपर्क अधिकारी/विशेष कार्य अधिकारी, राष्ट्रीय सेवा योजना, मंत्रालय कक्ष या पदाचा अतिरिक्त कार्यभार डॉ. प्रशांतकुमार वि. वनंजे, महात्मा ज्योतीबा फुले समाजकार्य महाविद्यालय जालना याच्याकडे सोपविण्यात येत आहे. सदर अतिरिक्त कार्यभार, राज्य संपर्क अधिकारी/ विशेष कार्य अधिकारी, राष्ट्रीय सेवा योजना या पदावरील नियुक्तीची प्रक्रिया पूर्ण होईपर्यंत राहिल.

सदर आदेश तात्काळ अंमलात येतील.

(द.रा. कहार)

सह सचिव, महाराष्ट्र शासन

प्रति,

१. डॉ. प्रशांतकुमार वि. वनंजे, महात्मा ज्योतीबा फुले समाजकार्य महाविद्यालय जालना
२. डॉ. प्रभाकर देसाई, राज्य संपर्क अधिकारी, राष्ट्रीय सेवा योजना, मंत्रालय कक्ष, उच्च व तंत्र शिक्षण विभाग, मंत्रालय, मुंबई.

प्रत :

१. महालेखापाल १/२ महाराष्ट्र राज्य, मुंबई/नागपूर.
२. निवासी लेखा परीक्षा अधिकारी, मुंबई
३. अधिदान व लेखाधिकारी, अधिदान व लेखा कार्यालय, मुंबई-३२.
४. मा.मंत्री (उच्च व तंत्र शिक्षण) यांचे स्वीय सहायक, मंत्रालय, मुंबई
५. मा.राज्यमंत्री (उच्च व तंत्र शिक्षण) यांचे स्वीय सहायक, मंत्रालय, मुंबई
६. प्रधान सचिव, उच्च व तंत्र शिक्षण यांचे स्वीय सहायक, मंत्रालय, मुंबई
७. सर्व मा.कुलगुरु (सर्व विद्यापीठे), महाराष्ट्र राज्य.
८. सर्व कुलसचिव (सर्व विद्यापीठे), महाराष्ट्र राज्य.
९. संचालक (उच्च शिक्षण), महाराष्ट्र राज्य, पुणे-१
१०. प्राचार्य, महात्मा ज्योतीबा फुले समाजकार्य महाविद्यालय, जालना.
११. सर्व सह सचिव/ उप सचिव, उच्च व तंत्र शिक्षण विभाग, मंत्रालय, मुंबई.
१२. राज्य संपर्क अधिकारी तथा विशेष कार्य अधिकारी, राष्ट्रीय सेवा योजना, मंत्रालय कक्ष, मा.सं. उच्च व तंत्र शिक्षण विभाग, मंत्रालय, मुंबई.

१३. क्षेत्रीय संचालक राज्याचे क्षेत्रीय शिक्षण विभाग, मुंबई

14/02/22



भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक:/ Enrolment No.: 1008/22456/08913

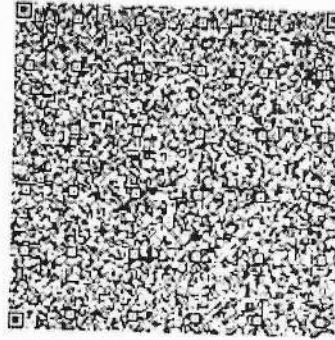
Download Date: 26/06/2021

To
प्रशांतकुमार विठ्ठलराव वनंजे
Prashantkumar Vithalrao Wananje
S/O: Vithalrao Wananje
c-13
amodi hills
aurangabad
new pahadsingh pura
Aurangabad
Aurangabad (mh)
Aurangabad Maharashtra - 431001
7620380991

Issue Date: 01/07/2013

Signature Not Verified

Digital Signature
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA
Date: 2021/06/26 20:36:54
IST



आपला आधार क्रमांक / Your Aadhaar No. :

3464 3164 0674

VID : 9172 9800 2199 1807

माझे आधार, माझी ओळख

Verified with
Original



भारत सरकार
Government of India



Download Date: 26/06/2021



प्रशांतकुमार विठ्ठलराव वनंजे
Prashantkumar Vithalrao Wananje
जन्म तारीख/DOB: 12/02/1976
पुरुष/ MALE

Issue Date: 01/07/2013

Handwritten signature and date 12/02-22

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

PRASHANTKUMAR VITHALRAO
WANANJE
VITHALRAO LALU WANANJE

12/02/1976

Permanent Account Number
ABPPW8241D

Signature

15012019

Handwritten signature and date: 11/11/22

Verified with original

Handwritten signature and number: 11013



आलेख पत्र क्र. :

महाराष्ट्र शासन

उच्च व तंत्र शिक्षण विभाग, मंत्रालय

मुंबई ४०० ०३२, दुरध्वनी क्र. २२५१ ३००५



नाव डॉ. प्रशांतकुमार त्रि वलजे

पद रा.सं.अ राष्ट्रीय सेवा योजना

युक्तमहत्त्व :-

धारकाची सही

द.रा.कुलगा
सह सचिव

[Handwritten signature]
11/01/20

Verified with original

[Handwritten signature]
11/01/20



ACCOUNT OPENING FORM (NON INDIVIDUALS)

[illegible]

CIF NO.		A/C NO.	
---------	--	---------	--

[illegible]

ACCOUNT HOLDER TYPE*: ☐ ☐ US REPORTABLE ☐ ☐ OTHER REPORTABLE (PLEASE REFER TO GENERAL INSTRUCTIONS POINT 'A' AT PAGE No. 14)

- A. Fields marked with "*" are mandatory fields .
- B. Tick "☑" wherever applicable .
- C. Please fill the date in DD-MM-YYYY format.
- D. Please fill the Form in English and In BLOCK Letters.
- F. Please read section wise detailed guidelines / Instructions
- G. List of two character ISO 3166 country codes and List of State/UT Code as per Indian Motor Vehicle Act, 1988 is available in the General Instructions .
- I. For particular section update, please tick () in the box available before the section number and strike for the sections not required to be updated.
- J. KYC number is Mandatory for Update Application
- K. Definition of Important Terms are at the End

☐ I/WE DO NOT HAVE ANY ACCOUNT WITH SBI OR

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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I/WE HAVE AN ACCOUNT WITH SBI & THE ACCOUNT NUMBER IS

Kindly fill in Annexure V first to check your eligibility to open Current Account as per the RBI Guidelines.

1. ENTITY DETAILS* (Please refer General Guidelines Point 'C')

[illegible]

DATE OF COMMENCEMENT OF BUSINESS*:

--	--	--	--	--	--	--	--

 (APPLICABLE IN CASE OF PUBLIC LIMITED COMPANIES)

DATE OF INCORPORATION/ FORMATION*:

--	--	--	--	--	--	--	--	--	--

 PAN*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 OR FORM 60

--

 (FOR ENTITIES OTHER THEN COMPANIES AND PARTNERSHIPS)

(FOR ENTITIES TAX RESIDENT OF INDIA ONLY. PAN IS EQUIVALENT TO TIN)

PLACE OF INCORPORATION/ FORMATION*: _____ COUNTRY OF INCORPORATION/ FORMATION* (CODE- ISO 3166):

--	--

 (REFER GENERAL INSTRUCTIONS)

GSTN: [] [] [] [] [] [] [] [] [] [] [] IDENTIFICATION TYPE*: [] (PLEASE REFER GENERAL INSTRUCTIONS 'C2'), IF O-OTHERS (SPECIFY) _____

ENTITY CONSTITUTION TYPE*: (PLEASE REFER INSTRUCTION B IN GENERAL INSTRUCTIONS)

[illegible]

2. PROOF OF IDENTITY (PoI)* (Please refer 'D' in General Instructions)

<input type="checkbox"/>	CERTIFICATE OF INCORPORATION / FORMATION	<input type="checkbox"/>	REGISTRATION CERTIFICATE	<input type="checkbox"/>	OTHER _____
<input type="checkbox"/>	OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTHORIZED TO TRANSACT	<input type="checkbox"/>	RESOLUTION OF BOARD / MANAGING COMMITTEE		
<input type="checkbox"/>	MEMORANDUM AND ARTICLE OF ASSOCIATION / PARTNERSHIP DEED/ TRUST DOCUMENT	<input type="checkbox"/>	ACTIVITY PROOF (FOR SOLE PROPRIETORSHIP ONLY)		

3. DETAILS OF RELATED PERSON/ BENEFICIAL OWNER*

(An 'Annexure II' to be filled for each related person please refer point 'G' in General Instructions)

NUMBER OF RELATED PERSONS*:		(A RELATED PERSON CAN BE DIRECTOR, PROMOTER, KARTA, TRUSTEE, PARTNER, AUTHORISED SIGNATORY, BENEFICIARY, BENEFICIAL OWNER, COURT APPOINTED OFFICIAL)
-----------------------------	--	---

NUMBER OF BENEFICIAL OWNERS*: (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER SHOULD BE DETERMINED SEPARATELY OUT OF NUMBER OF RELATED PERSON. BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)

4. **PROOF OF ADDRESS (PoA)*** (Certified copies of the documents, as applicable, need to be submitted) (Please see instruction 'E' at the end)

3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*

REGISTERED OFFICE ADDRESS IN INDIA (IF APPLICABLE)/ PLACE OF BUSINESS*

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

PROOF OF ADDRESS*: ☐ CERTIFICATE OF INCORPORATION / FORMATION ☐ REGISTRATION CERTIFICATE

[illegible][illegible][illegible]

DISTRICT*: PIN/POST CODE*:

STATE / UT NAME CODE*: COUNTRY CODE*:
(ISO 3166)

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

SAME AS CURRENT / PERMANENT ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESSES, PLEASE FILL 'ANNEXURE III')

ADDRESS TYPE*: ☒ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

PROOF OF ADDRESS*: ☐ CERTIFICATE OF INCORPORATION / FORMATION ☐ REGISTRATION CERTIFICATE

[illegible][illegible]

LINE 3: CITY / TOWN / VILLAGE*:

DISTRICT*:

 PIN / POST CODE*:

STATE/UT NAME CODE*: (ISO 3166) COUNTRY CODE*:

<input type="checkbox"/> SAME AS CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS	<input type="checkbox"/> SAME AS CORRESPONDENCE / LOCAL ADDRESS DETAILS	
ADDRESS TYPE*: <input type="checkbox"/> RESIDENTIAL / BUSINESS	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> BUSINESS
	<input type="checkbox"/> REGISTERED OFFICE	<input type="checkbox"/> UNSPECIFIED
PROOF OF ADDRESS (FOR ENTITIES REGISTERED OUTSIDE INDIA)*: <input type="checkbox"/> REGISTRATION CERTIFICATE OR EQUIVALENT		
<input type="checkbox"/> CERTIFICATE OF INCORPORATION/FORMATION		
LINE 1*:	<input type="text"/>	
LINE 2:	<input type="text"/>	
LINE 3:	<input type="text"/>	
CITY / TOWN / VILLAGE*:	<input type="text"/>	
STATE*:	ZIP / POST CODE*:	COUNTRY CODE*: (ISO 3166)

TEL. (OFF):	<input type="text"/>	<input type="text"/>	TEL. (RES):	<input type="text"/>	<input type="text"/>
FAX:	<input type="text"/>	<input type="text"/>			
MOBILE 1:	<input type="text"/>	<input type="text"/>	MOBILE 2:	<input type="text"/>	<input type="text"/>
EMAIL ID 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ID 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ANNUAL TURNOVER ☐ 0-5 LAKH ☐ 5-10 LAKH ☐ 10-25 LAKH ☐ 25 LAKH- 1CR. ☐ 1-5 CR. ☐ 5-50 CR. ☐ 50-100 CR. ☐ 100 CR <

DEALING WITH SBI: SINCE (YEAR) _____ AT _____ BRANCH.

NATURE OF ACCOUNT: _____ CREDIT FACILITIES (SBI) (IF ANY) _____

☐ CURRENT ACCOUNT
 ☐ SAVINGS BANK ACCOUNT
 ☐ RECURRING DEPOSIT
 ☐ TERM DEPOSIT
 ☐ SPECIAL TERM DEPOSIT
 ☐ OTHER PLEASE SPECIFY: _____

☐ SINGLY ☐ JOINTLY ☐ SEVERALLY ☐ AS PER BOARD RESOLUTION ☐ OTHERS : (PLEASE SPECIFY) _____

CORPORATE INTERNET BANKING :

VIEWING RIGHTS

TRANSACTION RIGHTS

CHEQUE BOOK

CASH PICK UP FACILITY

Business Debit Card

Choose the Variant :

Premium Business Debit Card (Eligible for MAB Rs. 5,00,000 above)

Pride Business Debit Card

VISA

MASTERCARD

SMS ALERTS

XPRESS DEBIT CARD

E - HAND SHAKE INSTA DEPOSIT CARD (HOST TO HOST INTEGRATION)

STATE BANK COLLECT

OTHER

STATEMENT FREQUENCY: MONTHLY

QUARTERLY

HALF-YEARLY

E-STATEMENT TO BE SENT TO EMAIL ID :

SMS ALERTS TO BE SENT ON : MOBILE 1

OR

MOBILE 2

(PLEASE REFER TO THE MOBILE NUMBERS GIVEN IN CONTACT DETAILS IN AOF PART 1)

<input type="checkbox"/> REGULAR CURRENT ACCOUNT (MAB Rs. 5,000)	<input type="checkbox"/> GOLD CURRENT ACCOUNT (MAB Rs. 1,00,000)	<input type="checkbox"/> DIAMOND CURRENT ACCOUNT (MAB Rs. 5,00,000)	<input type="checkbox"/> PLATINUM CURRENT ACCOUNT (MAB Rs. 10,00,000)	<input type="checkbox"/> SURABHI CURRENT ACCOUNT (MAB Rs. 10,000)
<input type="checkbox"/> POWER JYOTI CURRENT ACCOUNT (MAB Rs. 50,000)	<input type="checkbox"/> POWER JYOTI PUL CURRENT ACCOUNT (MAB Rs. 50,000)	<input type="checkbox"/> CFDL CURRENT ACCOUNT (Centralized Fund cum Distribution Limit)	<input type="checkbox"/> OTHERS (PLEASE SPECIFY):	

DETERMINE* WHETHER THE ENTITY IS 'FI' OR 'NFE' [AN ENTITY CAN BE EITHER AN 'FI' OR 'NFE' , IT CAN NOT BE BOTH]

NON FINANCIAL ENTITY (NFE) : IF ENTITY IS NFE, WETHER IT IS*: ☐ ACTIVE NFE OR ☐ PASSIVE NFE

NUMBER OF CONTROLLING PERSON(S): (APPLICABLE ONLY IN CASE OF PASSIVE NFE, FILL ANNEXURE II FOR EACH CONTROLLING PERSON)

[illegible]

TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES ☐ NO ☐
(IF TICKED "YES" THEN THERE IS NO NEED TO FILL IN THE BOX BELOW)

FATCA & CRS BOX

IF TAX RESIDENT OF US, WHETHER THE PERSON IS

A SPECIFIED US PERSON (SEE INSTRUCTIONS 'K') YES ☐ NO ☐ (IF SPECIFIED US PERSON IS YES , THEN THE ENTITY IS US REPORTABLE)

TAX RESIDENT OUTSIDE INDIA OTHER THAN US: YES ☐ NO ☐

[illegible]

IF TAX RESIDENT OUTSIDE INDIA OTHER THAN US IS "YES", WHETHER ENTITY FALLS IN ANY OF THE FOLLOWING CATEGORY (TICK FROM THE FOLLOWING CATEGORY AS APPLICABLE - IF NONE OF THE FOLLOWING CATEGORY IS MARKED "YES" THEN THE ACCOUNT IS AN "OTHER REPORTABLE ACCOUNT")

I. ANY CORPORATION THE STOCK OF WHICH IS REGULARLY TRADED ON ONE OR MORE ESTABLISHED SECURITIES MARKET	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

II. ANY CORPORATION THAT IS A RELATED ENTITY OF A CORPORATION DESCRIBED IN (I) ABOVE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

III. A GOVERNMENTAL ENTITY YES ☐ NO ☐

IV. AN INTERNATIONAL ORGANIZATION YES ☐ NO ☐

V. A CENTRAL BANK YES ☐ NO ☐

VI. A FINANCIAL INSTITUTION YES ☐ NO ☐

NO RESIDENCE FOR TAX PURPOSE YES ☐ NO ☐

IF ANY OF THE ITEM (I) TO (VI) IS TICKED 'YES' THE ACCOUNT IS NOT AN
"OTHER REPORTABLE ACCOUNT"

IF ENTITY IS NEITHER A TAX RESIDENT OF INDIA OR US NOR A TAX RESIDENT OUTSIDE INDIA
OTHER THAN US, THEN THE FIELD NO RESIDENCE FOR TAX PURPOSE WILL BE 'YES'

IF 'YES' PLEASE PROVIDE , COUNTRY CODE WHERE THE PRINCIPAL OFFICE OF THE ENTITY LOCATED	COUNTRY CODE								
---	--------------	--	--	--	--	--	--	--	--

MULTIPLE TAX RESIDENCY*: YES ☐ NO ☐ (IF 'YES', PLEASE FILL THE TABLE BELOW)

1. IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY.

2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY.

3

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION

 & THE ACKNOWLEDGEMENT NUMBER

IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR THE FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS)

 OTHER THAN AGRICULTURAL INCOME

VERIFICATION

I do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the day of 20.....

Place:

Signature of the Declarant

14. NOMINATION : Applicable Only For Sole Proprietorship

- ☐ I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR
☐ I/WE DO NOT WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT

NOMINATION FORM (DA1)

Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in the respect of Bank Deposits.

I/ We nominate the following person to whom in the event of my /our /minor's death the amount of Deposit, particulars whereof are given below, may be returned by State Bank of India (Name and address of branch / office in which the deposit held).

NOMINATION
SERIAL NO.

DETAILS OF DEPOSIT :

Type of Deposit : ACCOUNT NO:

DETAILS OF THE NOMINEE

NAME:

RELATIONSHIP WITH THE DEPOSITOR : AGE:

 DATE OF BIRTH OF NOMINEE:

ADDRESS:

CITY:

 PIN:

 STATE:

CIF NO. OF NOMINEE (to be filled by LCPC):

As the nominee is a minor on this date, I/We appoint Shri/Smt. age years

Address

to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Signature / Thumb impression of the Applicant(s)

Personal Details of Witnesses :(Witnesses are required only in case if applicant is illiterate and is affixing thumb impression)

Witness 1 Name :

Witness 1 Name :

Address :

Address :

Signature / Thumb Impression

Signature / Thumb Impression

Place : Date :

Place : Date :

15. APPLICANT DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
2. I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
3. I/We certify and declare that The Company does belong to the class of companies specified in sub-rule (2) of the Companies Rules 2017 (Restrictions on number of Layers) and it (Company) does not have more than two layers of subsidiaries.(As per the details given in Ministry of Corporate Affairs, Gazette notification No. 793 dated 21st Sept 2017.
4. I/We affirm and declare that I/We have read over and understood the rules and regulations of the State Bank of India ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-banking/Mobile Banking/Virtual Banking and any other facilities. I/We agree to abide by the same as amended/modified from time to time by the Bank/ Regulator/ Government published through circulars, notifications, notice board/ websites/ newspaper publications, etc. I/We waive the rights, if any, to have personal notice in respect of such amendments/ modifications. I/We agree that the transactions and requests executed in my/our account(s) by me/authorized person through internet, mobile, tele- banking or virtual banking under my/our User ID and password/PIN/OTP will be legally binding on me/us & I/We am/are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/ details/OTP/PIN, etc., in such matters. I/We agree that Bank has got all the rights to debit my/our account for any service charge, expenses or other dues which the Bank is entitled/ liable to recover from me. I/We also authorise the Bank and agree to close/ discontinue my account without any notice to me in case of any violation of laws/rules/ regulations or terms and conditions of maintaining the account . I/We hereby undertake to inform the Bank on any change in my communication address or constitution, and I/We shall submit the address proof in case of transfer of my account from one branch to another branch.
5. In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI for identification and / or address proof towards the compliance of KYC norms under the PMLA , 2002 and I hereby agree that the Bank may verify the same with UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank.
6. I/We confirm and declare that I/We am/are not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
7. I/We agree that my/our personal KYC details may be shared with Central KYC registry or any other competent authority. I/We hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I/We also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
8. I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
9. I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign

- Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
10. I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.
11. I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self-certification as above is provided to the Bank.
12. I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (Gol)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/Gol from time to time.
13. I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
14. I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me/us.
15. I/We undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
16. I/We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
17. I/We have been advised of Monthly average/minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision/change and such revision/changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect.
18. I/We Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account , failing to which I understand my account will cease to be operational as per GOI guidelines, amending Prevention of Money laundering (Maintenance of Records) Rules 2005.(In case the account is opened without Aadhaar / PAN)
19. In case, deemed OVDs are submitted for current address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening , failing to which I understand that my account may cease to be operational as per GOI guidelines at the material time.
20. I confirm and undertake that I will not deal in Virtual Currencies and will not use my account for any services related Virtual Currencies or facilitate any person or entity, in dealing with or settling virtual currencies.
21. I/ We undertake to keep MAB (Monthly Average Balance) in the account as prescribed under the respective account scheme and agree to pay the penalty if MAB is not maintained.

Please paste

photograph

here

Signature of Authorized Signatory 1 (Do not overlap)

Name:
Designation:
Date:
Name, Signature, Seal and S.S No. of the Verifying Official

Please paste

photograph

here

Signature of Authorized Signatory 2 (Do not overlap)

Name:
Designation:
Date:
Name, Signature, Seal and S.S No. of the Verifying Official

Please paste

photograph

here

Signature of Authorized Signatory 3 (Do not overlap)

Name:
Designation:
Date:
Name, Signature, Seal and S.S No. of the Verifying Official

FOR OFFICE USE ONLY

INITIALS

CIF:

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BRANCH MANAGER / AUTHORISED OFFICIAL (SIGNATURE)

CURRENT ACCOUNT RULES

INDUSTRY CODES

We declare and certify our entity status under Rules 114F to 114H of the Income tax Rules, 1962 notified vide CBDT Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015, as under:

	Tick status of Financial Institution		Yes	No		
	Name of Entity					
1.	a)	Depository Institution				
	b)	Custodial Institution				
	c)	Investment Entity which is not a passive NFE				
	d)	Specified Insurance Company				
2.	Owner-Documented FI with substantial US owner(s) – details of substantial US Owner to be captured as per Annexure-II					
3.	Reporting Financial Institution					
4.	If 2 OR 3 above is yes, please provide Global Intermediary Identification Number (GIIN)					
5.	Non-Participating Financial Institution					
6.	Non-Reporting Financial Entity (If Yes , Please Tick one of the category in the Table below)					
	S No.	Category of NRFI	(✓)	S No.	Category of NRFI	(✓)
	1.	Governmental Entity;		13.	Provident fund	
	2.	International Organisation;		14.	An Indian investment entity which is wholly held by NRFI's referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFI's referred to in (i) to (xiii) above	
	3.	Central Bank;		15.	Qualified credit card issuer;	
	4.	Treaty Qualified Retirement Fund;		16.	Specified Investment entity as per CBDT rules (Rule 114F(5)(f));	
	5.	Narrow Participation Retirement Fund;		17.	Exempt collective investment vehicle;	
	6.	Broad Participation Retirement Fund;		18.	Trustee-documented Indian Trust;	
	7.	Pension Fund of a Governmental Entity;		19.	Financial Institution with a local client base;	
	8.	Pension Fund of an International Organisation;		20.	Local Bank (including Regional Rural Bank, Urban Cooperative Banks, State Cooperative Banks / District Central Cooperative Banks, Local Area Banks provided that the assets test as in Explanation (O) to Rule 114F(5);	
	9.	Pension Fund of a Central Bank;		21.	Financial Institution with only low-value accounts;	
	10.	Non-public fund of the armed forces;		22.	Sponsored investment entity and controlled foreign corporation (in case of any U.S. reportable account);	
	11.	Employees' state insurance fund;		23.	Sponsored closely held investment vehicle (in case of any U.S. reportable account)	
	12.	Gratuity Fund;		24.	An Indian investment entity which is wholly held by NRFI's referred to in (i) to (xiii) above and where any debt interest is held by a depository institution or NRFI's referred to in (i) to (xiii) above	
7.	Sponsored Investment Entity					
	a)	GIIN of Sponsored entity				

We certify that we have the capacity to sign for the Financial Institution as per CBDT rules/RBI guidelines.

Date:

--	--	--	--	--	--	--	--

Place: _____

SIGNATURE(S)
NAME OF THE AUTHORIZED PERSON OF ENTITY

(SEPARATE FORM FOR EACH CONTROLLING PERSON /RELATED PERSON/BENEFICIAL OWNER TO BE FILLED IN)

<p style="text-align: right; margin-bottom: 10px;">FOR OFFICE USE ONLY</p> <p>APPLICATION TYPE*</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> NEW <input type="checkbox"/> UPDATE </div> <p>APPLICANT (CP/RP) CIF NO.:</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <p>CP/RP Account No.:</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<p style="text-align: center;">BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.</p> <p style="text-align: center;">PHOTOGRAPH OF THE CONTROLLING PERSON/ RELATED PERSON/ BENEFICIAL OWNER.</p>
--	--

[illegible]

1. DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER *
(Please refer General Instruction) :

1. A DETAILS OF CONTROLLING PERSON (For Passive NFE Only) :

<input type="checkbox"/> ADDITION OF CONTROLLING PERSON	<input type="checkbox"/> DELETION OF CONTROLLING PERSON	<input type="checkbox"/> UPDATE CONTROLLING PERSON DETAILS
---	---	--

KYC NUMBER (IF AVAILABLE *): (IF KYC NUMBER IS AVAILABLE, ONLY 'CONTROLLING TYPE' & 'NAME' IS MANDATORY)

TYPE OF CONTROL*:

IN CASE OF LEGAL PERSON: <input type="checkbox"/> OWNERSHIP	<input type="checkbox"/> OTHER MEANS	<input type="checkbox"/> SENIOR MANAGING OFFICIALS
IN CASE OF TRUST: <input type="checkbox"/> SETTLOR	<input type="checkbox"/> TRUSTEE	<input type="checkbox"/> PROTECTOR
		<input type="checkbox"/> BENEFICIARY
		<input type="checkbox"/> Others
IN CASE OF OTHER LEGAL ARRANGEMENT: <input type="checkbox"/> SETTLOR-EQUIVALENT	<input type="checkbox"/> TRUSTEE-EQUIVALENT	<input type="checkbox"/> PROTECTOR-EQUIVALENT
		<input type="checkbox"/> BENEFICIARY-EQUIVALENT
		<input type="checkbox"/> OTHER-EQUIVALENT
IN CASE OF UNKNOWN	<input type="checkbox"/>	

1. B DETAILS OF RELATED PERSON

<input type="checkbox"/> ADDITION OF RELATED PERSON	<input type="checkbox"/> DELETION OF RELATED PERSON	<input type="checkbox"/> UPDATE RELATED PERSON DETAILS																					
KYC NUMBER OF RELATED PERSON (IF AVAILABLE*): <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 200px;"> <tr> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> <td style="height: 20px; width: 20px;"></td> </tr> </table> (IF KYC NUMBER IS AVAILABLE, ONLY 'RELATED PERSON TYPE' & 'NAME' IS MANDATORY)																							
RELATED PERSON TYPE* : (MORE THAN ONE BOX CAN BE TICKED AS APPLICABLE) <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>DIRECTOR</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>PROMOTER</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>KARTA</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>TRUSTEE</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>PARTNER</td> <td style="width: 50px; text-align: center;"><input type="checkbox"/></td> <td>AUTHORISED SIGNATORY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>COURT APPOINTED OFFICIAL</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>BENEFICIARY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO. 18)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>OTHERS</td> </tr> </table>				<input type="checkbox"/>	DIRECTOR	<input type="checkbox"/>	PROMOTER	<input type="checkbox"/>	KARTA	<input type="checkbox"/>	TRUSTEE	<input type="checkbox"/>	PARTNER	<input type="checkbox"/>	AUTHORISED SIGNATORY	<input type="checkbox"/>	COURT APPOINTED OFFICIAL	<input type="checkbox"/>	BENEFICIARY	<input type="checkbox"/>	BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO. 18)	<input type="checkbox"/>	OTHERS
<input type="checkbox"/>	DIRECTOR	<input type="checkbox"/>	PROMOTER	<input type="checkbox"/>	KARTA	<input type="checkbox"/>	TRUSTEE	<input type="checkbox"/>	PARTNER	<input type="checkbox"/>	AUTHORISED SIGNATORY												
<input type="checkbox"/>	COURT APPOINTED OFFICIAL	<input type="checkbox"/>	BENEFICIARY	<input type="checkbox"/>	BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO. 18)	<input type="checkbox"/>	OTHERS																

2. PERSONAL DETAILS* (Please refer Instruction G II at the end)

	P	R	E	F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E		
NAME (SAME AS ID PROOF)*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MAIDEN NAME (IF ANY*):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
FATHER NAME*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
SPOUSE NAME*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MOTHER NAME*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
UID / AADHAAR NO.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	AADHAAR ENROLMENT NO.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DIN (DIRECTOR IDENTIFICATION NUMBER):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)																			
DATE OF BIRTH*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
GENDER:	<input type="checkbox"/>	M - MALE	<input type="checkbox"/>	F - FEMALE	<input type="checkbox"/>	T- TRANSGENDER																										
MARITAL STATUS* :	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>	UNMARRIED	<input type="checkbox"/>	OTHERS	NATIONALITY:	<input type="checkbox"/>	IN-INDIAN	<input type="checkbox"/>	OTHERS	COUNTRY CODE (ISO 3166)	<input type="text"/>	<input type="text"/>																		
RESIDENTIAL STATUS* :	<input type="checkbox"/>	RESIDENT INDIVIDUAL	<input type="checkbox"/>	NON RESIDENT INDIAN	<input type="checkbox"/>	FOREIGN NATIONAL	<input type="checkbox"/>	PERSON OF INDIAN ORIGIN																								
CITIZENSHIP*:	<input type="checkbox"/>	INDIAN	<input type="checkbox"/>	OTHERS																												
OCCUPATION TYPE*:	<input type="checkbox"/>	S - SERVICE (<input type="checkbox"/>	PUBLIC SECTOR	<input type="checkbox"/>	PRIVATE SECTOR	<input type="checkbox"/>	GOVERNMENT SECTOR)																								
	<input type="checkbox"/>	O - OTHERS (<input type="checkbox"/>	PROFESSIONAL	<input type="checkbox"/>	SELF EMPLOYED	<input type="checkbox"/>	RETIRED	<input type="checkbox"/>	HOUSE WIFE	<input type="checkbox"/>	STUDENT)																				
	<input type="checkbox"/>	B - BUSINESS	<input type="checkbox"/>	NOT CATEGORIZED																												
POLITICALLY EXPOSED PERSON :	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<div style="border: 1px solid black; padding: 5px;"> Politically exposed person are individuals who are or have been entrusted with prominent public function in a foreign country, eg. Heads of States or of Governments, senior government / judicial / military officers, senior executives of state-owned corporations, important political party officials, etc. </div>																											
COUNTRY CODE OF TAX RESIDENCE*:	<input type="text"/>	<input type="text"/>	(CODE FOR INDIA IS "IN")																													
COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA*	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	(IF NO, PLEASE FILL THE DETAILS IN COLOUMN 6 & 7 IN PAGE																											

PAN /TAX IDENTIFICATION NUMBER OR EQUIVALENT* :

(IF JURISDICTION OF RESIDENCE FOR 'TAX PURPOSE' IS INDIA ONLY, THE PAN IN THIS FIELD')

PLACE / CITY OF BIRTH* :

COUNTRY CODE OF BIRTH* :

(ISO 3166)

3. PROOF OF ADDRESS IF AADHAAR / PAN DOES NOT HAVE CURRENT ADDRESS

(ONE CERTIFIED COPY OF ANY ONE OF THE FOLLOWING OVD WITH CURRENT ADDRESS NEEDS TO BE SUBMITTED)

☐ A- PASSPORT

☐ B- VOTER ID CARD

☐ C- DRIVING LICENCE

☐ D- NREGA JOB CARD

☐ E- LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING

OR

IDENTITY NUMBER :

Issued Date :

Date of Expiry :

PROOF OF ADDRESS IN CASE OVD IN POINT NO 3 ALSO DOES NOT CONTAIN UPDATED ADDRESS.

ONE CERTIFIED COPY OF ANY ONE DEEMED OVD NEEDS TO BE SUBMITTED

ADDRESS TYPE*:

☐ RESIDENTIAL ADDRESS

☐ RESIDENTIAL

☐ BUSINESS

☐ REGISTERED OFFICE

☐ UNSPECIFIED

PROOF OF ADDRESS* :

☐ UTILITY BILLS

☐ MUNICIPAL TAX RECEIPT

☐ PENSION PAYMENT ORDER (PPO)

☐ LETTER OF ALLOTMENT OF ACCOMODATION FROM EMPLOYER ISSUED BY STATE/CENTRAL/GOVT/STATUTORY OR REGULATORY BODIES/PUBLIC SECTOR UNDERTAKINGS/SCHEDULED COMMERCIAL BANKS/FINANCIAL INSTITUTIONS/LISTED COMPANIES

4. ADDRESS DETAILS:

☐ PERMANENT SAME AS CURRENT ADDRESS

DOCUMENT NO. / IDENTIFICATION NUMBER*

ISSUED BY*:

ISSUED AT*:

LINE 1*:

LINE 2*:

LINE 3*:

DISTRICT*:

STATE / UT NAME CODE*:

ISSUE DATE*:

EXPIRY DATE (IF APPLICABLE)*:

CITY / TOWN / VILLAGE*:

PIN / POST CODE*:

COUNTRY CODE*:

(ISO 3166)

5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer Instruction 'F' at the end)

TEL. (OFF):

FAX:

MOBILE 1:

EMAIL ID 1:

EMAIL ID 2:

TEL. (RES):

MOBILE 2:

6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or in any other Country or Territory Outside India as Under:

COUNTRY OF TAX RESIDENCE#	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY)

- # In case, country of tax residence is India, PAN is treated as TIN.
1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship).
2. A person residing in US including US green card holder.
3. Certain persons who spend more than 180 days in US each year.

7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES

ADDRESS TYPE*:

☐ RESIDENTIAL / BUSINESS

☐ RESIDENTIAL

☐ BUSINESS

☐ REGISTERED OFFICE

☐ UNSPECIFIED

LINE 1*:

LINE 2*:

LINE 3*:

DISTRICT*:

STATE / UT NAME CODE*:

COUNTRY CODE*:

(ISO 3166)

CITY / TOWN / VILLAGE*:

PIN / POST CODE*:

8. FORM - 60 (In Case PAN is not Available)

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION & THE ACKNOWLEDGEMENT NUMBER

IF PAN IS NOT APPLIED , FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS) OTHER THAN AGRICULTURAL INCOME

VERIFICATION

I..... do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the day of 20.....

Place: Signature of the Declarant

9. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address
- I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No.DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
- I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.
- I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/ or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self certification as above is provided to the Bank.
- I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time
- I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
- I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me/us.

DATE:

PLACE: _____

Signature(s)
Name of the Applicant

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: ☐ SELF-CERTIFIED ☐ TRUE COPIES ☐ NOTARY RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☐ LOW

IN PERSON VERIFICATION CARRIED OUT BYIDENTITY VERIFICATION: ☐ DONE DATE:

EMP/OFFICIAL SIGNATURE _____ EMP/OFF. NAME: _____

S.S No. / P.F No.: _____ EMP/OFF. DESIGNATION: _____ EMP/OFF. BRANCH: _____

APPLICATION FORM FOR MULTIPLE CORRESPONDENCE/ LOCAL ADDRESS
(Separate Form to be filled in for multiple Address)

ANNEXURE – III

INSTRUCTIONS:

- FIELDS MARKED WITH '*' ARE MANDATORY
- PLEASE FILL THE FORM IN ENGLISH AND IN BLOCK LETTERS

APPLICATION TYPE*: ☐ NEW ☐ UPDATE

KYC NUMBER (TO BE FILLED BY FINANCIAL INSTITUTION):

(KYC NUMBER OF ENTITY IS MANDATORY FOR UPDATE REQUEST)

PROOF OF ADDRESS (POA)

CORRESPONDENCE / LOCAL ADDRESS DETAILS*

☐ SAME AS CURRENT /PERMANENT/OVERSEAS ADDRESS DETAILS

ADDRESS TYPE*:

RESIDENTIAL OR BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

LINE 1*:

LINE 2:

LINE 3:

DISTRICT*:

STATE /
UT NAME*:

CITY / TOWN NAME*:

COUNTRY NAME:

PIN / POST CODE*:

CONTACT DETAILS (If communication has to be done on Mobile/email the following Mobile No/Email ID will be used)

TEL. (OFF):

MOBILE NO.:

EMAIL ID:

TEL. (RES):

FAX:

APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from central KYC Registry through SMS/Email on the above registered number/email address

DATE:

PLACE:

SIGNATURE (S)

NAME OF THE AUTHORIZED PERSON OF ENTITY

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: ☐ SELF-CERTIFIED ☐ TRUE COPIES ☐ NOTARY

RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☐ LOW

IN PERSON VERIFICATION CARRIED OUT BY/IDENTITY VERIFICATION: ☐ DONE

DATE:

EMP./OFFICIAL SIGNATURE

EMP./OFF. NAME:

S.S No. / P.F No.:

EMP./OFF. DESIGNATION:

EMP./OFF. BRANCH:

DECLARATION OF BENEFICIAL OWNERSHIP

ANNEXURE – IV

(APPLICABLE TO COMPANY (EXCEPT THE COMPANY LISTED ON A STOCK EXCHANGE OR IN CASE OF A SUBSIDIARY OF SUCH A COMPANY), PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS).

1. NAME OF THE CUSTOMER : _____
(COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION ON BODY OF INDIVIDUALS AND TRUSTS)

2. REGISTERED NUMBER : _____
(IF AVAILABLE)

3. REGISTERED ADDRESS: _____

THE CUSTOMER AS STATED ABOVE HEREBY CONFIRMS AND DECLARES THAT AS ON DATE:

--	--	--	--	--	--

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 25% (COMPANY) / MORE THAN 15% (PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OF INDIVIDUALS) / MORE THAN OR EQUAL TO 15% (TRUST) OF CAPITAL/PROFITS/PROPERTY OR CONTROLLING THROUGH VOTING RIGHTS, AGREEMENT, ARRANGEMENT ETC.

(FOR DEFINITION OF BENEFICIAL OWNER , SEE AT PAGE NO. 18)

SL NO.	FULL NAME OF BENEFICIAL OWNER / CONTROLLING NATURAL PERSON(S)	DATE OF BIRTH	NATIONALITY	ADDRESS	TYPE OF KYC DOCUMENTS	CONTROLLING OWNERSHIP INTEREST (%)

WE CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND CORRECT. WE UNDERTAKE AND AGREE THAT WE WILL NOTIFY STATE BANK OF INDIA WITHOUT DELAY OF ANY CHANGES IN THE CONTROLLING PERSONS, PERSON EXERCISING CONTROL OR HAVING CONTROLLING OWNERSHIP INTEREST IN THE COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS, AS DECLARED IN THE TABLE ABOVE.

FOR AND ON BEHALF OF [NAME OF COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS];

SIGNATURE OF THE AUTHORIZED OFFICIAL*: _____

FULL NAME OF THE AUTHORIZED OFFICIAL: _____

DESIGNATION / POSITION : _____

DATE :

PLACE :

(*The declaration should be signed by an active / designated partner in case of Partnership Firm, a trustee in case of Trust)

For Branch use Only
We certify that the beneficial owner (s) of the said firm has / have been determined on the basis of declaration made by the above mentioned Company / Firm / Trust and the details furnished above have been verified from information, whenever available, in public domain.

(Signature of the Branch Head / Branch Operation Head)

Name : _____

S.S No. / P.F No.: _____

Date : _____

Declaration cum Undertaking for Opening/Continuing Current Account (Annexure to Current Account Opening Form)

CURRENT ACCOUNT OPENING/CONTINUING ELIGIBILITY																		
1.	Do you have any CC/OD (Cash Credit/ Overdraft) Facility (ies) with any Bank including SBI?	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, opening/continuance* of current account is not permissible as per RBI instructions. If No, please proceed to Sl. No. 2.																
2.	Have you availed any Credit Facility (ies) (Other than CC/OD) with any Bank including SBI ?	<input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, then proceed to Sl. No. 3. If No, you can open/continue* current account.																
3.	<p>If the answer to the question no. 2 is Yes, Please Select the range of Amount availed under Credit Facility (ies)(Other than CC/OD) For instance.....</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 20%;">Bank</th> <th style="width: 20%;">Fund Based like TL/DL</th> <th style="width: 20%;">Non Fund based like LC/BG</th> </tr> </thead> <tbody> <tr> <td>SBI</td> <td></td> <td></td> </tr> <tr> <td>Bank 1</td> <td></td> <td></td> </tr> <tr> <td>Bank 2</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table> <p>Add additional rows if required</p>			Bank	Fund Based like TL/DL	Non Fund based like LC/BG	SBI			Bank 1			Bank 2			Total		
Bank	Fund Based like TL/DL	Non Fund based like LC/BG																
SBI																		
Bank 1																		
Bank 2																		
Total																		
<p>A. <input type="checkbox"/> Credit Facility (ies) with any Bank including SBI Less than Rs.5 Crores</p>		<p>You can open/continue* current account, subject to the following undertaking:</p> <p><input type="checkbox"/> I / We undertake to inform you immediately if and when the sum of my/ our availed Credit Facility(ies) becomes Rs. 5 Crore or more.</p> <p><input type="checkbox"/> I / We understand that if and when the sum of my/ our availed Credit Facility(ies) becomes Rs. 5 Crore or more, my/our Current account shall be governed by the provisions of Para 3 (B) or 3 (C) of this Declaration cum undertaking, as the case may be.</p>																
<p>B. <input type="checkbox"/> Credit Facility (ies) with any Bank including SBI Rs.5 Crores or more but Less than Rs. 50 Crore</p>		<p>Whether availed any of these Credit Facility (ies) from SBI?</p> <p style="text-align: center;">Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>If Yes, current account can be opened/continued* with SBI.</p> <p>If No, only a collection account can be opened/ now continued* with SBI. you can only open/now continue with* a collection account with SBI. In such a collection account:</p> <ul style="list-style-type: none"> Only Credits will be allowed in these collection accounts and debits in these accounts shall be limited to the purpose of remitting the proceeds to the Current account with the Lender Bank of the Credit Facility (ies), at agreed intervals \$\$. Thus, while there will be no prohibition on amount or number of credits, debits in this account shall be limited to the purpose of remitting the proceeds to the said Current account. Balances cannot be used as margin for availing any non-fund based credit facilities. 																

		<p>C. <input type="checkbox"/></p> <p>Credit Facility (ies) with any Bank including SBI Rs.50 Crore or more</p>	<p>Whether availed any of these Credit Facility (ies) from SBI?</p> <p>Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>a. If No, current account cannot be opened/continued* with SBI.</p> <p>b. If Yes, SBI is either your Escrow managing Bank or the sole lender, for the Credit Facility (ies)?</p> <p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>If answer to question (b) is (Yes), then Current Account can be opened/ continued* with SBI.</p> <p>If the answer to question (b) is (No), you can only open/now continue with* a collection account with SBI. In such a collection account:</p> <ul style="list-style-type: none"> Only Credits will be allowed and debits shall be limited to the purpose of remitting the proceeds to the escrow account with the Escrow Managing Bank of the Credit Facility (ies), at agreed intervals \$\$. Thus, while there will be no prohibition on amount or number of credits, debits in this account shall be limited to the purpose of remitting the proceeds to the said escrow account. Balances cannot be used as margin for availing any non-fund based credit facilities.
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(Credit facility is sanctioned credit facility / limits)

I / We undertake to inform SBI in case of any changes in the above declaration cum undertaking regarding my/ our CC/OD/ Other Credit facilities. I/We also understand that it will be my/our sole responsibility to inform SBI regarding any changes to the above facts/aspects stated by us, by medium of the above declaration cum undertaking. I/We also agree to provide fresh declaration cum undertaking in case of any changes to the above facts/aspects stated by us in the above declaration cum undertaking and/or in case a fresh declaration cum undertaking is warranted in view of applicable law/regulation. I/We also agree to close the Current Account as and when demanded by SBI.

Signature of the Customer(s) / Authorised Representative(s)

* Please strike off the inapplicable option.

\$\$ Customer to advise the frequency (daily / weekly / monthly etc.,) through a letter signed by authorised signatory(ies)

GENERAL INSTRUCTIONS:

A. Clarification / Guidelines for filling 'For Office Use Only' section

1. Account Type : Simplified should be used for FPI Category I and Category II only.
2. Account Holder Type :

US Reportable (FATCA) F1- Owner- Documented FI with specified US owner(s) F2-Passive Non-Financial Entity with substantial US owner(s) F3- Non- Participating FFI F4- Specified US person F5-Direct Reporting NFFE XX- Not Applicable	Other Reportable (Other than FATCA) C1- Passive Non- Financial Entity with one or more controlling person that is a Reportable person C2- Other Reportable Person C3- Passive Non- Financial Entity that is a CRS Reportable XX- Not Applicable
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B. Clarification / Guidelines for filling ' Entity Constitution type' section Entity Constitution Type

A- Sole Proprietorship B- Partnership firm C- HUF D- Private Limited Company E- Public Limited Company F- Society G- Association of Persons (AOP)/ Body of Individuals (BOI)	H- Trust I- Liquidator J- Limited Liability Partnership K- Artificial Juridical Person L- Public Sector Banks M- Government Departments/ Agency	N- Foreign Portfolio O- Section 8 Companies (Companies Act, 2013) P- Artificial Judicial Person X- Not Categorized Z- Others
--	--	--

C. Clarification / Guidelines for filling 'Entity Details' section

1. For sole proprietorship Concerns, in case of non- availability of PAN, Form 60 needs to be furnished
2. Identification Type: T- TIN, C- Company Identification Number, G-US GIIN, E- Global Entity Identification Number (EIN), O- Others
3. 'Date of Commencement of Business' is mandatory for companies, and other entities may provide if applicable.

D. Clarification / Guidelines for filling 'Proof of Identity[PoI]' section

1. Certified copies of all the relevant documents, as applicable, needs to be submitted.
2. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.
3. Details of the Required Documents for different Entity Constitution Types are mentioned in Page 16 (KYC Documents Required)

E. Clarification / Guidelines for filling 'Proof of Address [PoA]' section

1. State / U.T Name and Pin / Post Code will not be mandatory for Overseas addresses.
2. In case of multiple correspondence / local addresses, please fill 'Annexure III'

F. Clarification / Guidelines for filling 'Contact Details' section

1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines for filling 'Controlling/Related Person Details' section

- i. Fill Separate Annexure (A11) for each Controlling/ Related Person/Beneficial Owner.
- ii. Personal Details
 - 1 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
 - 2 Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.
- iii. Resident outside India for tax purposes
 - 1 Provision for capturing multiple Tax residency details is made available (Annexure III)
 - 2 Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an

equivalent level of identification ("Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)

iv. Proof of Identity [PoI]

- 1 If driving license number or passport is provided as PoI then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

v. Proof of Address [PoA]

- 1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
- 2 State / U.T Name and Pin / Post Code will not be mandatory for Overseas addresses.

vi. Section 1 A to be filled for Controlling Person and Section 1 B to be filled for related Person.

- vii. The details of Controlling Persons are required only if the Legal Entity is Passive NFE as defined in the Income Tax Rules

viii. If KYC number of Related or Controlling person is available, no other details except 'Person Type' and 'Name of the Controlling/Related Person' are required.

"Controlling Person" means the natural person who exercises control over an entity and includes a beneficial owner as determined under sub-rule (3) of rule 9 of the Prevention of Money-laundering (Maintenance of Records) Rules, 2005.

Explanation 1.- In determining the beneficial owner, the procedure specified in the following circular as amended from time to time shall be applied, namely:-

- (i) DBOD.AML.BC. No.71/14.01.001/2012-13, issued on the 18th January, 2013 by the Reserve Bank of India; or
- (ii) CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of India; or
- (iii) IRDA/SDD/GDL/CIR/019/02/2013, issued on the 4th February, 2013 by the Insurance Regulatory and Development Authority.

Explanation 2.- In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent or similar position.

Type of legal entity	Type of controlling person (CP)	Permissible values
Sole proprietorship	Sole proprietor	CP not required
Hindu Undivided Family	• Karta	C09 – CP of legal arrangement – Other-settlor equivalent; or
	• Each Coparcener	C10- CP of legal arrangement – Other-Trustee equivalent
Partnership	• Ownership	C12 – CP of legal arrangement – Other-beneficiary equivalent
	• Other means	C01- CP of legal person – ownership
	• Senior managing officials	C01- CP of legal person – other means
Company	• Ownership	C03 – CP of legal person – senior managing official
	• Other means	C 01 –CP of legal person – ownership
	• Senior managing official	C 02 -CP of legal person – other means
Society	• Ownership	C 03 – CP of legal person – senior managing official
	• Other means	C 01 –CP of legal person – ownership
	• Senior managing official	C 02 – CP of legal person – other means
AOP/BOI	• Members (owners)	C 03 – CP of legal person – senior managing official
	• Settlor Equivalent	C 01 – CP of legal person – ownership
	• Trustee equivalent	C 09 – CP of legal arrangement –Other-settlor equivalent
	• Protector Equivalent	C 10 – CP of legal arrangement –Other-trustee equivalent
	• Beneficiary Equivalent	C 11 – CP of legal arrangement –Other-protector equivalent
	• Others	C 12 – CP of legal arrangement –Other-beneficiary equivalent
Trust	• Settlor	C 13 – CP of legal arrangement –Other-Other equivalent
	• Trustee	C 04 – CP of legal arrangement –Trust-settlor
	• Protector	C 05 – CP of legal arrangement –Trust-trustee
	• Beneficiary	C 06 – CP of legal arrangement –Trust-protector
	• Others	C 07 – CP of legal arrangement –Trust-beneficiary
Liquidator		C 08 – CP of legal arrangement –Trust-Other
Limited Liability Partnership	• Partners(ownership)	CP not required
	• Other means	C 01 – CP of legal person – ownership
	• Senior Managing officials	C 02-CP of legal person – other means
Artificial Juridical Person	• Equivalent of Settlor	C 03 – CP of legal person – senior managing official
	• Trustee	C 09 – CP of legal arrangement –Other-settlor equivalent
	• Protector	C 10 – CP of legal arrangement – Other - trustee equivalent
	• Beneficiary	C 11 – CP of legal arrangement – Other - protector equivalent
	• others	C 12 – CP of legal arrangement – Other - beneficiary equivalent
		C 13 – CP of legal arrangement – Other - Other equivalent

H.	<p>Passive NFE : It means</p> <ol style="list-style-type: none"> Any NFE which is not an Active NFE, or An investment entity the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described in the note below. Not a withholding foreign partnership or withholding foreign trust ("Withholding foreign partnership" means a foreign partnership that has entered into a withholding agreement with the United States of America in which it agrees to assume primary withholding responsibility for all payments which are made to it for its partners, beneficiaries or owners). <p>Note:</p> <ol style="list-style-type: none"> Any entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer, namely:- <ol style="list-style-type: none"> Trading in money market instruments (Cheques, bills, certificates of deposit, derivatives etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or Individual and collective portfolio management; or Otherwise investing, administering, or managing financial assets or money on behalf of other persons. <p>Explanation 1:- An entity is treated as primarily conducting as a business one or more of the activities described in 1 above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets for purposes of Investment Entity that is a Passive Entity, if the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) the three-year period ending on 31st march of the year preceding the year in which the determination is made; or (ii) the period during which the entity has been in existence.</p> <p>Explanation 2:- The term "investment entity" does not include an Entity that is an active non-financial entity because it meets any of the criteria in sub-clauses (iv), (v), (vi) or (vii) of clause (A) of Explanation to clause (6) of Rule 114F.</p> <p>Passive income - includes income by way of: (i) dividends; (ii) interest; (iii) income equivalent to interest; (iv) rents and royalties (other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the non-financial entity); (v) annuities; (vi) the excess of gains over losses from the sale or exchange of financial assets that gives rise to the passive income; (vii) the excess of gains over losses from transactions (including futures, forwards, options, and similar transactions) in any financial assets; (viii) the excess of foreign currency gains over foreign currency losses; (ix) net income from swaps; or (x) amounts received under cash value insurance contracts:</p> <p>Provided that passive income will not include, in the case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.</p> <p>Related Entity - an entity is a "related entity" of another entity if either entity controls the other entity, or the two entities are under common control.</p> <p>Explanation. - For the purpose of this clause control includes direct or indirect ownership of more than fifty per cent of the vote and value in an entity.</p>
I.	<p>Active NFE is any one of the following</p> <ol style="list-style-type: none"> less than fifty per cent of the entity's gross income for the preceding financial year is passive income and less than fifty per cent of the assets held by the entity during the preceding financial year are assets that producer are held for the production of passive income; OR the stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market. Explanation.- For the purpose of this sub-clause, an established securities market means an exchange that is recognized and supervised by a Governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange; OR the entity is a Governmental Entity or an International Organization or a Central Bank or an entity wholly owned by one or more of the foregoing; OR substantially all of the activities of the entity consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution: Provided that an entity shall not qualify for this status if it functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; OR the entity is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a financial institution, provided that the entity shall not qualify for this exception after the date that is twenty four months after the date of the initial organization of the entity OR the entity was not a financial institution in the past five years, and is in the process of liquidating its assets or is reorganizing with intent to continue or recommence operations in a business other than that of a financial institution; OR the entity primarily engages in financing and hedging transactions with, or for, related entities which are not financial institutions, and does not provide financing or hedging services to any entity which is not a related entity, provided that the group of any such related entities is primarily engaged in a business other than that of a financial institution; OR the entity meets all of the following requirements, namely:- <ol style="list-style-type: none"> It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; It is exempt from income-tax in India; It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; The applicable laws of the entity's country or territory of residence or the entity's formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased; and The applicable laws of the entity's country or territory of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organization, or escheat to the government of the entity's jurisdiction of residence or any political subdivision thereof. <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ol style="list-style-type: none"> an Investor Protection Fund referred to in clause (23EA); a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act
J.	<p>A US Person is any of the following</p> <ol style="list-style-type: none"> A U. S. citizen or Tax Resident of US; OR A partnership or a corporation organized in the US or under the law of the US or any states thereof; OR A trust (i) where a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U. S. Persons have the authority to control all substantial decisions of the trust, OR an estate of the decedent that is a citizen or resident of the United States.
K.	<p>Specified US Person - A US Person other than the following</p> <ol style="list-style-type: none"> A corporation the stock of which is regularly traded on one or more established securities markets Any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (a) The United States or any wholly owned agency or instrumentality thereof Any State of the United States, any U. S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing Any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code Any bank as defined in section 581 of the U. S. Internal Revenue Code; Any real estate investment trust as defined in section 856 of the U. S. Internal Revenue Code Any regulated investment company as defined in section 851 of the U. S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64) Any common trust fund as defined in section 584(a) of the U. S. Internal Revenue Code; Any trust that is exempt from tax under section 664(c) of the U. S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State; A broker as defined in section 6045(c) of the U.S. Internal Revenue Code Any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code S
L.	<p>Direct Reporting NFFE</p> <p>A direct reporting NFFE will mean an NFFE that elects to report directly to the US IRS certain information about its direct or indirect substantial U.S. owners, in lieu of providing such information to FIs with which the NFFE holds a financial account. Direct Reporting NFE registers with the US IRS to obtain GIIN. Such Direct Reporting NFFEs are required to be reported under Rules 114F to 114H</p>

COUNTRY CODES (ISO 3166)

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

STATE CODES

LIST OF TWO- DIGIT STATE / U.T CODES AS PER INDIAN MOTOR VEHICLE ACT, 1988 I

State/U.T	Code	State/U.T	Code	State/U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & DILI	DD	Manipur	MM		UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

KYC Documents Required for opening Current Accounts:

Sl No	Type of Entity	KYC Documents
1	Proprietorship	<ol style="list-style-type: none"> Minimum 2 documents issued in the name of Proprietary Concern from the following list of documents along with and PAN or Form 60 of the proprietor as a Beneficial owner (Annexure II) must be taken or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted. Proof of the name, address and activity of the concern like registration certificate (in the case of a registered concern). Certificate/license issued by the Municipal Authorities under Shop & Establishment Act. Sales and Income Tax returns. GST/CST certificate, certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities. License/ Certificate of practice issued in the name of the proprietary concern by any professional body incorporated under statute (e.g. Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Cost Accountants of India, Institute of Company Secretaries of India, etc.) IEC (Importer/Exporter Code) issued to the Proprietary Concern by the Office of Director General of Foreign Trade (DGFT) in the name of Proprietary Concern. The complete Income Tax Return (not just the acknowledgment) in the name of the sole proprietor where the firm's income is reflected duly authenticated/acknowledged by the Income Tax authorities. Utility bills such as electricity, water and land line telephone bills in the name of the proprietary concern
2	Partnership Firms	<ol style="list-style-type: none"> Registration Certificate (in case of registered firms); Partnership deed dated.....; PAN of the Partnership Firm (a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted. <p>Other Documents:</p> <ol style="list-style-type: none"> A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV) Mode of operation in case of Partnership to be indicated clearly in AOF (Viz. All Partners jointly/severally (singly), Partner 1 & 2 jointly/severally (singly) etc.) Partnership letter dated..... and No. obtained on Cos 37. Signed by all partners. (To be compulsorily obtained in case of partnership firms) Addresses of the Power of Attorney holders PoA granted to a partner or employee of the firm to transact business on its behalf PAN of all partners & beneficial owners Separate Annexure II for each beneficial owner to be obtained.
3	Limited Companies	<ol style="list-style-type: none"> Certificate of Incorporation dated (for inspection and return). A copy of the same is Retained; Memorandum of Association registered on and Articles of Association dated obtained; A resolution from the Board of Directors and Power of Attorney granted to its managers, officers or employees to transact on its behalf; and (a) Pan or Form 60 issued to managers, officers or employees holding an attorney to transact on the company's behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted. <p>Other Documents</p> <ol style="list-style-type: none"> A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV) Certificate of commencement of business (in case of Public Limited Company) CIN No. Copy of PAN of Company Proof of Current Address Any officially valid document / Identification of those who have authority as per POA granted to operate the account (as applicable to individual accounts) and KYC of all such persons operating the account and beneficial owners Certificate of Registrar of Joint Stock Companies dated That the Company is entitled to commence business (for inspection, entry in the Power of Attorney Register and return). A copy of the same is retained. (This certificate is not required when, a. The company is a private company b. The company was registered before 1913 and does not invite the public to subscribe for shares. c. The company is Limited by guarantee and does not have a share capital). Certified copy of a resolution dated, regulating the conduct of the account, obtained, some what on the following lines:- We hereby certify that the following resolution of the Board of Directors of the Company was passed at a meeting of the Board held on the And has been duly recorded in the Minute Book of the said Company :- "resolved :- that a bank account for the company be opened with the State Bank of India, and that the said Bank be and is hereby authorised to honour cheques, bills of exchange and promissory notes drawn, accepted or made on behalf of the company by and to act on any instructions so given relating to the account, whether the same be overdrawn or not, or relating to the transactions of the company." sd/- sd/- sd/- Chairman Directors Secretary PAN of the Chairman / Managing Director / Chief Promoter etc of all Related persons or beneficial owners, Separate Annexure II for each beneficial owner to be obtained.
4	Societies/ Association / Clubs	<p>KYC Documents as applicable to Accounts of unincorporated Associations or Body of Individuals. Copy of the PAN or Form 60 of the Entity.</p> <p>Other Documents</p> <ol style="list-style-type: none"> Copy of the Memorandum of Association registered on and Articles of Association dated Obtained. Resolution of managing body for opening the account Copy of the By Laws dated and resolution dated Of the Society, regarding the conduct of the account, obtained. Government / Military Order dated obtained (whichever applicable). PAN of Chairman/ MD/ Chief Promoter/ Secretary etc. of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained.
5	Hindu Undivided Family (HUF)	<ol style="list-style-type: none"> Joint Hindu Family Letter dated And No. Obtained on Cos 38, signed by all the adult coparceners Declaration from the Karta PAN of Karta PAN of adult coparceners PAN Card of Joint Hindu Family On death of a coparcener, birth of a coparcener and a minor coparcener attaining majority (18 years), a fresh JHF letter (COS 38) has to be executed Declaration that a) the depositor is the Karta of the Joint Family, b) the deposit belongs to JHF
6	Trusts	<p><u>KYC Documents</u></p> <ol style="list-style-type: none"> Registration Certificate; Trust Deed; and PAN or Form 60 of the Trust; and (a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted. <p>Other Documents</p> <ol style="list-style-type: none"> A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV) Copy of relevant extracts of trust deed dated obtained and perused, with special emphasis on the power of the trustees to sign cheques, delegation of authority, borrow money etc. The relevant portions are entered in the power of attorney register. A copy of the Resolution

KYC Documents Required for opening Current Accounts:

SI No	Type of Entity	KYC Documents
		8. Power of Attorney granted to transact business on its behalf (wherever applicable), 9. PAN of trustees, executors, administrators, etc. of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained. 10. Proof of current address 11. All Trust Accounts to be invariably assigned "High Risk"
7	Unincorporated association or body of individuals	1. Resolution of the managing body of such association or body of individuals; 2. Power of attorney granted to transact on its behalf; 3. PAN or Form 60 of the entity. 4. (a) Permanent Account Number or Form 60 issued to the person holding POA on its behalf or in case Permanent Account Number is not submitted an Officially Valid Document shall be submitted. 5. Such information as may be required by the bank to collectively establish the legal existence of such an association or body of individuals. 6. PAN of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained 7. A declaration containing the names of all the beneficial owners together with their share holding / controlling interest / stake duly signed by the authorized signatory. (Annexure IV) • In Case of Political Parties, along with above mentioned document these 4 other documents will also be attached: <ol style="list-style-type: none"> Certificate from the Election Commission confirming that "the political party is registered under section 29A of Representation of people Act, 1951 (43 of 1951) and secured not less than one percent of the votes polled in the last general election to the House of the People or the Legislative Assembly, as the case may be". Memorandum or Rules and regulations of the political party. Photograph of the person who has been authorised to transact the account, i.e. to whom Power of Attorney is granted. Documents in respect of proof of address of the political party.
8	Executors, Administrators and Liquidators	Proof of Identity for Executors, Administrators and Liquidators 1. Probate or letter of administration or authority under the Companies Act dated obtained (for inspection. Entry in miscellaneous documents register and return). A copy of the same is retained <ol style="list-style-type: none"> In case more than one executors / administrators / liquidators are appointed, letter of authority signed by all of them regulating the conduct of the account, must be obtained. Executors / administrators / liquidators cannot normally delegate their powers to third parties. PAN of all Related persons or Beneficial owners, Separate Annexure II for each beneficial owner to be obtained Proof of Residence for Tax purpose IV. With respect to an entity, any official document issued by an authorised Government body, including a Government agency or a municipality, which includes the name of the entity and either the address of its principal office in the country or territory in which it claims to be a resident or the country or territory in which the entity was incorporated or organised; V. TIN letter issued by the respective Government body/agency in case of entity resident in any country or territory outside India.
9	Govt. Authorities & Juridical Persons	a) Documents showing name of the person authorised to act on behalf of the entity b) Documents, as specified in section 16, of the person holding an attorney to transact on its behalf and c) Such Documents as may be required by the RE to establish the legal existence of such an entity / juridical person.

Officially Valid Documents:

The list of OVDs consist only the following Five:

- Passport
- Driving licence
- Proof of possession of Aadhaar Number : Where the customer submit his proof of position of Aadhaar Number as on OVD, he may submitted in such form as are issued by the Unique Identification Authority of India.
- Voter's Identity Card issued by Election Commission of India
- Job card issued by NREGA duly signed by an officer of the State Government
- Letter issued by the National Population Register containing details of name, address.
(Aadhaar and PAN are MANDATORY and not part of OVDs)

Deemed Officially Valid Documents

The Following documents shall be deemed to be officially valid documents for the limited purpose of proof of address:

- Utility bill which is not more than two months old of any service provider (electricity, Telephone, post-paid mobile phone, piped gas, water bill).
- Property or Municipal Tax Receipt
- Pension or Family Pension Payment Orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address
- Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and Listed Companies and leave and license agreements with such employers allotting official accommodation.

WHO IS A BENEFICIAL OWNER :

The beneficial owner, as per Rule 9 (3) of PML Amendment Rules 2013 is determined as under:

- where the customer is a company, the beneficial owner is natural person(s), who, whether acting alone or together, or through one or more juridical person, has/have a controlling ownership interest or who exercises control through other means.
Explanation: - For the purpose of this sub-clause-
 - "Controlling ownership interest" means ownership of or entitlement to more than twenty-five percent of shares or capital or profits of the company;
 - "Control" shall include the right to appoint majority of directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.
- Where the customer is a partnership firm, the 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% of capital or profits of partnership;

- Where the customer is an unincorporated association or body of individuals, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has/have ownership of or entitlement to more than 15% of the property or capital or profits of such associations or body of individuals;
Explanation: Term 'body of individuals' includes societies. Where no natural person is identified under (a), (b) or (c) above, the beneficial owner is the relevant natural person who holds the position of senior managing official.
- Where the client is the trust, the identification of the beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with 15% 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.
- Where the client or the owner of the controlling interest is a company listed on a stock exchange or is a subsidiary of such a company, it is not necessary to identify and verify the identity of any share holder or beneficial owner of such companies.

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ACKNOWLEDGEMENT

1. NAME: _____ DATE: _____

2. DOCUMENTS DEPOSITED (I) _____

(II) _____ (III) _____

(IV) _____ (V) _____

BRANCH MANAGER