

Broker/Service Provider Application Form

Please fill the information in CAPITAL letters only ✓ & in appropriate places

Full name of the applicant (as appearing in supporting identification document) *

Mr/Mrs/Miss/M/s _____

Status: Individual Partnership Firm Pvt. Ltd. Co. Public Ltd. Co.
 Hindu Undivided Family Proprietor Others _____

Date of Birth (in case of individuals) DD MM YYYY Date of Incorporation (In case of Companies and Firms) DD MM YYYY
 (in case of individuals) Partnership Deed (In case of Companies and Firms)

PAN number _____ Registration number _____
 (attach a copy of PAN card) (In case of Companies and Firms)

Aadhaar number XX XX XX XX XX XX XX _____ (Attach a copy of Aadhaar/ application for Aadhaar enrolment)

Do you have any of your relatives working with ICICI HFC? If yes, Please provide,
 Name of the Employee Contact number

Affix a photograph here

Permanent Address of applicant (attach proof of address)*

Company name / flat No. _____

Bldg. name _____

Road no. / name _____

City _____ Pin code _____

State _____ Country _____

Tel. (R): _____ STD code _____ Fax: _____

Tel. (O): _____ Ext. no. _____

E-mail: _____

Mobile: _____

Present address of applicant for all communications Please tick if present address is same as Permanent address

Company name / flat No. _____

Bldg. name _____

Road no. / name _____

City _____ Pin code _____

State _____ Country _____

Tel. (R): _____ STD code _____ Fax: _____

Tel. (O): _____ Ext. no. _____

E-mail: _____

Mobile: _____

Bank account details:*

Savings Current Account No. _____

Bank name _____ Branch _____

11 Digit IFSC Code _____ (attach cancelled cheque)

Other details (in case of individuals)

| | | | |
|---|--|---|--|
| <p>Occupation</p> <p><input type="checkbox"/> Service</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Professional</p> <p><input type="checkbox"/> Housewife <input type="checkbox"/> Student</p> <p><input type="checkbox"/> Others (please specify) _____</p> <p>Marital Status</p> <p><input type="checkbox"/> Single</p> | <p><input type="checkbox"/> Married</p> <p>- Number of children: _____</p> <p>Son/s..... _____</p> <p>Daughter/s..... _____</p> <p>Education</p> <p><input type="checkbox"/> SSC / HSC / Graduate</p> <p><input type="checkbox"/> Post-Graduate</p> <p><input type="checkbox"/> Professional</p> <p><input type="checkbox"/> Other (please specify) _____</p> | <p>Household Income</p> <p><input type="checkbox"/> Less than ₹1 lakh p.a.</p> <p><input type="checkbox"/> ₹1-3 lakh p.a.</p> <p><input type="checkbox"/> ₹3-5 lakh p.a.</p> <p><input type="checkbox"/> ₹5-10 lakh p.a.</p> <p><input type="checkbox"/> Above ₹10 lakh p.a.</p> <p>- Number of earning members in the family: _____</p> | <p>Have you availed</p> <p>a) Housing loan</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> ICICI HFC</p> <p><input type="checkbox"/> Other</p> <p>b) Car loan</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Personal loan</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|---|--|

In case of a Partnership firm / Company *

No. of years in existing business: _____ No. of employees in your office: _____

No. of sub-brokers employed by your office: _____ No. of partners in this firm: _____

Names of Partners / Managing Partners: (1) _____ (2) _____

* Are you registered under GST? Yes No

If yes, kindly mention your GST number _____ (Kindly attach self-attested GST certificate copy)
If No, kindly sign the below declaration

I hereby confirm that I am unable to provide GSTIN (GST Registration Number) as required by ICICI Home Finance Company Ltd. (ICICI HFC) for linking Broker Code as my yearly income is below R20 Lakhs and I have not breached the threshold limit for GST registration.

I understand that I will not be able to claim input credit for GST remittance done on our behalf due to non – eligibility of GSTIN and I agree not to raise any claim or dispute in this regards in future.

Are you registered under MSMED Act 2006? Yes No

If Yes, Kindly attach self-attested MSMED certificate/declaration copy

Signature

Details of other agencies held

| | Insurance sector | | | Financial sector | | | Others |
|--|------------------|-----|----------------|------------------|------------------|---------------|---------------|
| | LIC | GIC | Pvt. Insurance | Mutual Fund | Company deposits | Small savings | Small savings |
| Business generated in the previous year (₹ in lac) | | | | | | | |
| Years of association | | | | | | | |
| Code number | | | | | | | |

Are you a sub-broker with any corporate broker(s)? Yes No

If Yes, please specify the name(s) of the corporate broker(s):

1. _____ 2. _____

Are you: Full-time broker Part time broker

Are you operating from: Home Office

If employed, please provide the details of employment: _____

References

| | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1) Name Address | | | | | | | | | | | | | | | | | | | |
| | Tel. (R): | | | | | | | | | | | | | | | | | | |
| | Tel. (O): | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 2) Name Address | | | | | | | | | | | | | | | | | | | |
| | Tel. (R): | | | | | | | | | | | | | | | | | | |
| | Tel. (O): | | | | | | | | | | | | | | | | | | |
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DECLARATION

- I/We hereby declare that above information is true and to the best of my / our knowledge and belief. I / We hereby authorise you to credit the brokerage/incentive payable to me in the above mentioned bank account.
- The Broker hereby agrees that he/she/it shall strictly comply with all laws, rules and regulations of RBI, SEBI, NBFC and all applicable public authorities where the Broker conducts his/her/its business relating to the performance of or obligations under this application form with ICICI HFC. The Broker also agrees to obtain and maintain all the necessary permissions for running its business.
- As a further condition of engagement, Broker agree to execute any and all documents necessary to protect and preserve ICICI HFC's proprietary and confidentiality rights even if no longer engaged by ICICI HFC. The Broker further agrees, at ICICI HFC's request, to confirm such rights in writing.

Place: _____

Date: DD MM YYYY

Signature of the applicant

For office use only

I hereby declare the above mentioned Agent is not related to me & this application is processed solely based on the request from the Agent

Application received on: _____ Branch: _____

Date of appointment: _____ Verified by: _____

Broker's code no.: _____ Authorised by: _____

The commission paid / payable by ICICI HFC to the broker in relation to the services shall be inclusive of all applicable taxes, levies, duties or any other charges past, present or future under the prevailing laws and subject to deduction of tax at source as per the applicable laws. ICICI HFC shall also have the right to set off, deduct and recover from the commission or any other amount payable to the Broker, any and all amounts which may be or become payable or which the broker is liable to pay to ICICI HFC in relation to the services on any other account whatsoever. Decision of ICICI HFC in this regard shall be final and binding on the agent and shall not be challenged.

*Mandatory

Terms & Conditions governing the appointment of Broker/ Service Provider

1. The Broker shall cover all the deposit schemes of ICICI Home Finance Company Limited (ICICI HFC) as are in force and will be introduced from time to time. All the deposits shall be collected by the Broker unless expressly excluded by ICICI HFC. (ICICI HFC and Broker hereinafter shall collectively be referred to as "Parties").
2. The broker shall carry out all the instructions and directions issued by ICICI HFC or persons duly authorized by ICICI HFC from time to time and promptly correspond with ICICI HFC in all matters referred to the Broker.
3. The payment of brokerage shall be done on pre-defined frequency and subject to the submission of proper invoice. The payment of commission shall be subjected to deduction as per the applicable taxes under the Income Tax Act, 1961 or other applicable laws
4. Broker will be eligible for Brokerage /sub-brokerage on the business procured at the rates prevailing on that day and as may be decided by ICICI HFC from time to time. Such Brokerage /sub-brokerage rates will be subject to revision at the sole discretion of ICICI HFC
5. The broker is not entitled to any commission, if he/she is the 1st deposit holder in the FD application form.
6. If the Depositor pre-closes the FD before the date of maturity (other than death claim), then the Brokerage may be recovered by ICICI HFC, at the discretion of ICICI HFC.
7. The broker is not authorized to receive money or cash on behalf of ICICI HFC and issue any receipt.
8. The Broker agrees to give correct information along with the broker code number as mentioned in the application form. Broker shall not be paid any commission in the absence of the broker code number or incompletely filled form.
9. The Broker acknowledges and agrees all the information provided by ICICI HFC to the broker is sensitive and confidential in nature and Broker shall insure that neither the Broker nor any of its personnel will do any act for violating the same.
10. The Broker agrees not to hold itself out to be an employee of ICICI HFC. The Parties agree that, in offering the services, the Parties shall act only on a principal to principal basis and not as an agent of the other Party. Nothing in these terms and conditions constitutes an agency, partnership or joint venture between ICICI HFC and the Broker.
11. ICICI HFC shall at all times be entitled to monitor and assess the performance of the Broker, ICICI HFC also reserves the rights to conduct audits on the Broker whether by its internal or external auditors and to obtain copies of any audit or review reports and finding made on the Broker.
12. The Broker shall have no right to enter into any agreement or arrangement for and/or on behalf of ICICI HFC or to represent to any person, firm or corporation that it has such right or authority, without the prior written consent of ICICI HFC.
13. Broker shall take prior approval/consent of the ICICI HFC before hiring any sub-contractor or any sub-broker.
14. The Broker recognizes the right of NHB/RBI to inspect/cause an inspection to be made of the Broker and its books or accounts by one or more of its officers or employees or other persons.
15. ICICI HFC reserves the right to amend or terminate, repudiate or revoke and modify the terms and conditions at its sole discretion.
16. ICICI HFC reserves the right to terminate the empanelment of Broker on its sole discretion in writing, without assigning any reasons.
17. The Broker shall, at its own expense, indemnify, defend and hold harmless ICICI HFC from and against any and all the liabilities, whether direct or indirect, suffered or incurred due to non-performance, inadequate performance, or breach of any terms and conditions contained herein.
18. The Broker also agrees to indemnify ICICI HFC fully and against any claims & demands by any local, state or central authorities, judgement or decree of the court, litigation/arbitration by any third party, taxes, duties and/or penalties for causing any loss to any person, firm or corporation on account of the actions of the Broker.
19. Parties shall be governed by Indian Laws and court of Mumbai shall have exclusive jurisdiction in respect of matters and disputes arising from this document.

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place:

Stamp & Signature

Date:

To,
ICICI Home Finance Company Ltd

Subject: Declaration for compliance

Dear Sir/Madam,

I / We _____, in respect of the
_____ activity carried out by me/us on behalf of the ICICI Home Finance Co. Ltd.,

hereby confirm as under:

1. I/We am/are not a subsidiary of ICICI Home Finance Co. Ltd. (The Company) and am/are not owned or controlled by any director or officer/employee of the Company or their relatives having the same meaning as assigned under Section 2(77) of the Companies Act, 2013. (*)
2. No Chairman/Managing Director or director or a relative/near relation, as specified by RBI, of a Chairman/Managing Director or director of a banking company (including ICICI Bank and its subsidiaries) or mutual funds/venture capital funds or a relative/near relation, as specified by RBI, of a senior officer of ICICI Bank, as specified by RBI, is: a partner of my/our concern, or a trustee, member, director, manager, employee of my/our concern, or of my/our subsidiary, or my/our holding company, or a guarantor on my/our behalf, or holds substantial interest in my/our concern or my/our subsidiary or holding company.

For the purpose of this clause the terms “relative”, “near relation” & “senior officer” shall have the same meaning described to them under the RBI master circular on Loans and Advances dated July 1, 2015, para 2.2.1.8 and shall include any amendments made thereto.

3. There is no outstanding litigation or criminal conviction against me/us.
4. All the applicable laws, rules, regulations of RBI/NHB/SEBI/other statutory authorities including maintaining confidentiality and security of customer information are being complied with by me/us.
5. There are no cases of any regulatory or compliance breaches including breaches of any confidentiality or security of customer information against me/us.
6. Report on self-due diligence conducted on my/our employees – I/We confirm that the names, addresses, contact numbers and educational background of each employee is available in my/our records and appropriate background checks have been undertaken and are ensured for the employees. (*)
7. Strong security controls have been implemented to maintain confidentiality, integrity and availability for the information shared by/to the Company and/or for the transactions processed on behalf of the Company or its customers.

The controls address the risks (but not limited to) enlisted below as per industry best practices:

- All risks pertaining to the Company or its customer's data and/or transactions are being mitigated by the Service Provider;
- Data leakage is being prevented through appropriate preventive and detective controls;
- Data is not being misused during or after the retention period approved by the Company;
- Risk emanating from conducting sensitive/financial transactions without appropriate review/checker mechanism is being mitigated;
- Risk of unauthorised access or modification of data/transaction from within or external network is being mitigated including the communication channel with the Company;
- Any data shared by the Company with me/ us for the purposes of Service Provider Agreement shall not be retained by me/ us for any period longer than the retention period as approved by the Company. Such data shall be purged as per the instructions of the Company. In the event of termination of the Service Provider Agreement for any reason whatsoever, I/ We agree to purge such data within [____] days from the date of termination unless otherwise requested by the Company, proof of which shall be given to the Company

I/We confirm that the aforesaid declarations are true and correct since the date of execution of the Agreement.

I/We hereby undertake to update the Company of any change in position with respect to the declarations provided herein above.

Name of the Service Provider

Stamp and Signature of the Service Provider

Date:

(*Note – please delete paragraph if not applicable as an individual service provider)

Due Diligence for Empanelment of New Service provider

| PARAMETERS | DETAILS OF VENDOR | | | |
|---|---|---------------------|-----------------------------|---|
| 1 Name of the Service Provider | Affix a photograph here | | | |
| 2 Father's / Husband's name (For Sole Proprietorship or Individual DMA/DSA/ Individual vendor) | | | | |
| 3 Date of Birth/ Incorporation (DD/MM/YYYY) | | | | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| 4 Present Occupation (For Sole Proprietorship or Individual /DSA) | | | | |
| 5 Languages Known (For Sole Proprietorship or Individual DMA/DSA) | | | | |
| 6 Contact Details: · Office Telephone · Email id of the Service Provider | | | | |
| 7 Bank Account details: ·Account number ·Type of account ·Name of Branch ·Address of Branch | | | | |
| 8 Type of Entity (Please tick at relevant option) | <input type="checkbox"/> Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Public Limited Co <input type="checkbox"/> Private Limited Co <input type="checkbox"/> Others (please specify)_____ | | | |
| 9 Names, address and contact nos.(Mobile numbers & Residence) of proprietor/ partners/directors: | Proprietorship | | | |
| 10 Educational background of the service provider (documents to be obtained.) | Qualification | Name of Institution | | |
| 11 Number of years the service provider is in operation (Experience) | | | | |
| 12 List of other HFCs/Banks to whom services provided and the type of services provided | HFC/Bank | Location | Nature of Services Provided | |
| 13 Market Feedback on the Service Provider | | | | |
| 14 Is any training imparted to the employees of the Service Provider? (If yes, please attach the training records such as attendance sheet, emails) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 15 If the answer to the above question is a "No", what other arrangements are made by the service provider in this respect | | | | |

| | | |
|----|--|--|
| 16 | If the reply is YES to the above question, please detail out the training process imparted by the Service Provider to its employees. | |
| 17 | The financial strength of the service provider is (tick the correct option) | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor |
| 18 | Data Security requirements: <ul style="list-style-type: none"> • Whether data sharing is only through SFTP mode (secure mode) • Is there a dependency on the system/application provided by the service provider for processing our Company's data/processes? • Is the service provider's system compatible with that of the Company's.? • Whether confidentiality of the Company's data/records is maintained by the service provider? | |
| 19 | Whether the service provider is following the regulatory norms as applicable for the activity. (self-declaration by the service provider is obtained for the same) | <i>Please obtain self-declaration from the broker/service provider.</i> |
| 20 | Whether the service provider is a subsidiary of the Company and whether it is owned or controlled by any director or key managerial personnel or approver of the outsourcing arrangement of the Company or their relatives, officer /employee of the Company or their relatives having the same meaning as assigned under Section 2(77) of the Companies Act 2013. If yes, then data in KMP to be checked and approval from Finance team to be obtained via Email | <i>Please obtain self-declaration from the broker/service provider.</i> |
| 21 | Is there any Complaint, outstanding or potential litigation or any criminal conviction against the service provider in the past? (self-declaration by the service provider is obtained for the same) | <i>Please obtain self-declaration from the broker/service provider.</i> |
| 22 | Whether the service provider involved in the activity, is servicing many HFC's in the industry | <i>(If answer is "Yes", please provide controls to be executed to limit/mitigate "single service\ provider" risks)</i> |
| 23 | Whether the Service provider is having proper BCP in place? | <i>If answer is "No", please provide controls as to how the back-up would be ensured)</i> |

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|----|--|------------------------------|
| 24 | <p><u>Due Diligence of employees:</u> Whether service provider has executed due diligence of it's employees and sub-contractors. (The service provider is expected to furnish report that names, addresses, contact numbers and educational background check is also ensured for its employees)</p> | |
| 25 | <p><u>KYC Documents:</u> Address proof (indicate details of documents obtained of the entity/ individual as well as proprietor, partners and directors as per entity category)</p> | |
| 26 | <p>Whether the following have been performed during due diligence: RCU Field investigation / background check Name screening</p> | <input type="checkbox"/> Yes |
| 27 | <p>Additional parameters applicable for evaluation of IT service providers are mentioned in the table below. The same shall be considered by IT team</p> | <input type="checkbox"/> Yes |

| | |
|--|---------------------------------------|
| <p style="text-align: center;">Approved by (Subgroup/unit/function head not below the rank of Chief Manager Regional Manager/Zonal Manager)</p> | Signature of the approver: <hr/> |
| | Name of the approver: <hr/> |
| | Employee ID of the approver: <hr/> |
| | Designation of the approver: <hr/> |

LIST OF DOCUMENTS TO BE SUBMITTED FOR KYC COMPLIANCE

Please find below list of Officially Valid Document (OVD) acceptable for identity and address proof

| SR. | CATEGORY | LIST OF DOCUMENTS |
|-----|---|--|
| 1 | Individuals Legal name and any other names used <u>(Any one for identity proof and any one for current address proof)</u> | <p>Identity Proof</p> <ul style="list-style-type: none"> • Passport • Driving License issued by Regional Transport Authority • Voter ID • Job card issued by NREGA signed by State Government Officer • Letter from National Population Register • Proof of possession of complete Aadhaar number <p>Latest IT Returns Bank Statement for last six months</p> <p>Current Address proof</p> <ul style="list-style-type: none"> • Passport • Driving License issued by Regional Transport Authority • Voter ID • Job card issued by NREGA signed by State Government Officer • Letter from National Population Register • Proof of possession of complete Aadhaar number <p>PAN or Form 60 as per policy</p> <p><u>Deemed OVD:</u></p> <p>When OVD does not have updated address, client can submit any one of the below alternatives for the limited purpose of address proof:</p> <ul style="list-style-type: none"> • 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 licence agreements with such employers allotting official accommodation. |
| 2 | Corporates/ Company | <ul style="list-style-type: none"> • Certificate of incorporation • Memorandum and Articles of Association (Common seal is not mandatory however in case a company does not have a common seal, to authorize any person for execution of any deed or documents, the authorization shall be made by two directors or by a director and the Company Secretary) • Permanent Account Number of the company • A resolution from the Board of Directors and power of attorney granted to its managers, officers or employees to transact on its behalf. (As per OVD / Deemed OVD list above for individuals) • KYC Documents along with photograph relating to beneficial owner, authorised signatory / POA holder, as the case may be, holding an attorney to transact on the company's behalf. • In addition to the existing requirement of obtaining the list of directors, list of MD / CEO and any other person holding senior management position in the company will also have to be obtained. • Latest Income Tax Return Acknowledgment copy or latest Income Tax assessment order • Bank statement for last six months • Address proof of the registered office and the principal place of its business (If registered & principal address is same only 1 from below list is required, proof for registered and principal address if different both address proofs will be required from below mentioned list) <ul style="list-style-type: none"> - Certificate of Incorporation (if it has address), or any form mentioning address filed |

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|---|--------------------------------------|---|
| | | <p>with any Government Authority along with Receipt for filing.</p> <ul style="list-style-type: none"> - Utility bill for Electricity, Telephone, Water Tax, Property Tax, Gas connection. At the time of submission by the customer, the same should not be more than two months' old - Copy of Agreement for premises with last paid utility bill not more than two months old in name of owner of premises. - Any Certificate/License issued by local Municipality/Government bodies mentioning address - Latest Annual Report for Government entities and listed companies. - MCA site print screen can be accepted as registered or communication address proof for entities. In case it is accepted for communication address it should be supported with a visit report. The same should be certified as True Copy by any Director/ Wholetime Company Secretary. - IT Registration Certificate such as 12AA/80G certificate. |
| 3 | Partnership firm / Limited Liability | <ul style="list-style-type: none"> • Registration Certificate • Partnership Deed / LLP • Permanent Account Number of partnership firm KYC Documents along with photograph relating to beneficial owner, authorised signatory / POA holder, as the case may be, holding an attorney to transact on its behalf • The names of all the partners • Latest Income Tax Return Acknowledgment copy or latest Income Tax assessment order • Bank statement for last six months • Address proof of the registered office and the principal place of its business (If registered & principal address is same only 1 from below list is required, proof for registered and principal address if different both address proofs will be required from below mentioned list) <ul style="list-style-type: none"> - Certificate of Incorporation (if it has address), or any form mentioning address filed with any Government Authority along with Receipt for filing. - Utility bill for Electricity, Telephone, Water Tax, Property Tax, Gas connection. At the time of submission by the customer, the same should not be more than two months' old - Copy of Agreement for premises with last paid utility bill not more than two months old in name of owner of premises. - Any Certificate/License issued by local Municipality/Government bodies mentioning address - MCA site print screen can be accepted as registered or communication address proof for LLP. In case it is accepted for communication address it should be supported with a visit report. The same should be certified as True Copy by any Partner / Designated Partner - IT Registration Certificate such as 12AA/80G certificate |
| 4 | Trust & Institutions | <ul style="list-style-type: none"> • Registration certificate • Trust deed • Permanent Account Number or Form No.60 of the trust • KYC Documents along with photograph relating to beneficial owner, authorised signatory/POA holder, as the case may be, holding an attorney to transact on its behalf • The names of the beneficiaries, trustees, settlor, protector, if any and authors of the trust. • List of trustees along with status (Active/Nominee/Dormant) and KYC document for those discharging the role as trustee and authorised to transact on behalf of the trust. • Latest Income Tax Return Acknowledgment copy or latest Income Tax assessment order • Bank statement for last six months • Proof of registered & communication address (If registered & principal address is same only 1 from below list is required, proof for registered and principal address if different both address proofs will be required from below mentioned list) <ul style="list-style-type: none"> - Utility bill for Electricity, Telephone, Water Tax, Property Tax, Gas connection. At the time of submission by the customer, the same should not be more than two months' old - Copy of Agreement for premises with last paid utility bill not more than two months old in name of owner of premises. - Any Certificate/License issued by local Municipality/Government bodies mentioning address |

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|---|---|---|
| 5 | Hindu Undivided Family (HUF) | <ul style="list-style-type: none"> • Full KYC documents of Karta (as per individual) including PAN and photograph • PAN of HUF • List of copassengers attested by the Karta • Latest Income Tax Return Acknowledgment copy or latest Income Tax assessment order • Bank statement for last six months |
| 6 | Unincorporated Association or Body of Individuals (Unregistered trusts/ partnership firms shall be included under the term 'unincorporate association'. Term 'body of individuals' includes societies.) | <ul style="list-style-type: none"> • Resolution of the managing body of such association or body of individuals • Permanent Account Number or Form No. 60 of the unincorporated association or a body of individuals • Power of attorney granted to transact on its behalf • KYC Documents along with photograph relating to beneficial owner, beneficial owner, authorised signatory / POA holder, as the case may be, holding an attorney to transact on its behalf • Constitution document to establish the legal existence of such an association or body of individuals. • Latest Income Tax Return Acknowledgment copy or latest Income Tax assessment order • Bank statement for last six months • Proof of registered & communication address (If registered & principal address is same only 1 from below list is required, proof for registered and principal address if different both address proofs will be required from below mentioned list) <ul style="list-style-type: none"> - Utility bill for Electricity, Telephone, Water Tax, Property Tax, Gas connection. At the time of submission by the customer, the same should not be more than two months' old - Copy of Agreement for premises with last paid utility bill not more than two months old in name of owner of premises. - Any Certificate/License issued by local Municipality/Government bodies mentioning address |
| 7 | Sole Proprietary Firm (any two of the following documents there of as a proof of business/ activity in the name of the proprietary firm shall also be obtained) | <ul style="list-style-type: none"> • OVD of the individual (proprietor) • Registration certificate including Udyam Registration Certificate (URC) issued by the Government • Certificate/licence issued by the municipal authorities under Shop and Establishment Act • Sales and income tax returns • CST/VAT/ GST certificate • Certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities • IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT or Licence/certificate of practice issued in the name of the proprietary concern by any professional body incorporated under a statute • Complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where the firm's income is reflected, duly authenticated/ acknowledged by the Income Tax authorities • Bank Statements for last six months • Utility bills such as electricity, water, landline telephone bills, etc |