SBI भारतीय स्टेट बैंक STATE BANK OF INDIA

ACCOUNT OPENING FORM (NON INDIVIDUALS) (CUSTOMER INFORMATION SHEET) PART 1

APPLICATION TYPE*: ☐ NEW ☐ UPDATE DATE: .....

FOR OFFICE USE ONLY

CIF NO. 90706612173 A/C NO. 39924107708

KYC NUMBER (MANDATORY FOR KYC UPDATE REQUEST): .....

ACCOUNT HOLDER TYPE*:

☐☐ US REPORTABLE

☐☐ OTHER REPORTABLE (PLEASE REFER INSTRUCTION 'A' AT THE END)

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.
E. Please read section wise detailed guidelines/Instructions
F. List of two character ISO 3166 country codes and List of State/U.T 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 .....

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

NAME OF THE ENTITY *:(IN BLOCK LETTERS) ASHOKA DEVELOPERS AND SERVICES BITHIKA ENCLAVE

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

DATE OF INCORPORATION/ FORMATION*: 15/05/2018 PAN*: ASHPA5739P OR FORM 60 ☐ (FOR SOLE PROPRIETOR ONLY)

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

PLACE OF INCORPORATION/ FORMATION*: MUZAFFARPUR COUNTRY OF INCORPORATION/ FORMATION* (CODE- ISO 3166): I N (REFER GENERAL INSTRUCTION)

GSTN: 10ASHPA5739P1ZN IDENTIFICATION TYPE*: T (PLEASE REFER GENERAL INSTRUCTIONS 'C2'), IF O-OTHERS (SPECIFY) .....

CIN*: .....

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

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 AVAILABLE): .....

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

☐ CERTIFICATE OF INCORPORATION / FORMATION

☐ OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTHORIZED TO TRANSACT

☐ MEMORANDUM AND ARTICLE OF ASSOCIATION / PARTNERSHIP DEED/ TRUST DOCUMENT

☐ OTHER .....

☑ REGISTRATION CERTIFICATE

☐ RESOLUTION OF BOARD/MANAGING COMMITTEE

☐ ACTIVITY PROOF (FOR SOLE PROPRIETORSHIP ONLY)

3. 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 IN CORPORATION / FORMATION ☑ REGISTRATION CERTIFICATE

LINE 1*: PROP KUMAR ABHISHEK

LINE 2: NEAR H P GAS GODOWN NEHRU NAGAR

LINE 3: PATNA CITY /TOWN /VILLAGE*: PATNA

DISTRICT*: MUZAFFARPUR PIN/POST CODE*: 800013

STATE / UT NAME CODE*: B R COUNTRY CODE*:(ISO 3166) I N