

**ANNEXURE - I**

**DECLARATION OF BENEFICIAL OWNERSHIP**

(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 or body of individuals and trusts)

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

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

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

The following **natural person(s)** (listed in **Table below**) exercise control or ultimately have a controlling ownership interest i.e. having ownership/entitlement of **more than 25%**  
(Company) / **15%** (partnership firm, unincorporated association or body of individuals and trusts) of capital/profits/property or controlling through voting rights, agreement, arrangement etc

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

We certify that the facts stated above are true and correct. We undertake and agree that we will notify The Vishweshwar Sahakari Bank Ltd., Pune **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]:

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

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

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

Date:

Place:

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

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

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

Date:

Place:

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

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

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

Date:

Place:

D) 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)

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**For Branch/Bank 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 abovementioned Company/Firm/Trust and the details furnished above have been verified from information, wherever available, in public domain.

(Signature of the Branch Officer/Branch Manager)

Name:

Employee No.:

Date: