

**DECLARATION OF BENEFICIAL OWNERSHIP**

(Applicable to Pvt Ltd Company/ Public Ltd Company (Unlisted)/ Partnership/ LLP/ AOP/ HUF/ Society/ Trust/ Club/ University/ Institution)

1. Name of the Depositor: \_\_\_\_\_
  2. Customer ID/ Deposit A/c No. : \_\_\_\_\_
  3. Legal Constitution/ Type of Entity (Please tick):  Pub/Pvt Co.  LLP  Partnership  Trust  Association  Society  Club  HUF  University  Institution  Bank  Insurance  NGO  Mutual Fund  Government.
  4. CIN or Identification Number: \_\_\_\_\_
  5. We, as stated above, hereby confirm and declare that on the below date: (Please tick the correct box)
    - The following natural person(s) are the Beneficial Owners.
    - Or
    - There are no natural person(s), who are Beneficial Owners; therefore details of Senior Managing Officials, who are natural person(s) are stated hereunder.
- (Please attach self-attested proof of KYC documents of each Beneficial Owner/ Senior Managing Official)

|   |  |                  |
|---|--|------------------|
| <b>1. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official.</b> |  |                  |
| Full Name of Beneficial owner/<br>Senior Managing Official:   | Mr. / Ms. / Mrs. / Dr.   | Affix Photo Here |
| Controlling ownership Interest (%):   |  |                  |
| Gender:   | <input type="checkbox"/> Male; <input type="checkbox"/> Female   |                  |
| Date of Birth:  |  |                  |
| Address:  |  |                  |
| PIN Code:   |  |                  |
| PAN:  |  |                  |
| KYC Documents: Identity Proof:  | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| KYC Documents: Address Proof:   | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| Director Identification Number (if applicable):   |  |                  |
| Mobile Number(s):   |  |                  |
| Related Type:   | <input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual   |                  |
| Relationship:   | <input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director;<br><input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta;<br><input type="checkbox"/> Chairman/ Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others. |                  |

|   |  |                  |
|---|--|------------------|
| <b>2. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official.</b> |  |                  |
| Full Name of Beneficial owner/<br>Senior Managing Official:   | Mr. / Ms. / Mrs. / Dr.   | Affix Photo Here |
| Controlling owner-ship Interest (%):  |  |                  |
| Gender:   | <input type="checkbox"/> Male; <input type="checkbox"/> Female   |                  |
| Date of Birth:  |  |                  |
| Address:  |  |                  |
| PIN Code:   |  |                  |
| PAN:  |  |                  |
| KYC Documents: Identity Proof:  | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| KYC Documents: Address Proof:   | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| Director Identification Number (if applicable):   |  |                  |
| Mobile Number(s):   |  |                  |
| Related Type:   | <input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual   |                  |
| Relationship:   | <input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director;<br><input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta;<br><input type="checkbox"/> Chairman/ Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others. |                  |

|   |  |                  |
|---|--|------------------|
| <b>3. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official.</b> |  |                  |
| Full Name of Beneficial owner/<br>Senior Managing Official:   | Mr. / Ms. / Mrs. / Dr.   | Affix Photo Here |
| Controlling owner-ship Interest (%):  |  |                  |
| Gender:   | <input type="checkbox"/> Male; <input type="checkbox"/> Female   |                  |
| Date of Birth:  |  |                  |
| Address:  |  |                  |
| PIN Code:   |  |                  |
| PAN:  |  |                  |
| KYC Documents: Identity Proof:  | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| KYC Documents: Address Proof:   | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| Director Identification Number (if applicable):   |  |                  |
| Mobile Number(s):   |  |                  |
| Related Type:   | <input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual   |                  |
| Relationship:   | <input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director;<br><input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta;<br><input type="checkbox"/> Chairman/ Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others. |                  |

| 4. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official. |  |                  |
|--|--|------------------|
| Full Name of Beneficial owner/<br>Senior Managing Official:  | Mr. / Ms. / Mrs. / Dr.   | Affix Photo Here |
| Controlling ownership Interest (%):  |  |                  |
| Gender:  | <input type="checkbox"/> Male; <input type="checkbox"/> Female   |                  |
| Date of Birth:   |  |                  |
| Address:   |  |                  |
| PIN Code:  |  |                  |
| PAN:   |  |                  |
| KYC Documents: Identity Proof:   | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| KYC Documents: Address Proof:  | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| Director Identification Number (if applicable):  |  |                  |
| Mobile Number(s):  |  |                  |
| Related Type:  | <input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual   |                  |
| Relationship:  | <input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director;<br><input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta;<br><input type="checkbox"/> Chairman/ Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others. |                  |

| 5. Please fill-in only (i) details of Beneficial Owner holding more than 10% controlling interest (Company / Partnership Firm / Trust) or more than 15% (for other entities); if Beneficial Owner is not identifiable, please fill-in details of Senior Managing Official. |  |                  |
|--|--|------------------|
| Full Name of Beneficial owner/<br>Senior Managing Official:  | Mr. / Ms. / Mrs. / Dr.   | Affix Photo Here |
| Controlling ownership Interest (%):  |  |                  |
| Gender:  | <input type="checkbox"/> Male; <input type="checkbox"/> Female   |                  |
| Date of Birth:   |  |                  |
| Address:   |  |                  |
| PIN Code:  |  |                  |
| PAN:   |  |                  |
| KYC Documents: Identity Proof:   | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| KYC Documents: Address Proof:  | <input type="checkbox"/> Voter ID; <input type="checkbox"/> Passport; <input type="checkbox"/> Driving License; <input type="checkbox"/> UID; <input type="checkbox"/> NPR Letter  |                  |
| Director Identification Number (if applicable):  |  |                  |
| Mobile Number(s):  |  |                  |
| Related Type:  | <input type="checkbox"/> Resident Indian Individual; <input type="checkbox"/> Foreign/Non-Resident Indian Individual   |                  |
| Relationship:  | <input type="checkbox"/> Shareholder; <input type="checkbox"/> Proprietor; <input type="checkbox"/> Partner; <input type="checkbox"/> Trustee; <input type="checkbox"/> Promoter Director; <input type="checkbox"/> Nominee Director;<br><input type="checkbox"/> Independent Director; <input type="checkbox"/> Director - Since Resigned; <input type="checkbox"/> Other Director; <input type="checkbox"/> Karta;<br><input type="checkbox"/> Chairman/ Member (Society); <input type="checkbox"/> Member (AoP); <input type="checkbox"/> Others. |                  |

We undertake that the facts stated above are true and correct. We also undertake and agree that we will notify **Sundaram Home Finance Limited** without delay of any changes in the Beneficial Owners/ Senior Managing Officials as declared.

|   |  |
|---|--|
| For and on behalf of [name of Depositor]:     |  |
| Signature & Seal of the Authorised Official*: |  |
| Full Name of the Authorised official:         |  |
| Designation/ Position:                        |  |

Date: \_\_\_\_\_ Place: \_\_\_\_\_

(\* The declaration should be signed by Authorised Signatories in case of Company, an active/ designated partner in case of Partnership Firm/ LLP, a trustee in case of Trust, a senior member in case of AOP, Society, Club and member of the Managing Committee in case of University and Institution, Karta in case of HUF)

| Beneficial Owner Definition:  |  |
|---|--|
| Legal Constitution  | Beneficial Owner Identification  |
| Company   | Beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical persons, has/ have a controlling ownership interest or who exercises control through other means.<br>"Controlling ownership interest" means ownership of/ entitlement to more than 10 per cent of the shares or capital or profits of the company.<br>"Control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements. |
| Partnership Firm  | 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 10 per cent of capital or profits of the partnership.  |
| Unincorporated association or body of individuals (includes societies and HUF)                      | 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 per cent of the property or capital or profits of the unincorporated association or body of individuals.   |
| Company / Partnership Firm / Unincorporated association or body of individuals (includes societies) | Where no natural person is identified, the beneficial owner is the relevant natural person who holds the position of Senior Managing Official.   |
| Trust   | Beneficial owner(s) shall include identification of:<br>the author of the trust, the trustee,<br>the beneficiaries with 10 per cent or more interest in the trust, and<br>any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.   |

**For Office Use**

We certify that the Beneficial Owners of the said Depositor has/ have been recorded on the basis of declaration made by the Depositor.

Signature of the Official: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Place \_\_\_\_\_

Employee No.: \_\_\_\_\_