

BAJAJ FINANCE LIMITED

FAAA/Stable Rating by CRISIL | MAAA Stable- Rating by ICRA

Annual rate of interest valid for deposits up to Rs.5 crore (w.e.f 08 May 2019)

For new customers:

Tenor in months	Minimum deposit (in Rs.)	Cumulative	Non-cumulative			
			Monthly	Quarterly	Half yearly	Annual
12 - 23	25,000	8.00%	7.72%	7.77%	7.85%	8.00%
24 - 35		8.15%	7.88%	7.93%	8.00%	8.15%
36 - 60		8.60%	8.28%	8.34%	8.42%	8.60%
Special tenor scheme						
15	1,00,000	8.05%	7.77%	7.82%	7.89%	8.05%

Date:

Application Form No.:

Sourcing Channel:

Broker Code:

Sub Broker Code:

For senior citizens:

Tenor in months	Minimum deposit (in Rs.)	Cumulative	Non-cumulative			
			Monthly	Quarterly	Half yearly	Annual
12 - 23	25,000	8.35%	8.07%	8.12%	8.20%	8.35%
24 - 35		8.50%	8.23%	8.28%	8.35%	8.50%
36 - 60		8.95%	8.60%	8.66%	8.76%	8.95%
Special tenor scheme						
15	1,00,000	8.40%	8.12%	8.17%	8.24%	8.40%

Newly added features:

- Multi deposit option
- Auto renewal facility
- Existing customer benefit of 0.25% for all Bajaj Finance Customers and Bajaj Allianz Life Insurance policyholders
- Invest through debit card (select locations only)
- Renewal benefit of 0.10%

For Bajaj Group employees, Bajaj Finance Ltd customers and Bajaj Allianz Life Insurance policyholders:

Tenor in months	Minimum deposit (in Rs.)	Cumulative	Non-cumulative			
			Monthly	Quarterly	Half yearly	Annual
12 - 23	25,000	8.25%	7.97%	8.02%	8.10%	8.25%
24 - 35		8.40%	8.13%	8.18%	8.25%	8.40%
36 - 60		8.85%	8.51%	8.57%	8.66%	8.85%
Special tenor scheme						
15	1,00,000	8.30%	8.02%	8.07%	8.14%	8.30%

Rates for above Rs. 5 crore may vary from the published card rate

Renewal rate benefit of 0.10% over and above the published card rate (for individual customers only)

PLEASE FILL IN BLOCK LETTERS AND TICK WHERE REQUIRED

Investment Details

- Investment New Renewal If renewal, existing FD No. Renew Principal Renew Principal and Interest Partial renewal
(only for cumulative) (cumulative up to P+I and non-cumulative up to only P)
- Deposit Payable to First Holder Either or Survivor
- Single deposit (Depositor needs to fill in information only in the first row and write "1" in column A)
- Multi deposit^

No. of FDs	Deposit Amt (Rs.)	Deposit Amt (in words)	Total deposit Amt (Rs.)	Tenor (months)	Deposit Option	Interest payout frequency (mandatory for non-cumulative option)	Auto-renew*	Scheme (to be filled in by BFL representative)
A	B	C	D=A X B	E	F	G	H	I
					<input type="checkbox"/> Cumulative Or <input type="checkbox"/> Non- cumulative	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Principal Or <input type="checkbox"/> Principal+ interest (only for cumulative)	
					<input type="checkbox"/> Cumulative Or <input type="checkbox"/> Non- cumulative	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Principal Or <input type="checkbox"/> Principal+ interest (only for cumulative)	
					<input type="checkbox"/> Cumulative Or <input type="checkbox"/> Non- cumulative	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Principal Or <input type="checkbox"/> Principal+ interest (only for cumulative)	
					<input type="checkbox"/> Cumulative Or <input type="checkbox"/> Non- cumulative	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Principal Or <input type="checkbox"/> Principal+ interest (only for cumulative)	
					<input type="checkbox"/> Cumulative Or <input type="checkbox"/> Non- cumulative	<input type="checkbox"/> Monthly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Principal Or <input type="checkbox"/> Principal+ interest (only for cumulative)	
Max 5								

^Applicable only for payment made through a single tranche only.

*tenor, deposit option and interest payment frequency will remain the same of the deposit getting auto-renewed. Rate of interest prevailing on the maturity date will be applicable to the auto-renewed deposit. The deposit will auto renewed, unless a written request is submitted to BFL to stop the auto-renewal.

First Applicant Details (mandatory)

Second Applicant's Name



Constitution Resident Individual Resident Non-Individual (Please tick any one of the below)

HUF Partnership Proprietorship Section 8/ 25 companies NGO Trust LLP Others

Please tick (✓) If the following is additionally applicable to you: Politically Exposed Person (PEP) Relative of PEP

A partner on behalf of partnership firm

Gender KYCR No./ KIN _____ PAN/Form 60 (in absence of allotment of PAN) (mandatory) _____

Date of Birth/ Date of Registration Marital Status Married Unmarried Others

Address (Current): _____
City/Town/Village _____ State/UT _____ PIN/Zip code _____ Country _____

Address (Correspondence - should mandatorily be address in India. The Company will not send any physical correspondence overseas): _____

City/Town/Village _____ State/UT _____ PIN/Zip code _____

Email ID (Mobile no. or Email ID is mandatory) _____ S T D Code _____ Landline _____ Mobile Number _____

Occupation: Business/Self-Employed Professional Retired Housewife Student Service-Private Sector Service-Government Sector Others

Annual Income Up to Rs. 15 lakh Rs. 15 lakh-Rs. 50 lakh Rs. 50 lakh+ Occupation Self employed Salaried Retired

Father's/Spouse's Name

Mother's Name

If the First Applicant is a minor, please provide the below details:

Guardian's Name _____

PAN/Form 60 (in absence of allotment of PAN) (mandatory) _____

First Applicant Details (mandatory)

Third Applicant's Name



Constitution Resident Individual Resident Non-Individual (Please tick any one of the below)

HUF Partnership Proprietorship Section 8/ 25 companies NGO Trust LLP Others

Please tick (✓) If the following is additionally applicable to you: Politically Exposed Person (PEP) Relative of PEP

A partner on behalf of partnership firm

Gender KYCR No./ KIN _____ PAN/Form 60 (in absence of allotment of PAN) (mandatory) _____

Date of Birth/ Date of Registration Marital Status Married Unmarried Others

Address (Current): _____
City/Town/Village _____ State/UT _____ PIN/Zip code _____ Country _____

Address (Correspondence - should mandatorily be address in India. The Company will not send any physical correspondence overseas): _____

City/Town/Village _____ State/UT _____ PIN/Zip code _____

Email ID (Mobile no. or Email ID is mandatory) _____ S T D Code _____ Landline _____ Mobile Number _____

Occupation: Business/Self-Employed Professional Retired Housewife Student Service-Private Sector Service-Government Sector Others

Annual Income Up to Rs. 15 lakh Rs. 15 lakh-Rs. 50 lakh Rs. 50 lakh+ Occupation Self employed Salaried Retired

Father's/Spouse's Name

Mother's Name

If the First Applicant is a minor, please provide the below details:

Guardian's Name _____

PAN/Form 60 (in absence of allotment of PAN) (mandatory) _____

Nomination to Deposit: Form DA 1: U/S 45 QB of RBI Act 1934

I/We, above named Depositors at above address, nominate the following person to whom in the event of my/our/minor's death the amount of this deposit may be returned by the Company:

1. #Name and Address of Nominee
 Relationship with Depositor Date of Birth

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

2. As the nominee is a minor on this date, I/we appoint (Name, Address and Age)
 to receive the amount of the said deposit on behalf of the nominee in event of my/our/minor's death during the minority of the nominee.
 (*Strike out if not applicable)

*Date of Birth (if nominee is a minor) *Place & Date:

Signature(s)/Thumb Impression of Depositor Two Witnesses' Name & Signature 1) 2)

*Name should be same as that appearing on a valid ID proof of the nominee

Payment Details

(funds to be deposited in favour of **Beneficiary Name:** Bajaj Finance Ltd, **Bank account no.:** 00070350006738, **Account type:** current account, **Bank Name:** HDFC Bank Ltd, **IFSC:** HDFC0000007, **Bank branch:** 885, Bhandarkar Road, Pune-411004)

Cheque (Cheque no.)

^Debit card (Name of debit cardholder

NEFT/RTGS

Additional details:

Bank name Branch Account type

Bank account number IFSC Transaction date

Reference No. (Applicable for deposit amount electronically transferred through Net banking or Debit card)

(I want to receive maturity proceeds in another Bank account. With this application form, I am submitting a cancelled cheque of such account with a valid IFS code)

^Statement showing debit of funds along with transaction slip is mandatory

Customer's Consent and Confirmation

I/We hereby state that all particulars, information and details provided above together with documents submitted to Bajaj Finance Limited ("BFL") are true, correct and up to date and I/We am/are obliged to keep BFL immediately updated of any change in the information provided by me in this Application Form. I/We hereby authorize BFL to pay the interest and Deposit amount upon maturity or upon the payment frequency selected by me/us, as the case may be, using the available online banking payment system, to the bank account stated by me/us in this Application or into such other bank account as may be instructed by me/us (jointly) in writing to BFL during the term of the Deposit. I/We state that the amount being deposited is not out of borrowed funds or funds acquired by accepting deposits from any other person or through any illegal or wrongful means. I/We confirm that I/we have read and understood the detailed terms and conditions annexed to this Application including the interest rate and other charges, the financials and other statements/particulars/representations furnished by BFL and after careful consideration, I/we am/are making the deposit with the Company at my/our own risk and volition. I/We state that the first named depositor mentioned in this application should be treated as the payee for the purpose of deduction of tax, under Section 194 A/195 of the Income Tax Act, 1961, as may be applicable. I/We agree that any and all information provided by me/us in this application, all deposit(s) held by me/us with BFL may be disclosed by BFL to any statutory/regulatory authorities as and when required and to provide any additional document and/or information as may be prescribed by BFL/said authorities in relation to this application.

Signature/thumb impression of all depositors with date*:

First Applicant Second Applicant Third Applicant

Signature of witness in case of thumb impression Signature of witness in case of thumb impression Signature of witness in case of thumb impression

FATCA/CRS Details for Individual Applicants (mandatory)

Below information is required for all applicants/guardian

	Place / City of Birth	Country of birth	Country of citizenship/nationality		
First applicant/guardian			India <input type="checkbox"/>	USA <input type="checkbox"/>	Others.....
Second applicant			India <input type="checkbox"/>	USA <input type="checkbox"/>	Others.....
Third applicant			India <input type="checkbox"/>	USA <input type="checkbox"/>	Others.....

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? Yes No

If 'yes', please fill below details for all countries (other than India) in which you are a resident for tax purpose i.e where you are a citizen/resident/green card holder/tax resident in the respective countries

	Country of tax residency	Tax Identification number or functional equivalent	Identification type (TIN or other, please specify)	If TIN is not available, please tick the reason A,B or C (as defined below)
First applicant/guardian				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second applicant				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third applicant				Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Reason A→The country where the applicant is liable to pay tax does not issue Tax Identification numbers to its residents

Reason B→No TIN required (select this ONLY if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C→Others, please state the reason thereof.....

Address type of first applicant Address type of joint applicant Address type of joint applicant

Residential Registered Business Residential Registered Business Residential Registered Business

Date & Place: Date & Place: Date & Place:

Signature/Thumb impression of first applicant Signature/Thumb impression of joint applicant Signature/Thumb impression of joint applicant

*In case of thumb impression, the sourcing person to sign near the thumb impression as the witness

BAJAJ FINANCE LIMITED

Registered Office: Akurdi, Pune 411 035

Corporate Office: 4th Floor, Bajaj Finserv Corporate Office, Off Pune-Ahmednagar Road, Viman Nagar, Pune 411 014

Fixed Deposit Schemes 'FAAA/Stable' Rating by CRISIL | 'MAAA (Stable)' Rating by ICRA

The abovementioned ratings indicate highest degree of safety with regard to timely payment of interest and principal on the instrument.

Rate of Interest per annum valid up to Rs.5 Crores per deposit (w.e.f. May 8, 2019)

Tenor in months	Minimum deposit (in Rs.)	Cumulative	Non-cumulative			
			Monthly	Quarterly	Half yearly	Annual
12 - 23	25,000	8.00%	7.72%	7.77%	7.85%	8.00%
24 - 35		8.15%	7.88%	7.93%	8.00%	8.15%
36 - 60		8.60%	8.28%	8.34%	8.42%	8.60%
Special tenor scheme						
15	1,00,000	8.05%	7.77%	7.82%	7.89%	8.05%

- Senior citizens (i.e. persons more than 60 years of age, subject to provision of proof of age): Additional interest at the rate of 0.35% p.a. will be provided on Deposit amount of up to Rs. 5 (five) crore;
- Customers (individual or non-individuals) having a customer ID in BFL system: Additional interest to the existing customer at the rate of 0.25% p.a. will be provided on Deposit amount of up to Rs. 5 (five) crore. It is clarified that said additional benefit of 0.25% is applicable on deposit made after gap of 15 days from the date of creation of existing deposit. For example, if the first deposit is created on 1st Jan XXXX, to avail additional benefit of 0.25%, the latest FD need to be created on or after 15th Jan XXXX;
- Existing or matured or free look Policy holder of Bajaj Allianz Life Insurance Company Ltd (subject to submission of proof of policy document): Additional interest at the rate of 0.25% p.a. on Deposit amount of upto Rs. 5 (five) crore
- Bajaj Group Employees - Additional rate of 0.25% p.a. (Bajaj Holdings and Investment Ltd., Bajaj Auto Ltd., Bajaj Finserv Ltd., Bajaj Finance Ltd., Maharashtra Scooters Ltd., Bajaj Allianz General Insurance Co. Ltd., Bajaj Allianz Life Insurance Co. Ltd., Bajaj Housing Finance Ltd., Bajaj Finserv Direct Ltd, Mukand Ltd. and Bajaj Electricals Ltd) for deposit size up to 5 Crore
- Only one of the above special category benefit is allowed per transaction. FD renewal customers (individual customers only)- Additional rate of 0.10% p.a. for deposit size up to 5 Crore. Additional rate is applicable over and above special category benefit
- Rate of interest for bulk deposits of more than 5 Crore may vary from the published card rate and to be decided on a case to case basis by Bajaj Finance Limited
- Minimum deposit size is as specified above
- Particulars to be furnished as per the Non-Banking Financial Companies & Miscellaneous Non-Banking Companies (Advertisement) Rules, 1977 as amended.

A. Name of the company: **BAJAJ FINANCE LTD.**
 B. Date of incorporation: **25th March 1987**
 C & D. Profits/Dividends:

Profits of the Company before and after making provisions for tax, for the three financial years immediately preceding the date of the advertisement and the dividends declared by the Company in respect of the said years.

Financial Year ended on	Profit (Standalone)		Dividend %
	Before Tax	After Tax	
31.03.2016	1964.57	1278.52	250
31.03.2017	2817.52	1836.55	180
31.03.2018	4056.36	2646.7	200

E. Brief particulars of the management of the Company:

The Company is managed by the Managing Director, subject to the control and supervision of the Board of Directors. The Managing Director is entrusted with necessary powers for managing the business and affairs of the Company.

F. Names, addresses and occupations of Directors:

NAME	ADDRESS	OCCUPATION
Shri Rahul Bajaj Chairman	Bajaj Vihar Colony, Mumbai-Pune Road, Akurdi, Pune 411 035	Industrialist
Shri Nanoo Pamnani Vice Chairman	21 El CID 13 A, Ridge Road, Malabar Hill, Mumbai 400 006	Professional
Shri Sanjiv Bajaj Vice Chairman	Bajaj Vihar Colony, Mumbai-Pune Road, Akurdi, Pune 411 035	Industrialist
Shri Rajeev Jain Managing Director	D-2, Ivy Glen, Marigold Premises, Kalyani Nagar, Pune 411 014	Service
Shri Madhur Bajaj	Bungalow No. 3, Bajaj Vihar Colony, Mumbai-Pune Road, Akurdi, Pune 411 035	Industrialist
Shri Rajiv Bajaj	Bajaj Vihar Colony, Mumbai-Pune Road, Akurdi, Pune 411 035	Industrialist
Shri D S Mehta	301/302 Gora Gandhi Apartments, 3rd Floor, 3 Laburnam, Gamdevi, Mumbai 400 007	Business
Shri D J Balaji Rao	D-103, Adarsh Residency, 47 Cross 2nd Main, 8th Block, Jayanagar, Bangalore 560 082	Professional
Dr. Omkar Goswami	E-121, Masjid Moth, First Floor, Greater Kailash 3, New Delhi 110 048	Economist
Shri Dipak Poddar	Brij Kutir, Rungta Lane, 17th Floor, Off Nepean Sea Road, Mumbai 400 026	Industrialist

The above text of advertisement has been issued on the authority and in the name of the Board of Directors and has been approved by the Board of Directors at its meeting held on 19th July 2018 and copy of the same signed by the majority of Directors has been delivered to the Reserve Bank of India for registration.

Pune
26 April 2019

HOW TO INVEST:

The amount should be deposited only by cheque or debit card made payable to 'BAJAJ FINANCE LTD - ACCOUNT NUMBER 00070350006738' and crossed 'Account Payee only'. The cheques should be payable to Bank and CTS compliant. Application Form along with the necessary remittance should be sent to the Distributors of the Fixed Deposit Schemes of BFL or be submitted at any of the BFL branches.

For NEFT/RTGS, please use the following details: Beneficiary Name: Bajaj Finance Ltd, Bank account no.: 00070350006738, Account type: current account, Bank Name: HDFC Bank Ltd, IFSC: HDFC0000007, Bank Branch: 885, Bhandarkar Road, Pune-411004

Write to us at fd@bajajfinserv.in or call us on 020 71124281

H. a) Amount which the Company can raise by way of Deposits as per Non-Banking Financial Companies Acceptance of Public Deposits (Reserve Bank) Directions, 2016
 Rs. 24,015.75 crore.

b) Deposits actually held as on 31.03.2018 Rs. 5,705 crore

I. The aggregate dues from the facilities, both fund and non-fund based, extended to, the companies in the same group or other entities or business ventures in which the Director/Company are holding substantial interest are Rs. 61.95 crore (Bajaj Allianz General Insurance Company - Rs.11.77 Cr, Bajaj Allianz Life Insurance Company Ltd. - Rs.2.99 Cr, Bajaj Auto Ltd. - Rs.2.12 Cr, Bajaj Electricals Ltd - Rs.0.01 Cr, Bajaj Housing Finance Ltd. - 2.25 Cr, Jamnalal Sons Pvt. Ltd - Rs.0.19 Cr and Mukand Ltd. - Rs.42.62 Cr)

J. The Company has no overdue deposits other than unclaimed deposits.
 K. The Company declares as under:

- The Company has complied with the provisions of the directions applicable to it.
- The compliance with the directions does not imply that the repayment of Deposits is guaranteed by the Reserve Bank of India. The deposits accepted by the Company are unsecured and rank pari passu with other unsecured liabilities.
- The deposits solicited by the Company are not insured.
- The Financial position of the Company as disclosed and the statements made in the application form are true and correct. The Company and its Board of Directors are responsible for the correctness and veracity thereof. The financial activities of the Company are regulated by Reserve Bank of India. It must, however, be distinctly understood that Reserve Bank of India does not undertake any responsibility for the financial soundness of the Company or for the correctness of any of the statements or the representations made or opinion expressed by the Company and for repayment of deposits/discharge of liabilities by the Company.

L. The deposits shall also be subject to the terms and conditions as per the application form.

M. Premature repayment of Fixed Deposit is at the sole discretion of BFL. However, in such case the interest will be allowed as per the regulations of the Reserve Bank of India in that behalf. The present directions for premature repayment provides as under:

- Up to 3 months from date of deposit: No withdrawal permitted
- After 3 months but before 6 months: No interest
- After 6 months but before the date of maturity: 2% lower than the rate specified for the period during which the scheme has run. In case of no rate being specified for the deposit period, interest rate payable will be 3% lower than the lowest rate being offered by BFL.

N. The Business carried on by the Company and its subsidiaries with details of branches or units if any:

- Business carried on by the Company and its branches: Providing consumer finance ranging from vehicle loans, consumer durable financing, personal loans, loan against property, Home Loans, construction equipment financing, small business loans, loan against securities and infrastructure financing. The Company is having its Branches at Agra, Ahmedabad, Ahmednagar, Ajmer, Akola, Akot, Alappuzha, Allahabad, Ambala, Amravati, Amreli, Amritsar, Anand, Anantpur, and Ankaleshwar, Asansol, Aurangabad, Bagalkot, Bangalore, Baramati, Bardoli, Bareilly, Baroda, Barshi, Belgum, Bellary, Bhandara, Bharuch, Bhatinda, Bhavnagar, Bhillai, Bhiwandi, Bhopal, Bhubaneswar, Bhuj, Bidar, Bijapur, Bikaner, Bilaspur, Bokaro, Bolpur, Borsad, Calcutta, Chalisgaon, Chandigarh, Chandrapur, Chennai, Chhindwara, Chitli, Chitlun, Chitradurga, Chittaranjan, Choppa, Cochin, Coimbatore, Cuddalore, Cuttack, Dabhoi, Dahod, Davangere, Dehradun, Dewas, Dhanbad, Dharapuram, Dharwad, Dhule, Dindigul, Durgapur, Eluru, Erode, Gandhidham Goa, Gokak, Gulberga, Guna, Guntur, Gwalior, Haldia, Halol, Hassan, Haveri, Himatnagar, Hoshangabad, Hoshiarpur, Hospet, Hubli, Hyderabad, Indore, Jabalpur, Jagadhri, Jaipur, Jalandhar, Jalgaon, Jalpaiguri, Jammu, Jamnagar, Jamner, Jamshedpur, Jodhpur, Junagadh, Kadi, Kalthal, Kakinada, Kalka, Kannur, Kanpur, Kapurthala, Karad, Karaukudi, Karnal, Karunagappally, Karur, Karwar, Katni, Khamgaon, Khandwa, Kharagpur, Kolar, Kolhapur, Kolkata, Kollam, Kopergaon, Korba, Kota, Kottayam, Kurnool, Kurukshetra, Latur, Lucknow, Ludhiana, Machilipatnam, Madurai, Mandya, Mangalore, Mapusa, Margao, Mehsana, Moga, Morbi, Mumbai, Mysore, Nabha, Nadia Nagarcoil, Nagpur, Namakkal, Nanded, Nanurbar, Nashik, Navsari, Neware, New Delhi, Palampur, Pandharpur, Panipat, Patiala, Patna, Pen, Phagwada, Pimpri-Chinchwad, Pondicherry, Pune, Puttur, Raichur, Raipur, Rajahmundry, Rajpuranagar, Rajkot, Rajnandgaon, Rajpura, Ranaghat, Ranchi, Ratlam, Ratnagiri, Rewa, Rohtak, Ropar, Rourkela, Salem, Sangli, Satar, Satna, Sehore, Shimla, Shimoga, Siliguri, Siroa, Solapur, Surat, Surendranagar, Tanjore, Tenali, Thiruvalla, Tirunelveli, Tirupur, Trichur, Trichy, Trivandrum, Tumakuru, Tuticorin, Udaipur, Udipi, Ujjain, Vadakara, Valad, Vapi, Varanasi, Vidisha, Vijayawada, Vizag, Vizianagaram, Wani, Warangal, Wardha, Warud, Washim, Yavatmal and all other branches mentioned in the official website page www.bajajfinserv.in => Companies => Bajaj Finance Limited => Contact Us => Visit our branch or directly by clicking <https://www.bajajfinserv.in/branch>
- Business carried on by the subsidiaries of the Company:

Sr. No.	Name of Subsidiary	Address of Registered Office	Activity
1	Bajaj Housing Finance Limited (formerly Bajaj Financial Solutions Limited)	Bajaj Auto Ltd. Complex, Mumbai-Pune Road, Akurdi, Pune 411035	Housing Finance Business
2	Bajaj Financial Securities Limited	Bajaj Auto Ltd. Complex, Mumbai-Pune Road, Akurdi, Pune 411035	Stock Broking

By order of the Board of Directors
for Bajaj Finance Limited

(Rajeev Jain)
Managing Director
DIN: 01550158

Application Form No.:

FATCA/CRS Details for non-Individual Applicants (mandatory)

Name of the entity

Type of address given at KYC: Residential or Business Residential Business Registered Office

Note: "Address of tax residence would be taken as available in KRA (KYC Registration Agency) database.
In case of any change, please approach KRA & notify the changes"

PAN..... Date of incorporation:

City of incorporation..... Country of incorporation.....

Entity Constitution Type: Partnership Firm HUF Society AOP/BOI Trust Liquidator
Limited Liability Partnership Artificial Juridical Person Others specify.....

Please tick the applicable tax resident declaration –

Is "Entity" a tax resident of any country other than India? Yes No

If 'yes', please fill below details for all countries (other than India) in which the entity is a resident for tax purposes as well as Ultimate Beneficiary Ownership (UBO) declaration on the next page

Country of tax residency	Tax Identification number or functional equivalent	Identification type (TIN or other, please specify)*

*If TIN is not available please tick reason A, B or C

Reason A – The country where applicant is liable to pay taxes does not issue Tax Identification number to its residents

Reason B – No TIN required (Select this only if the authorities of the respective country of tax residence do not require TIN to be collected)

Reason C – Any other reason

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here.....

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

In case the Entity Country of Incorporation/Tax residence is US but entity is not specified US person mention entity exemption code _____
Entity exemption code are provided below in table which can be enclosed with application form for ease of customer to mention the exemption code same.

Code	Sub category	Code	Sub category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)	G	A real estate investment trust
B	The United States or any of its agencies or instrumentalities	H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities	I	A common trust fund as defined in section 584(a)
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)	J	A bank as defined in section 581
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)	K	A broker
F	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	L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
		M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

PART A [to be filled by Financial Institutions or Direct Reporting Non-Financial Entities (NFES)]

We are a: Financial institution <input type="checkbox"/> OR Direct reporting NFE <input type="checkbox"/>	GIIN (consists of 19 characters) GIIN is applied but not yet issued <input type="checkbox"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity.....
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If GIIN not available and If the entity is a financial institution(tick whichever is applicable): Not required to apply for Not obtained – Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity an active NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) No <input type="checkbox"/> Nature of Business.....
2.	Is the Entity a passive NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) No <input type="checkbox"/> Nature of Business.....

Ultimate Beneficiary Ownership (UBO) declaration (to be filled by a non-individual tax resident of any country other than India)

Name of the entity

Entity Constitution Type: Partnership Firm HUF Society AOP/BOI Trust Liquidator
 Limited Liability Partnership Artificial Juridical Person Others specify.....

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s):

1.	Name of Beneficial owner / Controlling person..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Tax ID Type (TIN or Other, please specify)..... Beneficial Interest %..... Address type: Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Address - Include State, Country, PIN / ZIP Code & Contact Details:
2.	Name of Beneficial owner / Controlling person..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Tax ID Type (TIN or Other, please specify)..... Beneficial Interest %..... Address type: Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Address - Include State, Country, PIN / ZIP Code & Contact Details:
3.	Name of Beneficial owner / Controlling person..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Tax ID Type (TIN or Other, please specify)..... Beneficial Interest %..... Address type: Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Address - Include State, Country, PIN / ZIP Code & Contact Details:

If passive NFE, please provide below additional details (to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India):

1.	PAN, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Occupation Type - Service, Business, Others..... Nationality..... Father's Name	Date of birth..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
2.	PAN, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Occupation Type - Service, Business, Others..... Nationality..... Father's Name	Date of birth..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
3.	PAN, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others..... Country of Tax residency..... Tax ID No. - Or functional equivalent for each country.....	Occupation Type - Service, Business, Others..... Nationality..... Father's Name	Date of birth..... Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

Certification:

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Declaration:

I/ we understand that my/our purchase from the Company may create legal, tax or other financial/ reporting obligations for me/us under the laws of the country of which I/we hold citizenship or reside in. I/we shall be solely responsible for undertaking and fulfilling any obligations that I/we may have under the laws of such country/ies and shall not hold the Company liable under any circumstance in the event of a default on my/our part in fulfilling the said obligations. I/ We agree that, as may be required by domestic regulators/ tax authorities the Company may also be required to report, reportable details to CDBT or close or suspend my/ our applications/ contracts.

Signature of first authorized signatory

Signature of second authorized signatory

Signature of third authorized signatory

Customer ID:

'FORM NO. 15G'

Application Form No.:

[See section 197A(1), 197A(1A) and rule 29C]

Declaration under section 197A (1) and section 197A(1A) to be made by an individual or a person (not being a company or firm) claiming certain incomes without deduction of tax.

PART I

- 1. Name of Assessee (Declarant) ... 2. PAN of the Assessee ...
3. Status (tick whichever applicable): INDIVIDUAL/HUF 4. Previous year (P.Y.) ...
5. Residential Status (tick whichever applicable): Indian/Other 6. Complete address including PIN code: ...
7. Email: ... 8. Telephone/mobile no: ...
9(a). Whether assessed to tax under the Income-tax Act, 1961: Yes No 9(b). If yes, latest assessment year for which assessed ...
10. Estimated income for which this declaration is made ...
11. Estimated total income of the P.Y. in which income mentioned in column 10 to be included ...
12. Details of Form No. 15G other than this form filed during the previous year, if any ...
Total no. of Form No. 15G filed ... Aggregate amount of income for which Form No. 15G filed ...
13. Details of income for which the declaration is filed

Table with 5 columns: Sr. no., Identification number of relevant investment/account, etc.8, Nature of income, Section under which tax is deductible, Amount of income. Contains 4 rows of Fixed Deposit Interest data.

14. Declaration/Verification

*I/We ... do hereby declare that to the best of *my/our knowledge and belief what is stated above is correct, complete and is truly stated. *I/We declare that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income- tax Act, 1961.

Place ... Date ... Signature of the Declarant

PART II

[To be filled by the person responsible for paying the income referred to in column 11 of Part I]

Name of the person responsible for paying BAJAJ FINANCE LIMITED Unique Identification No. ...
PAN of the person responsible for paying AACCB1518L
Complete Address: 4TH FLOOR, BAJAJ FINSERV CORPORATE OFFICE, OFF PUNE AHMEDNAGAR ROAD, VIMAN NAGAR, PUNE - 411014
TAN of the person responsible for paying: PNEB00001B Email ID ...
Telephone No. (with STD Code) and Mobile No.020-30405060 Amount of income paid Gross Interest for FY ...
Date on which Declaration is received ... Date on which the income has been paid/credited (DD/MM/YYYY) ...
Place ... Signature of the person responsible for paying the income referred to in column 10 of Part I

*Delete whichever is not applicable

As per provisions of section 206AA(2), the declaration under section 197A(1) or 197A(1A) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN). Declaration can be furnished by an individual under section 197A(1) and a person (other than a company or a firm) under section 197A(1A).

- 1. Enter the name of the declarant
2. Enter the PAN of the declarant
3. Tick whichever status is applicable
4. The financial year to which the income pertains.
5. Please mention the residential status as per the provisions of section 6 of the Income-tax Act, 1961.
6-8. Enter residential address and contact details
9. Please mention 'Yes' if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.
10. Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.
11. Enter income from all sources, including income filled in 10. above
12. In case any declaration(s) in Form No. 15G is filed before filing this declaration during the previous year, mention the total number of such Form No. 15G filed along with the aggregate amount of income for which said declaration(s) have been filed.
13. Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.
14. Indicate the capacity in which the declaration is furnished on behalf of a HUF, AOP, etc.

Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

- a. In a case where tax sought to be evaded exceeds twenty-five lac rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
b. In any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

The person responsible for paying the income referred to in column 10 of Part I shall allot a unique identification number to all the Form No. 15G received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15H during the same quarter, please allot separate series of serial number for Form No. 15G and Form No. 15H.

The person responsible for paying the income referred to in column 10 of Part I shall not accept the declaration where the amount of income of the nature referred to in sub-section (1) or sub-section (1A) of section 197A or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 10 and 12.

Customer ID:

'FORM NO. 15H'

Application Form No.:

[See section 197A(1), 197A(1A) and rule 29C]

Declaration under section 197A(1C) to be made by an individual who is of the age of sixty years or more claiming certain incomes without deduction of tax.

PART I

- 1. Name of Assessee (Declarant) ... 2. PAN of the Assessee ...
3. Status (tick whichever applicable): INDIVIDUAL/HUF ... 4. Previous year (P.Y.) ...
5. Residential Status ... 6. Complete address including PIN code: ...
7. Email: ... 8. Telephone/mobile no: ...
9(a). Whether assessed to tax under the Income-tax Act, 1961: Yes No ... 9(b). If yes, latest assessment year for which assessed ...
10. Estimated income for which this declaration is made ...
11. Estimated total income of the P.Y. in which income mentioned in column 10 to be included ...
12. Details of Form No. 15H other than this form filed during the previous year, if any ...
Total no. of Form No. 15H filed ... Aggregate amount of income for which Form No. 15H filed ...
13. Details of income for which the declaration is filed

Table with 5 columns: Sr. no., Identification number of relevant investment/account, etc.8, Nature of income, Section under which tax is deductible, Amount of income. Contains 4 rows of Fixed Deposit Interest data.

14. Declaration/Verification

*I/We ... do hereby declare that to the best of *my/our knowledge and belief what is stated above is correct, complete and is truly stated. *I/We declare that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income- tax Act, 1961.

Place ... Date ... Signature of the Declarant

PART II

[To be filled by the person responsible for paying the income referred to in column 11 of Part I]

Name of the person responsible for paying BAJAJ FINANCE LIMITED Unique Identification No. ...
PAN of the person responsible for paying AACCB1518L
Complete Address: 4TH FLOOR, BAJAJ FINSERV CORPORATE OFFICE, OFF PUNE AHMEDNAGAR ROAD, VIMAN NAGAR, PUNE - 411014
TAN of the person responsible for paying: PNEB00001B Email ID ...
Telephone No. (with STD Code) and Mobile No.020-30405060 Amount of income paid Gross Interest for FY ...
Date on which Declaration is received ... Date on which the income has been paid/credited (DD/MM/YYYY) ...
Place ... Signature of the person responsible for paying the income referred to in column 10 of Part I

*Delete whichever is not applicable

As per provisions of section 206AA(2), the declaration under section 197A(1) or 197A(1A) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN). Declaration can be furnished by an individual under section 197A(1) and a person (other than a company or a firm) under section 197A(1A).

- 1. Enter the name of the declarant
2. Enter the PAN of the declarant
3. Tick whichever status is applicable
4. The financial year to which the income pertains.
5. Please mention the residential status as per the provisions of section 6 of the Income-tax Act, 1961.
6-8. Enter residential address and contact details
9. Please mention 'Yes' if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.
10. Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.
11. Enter income from all sources, including income filled in 10. above
12. In case any declaration(s) in Form No. 15H is filed before filing this declaration during the previous year, mention the total number of such Form No. 15H filed along with the aggregate amount of income for which said declaration(s) have been filed.
13. Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.
14. Indicate the capacity in which the declaration is furnished on behalf of a HUF, AOP, etc.

Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

- a. In a case where tax sought to be evaded exceeds twenty-five lac rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
b. In any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

The person responsible for paying the income referred to in column 10 of Part I shall allot a unique identification number to all the Form No. 15H received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15H during the same quarter, please allot separate series of serial number for Form No. 15G and Form No. 15H.

The person responsible for paying the income referred to in column 10 of Part I shall not accept the declaration where the amount of income of the nature referred to in sub-section (1) or sub-section (1A) of section 197A or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 10 and 12.

KYC DOCUMENTATION FOR OPENING ACCOUNT

Please note that these guidelines are based on the RBI Master Directions - Know Your Customer (KYC) Direction, 2016 updated as on July 12, 2018 and the PMLA and UIDAI Notifications issued thereafter.

(A) KYC Documents for an Account of INDIVIDUAL, and for BENEFICIAL OWNER / AUTHORIZED SIGNATORY/ POWER OF ATTORNEY HOLDER:

- (1) One recent **Photograph**
- (2) **PAN** or Form 60 if PAN is not allotted
- (3) **Certified Copy** * of one of the Officially Valid Documents (OVDs) listed below:

Sr. No.	Proof of Identity (PoI)	Proof of Address (PoA)
i	Valid Passport	Valid Passport
ii	Valid Driving License	Valid Driving License
iii	Voter's Identity Card issued by Election Commission of India	Voter's Identity Card issued by Election Commission of India
iv	Proof of possession of Aadhaar Number (i.e. Aadhaar letter downloaded from UIDAI website, Aadhaar card) **	Proof of possession of Aadhaar Number (i.e. Aadhaar letter downloaded from UIDAI website, Aadhaar card) **
v	Job Card issued by NREGA duly signed by an officer of the State Government	Job Card issued by NREGA duly signed by an officer of the State Government
vi	-	Letter issued by the National Population Register containing details of Name, Address of the customer

* Obtaining a **Certified Copy** by **Reporting Entity** (this includes our Company) means **comparing** the copy of Officially Valid Document (OVD) so produced by the client (i.e. customer) **with its Original** and recording the same on the copy by the authorised officer of the Reporting Entity"

** To Ensure that the **Aadhaar No.** (on copy of Aadhaar Letter/Aadhaar Card obtained), must be **redacted or blackened** and it is **not legible** and the Aadhaar No. should **not be entered/stored in any system**.

- (4) In case **OVD** does not have **Current Address** of the client, obtain below listed documents which are treated as **Deemed to be Officially Valid Documents (DOVD)** for the limited purpose of **Proof of Address**:

Sr. No.	Proof of Address (PoA)
i	Utility bill , in the name of the client, which is not more than two months old of any service provider (Electricity, Telephone, Post-paid Mobile Phone, Piped Gas, Water bill)
ii	Property or Municipal tax receipt
iii	Pension or Family Pension Payment Orders (PPOs) issued to retired employees by Government Departments or Public-Sector Undertakings, if they contain the address
iv	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 & License Agreements with such employers allotting official accommodation

In case a client submits Deemed to be OVD (DOVD) towards Current Address, client must submit an OVD mentioned in **(A)(3)**, updated with Current Address, within **three months** of submission of the DOVD.

(B) KYC Documents for an Account of SOLE PROPRIETORSHIP CONCERN:

- (1) **KYC Documents** of the **Proprietor** as per the KYC Documents for Individual mentioned in **Point A**, and
- (2) Any of the **Two** documents in the name of the Proprietorship Concern as **Proof of Business / Activity** mentioned below:

Sr. No.	Proof of Business/ Activity in the name of the Proprietorship Concern
i	Registration Certificate
ii	Certificate / License issued by the Municipal Authorities under Shop & Establishment Act
iii	Sales and Income Tax returns
iv	GST/ CST/ VAT certificate (Provisional / Final)
v	Certificate / Registration document issued by Sales Tax / Service Tax / Professional Tax Authorities
vi	Importer Exporter Code (IEC) issued to the Proprietorship Concern by the office of DGFT/ Licence/Certificate of Practice issued in the Name of the Proprietorship Concern by any Professional Body Incorporated under a Statute
vii	The complete Income Tax return (not just the acknowledgement) in the Name of the Sole Proprietor where the firm's income is reflected and the same is duly authenticated / acknowledged by the Income Tax Authorities
viii	Utility Bills such as Electricity, Water, and Landline Telephone bills in the Name of the Proprietorship Concern

(C) KYC Documents for an Account of PARTNERSHIP FIRM:

Sr. No.	Document Name
i	Registration Certificate
ii	PAN of the Firm (PAN is mandatory)
iii	Partnership Deed
iv	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per Point (A)
v	Beneficial Ownership Declaration as per Annexure III & KYC Documents of BO as per Point (A)

(D) KYC Documents for an Account of TRUST:

Sr. No.	Document Name
i	Registration Certificate
ii	Trust Deed
iii	PAN of the Trust
iv	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per point (A).
v	Beneficial Ownership Declaration as per Annexure III & KYC documents of BO as per Point (A)

(E) KYC Documents for an Account of an UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS:

Sr. No.	Document Name
i	Resolution of the Managing Body of such Association or Body of Individuals
ii	Power of Attorney (POA) granted to attorney holder to transact on its behalf
iii	One recent Photograph, PAN/ Form 60 and valid OVD of the person holding an Attorney to transact on its behalf. (Attorney holder means Manager, Officer, Employee, Authorised Signatory, etc. holding an Attorney to transact on behalf of the client as mentioned in Point (A))
iv	Such information as may be required to collectively establish the legal existence of such Association or Body of Individuals
v	Beneficial Ownership Declaration as per Annexure III & KYC documents of BO as per Point (A)

(F) KYC Documents for an Account of HINDU UNDIVIDED FAMILY (HUF):

Sr. No.	Document Name
i	Deed of Declaration of HUF or HUF Letter having Name and Signature of all Adult Male and Female Co-Parceners
ii	PAN of HUF
iii	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per Point (A).

(G) KYC Documents for an Account of a LIMITED LIABILITY PARTNERSHIP FIRM:

Sr. No.	Proof of Business/ Activity in the name of the Proprietorship Concern
i	Limited Liability Partnership Agreement
ii	Certificate of Incorporation
iii	PAN of the LLP (PAN is mandatory)
iv	List of all existing designated partners of the LLP along with the Designated Partner Identification Number (DPIN) issued by the Central Government (on the letterhead of the LLP)
v	Resolution passed at the meeting of the Designated Partners for placing such Deposit/borrowing request with BFL.
vi	Proof of Address in the name of LLP
vii	One recent Photograph, PAN or Form 60, and valid OVD of the person holding an Attorney to transact on its behalf as per Point (A).
viii	Beneficial Ownership Declaration as per Annexure III & KYC documents of BO as per Point (A).

Beneficial Ownership Declaration

To,
Bajaj Finance Limited

Date:

Account No. _____

Customer ID No. _____

Name of the Entity:

Type of the Entity:

Address of the Entity:

Pincode

The company is listed on _____ Stock Exchange / Not listed on any Stock Exchange.

The Company is Subsidiary of _____ which is listed on _____ Stock Exchange.

In all other cases, (Entity other than a Listed Co. or Subsidiary of a Listed Co., Please fill Section - I, & Section-II if applicable).

Section - I (i)

I / We the undersigned hereby declare that following persons own 25% (in case of Companies) / 15% (in other cases) or more interest in the captioned entity. **(Refer Note - A)**

Sr. No.	Name of Shareholders / Beneficial Owners / Partners / Trustees etc.	Address of Share-holders / Beneficial Owners / Partners / Trustees etc.	Beneficial Owner Type (Refer Note C)	Date of Birth / Registration / Incorporation	PAN / Registration No.	Nationality	% of Shareholding / Profits / Interest / Ownership in the Entity
1.							
2.							
3.							
4.							

Section - I (ii)

Applicable only if there is / are non-individual shareholder(s) / partners etc. having controlling ownership interest in excess of the prescribed threshold as declared in **Section - I (i)**

Following persons(s), have controlling ownership interest in Beneficial Owner of the Entity as declared in **Section - I (i)** above.

Sr. No.	Name of Shareholders / Beneficial Owners / Partners / Trustees etc.	Address of Share-holders / Beneficial Owners / Partners / Trustees etc.	Beneficial Owner Type (Refer Note C)	Date of Birth / Registration / Incorporation	PAN / Registration No.	Nationality	% of Shareholding / Profits / Interest / Ownership in the Entity
1.							
2.							
3.							
4.							

OR

Section - II

Applicable, if no person has controlling ownership in excess of the prescribed threshold as declared in **Section - I**.

I / We declare that no person / entity holds controlling ownership in the captioned company in excess of the threshold limit prescribed below.

Authorised Signatory (ies) (i) _____

Signature _____

Authorised Signatory (ies) (ii) _____

Signature _____

Authorised Signatory (ies) (ii) _____

Signature _____

(Refer note D for Signature requirement)

A. As per the Prevention of Money laundering (Maintenance of Records) Rules, 2019,

The beneficial owner for the purpose of sub-rule (1) shall be determined as under –

- (a) Where the client is a **Company**, the beneficial owner is the **natural person(s)**, who, whether acting alone or together, or through one or more juridical person, has a **controlling ownership interest** or who **exercises control through other means**. Explanation - For the purpose of this sub-clause-
 - i. **“Controlling ownership interest”** means ownership of or entitlement to more than 25% of shares or capital or profits of the company;
 - ii. **“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;
- (b) Where the client 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 **ownership of / entitlement to more than 15% of capital or profits** of the partnership;
- (c) Where the client 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 **ownership of or entitlement to more than 15% of the property or capital or profits** of such association or body of individuals;
- (d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner is the **relevant natural person who holds the position of senior managing official**;
- (e) Where the client is a **Trust**, the identification of beneficial owner(s) shall include **identification of the author of the trust**, the **trustee**, the **beneficiaries with fifteen percent 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**; and
- (f) 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 shareholder or beneficial owner of such companies.

B. Beneficial Ownership Declaration is NOT required in following cases:

Individual accounts, Sole Proprietorship accounts, Government Departments, Public Sector Undertaking, Local Government Bodies (Municipal Corporation, Gram Panchayats etc.), Company listed on a recognised stock exchange. Majority owned subsidiary of a Company listed on a recognized stock exchange.

C. Beneficial Ownership Declaration to provide details of following

Partnership Firm / LLP: natural persons / partners,	Club: Members / Authorised Signatories / Beneficiary
Trust: Trustees / Settlor / Protector / Beneficiary	Association of Persons: Members / Auth. Signatories / Beneficiary
Foundation: Founder managers/Directors / Beneficiary	Pvt. Ltd companies and Unlisted Public Ltd Companies: Shareholder / Directors / Other Beneficiaries
Society: Members/Authorised Signatories / Beneficiary	In case of Foreign Entity: Shareholder/Director/Other Beneficiaries

D. Signature on Declaration form

Sr. No.	Type of Entity	Signatory (ies) for Signing BO Declaration
i	Partnership Firm / LLP / Trust / Foundation / Society / Club	Authorised Signatories should sign as per the Mode of Operations
ii	Association	All Authorised Signatories should sign
iii	Unlisted Public Limited Companies and Private Limited Companies	Any two Directors or Company Secretary or Authorised Signatories as per Mode of Operations
iv	Foreign Entity	All Authorized Signatories should sign

E. KYC Documents of Beneficial Owners should be submitted as per the OVD under PMLA and RBI Guidelines.

- (1) One recent Photograph
- (2) PAN or Form 60 if PAN is not allotted
- (3) Certified Copy * of one of the Officially Valid Documents (OVDs) listed below:

Sr. No.	Proof of Identity (PoI)	Proof of Address (PoA)
i	Valid Passport	Valid Passport
ii	Valid Driving License	Valid Driving License
iii	Voter's Identity Card issued by Election Commission of India	Voter's Identity Card issued by Election Commission of India
iv	Proof of possession of Aadhaar Number (i.e. Aadhaar letter downloaded from UIDAI website, Aadhaar card) **	Proof of possession of Aadhaar Number (i.e. Aadhaar letter downloaded from UIDAI website, Aadhaar card) **
v	Job Card issued by NREGA duly signed by an officer of the State Government	Job Card issued by NREGA duly signed by an officer of the State Government
vi	-	Letter issued by the National Population Register containing details of Name, Address of the customer

* Obtaining a Certified Copy by Reporting Entity (this includes our Company) means comparing the copy of Officially Valid Document (OVD) so produced by the client (i.e. customer) with its Original and recording the same on the copy by the authorised officer of the Reporting Entity”

** To Ensure that the Aadhaar No. (on copy of Aadhaar Letter/Aadhaar Card obtained), must be redacted or blackened and it is not legible and the Aadhaar No. should not be entered/stored in any system.

Vernacular Declaration Form

English	<input type="checkbox"/>	I/We confirm that the content of this Application / Agreement / Letter / Terms and Conditions were read out and explained to me / us in English and I/We confirm to have understood the same.
Hindi	<input type="checkbox"/>	मैं/हम यह पुष्टि करता हूँ/करती हूँ/करते हैं कि इस आवेदन/अनुबंध/पत्र/नियम एवं शर्तों की सामग्री को हिंदी में पढ़ कर मुझे/हमें समझाया गया था और मैं/हम उनके समझने की पुष्टि करता हूँ/करती हूँ/करते हैं।
Bengali	<input type="checkbox"/>	আমি /আমরা নিশ্চিত করছি যে এই আবেদন / চুক্তি / পত্র / নিয়ম এবং শর্তাবলী সম্পর্কে বিস্তারিত সামগ্রীটি পড়েছি এবং আমাকে /আমাদের সেটা বাংলায় ব্যাখ্যা করে বোঝানো হয়েছে এবং আমি /আমরা এটিকে বুঝেছি বলে নিশ্চয়তা প্রদান করছি
Tamil	<input type="checkbox"/>	இந்த விண்ணப்பம்/ஒப்பந்தம்/கடிதம்/வரையறைகள் மற்றும் நிபந்தனைகளிலுள்ள விபரங்களை எனக்கு / எங்களுக்கு தமிழில் படித்துக் காட்டி விளக்கப்பட்டது என்றும் அவற்றை நான்/நாங்கள் புரிந்து கொண்டிருக்கிறேன்/புரிந்து கொண்டிருக்கிறோம் என்று நான்/நாங்கள் உறுதி அளிக்கிறோம்.
Punjabi	<input type="checkbox"/>	मैं/अमीं पुस्तती वरदे हां कि इस बिन्-पत्र/एकरारनामे/पत्र/नियम अउे शरतं दी समगरी मैनुं/सातूं पंजाबी विंच पडु बे सुहायी गयी अउे समझायी गयी सी अउे मैं/अमीं पुस्तती वरदे हां कि सातूं इस दी समझ लंग गयी है।
Urdu	<input type="checkbox"/>	میں/ہم تصدیق کرتا ہوں/کرتے ہیں کہ اس درخواست/اقرارنامہ/خط/شرائط و ضوابط کے متن کو مجھے/ہمیں انگریزی میں پڑھ کر سنا دیا گیا ہے اور اس کی وضاحت کردی گئی ہے اور میں/ہم تصدیق کرتا ہوں/کرتے ہیں کہ میں/ہم نے اسے سمجھ لیا ہے۔
Malayalam	<input type="checkbox"/>	ഈ അപേക്ഷ / ഉടമ്പടി / കത്ത് / നിബന്ധനകളും വ്യവസ്ഥകളും എന്നിവയിലെ ഉള്ളടക്കം എനിക്കു/ഞങ്ങൾക്കു വായിച്ചുതരികയും മലയാളത്തിൽ എനിക്കു/ഞങ്ങൾക്കു വിശദീകരിച്ചുതരികയും ചെയ്തതായി ഞാൻ / ഞങ്ങൾ സ്ഥിരീകരിക്കുന്നു. എനിക്കു/ഞങ്ങൾക്കു അവ മനസ്സിലായി എന്ന് ഞാൻ / ഞങ്ങൾ സ്ഥിരീകരിക്കുകയും ചെയ്യുന്നു.
Gujarati	<input type="checkbox"/>	આથી હું/અમે એ વાતની પુષ્ટિ કરીએ છીએ કે, આ અરજી/કરાર/પત્ર/નિયમો અને શરતોના બધાંબધાં મારી/અમારી સમક્ષ ગુજરાતીમાં વાંચી સંભળાવવામાં આવ્યું હતું અને અમને સમજાવવામાં આવ્યું હતું અને મેં/અમે તેને સમજી લીધું હોવાની હું/અમે પુષ્ટિ કરું છું/કરીએ છીએ.
Telugu	<input type="checkbox"/>	ఈ అప్లికేషన్/అగ్రిమెంట్/లేఖ/నియమ నిబంధనల్లోని విషయంనాకు/మాకు తెలుగులోచదివి వినిపించబడిందని మరియు వివరించబడిందని మరియు నేను/మేము దీనిని అర్థం చేసుకున్నామని నేను/మేము ధృవీకరిస్తున్నాం.
Oriya	<input type="checkbox"/>	ମୁଁ/ଆମେ ସ୍ୱୀକାର କରୁଅଛୁ ଯେ ଏହି ଦରଖାସ୍ତ/ଚୁକ୍ତିନାମା/ପତ୍ର/ନିୟମ ଓ ସର୍ତ୍ତାବଳୀର ବିଷୟବସ୍ତୁ ଆମକୁ ଇଂରାଜୀରେ ପଢ଼ି ଶୁଣାଇ ଦିଆଯାଇଛି ଏବଂ ବୁଝାଯାଇଛି ଏବଂ ମୁଁ/ଆମେ ତାହାକୁ ବୁଝିଥିବା ସମ୍ଭବ ଜଣାଉଛୁ ।
Kannada	<input type="checkbox"/>	ಈ ಮೂಲಕ ನಾನು/ನಾವು ದೃಢಪಡಿಸುವುದೇನೆಂದರೆ ಈ ಅರ್ಜಿ/ಒಪ್ಪಂದ/ಪತ್ರದಲ್ಲಿರುವ ನಿಮಯ ಮತ್ತು ಷರತ್ತುಗಳನ್ನು ನಮಗೆ ಕನ್ನಡದಲ್ಲಿ ಓದಿ ಹೇಳಲಾಗಿದೆ ಮತ್ತು ನಾನು/ನಾವು ಅದನ್ನು ಅರ್ಥೈಸಿಕೊಂಡಿದ್ದೇವೆ.
Marathi	<input type="checkbox"/>	मी/आम्ही यास पुष्टी देतो/देते की या अर्जातील/करारनाम्यातील/पत्रातील/नियम व अटीमधील मजकूर मला/आम्हाला मराठीत वाचून दाखवण्यात आला आणि समजावून देण्यात आला आणि मला/आम्हाला तो समजला असल्याची मी/आम्ही पुष्टी देतो/देते.
Assamese	<input type="checkbox"/>	মই/আমি নিশ্চিত কৰিছো যে এই আবেদন / চুক্তিপত্র / পত্র / নিতি আৰু চৰ্তাৱলীত থকা সবিশেষ তথ্য আমি ভানদৰে পঢ়িছো আৰু মোক / আমাক এই বিষয়ে সবিশেষ অসমীয়াত ব্যাখ্যা কৰি বুজোৱা হৈছে আৰু মই / আমি এই বিষয়ে সমগ্র কথা বুজি পাইছো বুলি নিশ্চিতি প্রদান কৰিলো।
Konkani	<input type="checkbox"/>	ह्या अर्जाची/कबलातीची/ पत्राची/ नेम आनी अटीची सामग्री कोंकणी भाशेंतल्यान वाचून दाखोवन, म्हाका/आमकां वर्णित केल्या हाची हांव/आमी खात्री दितां/दितात आनी हांव/आमी ती समजलां/समजल्यात म्हूण खात्री दितां/दितात.

Signature of first applicant

Signature of joint applicant

Signature of joint applicant