



Profile Update Form

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. Doing	Business As	Name (Alias	Nam	e):																												
. Accour	nt Number :													4. 1	ele	phor	ie N	um	ber:														
. Names	and Titles of	Principa	al Cor	porat	e Of	ficer	s/Se	nior I	Man	age	me	nt (e.	g. (Chai	rma	n, C	nief	Exe	cutiv	/e (Office	er (CEC)), P	res	ide	nt, d	or C	Chief	Fina	anc	ial C	ffic
S. No.		Ν	lame									Title							Coui	ntr	y of	Res	side	nce	j				Na	atior	nali	ity	
. List Na	mes and Titl	es of B	oard	of Dii	rect	ors/	Parti	ners,	Tru	ste	es/	Sole	Pr	opri	eto	r:																	
S. No.	Name							Title								Country of Residence									Na	atior	nali	ity					
	Entity owned	(10% s t	nareho	olding	ı or ı	more	e) or c	ontro	olled	l (Ch	air	man,	CE	:o, c	FO,	Pres	iden	t or	equi	val	ent)	by a	a Se	enio	r Pı	ubli	c Fig	gure	e?				
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Locations of Major Suppliers:

II. COMMERCIAL INFORMATION AND VERIFICATION 1. Description of Business Operations of the account holder entity: Nature of business activity/business model: What is the service / product being offered by the entity : _____ Total Market share (in %), <1 1-5 5-25 >25 Number of employees 10-50 51-100 51-100 >100 <10 Total Assets as of last Balance Sheet date (in INR): 1Cr 1-20 Cr >20 Cr Financial Performance (Turnover INR): <1 lakh 1-5 Lakhs 5-50 Lakhs 50 Lakhs->1 Cr <1 1-5 5-25 Number of years in business >25 Annual Turnover during the previous financial year _____Fin Year (₹)_____Fin Year_____ Group Turnover during the previous financial year ____Fin Year ______ Currencies of Exports ___ Export Turnover during the previous financial year Fin Year _____Currencies of Imports ___ Total Import during the previous financial year Total Credit Facilities Outstanding (₹)___ If the Entity is a marketing agency, retail trader or into investment business, please confirm if it is into Multi-Level Marketing firm which has investment/ deposit schemes, provides very high returns on these deposits etc. Yes No 2. Primary Locations and Trade Areas: 3. Names of Major Suppliers: Locations of Major Suppliers: 4. Names of Major Suppliers:

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5. Does the entity engage in any of the following busin	esses? Yes No	
a) Currency Exchange		
b) Travel and tour operators, resorts, inns, hot	els ,hospitals, retail establishments also pr	oviding currency exchange facilities in addition to
their main line of business		
c) Retail establishments/tour and travel operat	ors acting as agents of money transmitters	such as Western Union/Moneygram etc.
d) Issuers of prepaid cards/stored value such as	mobile wallet/e-wallet including their distr	ibutors
e) Distributor of mobile SIM cards/recharge out	lets also offering mobile wallet loading and	withdrawal facilities?
Addendu	m For Non-Profit Organi	izations
	e for NGOs, Charitable Trusts, Šocie	
Purpose of the organization (please describe the NF	⁹ O's mission and provide details of significar	nt beneficiaries or class of beneficiaries):
2. Please provide details of any donor who provided	5% or more of the NPO's total annual colle	ected funds:
Name of donor	% funds provided	Country of Residence
3. By what means are Funds collected by the NPO Direct Donations Corporate Sponsor Specific Endowments Aid Programs Other (Please Specify)		
How are the funds distributed to the beneficiaries?		
4. Please share details of government agencies/bodi	es or accreditation organization to which I	NPO is subject to oversight or supervision:
5. Description of operations: (include information ab	out the NPO's locations, affiliates, scope o	of operations etc.)
6. Annual Report Audited: Yes No		
Name of External Auditor:		

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SENIOR PUBLIC FIGURE (SPF) ADDENDUM

(please indicate who is a SPF)

1. Name of Senior Public Figure:	
2. Describe the nature of the SPF's status (e.g., current or former senior official, family member, close associate, etc.):	
3. Indicate how and when the position was assumed:	
4. Indicate SPF's association with the entity:	
Beneficial Ownership in the entity - Indicate percentage (must be 10% or more)	
Controlling Position (CEO, Chairman, President, CFO)	
5. Does the SPF currently have access to or the ability to move government funds: Yes No	
If Yes, Please Explain:	
6. Describe the SPF's source of wealth, family background and reputation:	
Salaried	
Profession. Please specify details of profession	
Business. Please provide nature	
☐ Inheritance.	
Investment	
Other than above, please specify	
7. Does SPF fall under any of the below categories:	
☐ Heads and Deputies - State/National Government - (including spouse and children)	
☐ National Government Ministers	
☐ Members of the National Legislature	
Heads of the Armed Forces	
☐ Members of a country's most senior judiciary body, such as the Supreme Court or National Court	
☐ None of above	