



BENEFICIAL OWNERSHIP DECLARATION FORM

(Applicable to Companies, Partnerships, Associations, Bodies of Individual or Trusts)

1. Customer/Entity Name: _____
2. Registration No. (if available): _____
3. Registered Address: _____

I/We declare the following:

Section A

- ☐ The individuals listed in the table below:

Own more than 10% (for Companies, Trusts, or Partnerships), or Own more than 15% (for Associations or Bodies of Individuals), or Exert control through voting rights, agreements, or other arrangements.

(If ownership documents are not immediately available, shareholding information as available publicly be shared (e.g., financial returns or filings on the MCA website)

OR

Section B

- ☐ No individual directly owns or controls more than the allowed threshold in the above-mentioned entity.

Details of Senior Management Official responsible for the entity (listed in the table below):

Name: _____ Designation: _____

Note: If photograph already attached on the KYC Form, it need not be attached in the below table.

No.	Photograph	Name of Beneficial Owners/Controlling Person/Senior Managing Officials	Date of Birth	Nationality	Type of Documents		Ownership/Control (%)
					(PAN No.)	Address as per Aadhar	

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					(PAN No.)	Address as per Aadhar	

I/We certify that the above information is true and accurate. If there are any changes to the ownership or control of the entity, I/We will inform ICICI Home Finance Company Limited without delay.

Signed on behalf of [Entity Name]: _____

Signature of Person 1: _____

Signature of Person 2: _____

Signature of Person 3: _____

Signature of Person 4: _____

Location: _____

Date: _____

(This form must be signed by the authorised partner/s, trustee/s, or senior official of the entity and supported with KYC documents.)

For ICICI HFC Branch Use Only

The details of the beneficial owners have been verified based on the information provided by the customer and, where applicable, checked against public records wherever available.

Employee Name: _____

Employee ID: _____

Signature: _____

Date: _____