

International Financial Services Centres Authority

Common Application Form (CAF)

This form must be submitted by all Applicants¹ desirous of setting up an IFSC Unit in GIFT IFSC and for obtaining relevant permissions under the respective IFSCA Regulations/ Frameworks, except entities applying as Market Infrastructure Institutions (MII), Fintech Sandbox, Fintech Accelerator and Foreign Universities proposing to set up branch campuses in IFSC.

In addition to this form, you may be required to submit other supplementary forms as applicable to your intended business activities in GIFT IFSC.

All questions must be answered by the Applicant in English language only. Incomplete applications will not be considered. In case the applicant has already answered a question, specific reference to that cell/section may be provided to avoid duplication. In case of any non-applicability of a question, the Applicant may answer to that effect, stating the reasons justifying the non-applicability.

Applicants are advised to refer to the IFSCA website for latest amendments in the relevant IFSCA Regulations/ Frameworks/ Circulars etc. that may be pertinent to your application.

Applicants are required to pay the following fees:

- 1. IFSCA Application Fee, as applicable to the intended business activity (Please refer Section H);
- 2. SEZ Fee (Please refer Section H).

¹ For applicants proposing to setup an IFSC Unit as a branch in IFSC, applicant shall be read as Parent Entity.

All the documents provided must be in English language only. If any of the document is not in English, a certified English translation is required. The English translation to be certified "true copy" by the concerned financial regulator in country of the Applicant or an external legal counsel. All the documents provided shall be self-certified. However, in case of foreign nationals the documents are to be apostilled / notarized (e.g. Certificate of Incorporation, Certificate / Declaration of the person being authorized to act on behalf of the entity etc.)

IFSCA reserves the right to seek any additional information or clarifications, as necessary.

Section A1: General Information to be filled by applicants setting up as a branch¹ in IFSC ¹Indian Insurers may read this as 'Place of Business' **Particulars** SEZ S. Comments / No. Remarks use (for IFSCA use) IFSCA Regulations/ Framework/ Circulars under which \bigstar Application is being made by the Applicant (please refer Section E) Name of the Applicant. \Rightarrow 2. Form of the Applicant (Company/ Limited Liability \bigstar Partnership/ Trust/ Registered Partnership / One Person Company / Body Corporate / If any other (please specify)) along with Registration/ Identification No. documentary proof. For example, in case of a company provide the Certificate of Incorporation, Memorandum of Association and Articles of Association. Date of incorporation of the Applicant. Address of Head/ Corporate Office of the Applicant (also provide FAX no(if available), Email ID and Website) Address of Registered Office of the Applicant (also provide FAX no(if available), Email ID and Website) Address of principal place of Business of the Applicant (also provide FAX no(if available), Email ID and Website) Provisional address of the Applicant's proposed IFSC Unit. Attach copy of Provisional Letter of Allotment.

Details of Person Authorised with respect to this application (Name, Designation, Email, Phone, Address)	
i) If Applicant is regulated by Financial Sector Regulator(s) provide the following details: Name of Regulator, Name of Country, Type of Activity, License/ Registration No., Date of Registration and Validity & No Objection Certificate (NOC) from home country regulator, if required as per IFSCA regulations.	
ii) If any of the Applicant's group ² entities are regulated by Financial Sector Regulator(s) provide the following details: Name of Regulator, Name of Country, Type of Activity, License/ Registration No., Date of Registration and Validity	
² for the purpose of this question, the term group shall include: JVs/ Subsidiaries / Associates / Promoter / Body Corporate operating under common brand name	
Whether Applicant, including all promoters /controlling shareholders / senior management/ founders are from a country identified in the latest public statement of Financial Action Task Force as: a) High-risk jurisdiction subject to a call for Action; or (Yes/No) b) a Jurisdiction under Increased Monitoring. (Yes/No) If yes to any of the above, provide further details.	
Whether Applicant's group ³ entities, having transactions/commercial engagements with applicant entity are from a country identified in the latest public statement of Financial Action Task Force as:	
	application (Name, Designation, Email, Phone, Address) i) If Applicant is regulated by Financial Sector Regulator(s) provide the following details: Name of Regulator, Name of Country, Type of Activity, License/ Registration No., Date of Registration and Validity & No Objection Certificate (NOC) from home country regulator, if required as per IFSCA regulations. ii) If any of the Applicant's group ² entities are regulated by Financial Sector Regulator(s) provide the following details: Name of Regulator, Name of Country, Type of Activity, License/ Registration No., Date of Registration and Validity ²for the purpose of this question, the term group shall include: JVs/ Subsidiaries / Associates / Promoter / Body Corporate operating under common brand name Whether Applicant, including all promoters /controlling shareholders / senior management/ founders are from a country identified in the latest public statement of Financial Action Task Force as: a) High-risk jurisdiction subject to a call for Action; or (Yes/No) b) a Jurisdiction under Increased Monitoring. (Yes/No) If yes to any of the above, provide further details. Whether Applicant's group³ entities, having transactions/commercial engagements with applicant

If yes to any of the above, provide further details.	
³ for the purpose of this question, the term group shall include: JVs/ Subsidiaries / Associates / Promoter / Body Corporate operating under common brand name	

	ction A2: General Information to be filled by incorporated in IFSC	appiioaiio	
S. No.	Particulars	Comments / Remarks (for IFSCA use)	SEZ
0.	IFSCA Regulations/ Framework/ Circulars under which Application is being made by the Applicant (please refer Section E)		*
1.	Name of the Applicant		*
2.	Form of the Applicant (Company/ Limited Liability Partnership/ Trust / Registered Partnership / One Person Company / Body Corporate / If any other (please specify)) along with Registration/ Identification No. and documentary proof. For example, in case of a company provide the Certificate of Incorporation, Memorandum of Association and Articles of Association.		*
3.	Date of incorporation of the Applicant		

4.	Name and Address of Head/ Corporate Office of the Applicant's Parent Entity(ies) (also provide FAX no(if available), Email ID and Website)	
	Address of Registered Office of the Applicant's Parent Entity(ies) (also provide FAX no(if available), Email ID and Website)	
	Address of principal place of Business of the Applicant's Parent Entity(ies) (also provide FAX no(if available), Email ID and Website)	
5.	Provisional address of the Applicant's proposed IFSC Unit. Attach copy of Provisional Letter of Allotment.	1
6.	Details of Person Authorised with respect to this application (Name, Designation, Email, Phone, Address)	
7.	i) If Applicant's parent entity(ies) is regulated by Financial Sector Regulator(s) provide the following details: Name of Regulator, Name of Country, Type of Activity, License/ Registration No., Date of Registration and Validity & No Objection Certificate (NOC) from home country regulator, if required as per IFSCA regulations.	
	ii) If any of the Applicant's group ⁴ entities are regulated by Financial Sector Regulator(s) provide the following details: Name of Regulator, Name of Country, Type of Activity, License/ Registration No., Date of Registration and Validity	
	⁴ for the purpose of this question, the term group shall include: JV's/ Subsidiaries / Associates / Promoter / Body Corporate operating under common brand name	
8.	Whether Applicant's Parent Entity, including all promoters/controlling shareholders/ senior	

	the latest public statement of Financial Action Task Force as: a) High-risk jurisdiction subject to a call for Action; or (Yes/No) b) a Jurisdiction under Increased Monitoring. (Yes/No) If yes to any of the above, provide further details.	
9.	Whether Applicant's group ⁵ entities, having transactions/ commercial engagements with applicant entity are from a country identified in the latest public statement of Financial Action Task Force as:	
	a) High-risk jurisdiction subject to a call for action; or (Yes/No) b) a Jurisdiction under Increased Monitoring. (Yes/No)	
	If Yes to any of the above, provide further details.	
	⁵ for the purpose of this question, the term group shall include: JVs/ Subsidiaries / Associates / Promoter / Body Corporate operating under common brand name	

Section B: Corporate Information

(This section is to be filled by all applicants)

- 10. Copy of the Resolution passed by the Applicant authorizing its Director(s)/Partner(s)/ Authorized Person(s) as applicable, for enabling the Applicant to:
 - make an application to IFSCA, and thereby executing, or providing necessary documents on behalf of the Applicant to IFSCA.
 - to incorporate/ setup unit in IFSC
 - in case applicant wants to pursue business activities different from the ones for which the applicant is licensed (if applicable)

	Attach copy(i	ies)					
	Attach copy(i						
11.	Provide detai	ils of 'Informa	ition on Managen	nent' as per	given forma	nt in Section G.	
12.	_	•	t of major shareh	•	_		
	Applicant.	ing rights or	distributable divi	aena) / Per	sons exercis	sing Control, of	
	a) Authorized	l Canital					
	*	•	rs Capital contrib	ution:			
	'	•	ssued Capital:				
	d) Face value	•	·				
	e) Details of t	he Sharehold	ling or partnershi _l	structure a	as below:		
	to atmos and	Name of	Nickie wellen of	A	0/ Direct	0/ 1/2 11/2 24 11/2	
	Instrument	Name of the	Nationality of Individual	Amount Invested	% Direct Holding in	% Indirect Ho Applicant entity	
		Shareholde	shareholders/	(incl.	Applicant	(as on)	
		r or	Country of	Currency)	entity	,	
		Investor	Registration for		(as		
			Institutional		on)		
	Equity		Investors				
	Shares/						
	Capital						
	Contributio						
	n						
	Others						
	(Preference /Convertibl						
	es etc.)						
	32 233.7	TOTAL					
	6The intent o	of this augstio	un is to identify th	a I Iltimata	Repeticial O	lwner (LIBO) of	
		⁶ The intent of this question is to identify the Ultimate Beneficial Owner (UBO) of the Applicant. In case the shareholding is not held directly by the shareholder					
	mentioned in table above in Q12, provide ownership structure chart of the						
			g out the verti		•		
	percentages						
	7Control shall	l includa tha r	ight to appoint ma	aiority of the	directors o	r to control the	
			ignt to appoint ma decisions exercisa				
	_	•		•			
	individually or in concert, directly or indirectly, including by virtue of their shareholding or management rights or shareholders' agreements or voting						
	_	or in any othe	=		20.00		

13.	In respect of the shareholders disclosed in Q12 above:
	If the direct shareholder is a Natural person then: provide Net Worth Certificate ⁸ along with the last three year Personal Tax Returns.
	If the shareholder is a body-corporate then: provide audited financial statements (Balance sheet, P&L and Cash flow statement) for the last three years.
	⁸ Net worth Certificate should not be older than six months as on the date of application (As certified by CA/CS or their equivalent in foreign jurisdiction). (Mention figures in space provided and Attach copy)
13A.	Please provide the Net Worth Certificate ⁸ of the Applicant.
	Enter the figures in the space provided and upload the document.
	⁸ Net worth Certificate should not be older than six months as on the date of application (As certified by CA/CS or their equivalent in foreign jurisdiction).

S.No.	ection C: Information on Business Plan for the IFS Particulars	Comments/
		Remarks (for IFSCA use)
14.	Briefly describe the Applicant (including existing activities carried out, revenue from these activities, key client jurisdictions, no. of employees etc.). Also, provide group's experience in providing regulated financial services in India or any other jurisdictions.	
★ 14 A	Provide the Applicant's Business Plan, highlighting their proposed business activities to be carried out in IFSC as per relevant regulations/framework.	
15.	Has the Applicant previously submitted an application form or a regulatory business plan to any other financial services authority to carry out regulated activities? If "yes," when was the most recent submission made, and to which regulator?	Non- Mandatory field
	If the answer is "yes," what happened with that submission?	
16.	Describe the procedures and measures that will be taken to ensure that the client's assets and/or funds are adequately protected.	Non- Mandatory field
17.	Provide answers to the following: i) Immediate and Future markets being targeted ii) Types of clients (whether institutional/ retail/ any other) iii) Projected number of clients at the end of Year-1 Describe the Applicant's prior experience serving retail clients (if applicable), including that of its Senior Management. Briefly explain measures in place, in terms of client agreements, marketing materials, etc. to safeguard	
Organisation	retail clients. n structure and corporate governance	
18.	Describe any intra-Group ⁴ business ties and transactions (such as guarantees, loans, cash flows, or services)	Non- Mandatory field

19.	Briefly describe the scope of interactions of IFSC Unit with other regulators/supervisors, if any. Applicants for IFSC Banking Unit shall answer this question.	Non- Mandatory field
20.	Describe the detailed organizational structure of the IFSC Unit outlining the roles and reporting lines of key personnel (including to its Parent Entity). Applicants which are proposing to setup as a branch shall answer this question.	Non- Mandatory field
21.	For each Board and Management Committee, provide the following details: i) Mandate ii) Composition iii) Reporting Lines	Non- Mandatory field
22.	Describe any conflicts of interest envisaged and how the Applicant's corporate governance structure and mechanisms will reduce or resolve them.	
Human reso	ources in the IFSC	<u> </u>
23.	Provide details of the Applicant's proposed human resource deployment in IFSC. Also describe various business activities (including front and back-office operations) to be carried out in the IFSC.	
24.	Identify any key-person risk for the Applicant and describe the measures in place (such as succession planning or retention policies) for tackling them.	
Business sup	pport activities proposed to be conducted from outside the II	FSC
25.	What activities will be conducted from outside IFSC? And Why?	
26.	Where will these activities be conducted from?	
27.	What are the Inherent risks of conducting these activities from outside IFSC? How these risks will be mitigated?	
IT System		1
28.	Describe (functions, capability, location etc.) the IT systems (Hardware, Software and Network) that the Applicant will use to support its business activities regarding:	Non- Mandatory field

	Risk management, Compliance monitoring, Financial accounting, Suspicious transactions surveillance and reporting, Recordkeeping of customer information and execution of transactions, Data back-up and redundancy, IT security and other cyber-related risks.	
Risk manage	ment	
29.	Describe the key internal and external risks that the applicant's planned business will face, as well as how it plans to mitigate those risks. Indicate the policies that will be implemented to identify and reduce these risks.	Non- Mandatory field
30.	Indicate if risk management will be the responsibility of a specified person. Describe that person's training and experience for the position, as well as whether they are a part of senior management.	Non- Mandatory field
31.	Will there be a board or management committee specifically charged with handling risk-related matters, and if so, what will its mandate be?	Non- Mandatory field
32.	How often do senior management and the Governing Body propose to receive risk reports?	Non- Mandatory field
33.	In the event of a disruptive occurrence, describe the business continuity and disaster recovery plan.	Non- Mandatory field
Compliance	arrangements	
34.	Describe the Applicant's compliance functions. Indicate the persons responsible and their interactions with risk management, internal audit, and group compliance functions.	
35.	How will the Applicant establish a culture of compliance within the organization?	Non- Mandatory field
36.	Describe the scope and periodicity of compliance audits.	Non- Mandatory field

37.	Provide an overview of the compliance monitoring framework.	
38.	Describe measures proposed to be adopted for resolving complaints.	
39.	How will the Applicant ensure that competence and training are ingrained into its business culture?	Non- Mandatory field
Financial projections 40.	Applicants proposing to setup a IFSC Banking Unit, Insurance Companies, Finance Companies are required to provide annual financial projections (including assumptions made) for a 5-year period. Please provide the following: Balance sheet Profit & Loss statement	Non- Mandatory field
	 Profit & Loss statement Cash flow statement Provide source of capital 	

	Section D: S	EZ Specific Information	
S. No.	Particulars		Comments / Remarks (for SEZ use)
Deta	ils of Applicant		
0.	Name of Bank with Address & Ad	ccount No.	
1.	Digital Signature Identifier numb	per	
2.	Income Tax PAN (Attach copy)		
	stment		
3.	Office Equipment such as compu	iters, servers, office furniture	
		(Rs. In Lakhs)	
	(a) Indigenous		
	(b) Import CIF value		
	(c) Total (a) + (b)		
4.	Details of source(s) of finance		

Infra	rastructure Requirements			
5.	Requirement of land/Office Space (Area in sq. mtrs.)			
Emp	ployment			
6.	Men			
7.	Women			
8.	Transgenders			
Shar	eholding of IFSC Unit			
9.	Equity Capital including	ng Foreign Investment		
		(\$ in thousand)	(Rs. In lakhs)	
	(a) Authorized			
	(b) Subscribed			
	(c) Paid up Capital			
	Note: If it is an existin	g company, give the b	reak up of existing and	
	proposed capital struc	cture		
10.	Shareholding Pattern			
	-	T		
		(\$ in thousand)	(Rs. In lakhs)	
	(a) Foreign holding			
	(b) Indian holding			
	(c) IFSC holding			
	Total Equity			
	Total Equity			
Othe	r Information			
Othic				
11.	Whether the applican	t has been issued any	Industrial license or	
	• •	•		ars.
	LOI/LOA under EOU/SEZ/STP/EHTP scheme. If so, give full particulars, namely reference number, date of issue, items of manufacture and			•
	-	tation of each project		
		, ,		
12.	Whether the applican	t or any of the partne	r/Director who are also)
	partners/ Directors of	another company or	firms its associate conc	erns
	are being proceeded against or have been debarred from getting any			
	License/Letter of Inte	nt/ Letter of Permissic	on under Foreign Trade	
	(Development and Re	gulation) Act, 1992 or	Foreign Exchange	

	Management Act, 1999 or Custom 1944.	s Act, 1962 or Central Excise Act,			
Place		Signature of the Applicant			
Date		Name in Block Letters Designation			
		Tel. No.			
		E-mail			
Official Seal/Stamp		Web-Site, if any			
		Full Residential Address			
	·				
I/We hereby declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We shall abide by any other condition, which may be stipulated by the Development Commissioner.					
I/We fully understand that any Permission Letter/Approval granted to me/us on the basis of the statement furnished is liable to cancellation or any other action that may be taken having regard to the circumstances of the case if it is found that any of the statements or facts therein furnished are incorrect or false.					
An affidavit duly sworn in support of the above information is enclosed.					
Place	2:	Signature of the Applicant			
Date		Name in Block Letters			
		Designation			
		Official Full Official address			
Seal/	/Stamp	Tel. No.			
ĺ ,	·	E-mail Address			
		Web Site Address			
		Full Residential address			
		Tel. No			

Section E: The relevant IFSCA Regulations/ Frameworks/ Circulars under which Registration/ Authorization/ License is sought by the Applicant.

S. No.	Regulations/ Frameworks/ Circulars	Tick (as applicable)
1	International Financial Services Centres Authority (Banking) Regulations, 2020	
2	International Financial Services Centres Authority (Finance Company) Regulations, 2021	
3	International Financial Services Centres Authority (Capital Market Intermediaries) Regulations, 2021	
4	Consolidated IFSCA (Registration of Insurance Business) Regulations, 2021	
5	Consolidated IFSCA (Insurance Intermediary) Regulations, 2021	
6	IFSCA (Insurance Web Aggregator) Regulations, 2022	
7	IFSCA (Fund Management) Regulations 2022	
8	Framework for FinTech Entity in the International Financial Services Centres (IFSCs)	
9	Framework for enabling Ancillary Services at International Financial Services Centres	
10	Global In-House Centres (GIC) in International Financial Services Centre (IFSC)	
11	IFSCA (Vault Manager) Circular, 2021 (Operating Guidelines on Bullion Exchange, Bullion Clearing Corporation, Bullion Depository & Vault Manager)	

Section F: Declaration by Authorized Signatory of the Applicant

A Declaration cum undertaking containing following details on the letter head of the applicant stating that:

- a) We hereby declare that the information supplied in this application, including the attachment sheets, is complete, authentic and true, and nothing has been concealed therein.
- b) The activities proposed in the IFSC are in line with the object clause of the applicant as provided in the MoA/Prospectus/LLP Agreement.
- c) The applicant and its promoters/principal officers/founders/ directors/ partners/ designated partners, key managerial personnel and controlling shareholders are fit and proper persons, as per applicable IFSCA regulations / circulars / frameworks.
- d) We shall ringfence the operations of branch(es) from other operations of the applicant (applicable in case of branch)
- e) We shall notify IFSCA immediately of any material change in the information provided in the application.
- f) We declare that any funds / capital in operation with respect to our business operations in IFSC are not from the proceeds of crime.
- g) We shall ensure that the key activities of Investment decision, portfolio management and grievance handling shall be undertaken from IFSC (applicable only for Fund Management entities)
- h) We further undertake to comply with, and be bound by the International Financial Services Centres Authority Act, 2019, and the regulations, circulars, guidelines, rules, etc. and instructions thereunder as may be applicable from time to time [including any modifications or re-enactments thereof]
- i) We further agree that as a condition of registration, we shall at all times abide by such operational instructions/directives as may be issued by the IFSCA from time to time.
- j) We shall, to the satisfaction of IFSCA, furnish any other information as may be sought by IFSCA.

	For and on behalf of (Please insert name of the applicant)
	Authorised signatory
	(Name)(Signature)
	(With seal / stamp of the Applicant)
Date:	
Place:	

Section G: Information on Management (IOM)

Instructions:

- O. This section is to be filled by the applicants who are willing to establish a unit in the IFSC in an incorporated form.
- 1. This section is not applicable for the applicants who are willing to establish its office in an unincorporated form such as place of business or branch office etc. provided the applicant entity is regulated by a Financial Sector Regulator in its home country.
- 2. This section is only to be filled by Natural persons and not by body-corporates i.e to include all persons acting in the capacity of Promoters/ Key Managerial Personnel/ Founders/ Shareholder(s) holding 10% & above shares and/or voting rights and/or distributable dividend/ Designated Partners/ Authorised Representatives/ Directors/ Principal Officer/Persons in control, of the Applicant, a separate self-attested form shall be submitted.

Sr. No.	Particulars	Remarks by IFSCA	SEZ use
0)	Name		*
1)	Director / Designated Partner Identification Number (DIN / DPIN) if any		
2)	Designation in company/ Legal Form		*
	Nationality		
3)	Country		
	Passport Number, if any		*
4)	Date of Birth (DD\MM\YYYY)		

	Sex	
5)	Business Address (along with Phone, Fax and Email)	*
6)	Residential Address (along with Phone, Fax and Email) with supporting document	*
7)	Permanent Account Number (PAN) under Income Tax Act / Tax Identification No. / Tax Residency No.	*
8)	Date of Appointment to current post	
9)	Key functions and responsibilities in the IFSC unit.	
10)	Position in the organizational hierarchy of the Applicant (in case of branch, also include reporting relationships to the parent entity)	
11)	No. of Shares / % of Shareholding in the Applicant	
12)	Detailed Resume outlining qualifications and experience.	
13)	Is the promoter/director/founder associated with any other entity in any capacity? If yes, please furnish the name(s) of other organizations or entities or associations or unincorporated entities in which the person has held the post of Chairman or Managing Director or Director or Chief Executive Officer or associated with the above entities in any other capacity indicating the activity of the company and regulators, if any.	

Section H: Fee Structure

IFSCA Fee:-
All Applicants are advised to refer to circular F. No.865/IFSCA/Banking/Fee Revision/2022-23 dated May 17, 2023 and amendment to the said circular dated July 05, 2023 for various fees applicable and the bank account details for remission of fee to IFSCA. The said circular can be obtained on IFSCA website. Applicants are also required to submit proof of payment of application fee.
SEZ Fee: -
The applicants are required to pay a sum of rupees five thousand (Rs 5000/-) to the Pay & Accounts Officer of the Kandla Special Economic Zone as per the details mentioned below.
Name of the Bank: CENTRAL BANK OF INDIA
Account No: 3561135529

IFSC Code: CBIN0282169

MICR Code: 110016060

Branch Location: Udhyog Bhawan, New Delhi

Applicants are required to fill the below details after completion of payment of SEZ fee.

Amount Rs.	
Transaction/ Reference No.	
Transaction date	
Mode of Payment	
(NEFT/ RTGS/ LIPL etc.)	

Section J: Document Checklist to be attached with CAF

(Please provide all documents of all concerned as may be applicable)

Sr. No.	Supporting Documents Attached	Specify Yes/No, as applicable	SEZ use
0.	Certificate of Incorporation / Registration / equivalent certificate (A1.2/A2.2)		*
1.	Articles of Association (AOA) (A1.2/A2.2)		*
2.	Memorandum of Association (MOA) (A1.2/A2.2)		*
3.	LLP Agreement (A1.2/A2.2)		*
4.	Trust Deed (A1.2/A2.2)		*
5.	Partnership Agreement (A1.2/A2.2)		*
6.	Provisional Letter of Allotment (A1.5/A2.5)		*
7.	NOC from Home Regulator (A1.7/A2.7)		
8.	Board Resolution(s) (B.10)		*
9.	Ownership and Group Structure Chart (to ascertain UBOs) (B.12)		
10.	Last 3 years Audited Financial Statements (Balance		
	Sheet, P&L Statement, Income Statement). In case of		
	branch, provide above details of Parent entity. (B.13)		
11.	Net Worth Certificate and Personal Tax Returns (B.13)		
12.	Business Plan (C.14 A)		*
13.	Financial Projections for next 5 years (C.46)		
14.	Permanent Account Number (PAN) or any other tax identification no. (D.2)		*
15.	Affidavit as required in Undertaking in Section D		
16.	Declaration on the letter head of the company duly		
	signed by the authorized signatory (Section F)		
17.	Information on Management (Section G)		
18.	Director /Designated Partner Identification Number		
	(DIN/DPIN) (G.1)		
19.	Passport (G.3)		*
20.	Detailed Resume/CV (G.12)		
21.	Copy of proof of payment of application fees (Specify SWIFT MT 103 or UTR No.) (Section I)		