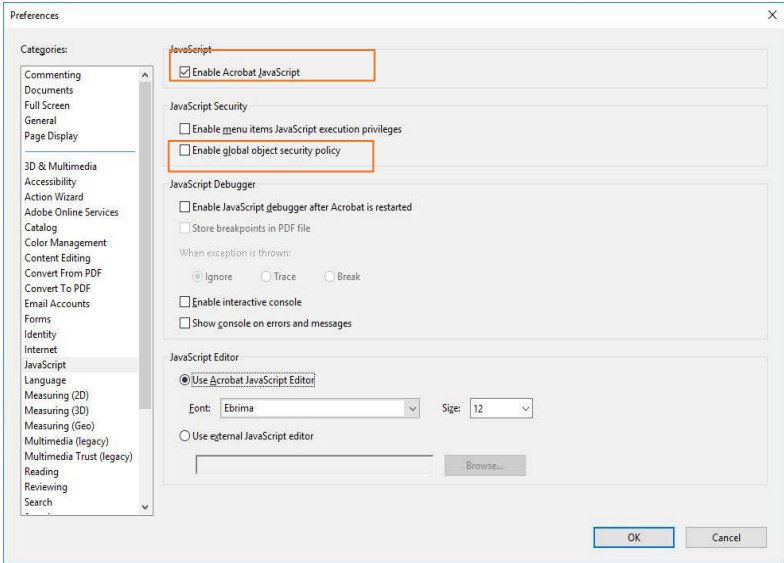


Important Instructions

You are requested to go through the below instructions carefully before filling the form.

1.	Standard Chartered New Joiner form is an editable form that allows you to enter data.
	<p>You should open the form in any one of the below combinations only:</p> <ul style="list-style-type: none"> • Acrobat Reader XI with Windows XP or Windows 7 or Windows 8 • Acrobat Reader DC with Windows 7 or Windows 8 or Windows 10
	<i>Opening the form in a browser or any other PDF software will not allow you to enter form data.</i>

2.	Standard Chartered New Joiner form has JavaScript validations that help you fill your data.
	<p>a. You should set your Acrobat Reader JavaScript preferences by navigating through: Reader's Edit (menu) -> Preferences (submenu) -> JavaScript (category)</p> <p>b. You should select 'Enable Acrobat JavaScript'.</p> <p>c. You should deselect 'Enable global object security policy'</p>
	
	<p>d. After setting the JavaScript preferences as per instructions, please close and reopen form so that the preferences are applied to the form.</p>
	<i>Opening the form without setting the correct preferences will not allow you to enter form data.</i>

3.	Standard Chartered New Joiner form enables you to attach your passport sized photo through the button at the end of this form.
	<p>a. Attach your recent passport size photograph with white background in file format as *.jpg or *.tiff or *.png.</p> <p>b. The size of your file upload should be between 10 KB and 300 KB.</p>
	<i>Attempting to attach your photo in an unsupported file format or higher than specified size may not allow you to upload the filled form to the Bank's server.</i>

New Joiner Form

Standard Chartered Global Business Services Pvt. Ltd.

Self Certification Letter

I,

*First name **

Middle name

*Last name **

(full legal name as shown in Aadhaar) hereby confirm and declare in connection with my application for the position of

with *** [Include Standard Chartered Global Business Services Pvt. Ltd. Branch details] or any member of the Standard Chartered Global Business Services Pvt. Ltd. (the Group we or us) that:

- i. The information which I have provided to Group in my CV and in any forms and online submission, is true and accurate.
- ii. The statements and declarations I have made in relation to my identity, address, employment history and qualifications are true and accurate.
- iii. I do not have any previous criminal convictions for fraud, any form of financial wrongdoing or misdemeanour or any other offence. Non-imprisonable road traffic offences are not considered for this purpose.
- iv. I am not subject to any current criminal proceedings.
- v. I am not been adjudicated bankrupt and I do not have any financial judgments against me in the civil courts for unpaid debts.
- vi. I am not aware of any proceedings that have begun, or anybody's intention to begin proceedings, against me for a judgement debt or which may result in a judgment debt.
- vii. I am not barred by any Indian or Foreign laws to reside and work in India and there are no proceedings current or closed involving me which touches upon this.

- viii. Please state any names, other than your legal name shown above, that you are commonly known by.
If none, please write None.

Name(s) commonly known by:	
1.	
2.	
3.	
4.	

- ix. Do you have any previous legal names, other than your name shown above, during the preceding five (5) years? *

Yes No

Previous legal name(s) during the preceding five (5) years	
1.	
2.	
3.	
4.	
5.	

Please note that you may be required to provide supporting documentation in connection with any of the above declarations, if so requested.

* I,

do hereby affirm the contents of this self certification letter to be true and correct to the best of my knowledge faith and understanding.

Declaration: Politically Exposed Persons

A **PEP** is an individual who has been entrusted with a prominent public function. Examples might include Heads of State or Government; senior politicians and government officials, both elected and appointed (including senior civil servants and diplomats); members of national / federal or state / province legislatures; senior judicial or military officials; important political party officials; and senior executives / directors of state owned corporations, including central banks.

Includes close associates or immediate family members of a PEP:

A **close associate** might include an individual who has joint control of a legal arrangement or any other close business relations, with a person who is a Politically Exposed Person.

An **immediate family member** is a spouse; a partner; a parent; a child and their spouse or partner and parents.

Are you a politically exposed person, (someone who has been entrusted with any prominent public function), or do you have any immediate family members or close associates who hold any prominent public function? *

Yes No

If you have answered “Yes” to the above question, please provide the relevant details in the space below.

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

* This is a mandatory question / field.

Declaration: Client Connections

A Client Connection is a strong, obvious and direct personal connection by the individual (excluding distant, removed, or potential connection) to an existing client who is an immediate family member of the candidate being hired, or, existing employee, including Non Employed Worker (NEW), and where the family member is in a position to confer benefits upon the Bank.

This definition also includes where the existing client is a corporation and the individual being hired has immediate family members in the corporation and is in a position to confer benefits to the Group.

Case example 1: The father of the candidate is a Private Banking client of the Group and the son has applied for a relationship management role in Private Bank in the same country as his father's account is conducted. The candidate (son) would be expected to self declare the Client Connection that his father is a Private Bank client.

Case example 2: The father of the candidate is Chief Financial Officer of a major corporation and that corporation is a corporate client of the Bank. In such a case the candidate may legitimately have no knowledge of that banking relationship as the information is confidential and the father may not have divulged it. Clearly if the individual was hired and their role was subsequently client facing to the same corporation or involved in dealings with that client, or had knowledge of the relationship, it would be reasonable to expect them to declare the client connection. However, if they were not client facing to that corporation and had no knowledge of that client in the Group's portfolio in their role, then it might not be reasonable to expect them to declare an Outside Business Interest (OBI). In each case the facts would need to be considered in the investigation.

To the best of your knowledge, do you have any immediate family members who have a significant business relationship with Group or who are employed by any of its regulators? *

Yes No

If you have answered "Yes" to the above question, please provide the relevant details in the space below.

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Declaration: Close Financial Relationships (CFRs)

A CFR exists when both of the following are present:

- a. **There is a financial relationship.** A financial relationship exists between two or more people when a financial benefit* flows between them.
- b. **The financial relationship is close.** A financial relationship is close if the relationship exists between two or more members of Staff of the Group.

**The financial benefit may flow between persons pursuant to a contractual arrangement or informally by action or acknowledgment between individuals. The financial benefit may result from a single transaction or from an ongoing series of transactions over time.*

Do you have a Close Financial Relationship with any Staff member based on the above?*

Yes No

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

* This is a mandatory question / field.

Close Personal Relationship (CPR) Declaration

Do you have any relative working in Standard Chartered Global Business Services Pvt. Ltd. / SCB Group?*

Yes No

If **yes**, please provide the following details of your closest relative:

1. Relationship :

2. Relative's Name :

*First name **

Middle name

*Last name **

3. PeopleSoft ID :

Disclaimer: I hereby declare that all the information is true to the best of my knowledge and that any misrepresentation of facts by me in this application will render my appointment in the company null and void, de novo.

* **Note:** In case of any change in the above details during the course of my employment with Standard Chartered Bank, the same will be furnished to my Line Manager and to the HR immediately.

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Outside Business Interest (OBI) Declaration

- Do you hold any Business Interest outside of your Current Role / Job? * Yes No
- If yes**, please provide the following details:
 1. Whether the role is an executive or non-executive directorship, partnership or sole proprietorship
 - a. The estimated amount of time spent in the role (number of hours per month)
 - b. The estimated remuneration, where applicable
in
 2. Whether the Staff is acting as a consultant or in the employment of another entity other than the Group Yes No
 - a. The remuneration per month
in
 3. Whether the OBI is a Client of or service provider to the Group Yes No
 4. If the role involves taking up a political position Yes No
- Do you have any Financial Investment in any kind of business venture? * Yes No
- PEP / Client Connection * Yes No

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Letter of Consent and Authorization

To whomsoever it may concern

I hereby authorize Standard Chartered Global Business Services Pvt. Ltd. and their agents, First Advantage Private Ltd. or First Advantage to verify information provided in my pre-employment personal information form, and to conduct enquiries as may be necessary, at the company's discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to Standard Chartered Global Business Services Pvt. Ltd. or First Advantage Private Ltd. or First Advantage. I release all persons from liability on account of such disclosure. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

* I,

further understand that the background check with my current employer may be initiated at least 21 days prior to my date of joining with the Bank and I hereby give my irrevocable consent in doing so.

Declarations

I,

* of

hereby undertake to comply with the below mentioned:

1. 'Dual employment'

I declare after joining Standard Chartered Global Business Services Pvt. Ltd., I will not be continuing with any employment elsewhere effective the date of my joining.

Further, I am aware that, in the event of the Standard Chartered Global Business Services Pvt. Ltd. finding about my employment with anyone / entity or whosoever at any given point in time subsequent to my accepting the employment with Standard Chartered Global Business Services Pvt. Ltd., the Bank reserves the right to terminate my employment or take appropriate action against me as it deems fit.

2. 'Medical fitness'

I hereby declare that I am medically fit and that I do not suffer from any serious illness or infection or any other terminal or communicable / infectious disease / illness prior to my accepting the said appointment / employment.

I further declare that if I am found to have suffered from any of the above and withheld this information prior to my appointment / employment with Global Business Services Pvt. Ltd., the Bank can take appropriate disciplinary action against me.

3. 'No criminal record'

I hereby declare that I have no criminal record and that I do not have any criminal legal cases or investigations pending against me prior to my accepting employment at Standard Chartered Global Business Services Pvt. Ltd.

I further declare that if I am found to have been involved in any criminal activity (and withholding of such information) prior to my accepting employment with Global Business Services Pvt. Ltd. and during my employment with Standard Chartered Global Business Services Pvt. Ltd., appropriate disciplinary action can be taken against me.

4.	<p>'Non-Bankruptcy'</p> <p>I hereby declare that I am Solvent and have never filed for Bankruptcy prior to my accepting employment at Standard Chartered Global Business Services Pvt. Ltd.</p> <p>I further declare that if I have withheld any information about my financial insolvency and bankruptcy prior to my appointment / employment with Standard Chartered Global Business Services Pvt. Ltd., appropriate disciplinary action can be taken against me.</p> <p>Further Standard Chartered Global Business Services Pvt. Ltd. will not be accountable for any of my personal financial obligations.</p>
5.	<p>Adherence to 'Do Not Disturb' process</p> <p>I will make a sale related phone call to prospective / existing customers only after scrubbing their phone numbers with National Customer Preference Register (NCPR) of Telecom Regulatory Authority of India (TRAI) and the 'Do Not Disturb' database of Standard Chartered Global Business Services Pvt. Ltd. and I undertake to follow all processes on the same.</p>
6.	<p>Health & safety (H&S) policy and practices</p> <p>On my first day of work, I shall obtain / understand the following through my line manager;</p> <ul style="list-style-type: none"> • The names and contact details of the fire marshal/s at my floor. I understand that I need to be in touch with a Fire Marshal as soon as I detect fire and follow his / her instruction/s thereafter. • The fire exit route/s from my workstation. In case of a fire, if a fire marshal instructs, I shall direct myself and other in affected area through the fire exit route to safe location. • The first aider/s at my department / floor / nearest location. I shall be in touch with the nearest first aider in case myself or any of my colleagues is / are in need of first aid. <p>I undertake to report any accident / incident occurred or potential hazard present in my workplace to my line manager / nearest property representatives.</p>
7.	<p>'US citizenship' [Tick if applicable]</p> <p>I confirm that I am a</p> <p>US citizen</p> <p>Green card holder</p> <p>and I have been provided with a copy of the group sanction policies which I have read and understood.</p> <p>Further, if after the date of this form, I do become either a US citizen or a green card holder then, I undertake to inform HR.</p>

8. Wealth Products Management

I hereby declare and confirm that I will not advise, offer, refer, recommend, propose or solicit or introduce or bring up or generate leads for a specific Investment or Insurance product or show a list of specific Investment or Insurance products to customers till I have successfully completed all required certifications requirements as laid down by the Bank / Regulator for Wealth Management Products.

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

DATA PROTECTION AND PRIVACY STATEMENT

The Standard Chartered Group, i.e. Standard Chartered PLC., its subsidiaries and affiliates ('the Group'), respects the privacy of the information provided by you, or any other person, to the Group. This Statement explains how your information will be used and protected. It applies to information held about you now, or at any future date.

The Group must maintain information about you in connection with your employment. The information that may be held includes, but is not limited to: your C.V; application form; references; appraisal and disciplinary records; salary, pension and benefits details; results of medical, security and financial checks; sickness records; personal contact details; bank account and tax details; and any other information relevant to the following purposes. If we are unable to hold such information about you, we may not be able to perform some or all of the purposes detailed below.

The Group may use your information for the following purposes:

- To appraise your job performance and make decisions about your promotion, training, transfer, redeployment or career development;
- To determine, calculate and review your salary, bonuses and any other staff benefits including pension entitlements;
- To process payment of your salary, other authorised expenses or benefits to your account or by any other means;
- To take appropriate action in event of emergencies;
- To comply with any statutory requests received from relevant public authorities / agencies;
- For any purpose required by law or regulation;
- For disciplinary purposes arising from your conduct or your ability to perform your job requirements;
- To provide references / reports to potential employers, financial institutions, legal representatives, and other appropriate bodies;
- To plan succession and talent management initiatives;
- To monitor compliance with regulatory requirements and the Group's internal policy requirements;
- To enable the Group to make decisions and / or policies concerning its employees generally;
- To enable auditors to conduct regular reviews of the Group's business and operations;
- To support any business, technical, administrative or security function required by the Group's operations, including, but not limited to: communication and processing systems; accident / sickness insurance; security of staff, systems and premises (CCTV; card entry systems; IT security systems); telephone recording; contingency planning; systems development and testing; monitoring internet and telephone usage; business and financial, monitoring planning and decision making.

The Group may disclose your details to verify or obtain additional information about you from third parties including education institutions, present and past employers and credit reference agencies. Credit reference agencies keep details of searches. You can contact us to find out which agencies have been used.

For the purposes stated above, your information will be disclosed to authorised staff within the Group including Human Resources staff, your line and business managers, and their delegates. Other than those listed below, your information will not be disclosed to any external body unless you have consented or the Group is under a legal obligation or entitlement or other duty to do so:

- Any agent, contractor or third party service supplier providing administrative, technical, legal and other services to the Group (such as telecommunications, computer development and support, data processing, recruitment, general insurance, pensions, accident and medical insurance, security services);
- Any other person under a duty of confidentiality to the Group including, but not limited to, our external auditors and lawyers;
- Any customer or other business contact of the Group where necessary for the Group's business activities;
- Any lawyers / solicitors in connection with legal proceedings, to obtain legal advice, or to support the Group's legal rights;
- In the case of the merger or acquisition of all or any part of the Group's business, any actual or proposed purchaser, merger partner or subscriber for the Group's shares, or their legal and financial representatives.

As an international organisation the Group manages its people resources on a global basis. Therefore your details will be available to authorised personnel in any country in which the Group operates. This may involve the transfer of your information to parts of the Group, its agents or third party service suppliers, located in countries that do not offer the same level of data protection as your home country. However, the Group will ensure that parties to whom your details are transferred agree to protect your information and store and process it in a secure manner. Such protection is established in Group policies, procedures and contractual arrangements with Group agents / service suppliers.

Your information may be held manually or electronically (eg. on local and global processing systems and databases; communication, payment, CCTV, card access and other systems), but will always be held securely. It will be retained by the Group for as long as there is a business need to hold the information or as required by legal, regulatory or accounting requirements or to protect the Group's interests.

The Group will comply with data protection legislation / privacy laws and have regard to codes of practice that apply to your information. It will ensure that your rights are upheld. If your information is subject to national laws that are more stringent than the terms of this Statement, the relevant national laws will apply. Under the laws of some territories (including the United Kingdom and Hong Kong), you may have the right to access information that the Group holds about you and to have it corrected where appropriate. These rights may extend to your information if it is transferred into such territories via the Group's global HR system or by any other means. Standard Chartered Global Business Services Pvt. Ltd. is the 'data controller' for any information processed in the UK. If you wish to access your information, determine your rights, or have any other questions concerning this Statement, please contact your country or regional HR Department.

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

CONFLICT OF INTEREST OF DECLARATION FORM

Thank you for taking time to go through this questionnaire. The purpose of this form is to ensure that we address and clarify the matters concerning Conflict of Interest of all applicants such as yourself.

Definition:

- Immediate family: Refers to your spouse, parents, child and siblings.
- Corporate: Refers to company, enterprise, association.
- Related company of Standard Chartered Group: Refers to all Standard Chartered subsidiaries in India or other countries, or any other members of the Standard Chartered group.

Instructions: **Please select the answer, and provide additional comments where applicable.**

1.	Are you or any Immediate family members currently granted any advances, loans, or credit facilities by Standard Chartered Bank or any related company of Standard Chartered Group? *		
	• Housing loans	Yes <i>(If yes, please give the details below.)</i>	No
	• Car loans	Yes <i>(If yes, please give the details below.)</i>	No
	• Other loans	Yes <i>(If yes, please give the details below.)</i>	No
	• Overdrafts	Yes <i>(If yes, please give the details below.)</i>	No

* This is a mandatory question / field.

2.	Are you or any immediate family members are Director / Manager / Agent / Guarantor in any corporate or incorporate body or Sole Proprietorship / Partnership to which a loan, advance or credit facility is currently granted by Standard Chartered Bank or any related company of Standard Chartered Group? *	
	Yes (If yes, please give the details below.)	No
3.	Do you or any immediate family members have five or more percent interest in the share of a corporation to which a loan / advance / credit facility is currently granted by Standard Chartered Bank or any related company of Standard Chartered Group? *	
	Yes (If yes, please give the details below.)	No
4.	Have you or any immediate family members given any guarantee or other undertaking whatsoever including financial liability for any individual / corporation to whom a loan, advance, credit facility is currently granted by Standard Chartered Bank or any related company of Standard Chartered Group? *	
	Yes (If yes, please give the details below.)	No
5.	Have you been a director of, or directly concerned in the management of, any corporation which is being or has been wound up by a court or other authority to do so within or outside India, or of any licensed institution, the license of which has been revoke under this Act? *	
	Yes (If yes, please give the details below.)	No

Matters Related to Conflict of Interest

1.	Do you have a financial interest in a Standard Chartered Bank customer whether as Sole Proprietor / Partner / Shareholder / Creditor / Debtor? *	
	Yes (If yes, please give the details below.)	No
2.	Are you involved in any other business Part-time / Full-time business outside of your current job? *	
	Yes (If yes, please give the details below.)	No
3.	Are you serving as a / an Executive Director / Non-Executive Director of another corporation? *	
	Yes (If yes, please give the details below.)	No
4.	Are you appointed as Executors / Administrators / Trustees of customers' estates? *	
	Yes (If yes, please give the details below.)	No
5.	Have you ever been declared a bankrupt? *	
	Yes (If yes, please give the details below.)	No

Declaration

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Group Global Employee Privacy Statement

This Privacy Statement governs the way in which Standard Chartered Global Business Services Pvt. Ltd. and any member of the Standard Chartered Group (the "**Group**" "**we**" or "**us**") may collect, use and / or disclose ("Handle") your Personal Data (defined in the Group Global Privacy Policy) and as specifically set out below in connection with your employment and / or your directorship with us.

WHAT PERSONAL DATA DO WE COLLECT ABOUT YOU

The Personal Data we may Handle in relation to you is received directly from you and / or indirectly from third parties and publicly available sources. This may include, but is not limited to:

- Full name;
- Personal contact details (such as telephone number, email address and postal address);
- Date of birth;
- Gender;
- Nationality / citizenship;
- Immigration status;
- Copies of passport, employment / resident pass / ID, work authorisations and similar documents;
- Marital status;
- Group ID number and other numerical identifiers;
- Current and previous employment details (such as salary, employee saving schemes and other benefits);
- Bank account number and other financial details;
- Information regarding security, reference and financial checks (such as credit or bankruptcy checks);
- Information regarding any individual licence to conduct regulated activities;
- Corporate insurance and related claims;
- Education, training, qualification and certification;
- Performance, appraisals and objectives;
- Disciplinary records and histories;
- Sickness, maternity, sabbatical and other leave records;
- Pension details, payments and entitlements;
- Taxation information (including tax residency information);
- Stock trading and other investment details;
- Outside business interests;
- Gifts and entertainment information;
- Speaking Up information;
- Information on client relationship and vendor management activities;

- The use of vehicles made available to you including information regarding any accidents, fines and parking tickets;
- Business travel and expenses information;
- CCTV surveillance images;
- Building and floor access information;
- Photographs, voice recordings and video recordings / images;
- Employee survey information;
- Telephone, email, network and Group systems monitoring information, and
- Any other personal data relevant for administering your employment / directorship with the Group and for the purposes indicated below.

As an international organisation the Group manages its people resources on a global basis. Therefore your details will be available to authorised personnel in any country in which the Group operates. This may involve the transfer of your personal information to parts of the Group, its agents or third party service suppliers, located in countries that do not offer a statutory level of data protection equivalent to that in your home country. However, the Group will ensure that parties to whom your details are transferred agree to protect your information and store and process it in a secure manner. Such protection is established in Group policies, procedures and contractual arrangements with Group agents / service suppliers.

Unless special circumstances apply (such as for pension purposes), your personal information will be retained for up to 7 years following your departure from the Group, or as otherwise determined by local policies or applicable law. The Group will retain only those details that are necessary in the circumstances.

The Group will comply with data protection legislation / privacy laws and have regard to codes of practice that apply to your personal information. It will ensure that your rights are upheld. If your personal information is subject to national laws that are more stringent than the terms of this Statement, the relevant national laws will apply. Under the laws of some territories (including the United Kingdom and Hong Kong), you may have the right to access information that the Group holds about you and to have it corrected where appropriate. These rights may extend to your information if it is transferred into such territories via the Group's global HR system or by any other means. Standard Chartered Bank is the 'data controller' for any personal information processed in the UK. If you wish to access your personal information, determine your rights, or have any other questions concerning this Statement, please contact your country or regional HR Department.

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

YEAR	2	0		
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**STANDARD CHARTERED GLOBAL BUSINESS SERVICES PVT. LTD.
(STANDARD CHARTERED GROUP)
COMPLIANCE DECLARATION**

As an employee of **Standard Chartered Global Business Services Pvt. Ltd.** which is a service provider to the Standard Chartered Group, I do hereby declare and affirm compliance with the following:-

Gifts

All gifts received by me from Standard Chartered Global Business Services Pvt. Ltd's or the Group's customers, suppliers and associates have been declared and reported in accordance with the Group's Gifts and Entertainment policy;

Banking Secrecy

All data and information on the Group's customers have been and are kept confidential and have not been disclosed to anyone outside the Group unless legally permitted or with the Group's consent;

Conflict of Interest

I have not placed myself in a situation where my duties and responsibilities towards the Group and its customers are in conflict with my own personal interest;

Code of Conduct

I have read, understood and am at all times, committed to and have complied with the Group's Code of Conduct;

E-mail Libel

I have not written, sent, nor published any statement, which may subject Standard Chartered Global Business Services Pvt. Ltd. or the Group to a suit for libel or defamation in any written form or through any form of electronic mail or form of communication;

Unlicensed and Pirated Software

I have not incorporated any unlicensed, pirated or unauthorized software into any of Standard Chartered Global Business Services Pvt. Ltd's or the Group's IT systems which may constitute an offence under the laws of India or elsewhere;

Group Information Security Policy Guidance

I have read, understood and at all times complied with the Group's Information Security Policy;

Data Protection and Privacy Statement

I have read and understood the Group Data Protection and Privacy Statement;

"Fit and proper" criteria

I will comply with the minimum "fit and proper" criteria as follows:-

- a) I am not an undischarged bankrupt and do not have any bankruptcy proceedings or other legal proceeding initiated against me whether within or outside India;
- b) I do not have a judgement debt that remains unsatisfied in whole or in part;
- c) I am not convicted, whether within or outside India, of an offence involving fraud or other dishonest act or violence, the conviction of which involved a finding that I have acted fraudulently or dishonestly;
- d) I am not convicted of an offence under any laws whether within or outside India;
- e) I am not engaged in or associated with any other business or practices or have otherwise conducted myself in such a way as to cast doubt on my competencies and soundness of judgement.

* I,

do hereby affirm the contents of this declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

(FORM 2)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees
Pension Scheme 1995)

- | | | | |
|------------------------------------|---------------------|---------------------------|---------|
| 1. Name : | | | |
| (IN BLOCK LETTERS) | Name | Father's / Husband's Name | Surname |
| 2. Date of Birth : | 3. Account No. : | | |
| 4. *Sex: | 5. Marital Status : | | |
| 6. Address Permanent / Temporary : | | | |

PART – A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth (dd/mm/yyyy)	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor, name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6

*Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

*Certified that my father/mother is/are dependent upon me.

(Select above checkbox to strike out whichever is not applicable)

Signature/or thumb impression of the subscriber

PART – (EPS)

Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Children Pension in the event of my premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1.			
2.			
3.			
4.			
5.			

*Certified that I have no family as defined in para 2 (vii) of the Employees' Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

(Select the checkbox to strike out if the above is not applicable)

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii)) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth (dd/mm/yyyy)	Relationship with member

Date :

Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt / Miss

employed in my establishment after he / she has

read the entries / the entries have been read over to him / her by me and got confirmed by him / her.

Date:

Signature of the employer or other authorised officer of the establishment

Place :

Name & address of the Factory / Establishment

Date :

**Payment of Gratuity (Central) Rules
Form 'F'**

See sub-rule (1) of Rule 6

Nomination

To,

(Give here name or description of the establishment with full address)

1. I,

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act
4. (a) My father/mother/parents is/are not dependent of me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
5. I have excluded my husband from my family by a notice dated the _____, _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)		Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.				
2.				
3.				
4.				
5.				

Statement

1. Name of the employee in full
2. Sex
3. Religion
4. Whether
5. _____ where employed
6. Post held with _____, if any
7. Date of appointment (*dd/mm/yyyy*)
8. Permanent address
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____

Place :

Date :

Signature/Thumb-impression of the Employee

Declaration by Witnesses

Nomination signed/thumb-impressed before me
Name in full and full address.

Signature of Witnesses.

1.

1.

2.

2.

Place :

Date :

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment. Employer's
Reference No., if any

Signature of the employer/Officer authorised
Designation

Name and address of the establishment or rubber
stamp thereof.

Date :

EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Name of the member :			
2	<input type="radio"/> Father's Name	<input type="radio"/> Spouse's Name		
3	Date of Birth : (DD/MM/YYYY)			
4	Gender :			
5	Marital Status :			
6	(a) Email ID :		(b) Mobile No. :	
7	Whether earlier a member of Employees' Provident Fund Scheme, 1952?		<input type="radio"/> Yes	<input type="radio"/> No
8	Whether earlier a member of Employees' Pension Scheme, 1995?		<input type="radio"/> Yes	<input type="radio"/> No
9	Previous employment details : [if Yes to 7 AND/OR 8 above]			
	a) Universal Account Number :			
	b) Previous PF Account Number :			
	c) Date of exit from previous employment : (DD/MM/YYYY)			
	d) Scheme Certificate No. : (if issued)			
10	a) International Worker :		<input type="radio"/> Yes	<input type="radio"/> No
	b) If yes, state country of origin : (India/Name of other country)			
	c) Passport No. :			
	d) Validity of passport : [(DD/MM/YYYY) to (DD/MM/YYYY)]			to
11	KYC Details : (attach self attested copies of following KYCs)			
	a) Bank Account No. & IFS Code :			&
	b) AADHAAR Number :			
	c) Permanent Account Number (PAN), if available :			

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhaar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account. (The transfer would be possible only if the identified KYC details approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:

Place:

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr. / Ms. /Mrs
has joined on _____ and has been allotted PF Number _____
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995;
 - **(Post allotment of UAN)** The UAN allotted for the member is _____
 - **Please Select the Appropriate Option:**
 - The KYC details of the above member in the UAN database
 - Have not been uploaded
 - Have been uploaded but not approved
 - Have been uploaded and approved with DSC
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995;
 - The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.
 - **Please Select the Appropriate Option:**
 - The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
 - As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment

ESI DECLARATION FORM

ESI form must be filled by candidate whose annual salary is less than or equal to Rs 3,10,000/-.

The Employee's State Insurance Act of 1948 was incorporated to provide social security measures to employees. It provides for certain benefits in cases of sickness, maternity, accidents etc. The benefits are available to the employee, spouse, dependent children and dependent parents. The scheme is considered to be one of the largest social security scheme program in the world.

ESI scheme is mandatory as per the provision of the Act and to avail the benefits, the employees need to register themselves with the ESIC by filling the enclosed form (Declaration Form).

To help you fill the forms correctly please follow the following instructions:

- All boxes to be completely filled
- Fill the form in capital letters
- All boxes (X) needs to be left blank as this will be filled by the company or by the ESIC
- Sign at the place marked as (#)
- The family particulars have to be filled twice as the stub portion comes back to employee after certification from ESIC
- Family includes only you, spouse, dependent children and dependent parents. Brother and sister are not considered as family under ESIC. Ensure that you have filled the details of nominees as required on Page No.2.
- **Bring a Post Card Size Black & White or Colour Photograph of all dependants along with yourself. If dependents are not concerned attach Post Card Size Black & White or Colour Photos of Yourself.**
- Please write your Employee Code & Employee Name at the reverse side of both the Photographs.

Please note that form incomplete in any respect shall be rejected by ESIC and the employee shall not be able to avail benefits in case of non-registration with the ESIC authorities.

Please fill the form and upload through the provided link.



घोषणा पत्र DECLARATION FORM

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फॉर्म के साथ पासपोर्ट आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फॉर्म भरने से पहले पीठ पृष्ठ पर दी गई हिदायतों को भली-भांति पढ़ लेना चाहिए। यह फॉर्म नि:शुल्क है।

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

(क) बीमाकृत व्यक्ति का विवरण

(A) INSURED PERSON'S PARTICULARS

1. बीमा संख्या / Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name (in block letters)					
3. पिता/पति का नाम Father's/Husband's Name					
4. जन्म की तिथि Date of Birth	दिन D	महीना M	वर्ष Y	5. वैवाहिक रसर Marital Status	विवाहित/M अविवाहित/U विधवा/W पु/M म/F
7. वर्तमान पता / Present Address	8. स्थायी पता / Permanent Address				
पिन कोड Pin Code टेलीफोन नम्बर / ई-मेल नम्बर / e-mail address	पिन कोड Pin Code टेलीफोन नम्बर / ई-मेल नम्बर / e-mail address				
शाखा कार्यालय Branch Office	औषधालय Dispensary				

(ख) नियोजक का विवरण

(B) EMPLOYER'S PARTICULARS

9. नियोजक की कूट संख्या Employer's Code No.	51-77059-67		
10. नियुक्ति की तिथि Date of Appointment	दिन Day	महीना Month	वर्ष Year
11. नियोजक का नाम और पता / Name & Address of the Employer			
12. यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित विवरण दीजिए In case of any previous employment please fill up the details as under.			
(क) पिछली बीमा संख्या (a) Previous Ins. No.			
(ख) नियोजक कूट संख्या (b) Employer's Code No.			
(ग) नियोजक का नाम व पूरा पता (c) Name & Address of the Employer			
टेलीफोन नम्बर / ई-मेल नम्बर / e-mail address			

(ग) मृत्यु की स्थिति में नकद हितलाभ के भुगतान के लिए क.रा.बी. अधिनियम 1948 की धारा 71 / क.रा.बी. (केन्द्रीय) नियम, 1950 के नियम 56(2) के अन्तर्गत नामित के ब्यौरे।

(c) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

नाम / Name	संबंध / Relationship	पता / Address

मैं घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किया गया ब्यौरा मेरी जानकारी और विश्वास के अनुसार सही है। मैं अपने परिवार के सदस्यों में हुए परिवर्तन की सूचना 15 दिन के भीतर प्रस्तुत करने का वचन भी देता/देती हूँ।

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

नियोजक के प्रतिहस्ताक्षर

Counter signature by the employer

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा निशान

Signature / T.I. of IP.

हस्ताक्षर / सील

Signature with seal

(घ) बीमाकृत व्यक्ति के परिजनों का विवरण

(D) Family Particulars of Insured person

क्र.सं. Sl. No.	नाम Name	फॉर्म भरने की तारीख को आयु Date of Birth/Age as on date of filling form	कर्मचारी के साथ संबंध Relationship with the Employee	क्या उनके साथ रह रहे हैं Whether residing with him/her?	यदि नहीं तो आवास का स्थान दर्शाए If 'No' state Place of Residence	आधार / Aadhaar
				हाँ / Yes नहीं / No	नगर / राज्य Town / State	
1.						
2.						
3.						
4.						
5.						

क.रा.बी. निगम अस्थायी पहचान पत्र

ESI Corporation Temporary Identity Card

(नियुक्ति की तिथि से 3 मास तक वैध)

(Valid for 3 month from the date of appointment)

नाम / Name			
बीमा संख्या / Ins. No.	नियुक्ति की तिथि / Date of appointment		
शाखा कार्यालय Branch Office	औषधालय Dispensary		
नियोजक की कूट संख्या व पता Employer's Code No. & Address			

स्वयं एवम परिवार का फोटोग्राफ
(Space for photograph)

वैधता

Validity

दिनांक

Dated:

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा का निशान

Signature/T.I. of I.P.

मोहर सहित शाखा कार्यालय प्रबंधक के हस्ताक्षर

Signature of B.M. with seal

**अनुदेश
INSTRUCTIONS**

- फार्म-1 का प्रेशन करा.बी. (साधारण) विनियमावली-1950 के विनियम 11 व 12 के अन्तर्गत विनियमित किया जाता है।
Submission of Form-I is governed by regulation 11 & 12 of ESI (General) Regulations, 1950.
- परिवार का अर्थ है (1) पति/पत्नी (2) बीमाकृत व्यक्ति की आय पर आश्रित वैध अथवा गोद लिये अवयस्क बच्चे/अविवाहित पुत्री (3) 21 वर्ष की आयु तक बीमाकृत व्यक्ति पर आश्रित वैध अथवा गोद लिया हुआ व्यस्क बच्चा यदि शिक्षा प्राप्त कर रहा हो (4) पूरी तरह बीमाकृत व्यक्ति की आय पर निर्भर अशक्त बच्चा (5) आश्रित माता-पिता करा.बी. अधिनियम की धारा-2 के अन्तर्गत परिभाषित और स्थानीय परिवारजन चिकित्सा देखरेख के हकदार हैं।
"Family" means all or any of the following relatives of an Insured Person namely:- (i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details).
- पहचान-पत्र अहस्तान्तरणीय है।
Identity Card is Non-Transferable.
- पहचान-पत्र गुम होने की स्थिति में नियोजक/शाखा कार्यालय प्रबंधक को तत्काल सूचित किया जाए।
Loss of Identity Card be reported to Employer/Branch Manager immediately.
- किसी प्रकार की गलत सूचना देने की स्थिति में करा.बी. अधिनियम-1948 की धारा-84 के तहत कानूनी कार्यवाही की जा सकती है।
Submission of false information attracts penal action Under Section 84 of ESI Act, 1948.
- नई नियुक्ति की स्थिति में भली-भांति भरा हुआ यह फार्म नियुक्ति के दस दिन के भीतर संबंधित स्थानीय कार्यालय में अवश्य ही प्रस्तुत किया जाना चाहिए। विलम्ब की स्थिति में नियोजक के विरुद्ध धारा-85 के तहत कानूनी कार्यवाही की जा सकती है।
This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
- बीमाकृत व्यक्ति अंशदायी शर्तें पूरी करने पर निम्नलिखित हितलाम प्राप्त कर सकेगा। (1) बीमारी हितलाम (2) अस्थायी अपंगता हितलाम (3) स्थायी अपंगता हितलाम (4) आश्रित जन हितलाम (5) प्रसूति हितलाम (महिला कर्मचारी के लिए)।
As an Insured Person you and your dependant family members are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependants benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfilment of contributory conditions.
- अधिक जानकारी के लिये निगम के वेबसाइट www.esic.org.in को देखें या स्थानीय कार्यालय या क्षेत्रीय कार्यालय से सम्पर्क करें।
For more details please contact website of ESIC at www.esic.org.in or contact Regional Office or Branch Office.

केवल शाखा कार्यालय में प्रयोग हेतु FOR BRANCH OFFICE USE ONLY	
1.	बीमा संख्या आवंटन की तारीख : Date of Allotment of Ins. No. :
2.	अ.प.प जारी करने की तारीख : Date of Issue of TIC :
3.	औषधालय का नाम/संख्या : Name/No. of Disp. :
4.	क्या अन्य चिकित्सा व्यवस्था उपलब्ध है? यदि हाँ, तो उल्लेख करें : Whether reciprocal Medical arrangements involved? If yes, please indicate:
प्रबन्धक के हस्ताक्षर Signature of Branch Manager	

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु Date of Birth/Age as on date of filling form	कर्मचारी के साथ संबंध Relationship with the Employee	क्या उनके साथ रह रहे हैं Whether residing with him/her?		यदि नहीं तो आवास का स्थान दर्शाएं If 'No' state Place of Residence	आधार / Aadhaar
				हाँ / Yes	नहीं / No		
1.						नगर / राज्य Town / State	
2.							
3.							
4.							
5.							


MEDICAL INSURANCE

Standard Chartered Global Business Services Pvt. Ltd. Medical Benefit plan covers Employee and Dependents {Spouse, Son & Daughter (Below 21 years of age)}

Dependent/Beneficiary Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This Information will go into effect as of Jul 28, 2009.

Personal Information

*First Name:	<input type="text"/>	Under Dependent/Beneficiary Information update the details of <ul style="list-style-type: none">• Your Spouse• Your Children Parents/Siblings are not covered as Dependent/Beneficiary
Middle Name:	<input type="text"/>	
*Last Name:	<input type="text"/>	
Name Prefix:	<input type="text"/> 	
Name Suffix:	<input type="text"/>	
*Gender:	<input type="text"/>	
Date of Birth:	<input type="text"/>	
Permanent:	<input type="text"/>	(Permanent Resident)
*Relationship to Employee:	<input type="text"/>	

Employees need to update their dependents details in Employee Portal.

Standard Chartered Global Business Services Pvt. Ltd. ID card is an Identification for availing Medical Insurance Benefit.

For further details on Medical Insurance refer the insurance page In Standard Chartered Global Business Services Pvt. Ltd. Intranet.

Declarations

Self Certification Letter

By selecting this, I do hereby affirm the contents of the Self Certification Letter declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Politically Exposed Persons

By selecting this, I do hereby affirm the contents of the Politically Exposed Persons declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Client Connections

By selecting this, I do hereby affirm the contents of the Client Connections declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Close Financial Relationship

By selecting this, I do hereby affirm the contents of the Close Financial Relationship declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Close Personal Relationship

By selecting this, I do hereby affirm the contents of the Close Personal Relationship declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Outside Business Interest

By selecting this, I do hereby affirm the contents of the Outside Business Interest declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Letter of Consent and Authorization

By selecting this, I further understand that the background check with my current employer may be initiated at least 21 days prior to my date of joining with the Bank and I hereby give my irrevocable consent in doing so.

Declarations

By selecting this, I do hereby affirm the contents of the Dual Employment, Medical Fitness, No Criminal Record, Non Bankruptcy, Adherence to 'Do Not Disturb' process, Health & Safety, US citizenship and Wealth Products Management declarations to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Data Protection and Privacy Statement

By selecting this, I do hereby affirm the contents of the Data Protection and Privacy Statement declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Conflict of Interest of Declaration Form

By selecting this, I do hereby affirm the contents of the Conflict of Interest declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Group Global Employee Privacy Statement

By selecting this, I do hereby affirm the contents of the Group Global Employee Privacy Statement declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

Standard Chartered Global Business Services Pvt. Ltd. (Standard Chartered Group)

Compliance Declaration

By selecting this, I do hereby affirm the contents of the Compliance Declaration to be acceptable to me and whatever affirmed by me is true and correct to the best of my knowledge faith and understanding.

*** By selecting this, I understand that if any of the above statements prove to be false, inaccurate or incomplete, Standard Chartered Group may take all appropriate disciplinary measures in its discretion and may at the sole discretion of GBS terminate my employment summarily without any notice or any payment in lieu of notice in accordance with applicable laws and regulations and that such action by the Standard Chartered Global Business Services Group will be made without any further compensation or legal liability towards me.**

Date of submission:
(dd/mm/yyyy)

Signature of Applicant / Employee