

**SHF SQUARE**

Innovate • Build • Deliver

19/12/2023

Partner

Limited Liability Partnership (LLP) Declaration

Version: L0 (01/04/2022)

For Account Opening & Account Operation

1. M/S SHF SQUARE LLP is a Limited Liability Partnership (LLP) formed and governed as per the Limited Liability Agreement, dated 13-02-2019 ("Incorporation Date") and incorporated under the provisions of the Limited Liability LLP Act, 2008 having its registered office at 856, SECTOR-14, GURGAON-122001
We, the undersigned hereby declare that we are the partners of the LLP Firm:

Sr. No.	Name of Partner	Designated Partner(Y/N)
1.	MR HARISH YADAV	Y
2.	MR AMIT GOEL	Y
3.	MR. KARTAR SINGH	Y

2. We request you, YES BANK Ltd, Sector-14 branch to open a Current Account for the said LLP firm for API Banking, Net Banking facility or any other banking channel/facility provided by the Bank from time to time, (including but not limited to transfer of funds through RTGS, NEFT, FT, NACH, ABPS and IMPS), online Trade Finance facility, for carrying out banking operations through Internet
3. We declare that all partners will be liable to you;
- Singly
 - On any obligations which may be outstanding in the firm's name in your books and until such obligations shall have been liquidated. We hereby undertake that in case of any change in constitution of the Firm we shall give notice in writing to the Bank of any such change in the constitution or dissolution, supported by necessary documentation.
- (i) The following persons are hereby authorized to singly open/block/operate/close Account(s);

Sr. No.	Name of Authorized Person	Designation	Signature
1.	MR. HARISH YADAV	PARTNER	 Partner

(ii) to sign, execute and deliver all relevant documents/application forms, agreements, letters and writings for opening/closing/operating/blocking the Account(s) or any other documents/agreement/application forms, etc., as applicable in relation to the Account(s), from time to time;

(iii) to sub delegate all the authorities to any of the official of the LLP Firm, for exercising all or any of the authorities conferred under this declaration, from time to time.

(iv) to operate the Accounts by providing over the counter written instructions;

(v) to apply for cheque book facility and to sign, execute and deliver in the manner herein contained cheques or orders which may be drawn or bills accepted or notes made or receipts for monies owing by the Bank to the firm duly signed on behalf of the said LLP firm in respect of the operations of the Account and for all cheques, or other orders, which may be drawn or bills accepted or notes or negotiable instruments passed on the LLP Firm of receipts for money owing by the Bank to the LLP Firm and to debit such cheques, orders, bills, notes or negotiable instruments to the LLP Firm's Account (s) be for the time being in credit or overdrawn or may become overdrawn of such debit without prejudice to the Bank's right to refuse to allow any overdraft or any increase of overdraft and the LLP Firm's shall be responsible for the repayment of any such overdraft and interest, from time to time.

For SHF SQUARE LLP

For SHF SQUARE LLP

For SHF SQUARE LLP

Partner

Partner

Partner

1

**SHF SQUARE LLP**

LLPIN - AAO 2590

Head Office - 2nd Floor, 856, Sector -14, Gurugram, Haryana - 122001

+91 87459 77977

info@shfsquare.com

www.shfsquare.com



For SHF SQUARE LLP

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info@shfsquare.com

www.shfsquare.com



(iv) to issue/ make/ give and sign instruction(s)/ request(s) for availing/ utilizing credit linked trade facilities like Export Finance, Bill/Invoice Finance, Letters of Credit/ Letter of Undertaking (Buyer's Credit), Bank Guarantee(s) / SBLC (s) as may be availed from the Bank on mutually agreeable terms and conditions.

Name of Authorized Signatory(ies)	Designation	Transaction Limits	Mode of Operation
			Over the Counter written instructions and/or cheque book

(Elaborate the mode of operation, if required, in case of joint authorization matrix to be provided accordingly)

4. We, the undersigned hereby declare that the LLP Firm hereby, do hereby apply to the Bank for availing the following additional services* / facilities from the Bank in relation to the Account(s):

<input checked="" type="checkbox"/>	Debit Card
<input type="checkbox"/>	YES TRANSACT EXPENSE MANAGEMENT PROGRAM
<input checked="" type="checkbox"/>	Retail Net Banking/ Mobile Banking
<input checked="" type="checkbox"/>	YES MSME Net Banking/ Mobile Application
<input type="checkbox"/>	Corporate Net Banking
<input type="checkbox"/>	Trade on Net/ Online Trade Finance
<input type="checkbox"/>	Host to Host Integration
<input type="checkbox"/>	Client-Side Cheque Printing (CSCP)
<input type="checkbox"/>	YES TRANSACT ON THE GO (YT-OTG)
<input type="checkbox"/>	API Banking

(each Facility referred as a "Service" and collectively referred as "Services".

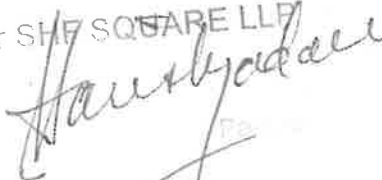
The clauses related to the facilities to be added here from Annexure 1.


*Please keep/tick the relevant service/facilities & remove the services/facilities not opted in final print-out.


5. We, the undersigned hereby declare that the Authorized Signatories be and is/are hereby singly authorized, on behalf of the LLP Firm to sign, execute and deliver all relevant documents/ application forms, agreements, letters and writings or providing indemnity in favor of the bank, as deem fit by the bank in relation to the accounts for availing the Services or any other documents/ agreement/ application forms, etc., from time to time;
6. We, the undersigned hereby declare that the Bank is hereby authorized to mail / courier the Welcome Kit, Cheque Book/ User ID & Password/ Debit and Expense Management Debit Cards/ PINs* to attention of the mentioned Authorized Signatories, at the address of the LLP Firm recorded with the Bank and that the LLP Firm acknowledges, agrees and confirms that the onus of keeping the Welcome Kit and User ID and Password for usage of Debit Card/ YES TRANSACT EXPENSE MANAGEMENT PROGRAM/ Retail Net Banking / Mobile Banking/ YES MSME NET BANKING/ Mobile Application / Corporate Net Banking/ Trade On Net/ ONLINE TRADE / Host to Host Integration/ Client Side Cheque Printing / YES TRANSACT ON THE GO (YT-OTG)/ API Banking/ YES TRANSACT Expense Management Card)*, confidential and limited to the persons authorized by the LLP Firm is entirely of the LLP Firm and at the LLP Firm and all transactions conducted by way of/ through net banking/ API host to host/web-service based transmission mechanism or any other channel and access to information related to Account(s) , shall be at the sole and absolute risk, responsibility and liability of the LLP Firm and that the LLP Firm confirms its understanding that the Bank shall not be able to monitor or record whether any instruction(s) with respect to the Account(s) through net banking/ API/host to host/web-service based transmission mechanism* or any other channel(s) is given by persons authorized by the LLP Firm for the same or not and that the LLP Firm shall not hold the Bank liable or responsible for any transactions including but not limited to access to the information relating to the Account(s) and transfers/ withdrawals (cash withdrawals) from the same, through net banking/ API / host to host/web-service based transmission mechanism* and/or other channel(s).

*Please remove the services/facilities not opted in final print-out).

7. We, the undersigned hereby declare that this Declaration and the authorizations granted hereunder shall remain in force till the date the LLP Firm submits a fresh declaration in writing superseding this Declaration to the Bank and the same is accepted by the Bank. It is understood that all actions and transactions done by the Authorized Signatories mentioned herein shall continue to be valid till the date the revised Declaration is accepted by the Bank after completing all formalities, as the Bank may require from time to time.

For SHF SQUARE LLP

 Partner

For SHF SQUARE LLP

 Partner

For SHF SQUARE LLP

 Partner

8. We, the undersigned hereby declare that the LLP Firm hereby, places the "Terms and Conditions and Rules for the Services" Governing Account Operation Debit Card/YES TRANSACT EXPENSE MANAGEMENT PROGRAM/Retail Net Banking /Mobile Banking/ YES MSME NET BANKING/Mobile Application /Corporate Net Banking/ Trade On Net/ONLINE TRADE /Host to Host Integration/ Client Side Cheque Printing / YES TRANSACT ON THE GO (YT-OTG)/API Banking/ YES TRANSACT Expense Management Card)* along with General Terms and Conditions prescribed by the Bank, as currently applicable, on record and confirms its acceptance of the same.

*Note : (Please remove the services/facilities not opted in final print-out).

9. We, the undersigned hereby declare that a copy of the above declaration is certified by the partners be forwarded to the Bank.

Name:

MR HARISH YADAV

Signature (With Stamp of the LLP)

For SHF SQUARE LLP

MR AMIT GOEL

Partner

MR KARTAR SINGH

For SHF SQUARE LLP

Partner

NOTE ::All Partners to sign with seal of the LLP firm on all pages of the final Declaration.

CSDP
SPE 6748642

Annexure 1

• Application for Debit Card

- A. We, the undersigned hereby declare that the persons mentioned below be authorized to operate the Account(s) of the LLP Firm through Debit Card opened with the Bank,
- B. We, the undersigned hereby declare THAT the person mentioned below for Debit Card are hereby singly authorized for and on behalf of the LLP Firm to operate and access the Account(s) and to carry out banking operations through Debit Card at ATMs/ POS / any other channel(s) which can be accessed through Debit Card. The extent of and the manner in which this Service can be availed including the maximum amount to transfer and/ or withdraw (including cash withdrawals), if any, and the availability of information relating to the transactions and the balances in the Account(s) and the limits thereof, including the charges and the conditions thereof, shall be as may be prescribed/ permitted by the Bank from time to time.

Authorized Signatory list (For Debit Card)

Name of Authorized Signatory	Designation
MR HARISH YADAV	Partner

Note: The above authorized signatory should be mandatorily part of authorized signatory list from point/c clause No.3 of the board resolution

If MOP is jointly debit card cannot be opted

Note: The above authorized signatory should be mandatorily part of authorized signatory list from point/c clause No.3 of the board resolution

• Application for Retail Net Banking/Mobile Net Banking:

- A. Retail Net Banking: We, the undersigned hereby declare that the persons mentioned in the below table for Retail Net Banking/Mobile Banking are authorized singly for and on behalf of the LLP Firm to carry out banking operations through Retail Net Banking / Mobile Net Banking facility availed from the Bank. The extent of and the manner in which this Service can be availed including the ability to transfer and the availability of information relating to the transactions and the balances in the Account(s) and the limits thereof, including the charges and the conditions thereof, shall be as prescribed/ permitted by the Bank from time to time.

Authorized Signatory list (For Retail Net Banking/Mobile Net Banking)

Name of Authorized Signatory	Designation
MR HARISH YADAV	Partner
	Partner

Note: The above authorized signatory should be mandatorily part of authorized signatory list from point/c clause No.3 of the board resolution

If MOP is jointly the Retail Net banking cannot be opted

Note:

- Retail Net Banking facility cannot be availed along with Corporate Net Banking
- The persons mentioned in the above table for Retail Net Banking signatory should be mandatorily part of authorized signatory list from point no.3 of the board declaration
- In cases where an Applicant has multiple accounts under same Cust Id, and any signatories which is common to all these accounts, then he will be able to view/transact in all these accounts through Net-Banking.

For SHF SQUARE LLP

Harish Yadav
Partner

For SHF SQUARE LLP

Harish Yadav
Partner

For SHF SQUARE LLP

Karish
Partner

• Application for YES MSME Mobile/Online Banking:

- A. We, the undersigned hereby declare that the below mentioned persons are authorized to operate YES MSME Mobile App/ YES MSME Online of the LLP Firm Current Account opened with the Bank in the following manner

Mode of Operation required: Singly / Jointly (strike off which is not applicable)

Authorization Matrix for Account:

Details		Authorizer 1	Authorizer 2	Authorizer 3
Authorizer Name		MR HARISH YADAV		
Authorizer Customer ID				
Service (tick as appropriate)	Account Daily Limit (Amount in Rs)	Transaction Limit (Amount in Rs)	Transaction Limit (Amount in Rs)	Transaction Limit (Amount in Rs)
Single (on Screen) Payments	5 CR	5 CR		
Bulk Payments (including Group payment)	5 CR	5 CR		
Salary Payment	5 CR	5 CR		

Note:

- In case of multiple accounts, kindly provide the Mode of Operation and Authorization Matrix for each account
- The above authorized signatory should be mandatorily part of authorized signatory list from point no.3 of the board declaration in cases where an Applicant has multiple accounts under same cust id, and any signatories which is common to all these accounts, then he will be able to view all these accounts through YES MSME Mobile App/ YES MSME Online.

The above mentioned Authorized Signatories are hereby authorized by the partners to operate and access the YES MSME Mobile App/ YES MSME Online as per the authorization matrix above and to carry out banking operations through Internet including but not limited to uploading documents required by the Bank through the YES MSME Mobile App/ YES MSME Online. The extent of and the manner in which this Service can be availed by way of YES MSME Mobile App/ YES MSME Online, including the maximum amount of money to transfer and/ or withdraw and the availability of information relating to the transactions and the balances in the Current Account/s and the limits thereof, including the charges and the conditions thereof, shall be as may be prescribed/ permitted by the Bank from time to time.

For SHF SQUARE LLP

Harish Yadav
Partner

For SHF SQUARE LLP

[Signature]
Partner

For SHF SQUARE LLP

Karthi
Partner

CSBP
[Signature]
SOG 67 48 642



B2723324

CUSTOMER ON-BOARDING FORM

(For Authorized signatories & Beneficial Owners / Controlling persons related to Non-Individual Entities)

YES BANK

(Fields marked as "*" are Mandatory)

(FOR BANK USE ONLY)

Application Date :

17122023

CIF Barcode:

B1219940

Tracker ID:

Application type :

- ☐ Updation (Change in Name and/or Demographics of existing customer)
☒ New (Mention Alloted Customer ID below)

Customer ID :

DETAILS OF AUTHORIZED SIGNATORY/BENEFICIAL OWNER/CONTROLLING PERSON*

Relation between Related Person and Entity

Name of the

Entity related to*

SHF SQUARE LLP



Customer ID of related Entity

Account No. of related Entity

Form filled in the capacity of (shade as applicable)*:

☐ Authorized Signatory# ☐ Beneficial Owner ☒ Both

#In case of Authorized Signatory, Please mention existing Customer ID (if available)

(Signature/Thumb impression of related person)

(without stamp)

Note: this signature will be captured in the Bank records.
Please sign carefully*

Type of related person*: ☐ Proprietor ☒ Partner ☐ Promoter(shade as applicable) ☐ Director ☐ Karta ☐ Trustee☐ Employee/Office Bearer☐ Appointed by Court or Regulatory Authority

PERSONAL DETAILS*:

Name of the related person (as per identity proof document)

Prefix

MR.

(For example: Mr./Mrs./Ms./Shri/Smt. etc.)

First Name*

HARI SH

Middle Name

Last Name.

YADAV

KYC Number (issued by CERSAI) (if available)

Date of birth*

04101969

Caste

Gender*:

☒ Male☐ Female☐ Third gender

Nationality*:

☒ Indian☐ Others (pls specify)

Citizenship*:

☒ Indian☐ Others (pls specify)Residential Status*: ☒ Resident Individual☐ Non-Resident Indian☐ Foreign National ☐ PIO

Whether PEP^/related to PEP^:

☐ Yes☒ No☐ N/A

Educational

☐ Professional☐ Post Graduate☒ Graduate☐ Under graduate

Qualification*:

☐ Upto 10th Standard☐ Illiterate

Residence Type*:

☒ Self Owned☐ Family Owned☐ Company provided☐ Rented☐ PG Accommodation☐ Others (please specify)

^Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a domestic / foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc

CUSTOMER ON-BOARDING FORM

(For Authorized signatories & Beneficial Owners / Controlling persons related to Non-Individual Entities)

YES BANK

(Fields marked as ** are Mandatory)

ADDRESS DETAILS*:**Type of address** (Certified copy of valid address proof required; for the option shaded):☐ Currently Residing ☒ Permanent ☐ Overseas**ADDRESS**

Address Line 1* HOUSE NO-856, SECTOR-14, GURGAON

Address Line 2 GURGAON

Address Line 3

Landmark SECTOR 14 GURGAON

City/Town/Village* GURGAON

District GURGAON

State/UT* HARYANA

Country* INDIA

Pin code 122001

CONTACT DETAILS* :

Mobile* +91 9818300512

Country Code

Number

Phone +91 0124 4333059

Country Code

STD Code

Number

Email ID

FINANCE@SHFSQUARE.COM

(To be filled in CAPITAL BLOCK LETTERS only)

FATCA Declaration: Mandatory in case of Sole Proprietorship (Section A & B to be filled up by all, rest as applicable)**Section A: Address for Tax Purpose*:****I. Same as the address mentioned in Bank record** (shade as applicable)☐ Mailing address ☒ Registered address ☐ Other (provide detailed address below)

Address Line 1*

Address Line 2

Address Line 3

Landmark

City/Town/Village*

District

State/UT*

Country*

Pin code

II. Type of the provided address (shade as applicable)☐ Residential ☒ Business ☐ Registered office

CUSTOMER ON-BOARDING FORM

(For Authorized signatories & Beneficial Owners / Controlling persons related to Non-Individual Entities)

YES BANK

(Fields marked as "*" are Mandatory)

Section B: Mandatory questions (shade as applicable):

Sr no	Particulars	Shade as applicable
1	I was born in a country other than India*	<input type="radio"/> Yes <input checked="" type="radio"/> No
2	I am <input type="radio"/> Citizen <input type="radio"/> National* <input type="radio"/> Tax resident of any country outside India (select if applicable)	<input type="radio"/> Yes <input checked="" type="radio"/> No

If answers of any one of the question is 'Yes' please furnish details under section C and D, to complete FATCA declaration.
If answers to both questions are 'No'; FATCA declaration completes at this stage; Move to PROOF OF IDENTITY/PROOF OF ADDRESS section.

SECTION C: DETAILS OF THE PROPRIETOR:

Name

City of birth

Country of birth

Father's Name (If PAN Card is not provided as an identity document of the proprietor)

SECTION D: TAX RESIDENCE DECLARATION:

Please indicate ALL the country/countries in which the proprietor is a resident for tax purpose and the associated Tax ID number below

Country**	Tax Identification Number (TIN)^	Identification Type (TIN or Other, Please specify)^
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

** To also include USA, where the Individual is a citizen or Green Card holder of USA

^ In case Tax Identification Number is not available, kindly provide functional equivalent if the country in which you are tax resident issues such identities. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form

PROOF OF IDENTITY / PROOF OF ADDRESS*

List of documents*	POI	POA	Identification Number / Other Details	Expiry Date
*PAN (mandatory)	<input checked="" type="radio"/>	NA	<input type="text"/>	
Aadhaar	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>	
OR VID (Virtual ID)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	
Passport	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Voter Id card	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	
Driving license	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Others (please specify document name)			<input type="text"/>	
	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

(If applicable)

CUSTOMER ON-BOARDING FORM

(For Authorized signatories & Beneficial Owners / Controlling persons related to Non-Individual Entities)

YES BANK

(Fields marked as ** are Mandatory)

TERMS & CONDITIONS*

I/We, the undersigned, being prospective/existing customer of YES BANK LTD. (hereinafter referred to as "Bank") hereby confirm that I/We have read, understood and agree to abide by and be bound by all the provisions of the terms and conditions as displayed on the website www.yesbank.in which governs all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with the Bank from time to time and also by the provisions of various services/facilities which are availed/utilized at present or may be availed/utilized in future as & when required.

I/We hereby authorize the Bank to debit any of our account with any amount due and payable by us to the Bank in relation to costs, charges, expenses, debts due under any /all facilities/services granted by the Bank and/or to combine or consolidate and set off or appropriate the balance in any of our account with the amounts due to the Bank.

I/We understand that YES BANK shall have the absolute discretion to amend or supplement any of the Terms and Conditions at any time relating to the Account and/or the Services provided for/in connection with the same. YES BANK may communicate the amended Terms and Conditions by hosting the same on the website www.yesbank.in or in any other manner as per regulatory guidelines

I/We hereby further confirm having read and understood the applicable regulations/guidelines as framed by RBI including FEMA regulations 2000, governing FCY Accounts and the FEMA Act 1999 and agree to abide/be bound by all such applicable law, regulations/guidelines in force from time to time.

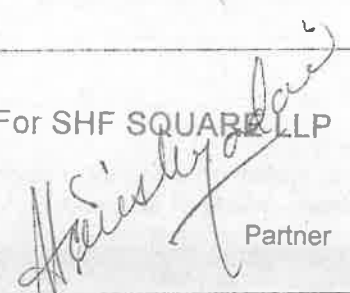
I/We understand that Aadhaar is to be mandatorily submitted by all the Authorized signatories linked to the Accounts. In case the said account is opened with an Enrolment letter, I/We need to submit Aadhaar to the Bank within stipulated days from the date of account opening failing which Bank will be constrained to initiate necessary action as governed by the law at that time

I hereby declare that the details furnished above are true & correct to the best of my knowledge & belief and affix my signature in the capacity of Authorized Signatory**. I also undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or un-true or mis-leading or mis-representing, I am aware that I may be held liable for the same.

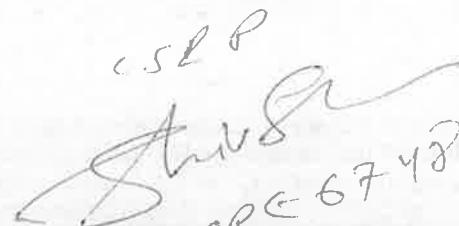
I/We will/shall inform bank for any change in Singnatory/Signatories mentioned for existing bank records

Date* 27122023

Place* GURGAON

For SHF SQUARE LLP

 Partner

Signature /Thumb impression of related person
 (with stamp)*

SLP

 SPC 6748642

IMPORTANT GUIDELINES: (pls read carefully)

**Authorised signatory means:

1. Company Secretary or Director or any person authorized as per the resolution of board to sign on any documents/declaration related to account opening
2. Partner or designated partner or any person as authorized as per resolution/letter mentioned on Partnership/LLP declaration to sign on any documents/declaration related to account opening
3. Chairperson or secretary or any person as authorized as per resolution/declaration to sign on any documents/declaration related to TASC account opening
4. Any person as authorized as per resolution/declaration/letter to sign on any documents/declaration related to account opening for other entities
5. This form is to be signed by respective authorized signatory operating the account. In case of Beneficial Owners/controlling persons (who are not authorized signatories), this form to be signed by any Authorized Signatory**