

Additional Information to be filled by Ancillary Service Provider Applicant

S. No.	Field Name	Type	Remarks
1	Details of ring-fencing of operations, in case of Branch		
2	Details of Associate entities in IFSC, if any (under the Common Control of the Promoters and KMPs)		
3	Whether the proposed activities are currently being undertaken by the applicant or its associate entity in India.		

