Additional Information to be filled by Vault Manager Applicant

S. No.	Particulars	Comments/ Remarks (for IFSCA use)
Busir	ness Information	
0	Date of commencement of business	
1	Please state whether the applicant in involved in any other business related to the bullion/ securities market	
2	Certified copy of SOP TIONAL F//	
Finar	ncial Information	
3	Details of insurance taken	
Infor	mation concerning the Vault	
4	Number of vaults in respect of which registration is applied for	0
5	Complete address of the vault along with pin code, email address, contact person and contact number	
6	Year of construction of the vault	
7	Storage capacity of each vault	9/2
8	Total capacity of the vault (NATIVES	
9	Number of storage units	
10	Dimensions of the storage units (attach lay out plan of the vault)	
11	Whether the vault is owned/hired/leased, along with documentary proof	
12	If hired / leased, please state duration of the hiring / lease	
13	Number of entry and exit points for the vault	

14	Details of the security agency along with contact number.
15	Details of fire safety arrangements (number & type of fire extinguishers, fire safety alarms and any other measures etc.) (attach a list)
16	Equipment for weighing physical bullion present in the vault (attach a list)
17	Equipment for assaying of physical bullion, wherever required, available in the vault (attach a list)
18	Please provide details of staff at the vault (name, designation, educational qualifications and details of experience in the vaulting business)
19	Undertaking from the Vault Manager about each of the staff being fit and proper, not having moral turpitude and not having any outstanding cases against them, etc.
Secu	rity Features
20	Vault access control systems
21	Systems for tracking of physical bullion
22	Risk control and operations manuals (enclose copies)
	PLICES CENTRES AUTHOR