

ACCOUNT OPENING FORM FOR INDIVIDUALS



Branch Code

Application Date

Branch Name

I-Kit Non I-Kit

Please open the following account

Savings Regular EVA Wings Salary Account(Type) _____ (Corp.Code - _____) Others _____ Enjoi under guardian Enjoi Self operated
 Current Busines Business Prime Advance Trade-In Others _____ FD/RD (For KYC Only, fill seperate FD request)
Mode of operation Singly Either / Anyone or survivor Jointly (Debit / ATM card not applicable) Minor under guardian

CLIENT INFORMATION

FIRST APPLICANT

SECOND APPLICANT

| | | |
|-------------------------------|---|--|
| UCIC (If Existing Customer) | ..... | ..... |
| CKYC No | ..... | ..... |
| First Name | ..... | ..... |
| Midde Name | ..... | ..... |
| Last Name | ..... | ..... |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender |
| Date of Birth | <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| PAN Number | <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"/> <input type="text"/> <input type="text"/> / Form 60 <input type="checkbox"/> | <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"/> <input type="text"/> <input type="text"/> / Form 60 <input type="checkbox"/> |
| Aadhar Number | <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Passport/DL/Voter card/Others | ..... | ..... |
| Expiry Date (if any) | ..... | ..... |
| Father Name | ..... | ..... |
| Mothers Maiden Name | ..... | ..... |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others |
| Spouse Name | ..... | ..... |
| Mailing / Current Address | ..... | ..... |
| Landmark | ..... | ..... |
| City State | ..... | ..... |
| Pincode Country | ..... | ..... |
| Tel (R/O)(STD) | ..... | ..... |
| Mobile | +91 (Alerts will be sent to this Mobile No.) | +91 (Alerts will be sent to this Mobile No.) |
| E-Mail ID | (Alerts will be sent to this Email id.) | (Alerts will be sent to this Email id.) |

| | | |
|---|--|--|
| Permanent Address | ..... | ..... |
| <input type="checkbox"/> Please tick if same as mailing address | ..... | ..... |
| Landmark | ..... | ..... |
| City State | ..... | ..... |
| Pincode Country | ..... | ..... |
| Occupation | <input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Self-employed <input type="checkbox"/> House wife <input type="checkbox"/> Professional | <input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Self-employed <input type="checkbox"/> House wife <input type="checkbox"/> Professional |
| Politically Exposed Person | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP |
| Additional Information | <input type="checkbox"/> Illiterate <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Old & Sick <input type="checkbox"/> Electoral candidate | <input type="checkbox"/> Illiterate <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Old & Sick <input type="checkbox"/> Electoral candidate |

FATCA - CRS STATUS DETAILS FOR

FIRST APPLICANT

SECOND APPLICANT

| | | |
|---|---|---|
| I am a tax resident of india and not of any other Country | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City of Birth | | |
| Country of Birth | | |
| I am a tax resident of the countries mentioned below | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country Name# | | |
| Tax Identification Number (TIN %) | | |
| Identification Type (TIN / Other % - Please specify) | | |
| Address for Tax Purpose | | |
| | PIN _____ State _____ | PIN _____ State _____ |
| Address Type for Tax Purpose | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office |

ACKNOWLEDGEMENT - CUSTOMER COPY

I have applied for Savings Current Fixed Deposit Recurring Deposit
 Product Name: _____ in the name of Mr/Mrs/Ms./M/s: _____ Application No: _____
 With an initial payment cheque number: _____ of Rs. _____, in words : Rs. _____
 From Bank : _____, I also confirm that have read and understood the terms and conditions pertaining to the account, and the
 Officer: Mr. _____ has explained all the details pertaining to the account in detail.
 Nomination Registered : Yes No Name of Nominee _____
 Officer Signature: _____ Name of Bank Officer: _____ Phone Number: _____

PAYMENT DETAILS AND CHANNEL ACCESS REQUEST

IP Funding:

- Cash (Customer must deposit cash in person in opening branch only)
Cheque (Cheque should be crossed A/c payee and drawn payable to Equitas Small Finance Bank A/c <Applicant Name)
Fund transfer from existing ESFB AC

Form with fields: Total Amount INR, Cheque/Tran No., Cheque/Tran Date, Bank Name, Branch, Debit Card (RuPay, VISA International), Internet Banking, Mobile Banking, Cheque Book, Insta Alert.

Form with fields: Purpose of Opening Account (Saving, Repayment of loan, Business Collection, Other), Source of Funds (Salary, Business, Agriculture, Investment, Rental, Others), Gross Annual Income (₹).

Form with fields: First Applicant (Upto 50k to >1 Cr), Second Applicant (Upto 50k to >1 Cr).

Form with fields: For Wings (Use my Mobile Number as account number as provided for First Applicant/ Use My Choice Account No), Do not use my Mobile Number as 10 digits of account number a provided for First Applicant.

NOMINATION

Form with fields: Yes, I/We wish to nominate (as per details below) No, I/ We do not wish to make a nomination in my / our account and declare I/We fully understand the risk and difficulties associated with "No Nomination"

Nomination under section 45ZA of the Banking Regulation Act 1949 Rule 2(1) of the Banking Companies (Nomination Rules 1985 in respect of Bank deposits, I/ We Nominate the following person to whom in the event of my / our minor's death the amount of the above opened account / Fixed Deposits / Recurring Deposits, may be returned by Equitas Small Finance Bank

Table with columns: NATURE OF DEPOSITS, NAME OF NOMINEE, ADDRESS, RELATIONSHIP WITH DEPOSITER, AGE, DATE OF BIRTH.

Form with fields: Nominee Name to be printed on the statements/Advices Yes No

** As Nominee is a minor on this date I/We appoint (Name, Address and Age) to receive the amount of deposit in the account on behalf of the nominee

Form with fields: Signature/Thumb impression of the depositor, Witness 1 Signature, Witness 2 Signature

If Customer has selected no nomination or not selected any option, to be signed by the sourcing officer - I have clearly explained to the customer the advantages of nomination facility and inspite of the same he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination.

TERMS AND CONDITIONS

Complex block containing terms and conditions, KYC consent, and photo pasting instructions for the first and second applicants.

Form with fields: Bank use, Source of lead (Branch, Sales, BC, Others), KYC Certified Code, Employee Code, Lead generator Code, Lead Converter Code

The customer has signed in my presence and I have done KYC verification & have visited the customer at the given mailing address. I hereby declare that I have explained all details about the product and have handed over a copy of the brochure and schedule of charges and have explained all the terms and conditions in detail to the customer.

Form with fields: Signature, Emp Name, Emp Code, Date, Pre welcome calling done by, Singnature, Emp Code, Emp Name, Branch Manager / BOM Name, Branch Manager / BOM Code, Signature of Branch Manager / BOM With Branch Round stamp

TERMS AND CONDITIONS

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts
In event of no Salary Credits for any continuous three months, the Salary Account will be converted to Savings Regular Account (for Salary accounts)
The Bank reserves the right to amend any of the services/facilities in any account either wholly or partially at any time by giving 30 days notice to the customer
All accounts should maintain the stipulated average quarterly balance based on the product program and in the event of non maintenance of the same, charges as applicable to the product variant would be applicable
The Bank would levy charges and fees with respect to transactions and services and the same would be recovered by a debit to the account. In case of inadequacy of funds to cover the charges, the charges would be appropriated from the credits into the account in lump sum or over a period of time, at the discretion of the Bank, till the entire amount is recovered.
Savings accounts opened by individuals can be used for non-business purposes only and should comply with the Terms & Conditions of the Bank and extant guidelines of the RBI.
An account can be opened on behalf of a minor by his/her natural guardian or by a guardian appointed by a Court of competent jurisdiction. The guardian shall represent the minor in all transactions until the minor attains majority upon which the right of the guardian to operate the account ceases. Guardian shall produce timely information of the minor attaining majority and ensure that the account is not continued to be operated by him/his/her even after the minor attaining majority. In such an event, Bank is not responsible. Account will be frozen if account holder does not re-submit the KYC on attaining major.
In case there are no transactions initiated by the customer in the account for a continuous period of 2 years for Savings and Current Accounts, the account would be treated as dormant. Activation of a dormant account requires written instructions signed by all account holders and submission of KYC documents and activation shall be initiated at the home branch only.
In case the welcome kit after account opening is not delivered for reasons such as "no such address, no such person, party shifted or incomplete address" the Bank will be constrained to freeze the account after making necessary efforts to reach the customer.
For opening of a Current Account, declaration of existing credit facilities with any Bank and its branches is required.
Complaint, if any, relating to features of any product of the Bank, may be conveyed over our Toll Free No: 1800 103 1222 or you may write to the Customer Service Department of the bank customerservice@equitasbank.com for resolution. If complaint is not resolved satisfactorily within 30 days, you may approach the Banking Ombudsman, Reserve Bank of India, of the region.
Post Account opening any Term Deposit booked online through Internet Banking/Mobile Banking will be booked only as per the holding pattern. In the event of foreclosure of deposits held 'jointly' or as 'either or survivor', all the holders need to duly sign the request and cannot be redeemed online.
Passbook is given on request and not issued by default. Account statement will be sent to registered E-Mail ID on monthly basis.