ACCOUNT OPENING FORM FOR NON INDIVIDUAL Customer ID (For existing customers) Application No. Account No. DATE DDD *PAN: *GST: Tatkal Non Tatkal (For bank use) *IE Code Regn. Number of the Firm / Society with Registrar / Charity Commissioner / MHA Date of Incorporation: Date of Commencement of Business (in case of Public Limited Company) *Type of Account Savings Account | Current Account Fixed Deposit **Branch Code:** Branch: **Product Name** Choice Account Number: **CKYC No: CONSTITUTION: (Please tick)** PROPRIETORSHIP PRIVATE LTD. HUF PARTNERSHIP LIMITED LIABILITY PARTNERSHIP PUBLIC LTD. TRUST CLUB ASSOCIATION SOCIETY GOVT. ORG./DEPT. OTHERS. **MODE OF OPERATIONS (Please tick)** SINGLY JOINTLY SEVERALLY As Per Board Resolution Use only BLACK ink pen for filling and signing. Please ensure all details are filled in CAPITAL letters. ACCOUNT TITLE: **REGISTERED ADDRESS** *Address 1 *Address 2 *Address 3 *Landmark *City *PIN *State Country Fax Tel.No. **COMMUNICATION ADDRESS** Please tick if same as Registered address *Address 1 *Address 2 *Address 3 *Landmark *City *PIN *State Country Tel. No. Fax *Key Contact Person: N *Mobile no. of Key Contact Person (all SMS alerts will be sent to this mobile number by default) tick if alerts are not required *Email ID: **ACCOUNT STATEMENT** I/We would like to receive the account statement by Email* Physical Statement**. * once in a month: ** once in 6 months CHEQUE BOOK FACILITY (Please tick) YES □ NO TYPE OF BUSINESS: (Please tick) Manufacturer Trader Retailer Service Provider Others

INDUSTRY	
Industry Name : Industry Code No :	
* No. of Employees 0 to 20 21 to 50 51 to 100 above 100	
*Annual Turnover (in Lacs) <50 50 to 100 100 500 500 and above	
*Turnover (in Rs.)	
*Expected Monthly Remittance: 1 lac 1 lac - 5 lac 5 lac - 15 lac 15 lac - 25 lac - 25 lac - 25 lac	
*Expected Monthly Withdrawals: 1 lac 1 lac - 5 lac 5 lac - 15 lac - 25 lac >=25	ac
*Purpose of Opening Account : Business Purpose HUF Savings Others *Company Existence (Years) :*Company Listed : Source of Funds / Wealth :	
	y name of all cities)
INSTRUCTIONS FOR FD	
1 / We wish to open Fixed deposit By debiting my existing Equitas Account	For
	101
Simple FD	
Maturity Instructions Redeem principal Renew principal Please credit Interest/Maturity payout to the following account: Maturity Instructions Renew principal Renew principal Renew principal Renew principal Renew principal	l & Interest al & Redeem Interest
Redeem princ Credit my / our Equitas Account No	ipal & Interest
with Bank Branch having	
IFSC Code(Please attach a cancelled cheque of the other bank account)	
Deduct TDS (if applicable) Yes No (if No, Please submit the TDS waiver document as mentioned below)	
Form 15 G/H Income Tax exemption letter Waiver Marked on Customer ID INITIAL DEPOSIT DETAILS IMPORTANT: Initial payment to be in Cheque only. No Cash to be handed over to the A/C o	noning Evacutive
Mode of payment: Cheque / Amount Rs Cheque No Bank Name Cheque has to be drawn on Equitas Sm	all Finance Bank Ltd A/c (Account Title)
Debit my existing a/c For Rs. For Rs.	
AUTHORISED SIGNATORY BENEFICIAL OWNER *Fields are Mandatory (Fill this section if existing Cust III	D does not have complete details)
*Existing Cust ID Yes No (If Yes, please provide the Cust ID. CKYC No If No, please fill the details below.)	
*Name NAME SURNAME SURNAME	
	Others
*Mother's Maiden Name Aadhar Number Spouse Name Spouse Name	
*Residential Address	
Residential Address	PIN DE LE
*Mobile No. Marital Status M	larried Single Other
E-mail ID	
Other OVD (Passport/DL/Voters ID) Number if Passport or DL, pleat	se mention the expiry date:
Politically Exposed Person (PEP) Yes Related to PEP No Nationality Indian Others	
Occupation Salaried Self-employed Retired House wife Student Professional Farmer	5 lass
Gross Annual Income(₹) ☐ Upto 50k ☐ 50k - 1 lac ☐ 1 - 2.5 lacs ☐ 2.5 - 5 lacs ☐ 5 - 7.5 lacs ☐ 7.5 - 10 lacs ☐ 10 - 15 ☐ 20 - 30 lacs ☐ 30 - 50 lacs ☐ 50 - 1 Cr ☐ >1 Cr) lacs [15 - 20 lacs
Additional Information Code (Illiterate Visually Impaired Old & Sick Electoral candidate)	_
Debit Card: Rupay(Domestic) VISA(International) Domestic: Classic Cold Region Signature Recent Recent	Recent
(Not available for joint mode of operation) (Gold & Signature available only with VISA) Passport Size Passport Size	Passport Size
Photograph Photograph to be signed to be signed	Photograph to be signed
Internet Banking Mobile Banking across the across the	across the photograph
View only (non-financial) Transaction (financial) Yes No	priotograph
Signatura with Stoma	Signature with Stamp
DECLARATION FOR SOLE PROPRIETORSHIP FIRMS (without rubber stamp)	Signature with Stamp
I refer to the account opened by you in the name of M/s. and declare as under:	
I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constituant I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have the	peen liquidated.
I declare that I have an existing account with CA / CC / SB NowithBank in the name of lastyears.	for the
I agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in result of availing of services by me. I agree that all the information disclosed in this document is correct and agree to inform you of any change in the information provided in this form or in related documents.	any way tne
I have furnished to the Bank the Power of Attorney authorising the person(s) as indicated hereinbefore for operating the account. I confirm having read the rules of the Bank regarding the conduct of the account as per deposit rules attached and the Citizens' Charter & Deposit Policy of the Bank.	
I confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Phone Banking, Debit Card, Doorstep Banking, Anyu Banking, Internet Banking, Mobile Banking & Utilities Pay Facilities. I accept and agree to comply with the terms and conditions or any rules of the Bank that may be in force from	n time to time.
I acknowledge that it is my responsibility to obtain a copy of and read the same. I have received the deposit rules annexed to this account opening form and agree to abide by th Yours faithfully,	e same.

Signature

GENERAL DECLARATION (to be signed by all authorised signatories with rubber stamp)

GENERAL DECLARATION (to be signed by all authorised signatories with rubber stamp)

1/ We have read the terms and conditions in this application form as well as displayed on the vebsite partialing to the current account, mobile banking, interest banking, beating and the bound by the terms as are in force now. IWe have understood the same and the same and

I / We declare that I / We enjoy credit		No		
	BranchAddress			-
Type of Facility		Amount of Fa	icility	
Authorized Signatory	Authorized Signatory	Authorized Signatory	Authorized Signatory	_
NOMINATION FORM DA1	(Only for Sole Proprietorship	Firms / Please choose a	nny of the below option)	
lo Nomination. Nomination under Section	45 ZA of the Banking Regulation Act, 1949 and n in the event of my/our/minor's death the amou	Rule 2(1) of the Banking Companies (Nount of the above opened Account / Fixed	ccount. "I/We are fully aware about the risk associ omination) Rules 1985 in the respect of Bank deport Deposits / Recurring Deposits, may be returned be same as prospect's current address?	osits.
lat No. & Bldg Name	*R0	oad No./Name		
_andmark				
		*City	*PIN	
			Is Nominee, Equitas Customer? Y/	
	the account on behalf of the nominee			
Guardian relationship to minor		Is Nominee Address	s same as Prospect's Current Address :	Υ
Flat No. & Bldg Name	*R	load No./Name		
_andmark				
			*PIN	
Telephone (Res)			Mobile	
Email ID:				
f Customer has selected no nom have clearly explained to the custo	ination or not selected any option, t	cility and inspite of the same he/sh	ficer - ne still does not want to nominate and he	e/she a
*Employee Signature and code				
Vitness(es)			*Signature/Thumb impression of the dep	posito
Name:		Name:		_
Signature***:		Signature***:		- N
Address:		Address:		
Where deposit is made in the name of minor, the nom	nation must be signed by a person lawfully entitled to act on b	pehalf of the minor.**Strike out if nominee is not a min	nor. ***Thumb impression(s) shall be attested by two witnesses.	
CPV Details Date of CPV	D D M M Y Y Y	with GST without GS	ST	
ame and Desigination of person r	net : Proprie	tor Partner Directo	or Trustee Authorized sig	gnatory
Further confirm that the CPV was d	one for the purpose of opening a New	Current Account. I have visited th	nt and here by confirm the CPV is positive registered/communication address/factories premise. Also confirm to have sigh	ctory/ nted /
	ne of the firm. No adverse observations	s sighted during the said contact p	point verfication. I shall be fully held resp	onsibl
not sighted the Hoarding in the nan ncase of any discrepancies found				onsib

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the 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 monthly 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 mount is recovered.
 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 it he 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.

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.

QR CODE

Merchant QR will be issued only to the MOD accounts. For all other merchant current accounts, QR code facility can be availed by a request submitted by the merchant during or after completion of current account opening process by visiting the branch.

FATCA - CRS Declaration	n Form				
, ,, <u> </u>		N No.:			
Country of Incorporation: 1. I/We declare that the Entity is tax residue.	Cit	y of Incorporation:		es, please fill Part A & B)	
The Controlling Person/Ultimate Benefit		of any country other than India		es, please fill Part C)	
Part A (To be filled if YES is declared f	or the above statements except for	Proprietorship customer)		, p ,	
Customer Identification NoAddress used for Tax Purpose/ reported	ls:	suing Country			
Address used for Tax Purpose/ reported Address	to Tax Authorities in foreign country: [Registered Communicat	ion Business Other	(if business or other, provide the address)	
Addi ess					_
Details of Country/ies in which the entity	is resident for tax purpose and the as	sociated Tax ID number:			- 1
Country	Tax Identification Numb	per (or equivalent)	Identification Typ	e (TIN or Other please specify)	
					-
					1
Part B (To be filled by Non-financial er	ntities)				J
Entity is: Traded in Stock Exchange			· —		
Name of the listed company					
PART C (to be filled by Passive Non Finame*:	_	• •	•	onal controlling person or beneficial o	wners)
Country of Tax Residency					
PAN					
Residence Address					
*Name of Controlling Person / Ultimate Bene	eficial Owner / Proprietor "Ac	Idress reported/updated with Tax a	uthorities		_
Details of Country/ies in which the control					
Country	Tax Identification Num			e (TIN or Other please specify)]
Soundy	Tax racramodion racin	bor (or equivalent)	identinodaen typ	o (The or other produce openity)	-
					-
					-
Country of Birth	City of Birth		Natio	onality	
Occupation Type Service Busin	- 7			Other	_
Societies Type Solvies Such	outer placetamodator type.		TO COVID COIL		
be reported to tax authorities/ appointed there be any change in any information punited States in the foreign country inforresident issues such identifiers. If no TIN Certification: I have understood the information requires have read and understood the FATCA-C	agencies/ withholding agents for the provided by you, please ensure you a mation field along with your US Tax Ic is yet available or has not yet been is ements of this Form and hereby confi	purpose of ensuring appropriate dvise us promptly, i.e. within 30 dentification Number. It is mand- ssued, please provide an explai rm that the information provided	withholding from the accordays. If you are a US citize atory to supply a TIN or furnation and attach this to the	ctional equivalent if the country in which	Should se include you are tax
Place:	Signature	Signature	Signature	e Signature	
	.,				
FOR BANK USE ONLY					
Account Sourcing Date:				_ KYC Certified Code:	
				Others: ereby declare that I have explained all d	
about the product and have handed over	er a copy of the brochure and schedu	ile of charges and have explain	ed all the terms and cond	itions in detail to the customer.	icialis
Signature	Emp Name	En	np Code	Date	_
Pre welcome calling done by					_
Signature			Signature of Branch	Manager / BOM With Branch Round s	stamp
Emp Code			•		
Emp Name			Emp Name		
		Account Sourcing Channel:			
Date of welcome calling :					
Time of welcome calling :					
ACKNOWLEDGEMENT	- CUSTOMER COPY				
I/We have applied for \Box Sa	avings	d Deposit		Application No:	
Product Name:	in the name of Mr/Mrs/M	s./M/s:			
With an initial payment cheque nur	mber: of R	s	, in words : Rs		
From Bank:	I also confirm that h	ave read and understood th	ne terms and condition	s pertaining to the account, and the	e
Officer: Mr.	has explained a				
Nomination Registered : Yes [_				
Officer Signature:	Manage 1 000		Phone Number:	Date	

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