**Promo Code: Application No:** ACCOUNT OPENING FORM FOR INDIVIDUALS **Branch Code** Application Date **Branch Name** Non I-Kit n the following account ☐ Regular ☐ EVA ☐ Wings ☐ Salary Account(Type) \_(Corp.Code  $\square$  Enjoi under guardian  $\square$  Enjoi Self operated Savings Current ☐ Business ☐ Business Prime ☐ Advance ☐ Trade-In Others ☐ FD/RD (For KYC Only, fill separate FD request) Mode of operation Singly Either / Anyone or survivor Jointly (Debit / ATM card not applicable) Minor under guardian **CLIENT INFORMATION** SECOND APPLICANT **FIRST APPLICANT** UCIC (If Existing Customer) CKYC No First Name Middle Name Last Name Gender Date of Birth PAN Number / Form 60 / Form 60 Aadhaar Number Passport/DL/Voter card/Others Expiry Date (if any) Father's Name Mother's Maiden Name Single Single Married Others Married Others Marital Status Spouse's Name Mailing / Current Address Landmark Landmark Tel (R/O)(STD) (Alerts will be sent to this Mobile No.) Mobile\* (Mandatory) E-Mail ID\* (Mandatory) Permanent Address ☐Please tick if same as mailing address Occupation Salaried ☐ Student ☐ Farmer Salaried ☐ Student ☐ Farmer Retired Retired ☐ Self-employed ☐ House wife ☐ Professional ☐ Self-employed ☐ House wife ☐ Professional Politically Exposed Person Related to PEP ☐ No Related to PEP ☐ No ☐ Yes Yes ☐ Illiterate ☐ Visually Impaired ☐ Old & Sick ☐ Electoral candidate ☐ Illiterate ☐ Visually Impaired ☐ Old & Sick ☐ Electoral candidate Additional Information FIRST APPLICANT **SECOND APPLICANT FATCA - CRS STATUS DETAILS FOR** I am a tax resident of India and not of any other Country Yes No Yes No City of Birth Country of Birth I am a tax resident of the countries mentioned below Yes No Yes No Country Name# Tax Identification Number (TIN %) Identification Type (TIN / Other % - Please specify) Address for Tax Purpose Address Type for Tax Purpose **ACKNOWLEDGEMENT - CUSTOMER COPY** I have applied for Savings Current Fixed Deposit Recurring Deposit Application No: **Product Name:** in the name of Mr/Mrs/Ms./M/s: With an initial payment cheque number: , in words : Rs. of Rs. From Bank: \_. I also confirm that I 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

Name of Bank Officer:

Phone Number:

Officer Signature:

Promo Code:			Application No.							
PAYMENT DETAILS A	ND CHANNEL ACCES	S RE	QUEST							
IP Funding:  Cash (Customer must dep	osit cash in person in opening	g branc	h only)	(Cheque	should l	oe crossed A/c pa	yee and	drawn p	ayable to	
Fund transfer from existing E				Small Fina	ance Ba	nk A/c <applicant< th=""><th>t Name)</th><th></th><th></th></applicant<>	t Name)			
Total Amount INR Cheque/Tran No.			Cheque/Tran Da	Date		Bank Name		E	Branch	
Debit Card RuPay [	VISA International	(Not av	SA Cards are International Cards) allable for joint mode of operation)	Internet I	 Banking	Mobile Banking	Cheque	e Book	Insta Alert	
1st Applicant 🔲 (		Platin	ignature available only with VISA)  um Signature	Yes	☐ No	Yes No			Yes No	
	Classic Gold I	Platin	um Signature	Yes	No	Yes No	Yes	∐ No	Applicable only for first holder	
Purpose of Opening Accou Source of Funds Gross Annual Income (₹)	ınt ☐ Saving ☐ Repaymen ☐ Salary ☐ Business ☐		n 🗌 Business Collection culture 🔲 Investment	n 🗌 O	other ntal	Others				
First Applicant	Jpto 50k									
Second Applicant	Jpto 50k	2.5 -	i lacs5 - 7.5 lacs7.5 - 10 l	lacs10 -	15 lacs	]15 - 20 lacs	lacs 30	- 50 lacs	] 50 - 1 Cr>1	
For Wings:										
	ccount number as provided for				_	1 0				
Do not use my Mobile Numb	per as 10 digits of account numb	oer a pr	ovided for First Applicant.	*Allocati	ion of Ch	oice account no is	subject to	o availab	ility	
NOMINATION										
	anking Regulation Act 1949 Rule 2(1) c	difficul f the Bar		mination" lles)1985 in	respect of	Bank deposits, I/ We N		·		
vent of my / our minor's death the amount of the above opened account / Fixe  NATURE OF DEPOSITS  NAME OF NOMINEE		d Deposi	Deposits / Recurring Deposits, may be returned by Ed			RELATIONSHIP WITH DEPOSIT R			DATE OF BIRTH	
	If Nominee is Existing Customer Please mention UCIC									
ominee Name to be printed o		Ye								
Nominee is a minor on thi	s date I/We appoint			(Name,	Address an	d Age)				
	ddress and Age)									
*Signature/Thumb impr of the depositor	ression				-	· j'				
	omination or not selected any	ontion				):				
have clearly explained to the cι	istomer the advantages of nom	ination	facility and inspite of the s			loes not want to no	ominate a	nd he/sh	e also refused	
rovide a specific letter to the ef	fect that he/she does not want	to mak	e a nomination.			*Em	ployee Signa	ature and c	ode	
TERMS AND CONDITI	ONS									
e Charges have been explained to me for the r arges is available on Equitas Small Finance Bank V	respective products. I/Understand that schedule		Account opening any Term Depo olding pattern. In the event of fore							
We have read and understood the Terms & Con	ditions governing the opening of an account wi in the booklet shared with us and agree to be bour iding/limiting the bank's liability and bank may deb	h   tha r	equest and cannot be redeemed e event of death of either of the de	online.	·	·				
, account for the service charges applicable from	time to time I/We consent to receive information	/- I the n	equest of the survivor without see eposit proceeds. Such payment n	king the con	currence c	of the legal heirs of the d	eceased, pr	emature cl	osure and withdra	
is on products and services not currently availa	hone/Mobile/SMS Email by the Banks/Its agents notional information through telephone calls /ema able by me. I can register for "Do Not Call" servi	e   unuc	r the Term Deposits hereby confi	rm our cons	ent to the	above.				
rently availed by me I/We hereby confirm that:	or other channels that the Bank may offer. I agree and information regarding products and service the Bank engages business correspondents, selling the Bank engages business correspondents, selling the Bank engages business correspondents.	na I	adhaar Consent, I/We am/are vas I/We wish to avail / desirous of				ard without r	edacting th	ne Aadhaar numbe	
ents and Business Facilitators for the purpose of s ns etc. and we have no objection for the Bank to	selling/promoting its financial products viz deposit o share our contact details with them and receivir	s, The a	everage monthly/ quarterly / Half have understood that non mainte	Yearly Bala	nce require	ed to be maintained for rerage balance will attra	this account	t is Rs		
Is from them. I am/ We are, also aware that I/W stomer care department of the Bank in case of	We have the right to approach the nodal officer f any grievance in respect of the conduct of su dierstood the above Declaration, and that the deta holders: The account will be operated singly, if the		also confirm that the account wa	is opened by	y bank office	cer Mr./ Ms	rnose of one	ning the ag	aı	
wided on the form are correct For Joint account I no instruction as to the joint operation of the a	holders: The account will be operated singly, if the ccount. Primary applicant will alone be allowed of operation will be single. Further, for accounts f	re 🔳	1	<u> </u>		,	2			
ofessionals ( If applicable ): I/ We agree and confir	of operation will be single. Further, for accounts f orm that the said account will be used exclusively f directly or indirectly for or on behalf of my/o	or								
ents. eclare, confirm and agree :			PLEASE PASTE LATEST					PLEASE PAS	STE LATEST	
That all information given in the application form are true and up to date and that. I have not withheld y information more particularly with regarding to CC/OD facility availed by me from any other bank That I have had no insolvency initiated against me nor have I ever been adjudicated insolvent.			PASSPORT SIZE PHOTO OF THE			PASSPOR			PHOTO OF THE	
hat I have read the application form and brochu That the transaction undertaken from this accoun	e not have rever been adjudicated insolvent. re and am aware of all the terms and conditions it will comply with all FEMA / PMLA rules, regulation	ns	FIRST APPLICANT.				SEC	COND AP	PLICANT.	
notifications	dness" as declared under the Persons with Disabilit		PHOTO TO BE SIGNED ACROSS.				РНОТ	O TO BE SI	IGNED ACROSS.	
			FIRST APPLICANT SIGN BELOW				SECON	ND APPLICAN	NT SIGN BELOW	
xed by the customer in the presence of a bank of the understand that the details filled here in the A existing UCIC	by the bank unless the thumb impression has bee fficial and has been verified by him to have done so pplication Form will over ride the details updated	). in	<b>1</b> 3				P3		1	
dertaking and authorization :	to exchange, share or part with all the information	n   _	FIRST APPLICAL	NT .					SECOND APPLICANT	
encies / statutory bodies / other such persons,	formation with financial institution credit bureau in order to facilitate the bank to comply with i ns and standards. I/We shall not hold Equitas Sma	ts 📗				2				
igations under various applicable laws regulation ance Bank or its agents/ representatives liable for d purpose.	r using / sharing information provided herein for th	ne C	; T			G				
nk use			KYC Certified Code			Employee Code :	Only for	the Staff		
	ales BC Others									
	ve done KYC verfication & have visited the cus	(YC C	ertification (Lead Conve	,	explained a	II details about the product a	ind have hand	ed over a cop	by of the brochure and	
Signature		Name		ľ	Emp Co	de		D-	ate	
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## 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 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 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 ablating 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/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 majority.
   In case there are no transactions initiate