ADDITION OF ACCOUNT HOLDERS – FCNR (B)

I/We, _____

_____ hereby request you to add the name(s) in

my/ our Account Number _____ as per the details given below.

Account Holder(s) to be added

	New Account Holder (1)	New Account Holder (2)
Name	_____	_____
	_____	_____
Guardian's Name (if the person is a minor)	_____	_____
Customer ID (if available)	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
Reason for Addition of Holder	_____	

Mode of Operation

☐ Shall continue to remain as instructed earlier ☐ To be changed to

☐ Either or survivor ☐ Jointly ☐ Former or survivor

Declaration

I/We hereby confirm that all other existing instructions and the terms of the account remain the same shall remain the same. I/We have read and understood the Terms and Conditions governing opening of an FCNR (B) account with Equitas Small Finance Bank Ltd. I/We accept and agree to be bound by the said Terms and Condition including those excluding/limiting the Bank's liability. I/We understand that Bank may at its absolute discretion, discontinue any of the services completely or partially without any reference to me/us. I/We agree that the Bank may debit my/our account any service charges as applicable from time to time. I am /We are aware that the survivor under "former or survivor" can be a Resident. I/We hereby declare that the information furnished above by me/us, is true and correct to the best of my/our knowledge.

Signature(s)	_____	_____
	Existing Account Holder	Existing Account Holder
Signature(s)	_____	_____
	New Account Holder	New Account Holder

Notes:

1. The first account holder cannot be replaced.
2. Addition of name is subject to Bank's documentation requirements being fulfilled

For Bank Use Only

Mode of Operation changed Yes/No

Signature Verified Yes/No Signature verified by _____

Authorised by _____

Approved by _____ (NAME, SIGNATURE & EMP ID)