

CUSTOMER RELATIONSHIP FORM - INDIVIDUAL



Service request No. _____

ACCOUNT DETAILS

Applicant Name: First _____ Middle _____ Last _____

Mode of operation

☐ Singly ☐ Either or survivor ☐ Jointly (debit / ATM card not applicable) ☐ Former or survivor ☐ Anyone or survivor ☐ Minor under guardian

CUSTOMER DETAILS

Name (Mr/Mrs/Ms) First _____ Middle _____ Last _____

Aadhaar / Passport / DL / Voters Card / Other No. _____ Expiry date _____

PAN No : _____ Form 60 ☐ Date of Birth ☐☐☐☐☐☐☐☐☐☐

Mother's Maiden Name : _____ Father / Spouse Name : _____ Guardian Name (for minor) _____

Mailing address

Permanent address ☐ Please tick if same as mailing address

City _____ PIN Code _____

City _____ PIN Code _____

Tel(R) _____ Tel(O) _____

Email ID _____

Mobile _____ ☐ Insta Alert

Gender ☐ Male ☐ Female ☐ Transgender

Qualification : ☐ Illiterate ☐ Primary ☐ Secondary ☐ Graduate ☐ Post graduate ☐ Professional

Annual Income (Rs) : ☐ 0 - 50,000 ☐ 50,001 - 1,00,000 ☐ 1,00,001 - 2,50,000 ☐ 2,50,001 - 5,00,000 ☐ 5,00,001 - 7,00,000 ☐ 7,00,001 - 10,00,000
☐ 10,00,001 - 15,00,000 ☐ 15,00,001 - 20,00,000 ☐ 20,00,001 - 30,00,000 ☐ 30,00,001 - 50,00,000 ☐ 50,00,001 - 1,00,00,000 ☐ Greater than 1,00,00,000

Occupation : ☐ Salaried - Public ☐ Salaried - Private ☒ Self-employed ☐ Retired ☐ Housewife ☐ Politician ☐ Student ☐ Other

Source of funds : ☐ Salary ☐ Business income ☐ Agricultural income ☐ Investment income ☐ Others

Politically exposed Person (PEP) : ☐ Yes ☐ Related to PEP ☐ No

Nationality : ☐ Indian ☐ Others _____

Marital Status : ☐ Single ☐ Married ☒ Indian _____

CHANNEL ACCESS REQUEST

Debit Card <input type="checkbox"/> RuPay <input checked="" type="checkbox"/> VISA International		(All VISA Cards are International Cards) (Not available for joint mode of operation) (Gold & Signature available only with VISA)		Internet Banking	Mobile Banking	Cheque Book	Insta Alert
1st Applicant	<input checked="" type="checkbox"/> Classic <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Signature			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2nd Applicant	<input type="checkbox"/> Classic <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Signature			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicable only for first holder

GENERAL DECLARATION

The average monthly / quarterly / half yearly balance required to be maintained for this account is Rs _____ I / We have understood that non-maintenance of the above average balance will attract charges. These charges have been explained to me for the respective products. I / We understand the detailed charging structure for non-maintenance and the same is available on Equitas Small Finance Bank's Website and charges brochure.

I / We have read and understood the Terms & Conditions governing the opening of an account with Equitas Small Finance Bank and those relating to various services including but not limited to a) ATMs b) Phone Banking c) Debit Cards d) Mobile Banking e) Net Banking f) BillPay facility g) Insta Alert facility h) Email Statement. I / We accept and agree to be bound by the said Terms & Conditions including those excluding / limiting the bank's liability. I / We understand that the bank may, at its sole discretion, amend any of the services completely or partially with atleast 30 days' notice and / or provide an option to switch to other services. I / We agree that the bank may debit my account for the service charges applicable from time to time. I / We confirm that I / We am / are resident of India. I / We authorize the bank to disclose, from time to time any information relating to my / our savings account to any parent / subsidiary, affiliate and associate of Equitas Small Finance Bank, and to third parties engaged by the bank, for purposes as detailed in the Terms & Conditions booklet. I / We confirm that I / We am / are in possession of and have read the Terms & Conditions booklet which details the rules governing account operations, the service charges and fees brochure which specifies the charges applicable from time to time for various services. If opted for Net Banking and SMS Banking, services will be available upon opening of account with the bank based on the terms and conditions applicable from time to time and without requiring completion of any formalities for activation of such services except for joint account holdings operations mandate. Notwithstanding the documentation and account opening form provided, the bank reserves the right to accept / reject your application. The bank decision in this regard would be final. In case of change of address due to relocation or any other reason, I / we should intimate the new address to the bank within two weeks of such a change with a valid address proof.

I / We hereby request the Bank, its Affiliates and the representatives, associates, service providers and employers of the Bank and its Affiliates, to contact me/us by telephone, or any other possible mode to communicate with me from time to time in connection with servicing issues pertaining to the products/ relationship which I/We have with the Bank or its Affiliates from time to time. In addition to the above, the Bank, its Affiliates and the representatives, associates, service providers and employees of the Bank, its Affiliates may contact me/us from time to time by telephone, or any other possible mode to communicate in connection with new products, services of the Bank or its Affiliates. I/We shall indemnify the Bank and its representatives, employees and agents against all losses, costs, expenses, suits, damages whatsoever arising out of or in connection with their assistance and their services that may be provided to me/us for helping me/us invest in the aforementioned products/ avail myself/ourselves of the aforementioned facilities or services in my/our name (s). I understand that in case I do not wish to receive promotional information through telephone calls / email / sms on products and services not currently availed by me, I can register for "Do Not Call" service through the Bank's website www.equitasbank.com or other channels that the Bank may offer. I agree that this service will not apply to receipt of advice and information regarding products and services currently availed by me, to help me in fully realizing the benefits of the range of financial solutions designed to make my banking relationship value added and more convenient.

Declaration in case of voluntary submission of Aadhaar Card: (Please fill separate request form for Aadhaar seeding)

I/We wish to open a Savings Bank account with your _____ Branch. In this connection, I/We am/are voluntarily submitting a copy of my Aadhaar Card without redacting the Aadhaar number, as I/We wish to avail / desirous of availing Direct Benefit Transfer / desirous of receiving Direct Benefit Transfer. I/We have been given to understand that the document submitted to you shall not be used for any other purpose other than for the purpose mentioned above or as per requirements of law.

I / We confirm that I / we have read and understood the above Declaration, and that the details provided on the form are correct. I / We also confirm that the account was opened by bank officer Mr. / Ms. _____ and I / we have signed in his / her presence.

Please paste latest
Passport size photo of the
Applicant.

Photo to be signed across.

Signature

Name : _____ Date : _____

For Joint holders : This account will be operated singly and in case of joint account operated "jointly" in the event the customer fails to specify the mode of operation at the time of account opening.

For Fixed Deposits : In the event of death of the depositor premature termination of term deposit would be allowed. The conditions subject to which such premature withdrawal would be permitted shall be specified by Equitas Small Finance Bank from time to time. Such premature withdrawal would not attract any penal charge.

In the event of the death of either of the depositors under "Either or Survivor" or "Former or Survivor", the Bank is entitled to honour the request of the survivor without seeking the concurrence of the legal heirs of the deceased, if the survivor requests the Bank to prematurely withdraw the said deposit. Such payment made by the Bank shall be a valid discharge of the Bank's liability. We, the Joint holders under the Term Deposits hereby confirm our consent to the above Terms & conditions.

Signature (to be signed by both the Joint Deposit Holders):

Depositor 1

Further, for accounts for Professional (if applicable) : I/We agree and confirm that the said account will be used exclusively for my / our own transactions only and shall not be used directly or indirectly for or on behalf of my / our clients.

Depositor 2

Further, for Fixed Deposit (if applicable) :

- I/We understand that an advice shall be issued by Equitas Small Finance Bank by default. In case I/We have opted for Auto Renewal option, an advice shall be issued on renewal.
- I/We agree that the Fixed Deposit placed by me/us shall be under Auto Renewal mode for the original period of the deposit unless contrary instructions are provided by me/us anytime prior to the date of maturity and as per the mode of operation of the account. However, tax saver Fixed Deposit and such deposits where Fixed deposit is issued, Auto Renewal option shall NOT be available.
- In case of Auto Renewal as the case may be, interest rate prevailing on the date of Auto Renewal / Renewal shall be applicable. In case of Auto Renewal the entire maturity proceeds shall be renewed for the same tenure unless specific instructions are provided by me/us.
- In case of Auto Renewal without any change in the existing mode of operation, the respective account opening form will be treated as valid and continuing.
- I/We agree that the proceeds of the deposit will be paid as per existing mode of payment of Bank on the due date or on request, before the due date unless the deposit is Auto Renewed.
I/We understand that premature withdrawal of deposit will be subject to penal rates as per bank's policies.
- I/We understand that at the discretion of the bank, loan against the deposit may be given to the depositors in whose name the deposit has been opened and who are authorised to withdraw the deposit as per original mandate.
- I / We understand that in case of premature withdrawal, interest will be paid at the rate applicable to the amount and period for which the deposit remained with the Bank and not at the contracted rate.
- FD in lieu of AMB:** Tenure of the FD must be atleast one year & above. Holding pattern of FD & Savings Account has to be same.
- If interest amount is not sufficient to recover the TDS amount, the same may get recovered from the principal amount of Fixed Deposit.
- In case of monthly deposit scheme, the interest will be calculated for the quarter and paid monthly at discount value.

I declare, confirm and agree:

- That all information given in the application from are true and up to date and that I have not withheld any information.
- That I have had no insolvency initiated against me nor have I ever been adjudicated insolvent.
- That I have read the application form and brochure and am aware of all the terms and conditions.
- That the transaction undertaken from this account will comply with all FEMA / PMLA rules, regulations and notifications.

Futher for accounts for blind persons (if applicable)

A cheque drawn by a customer suffering from "blindness" as declared under the Persons with Disabilities (Equal Opportunités, Protection of Rights and Full Participation) Act, 1995 and bearing the thumb impression of the customer shall not be honoured by the bank unless the thumb impression has been affixed by the customer in the presence of a bank official and has been verified by him to have been done Undertaken and authorise:

I/We hereby authorise Equitas Small Finance Bank to exchange, share or part with all the information provided herein including personal and business information with financial institution credit bureaus / agencies / statutory bodies / other such persons, in order to facilitate the bank to comply with its obligations under various applicable laws regulations and standards. I/We shall not hold Equitas Small Finance Bank or its agents / representatives liable for using / sharing information provided herein for the said purpose.

Signature of Applicant

FATCA DECLARATION (Please tick the applicable tax resident declaration (Any one) Applicant

☐ I am a tax resident of India and not resident of any other country **OR** ☐ I am a tax resident of the country/ies mentioned in the table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

*City of Birth _____ *Country of Birth _____ *Address Type for Tax purpose ☐ Resident ☐ Business ☐ Registered office

Country#	Tax Identification Number%	Identification Type (TIN or Other, Please specify)%	Address For Tax Purpose*		
			<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the address below
			Landmark		
			Pin _____	State _____	Country _____

To also include USA, where the individual is a citizen / green card holder of USA % In case Tax Identification Number is not available, Kindly provide functional equivalent FATCA - CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete and hereby accept the same.

Signature _____

FATCA DECLARATION Please tick the applicable tax resident declaration (Any one) 2nd Applicant

☐ I am a tax resident of India and not resident of any other country **OR** ☐ I am a tax resident of the country /ies mentioned in the table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number Below:

City of Birth* _____ Country of Birth* _____ Address Type for Tax Purpose* - ☐ Residential ☐ Business ☐ Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, Please specify)%	Address For Tax Purpose*		
			<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the address below
			Landmark		
			Pin _____	State _____	Country _____

To also include USA, where the individual is a citizen / green card holder of USA % In case Tax Identification Number is not available, Kindly provide functional equivalent FATCA - CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete and hereby accept the same.

Signature _____

FATCA-CRS Terms and Conditions: "The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which requires Indian financial institutions such as the bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

FATCA-CRS Instructions: If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

FOR BANK USE ONLY

Customer ID

Customer Category

Document Submitted

Photo

Applicant only _____

ID Proof Address Proof

Branch Code

LG Code _____ LC Code _____

Value Date

UDN _____

Customer
signed in my
presence

Emp Name		Signature
Emp Code		

Tele
Confirmation
Done

Emp Name		Signature
Emp Code		

Branch Stamp with Date

CPC Stamp with Date

CSO/RM Signature & Date

BDM/BM Signature & Date

DVU Signature & Date

FCU Signature & Date