LOAN APPLICATION FORM



éerubbe	Application No.:
Equitas Small Finance Bank	Date of Application :
Please fill the form in Black Ink and in CAPITAL LETTERS.	Out well
ALL fields marked "*" are mandatory.	Customer ID (For existing customers)
Type of Account	Account No.
1. TELL US ABOUT YOUR BUSINESS	
*Primary applicant- Entity Name	
*Entity Type	
Individual Sole Proprietorship	Partnership
Private Limited Company Limited Liability Partnership (LLP)	Public Limited Company
Industry Type Manufacturing Trading Service (Self Employed)	Others ()
Investment in Plant Machinery (Rs.) Upto 1 Cr. >1 Cr. to	10 Cr.
Annual Turnover (Rs.) Upto 5 Cr. >5 Cr. to 50 Cr.	>50 Cr. to 250 Cr. >250 Cr.
(As Per Latest Audited Financials)	
*No. of Employees 0 to 20 21 to 50	51 to 100 above 100
	lac - 15 lac
	lac - 15 lac
*Purpose of Opening Business Collection of Instrume	ent Others
*Entity Existence (Years): *Company Listed	Y N
*Total No. of Branches / Regional Offices: *Presence	in other cities:
*PAN *Date of Incorpo	ration DD MM YYYY
*Nature of Industry	(Refer to Annexure)
Website Address	
2. ENTITY PROOF	
*Entity Proof Name of Document	
	Expiry Date (If applicable)
ID Number (If applicable)	Expiry Date (If applicable)
*Address Proof Name of Document	
ID Number (If applicable)	Expiry Date (If applicable)
Additional Documents Shared	
3	4
Internet Dealine	Makila Dankina
Internet Banking View only (non-financial) Transaction (financial)	Mobile Banking Yes No
Additional Documents IDs (If applicable)	
CIN CONTROL CO	CKYCR
LEI CICICICICICICICICICICICICICICICICICIC	Excise Excise
AADHAAR No.	GST GST
*Key Contact Person N A M E M I D D	

*Email ID
For e-statement preference Daily Weekly Monthly (Bank Intimations / Account Statements / Trade Advices will be sent on this ID by default)
Whether Physical Statement is required (Monthly) Yes No Tick if e-statement is not required
2(a). MODE OF OPERATIONS
SINGLY JOINTLY SEVERALLY As Per Board Resolution
PROPRIETOR / AUTHORISED SIGNATORY
3. REGISTERED ADDRESS OF THE ENTITY FROM (YEAR)
Address Line1 Address Line1
Address Line2
State Pin code Country Country
State Pin code Country
Country Code STD code Landline No. Mobile No. Mobile No.
E-Mail ID
Business Premises Self Owned and free Self Owned and encumbered Rented
4. OPERATING ADDRESS OF THE ENTITY Preferred Mailing Address Same as registered Address
Years / Months at Current Address Y M M Years in City
Address Line1
Address Line2
City
State Pin code Country Country Pin code
Contact Details
Country Code STD code Phone No. Extension Extension
E-Mail ID
Mobile No.
Business Premises Self Owned and free Self Owned and encumbered Rented
5. CO-APPLICANT DETAILS
1. Main promoter/ Proprietor/ Partner/ Director
Title Mr. Ms. Dr. Others () Gender Male Female Third Gender
Full Name
First Name Middle Name Surname
Father's/ Legal Gaurdian Name
Date of Birth DD MM YYYY Marital Status Married Unmarried Others (
No. of Dependants Nationality Nationality
Mother's Maiden Name AADHAAR No.
PAN No. Annual Income Annual Income
Percentage of Shareholding%
Religion Hindu Muslim Christian Sikh Zoroastrian Buddhist Others ()
Category SC ST OBC General Others (
Educational Qualification Undergraduate Graduate Post Graduate Professional Others ()
Type of Residence Self owned and free Self owned and encumbered Rented Owned by parents
If Self owned - Ownership Individual Joint
RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Current Address Years in City

Address Line1 Address Line1	
Address Line2	
Landmark	
City City City City City City City City	
State Pin code Country Country	
Residential Contact Details	
Country Code STD code Landline No. Mobile No.	
E-Mail ID	
In case of rented accomodation, Please provide permanent address details	
2. Promoter/ Partner/ Director/ Guarantor	
Title Mr. Ms. Mrs. Dr. Others () Gender Male Female	Third Gender
Full Name	
First Name Middle Name	Surname
Father's/ Legal Gaurdian Name	
Date of Birth DD MM YYYY Marital Status Married Unmarried Others ()
No. of Dependants Nationality Nationality	
Mother's Maiden Name AADHAAR No.	
PAN No. Annual Income	
Percentage of Shareholding	
Religion Hindu Muslim Christian Sikh Zoroastrian Buddhist Others ()
Category SC ST OBC General Others (
Educational Qualification Undergraduate Graduate Post Graduate Professional Others ()
Type of Residence Self owned and free Self owned and encumbered Rented Owned by Parent	}
If Selfowned - Ownership Individual Joint	
	rs in City
Address Line1	
Address Line2	
Landmark	
Landmark	
City	
City State Pin code Country Country	
City State Pin code Country Residential Contact Details	
City State Pin code Country Country Code STD code Landline No. Mobile No.	
City State Pin code Country Code STD code Landline No. Mobile No. E-Mail ID	
City State Pin code Country Country Code STD code Landline No. Mobile No.	
City State Pin code Country Code STD code Landline No. Mobile No. E-Mail ID	
City State Pin code Country Residential Contact Details Country Code STD code Landline No. E-Mail ID In case of rented accomodation, Please provide permanent address details	
City State Pin code Country Code STD code Landline No. E-Mail ID In case of rented accomodation, Please provide permanent address details 3. Promoter/ Partner/ Director/ Guarantor	
City State Pin code Country Residential Contact Details Country Code STD code Landline No. Mobile No. E-Mail ID In case of rented accomodation, Please provide permanent address details 3. Promoter/ Partner/ Director/ Guarantor Title Mr. Ms. Mrs. Dr. Others () Gender Male Female	Third Gender
City State Pin code Country Residential Contact Details Country Code STD code Landline No. Mobile No. E-Mail ID In case of rented accomodation, Please provide permanent address details 3. Promoter/ Partner/ Director/ Guarantor Title Mr. Ms. Dr. Others () Gender Male Female Full Name	
City State Pin code Country Residential Contact Details Country Code STD code Landline No. Mobile No. E-Mail ID In case of rented accomodation, Please provide permanent address details 3. Promoter/ Partner/ Director/ Guarantor Title Mr. Ms. Dr. Others () Gender Male Female Full Name	Third Gender Surname
City State Pin code Country Residential Contact Details Country Code STD code Landline No. Mobile No. E-Mail ID In case of rented accomodation, Please provide permanent address details 3. Promoter/ Partner/ Director/ Guarantor Title Mr. Ms. Mrs. Dr. Others (Gender Male Female Full Name Middle Name	
City State Pin code Country Residential Contact Details Country Code STD code Landline No. Mobile No. E-Mail ID In case of rented accomodation, Please provide permanent address details 3. Promoter/ Partner/ Director/ Guarantor Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Full Name Middle Name Father's/ Legal Gaurdian Name	

PAN No. Annual Income Annual Income
Percentage of Shareholding%
Religion Hindu Muslim Christian Sikh Zoroastrian Buddhist Others ()
Category SC ST OBC General Others (
Educational Qualification Undergraduate Graduate Post Graduate Professional Others ()
Type of Residence Self owned and free Self owned and encumbered Rented Owned by Parents If Selfowned - Ownership Individual Joint
RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Current Address Y Y M M Years in City
Address Line1 Address Line2
Landmark
State Pin code Country Country
Residential Contact Details
Country Code STD code Landline No. Mobile No. Mobile No.
E-Mail ID
In case of rented accomodation, Please provide permanent address details
4. Promoter/ Partner/ Director/ Guarantor Title Mr. May May Dr. Others () Condex Male Torrele Third Condex
Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Third Gender
First Name Middle Name Surname
Father's/ Legal Gaurdian Name
Date of Birth
No. of Dependants Nationality Nationality
Mother's Maiden Name AADHAAR No.
PAN No. Annual Income Percentage of Shareholding
Religion Hindu Muslim Christian Sikh Zoroastrian Buddhist Others ()
Category SC ST OBC General Others ()
Educational Qualification Undergraduate Graduate Post Graduate Professional Others ()
Type of Residence Self owned and free Self owned and encumbered Rented Owned by Parents If Selfowned - Ownership Individual Joint
RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Current Address Y Y M M Years in City
Address Line1 Address Line2
Landmark
City City City City City City City City
State Pin code Country Country
Residential Contact Details
Country Code STD code Landline No. Mobile No.

E-Mail ID																												
In case of rented	d accomo	odation,	Please	e prov	ide p	erma	nent	ade	dress	det	tails			1		¬	1											
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6. DETAILS	6. DETAILS OF APPLICANT'S CURRENT ACCOUNTS MAINTAINED WITH OTHER BANKS"																											
Name of the Bank Account No. Account Name Account Opened Month & Year																												
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7. DETAILS O	F CRED	IT FACI	LITY A	VAIL	ED F	RON	ВА	NK:	S/FIN	IAN	CIA	L INS	TITU	TIC	DN (I	Incl	udir	ng E	SFE	В Ва	nk)		/	٩moι	unt i	า	Lak	hs
							San	ction	ned Ai	mou	nt/	S-2	nction	/Di	chur	com	ont	\neg					\neg					
Name of Bank/Fir	nancial Ins	stitution	N	ature o	f facili	ty	Sair		Limit	mou	110/		IICIIOII	Da		SCIII	SIIL	\perp	Pre	sent	outsta	anding	,	Se	ecurit	y off	ered	
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8. DETAILS	OF SE	ECURI	TIES	OFF	ERI	ED	ГΟΙ	EX	ISTI	NG	LE	NDI	ER (C	DLL	_A1	E	RAL	_)									
Sr.No		Particula					Le	ende	er Na	me					Na	me					ionsh	iip		C	Curre			,
		Securi	ties		+				31 14G		_						Wİ	th B	orro	wer					ır	ı La	cs	\dashv
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9. FINANCIA	AL DE	IAILS	OF I	HE /	APP	LIC	AN		_									_					А	mou	nt in		_akh	is
Particulars			(FY_)				(FY)					(FY				_)			
Net Sales																												
PBT																												
Net Profit After	Тах																											
Net Worth																												
40 DETAIL	S OF A	ccos	LATE	-6/0		ID-E	NE	I T.L	EQ.															Λ			اسلما	
10. DETAILS	S OF A	15500	ЛАТЕ	<u>-</u> 5/G	KUL	JP E	-1N I	Ш	E9_															Amo	untı	n	Lakh	IS
Name of	Entity		Na	ature c	of Bus	ines	S					Ne	t Sale	es					Ne	t Pro	ofit			Ne	t Wo	rth		
11. PROMOTER	R/ PART	NER IN	DIVIDU	JAL L	OAN	DET	AILS	(PI	ease	pro	ovide	sepa	arate	sh	eet	in c	ase	of n	nore	tha	n 3 li	nes)		Amo	ount	in L	akhs	
Promoter/ Pa	ırtner Na	ıme		Туре	of Lo	an				Av	ailed	l from		Ī		Sanc	tion	ed A	١mo	unt		Pr	ese	nt Oı	utsta	ndir	ıg	$\bar{\neg}$
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12. PROPOSED CREDIT FACILITIES																	
					ROI	(% P.A)	Purpose F	or			Se	curity Of					
Тур	e of Facilities		Amount ((In Lakhs	1 10	ating / ixed	which it is required	is			urity (Details to be menti		Whether C Offered (Ye		menti		
Cash C	redit/Overdra	ft											Yes		No		
Working	Capital Dem	and											Yes		No		
Term L	oan											T	Yes		No		
Letter o	of Credit												Yes		No		
Buyers	' Credit												Yes	$\overline{\Box}$	No		
Bank G	uarantee												Yes		No		
Others)										[Yes		No		
Others													Yes		No		
In case of	of term loan re) eauire	ments the	e details o	f machir	ierv mav l	ne given as u	ınder	<u> </u> 								
Type of Asset	Purpose of Asset	WI	nether Imp or Indigend	orted	Name of Supplier	Total import basic	Cost of Mac ted machine, cost, freight, stoms duty m	hine the l	(In case of break-up irance an	of	In case of ma Place of inst		Promo Contrib		Lo Requ		
13. DI	ETAILS OF	PR	OPOSE	D COLI	ATER	AL SEC	URITY										
Sr.No	Type o	f Prop	erty	Owned I	^{3y} no	ot owned by	perty offered borrower, with borrower	Lo	roperty ocation ty/Town)	i	proximate Market e (Rs. in Lacs)	Free encum	from brance	Presen to Financ	which	1	
1	Self occup Rented re Self occup Rented co Industrial Others (siden pied c omme	tial ommercial rcial									Yes	s 🗌 No				
2	Self occup Rented re Self occup Rented cc Industrial Others (siden	esidential tial ommercial rcial									Yes	s 🗌 No				
3	Self occup Rented re Self occup Rented co Industrial Others (siden pied comme	esidential tial ommercial rcial									Yes	s 🗌 No				
4	Self occup Rented re Self occup Rented co Industrial Others (siden	tial									Yes	s No				
	SL CATE(ector / MSME Ca			yam Certific	ate regard	ing turn ove	r and investmen	t in pl	ant and mad	chinery	y/equipments or	the same	shall be tak	en from a	udited 1	financials	
	cro Manufac										Enterprises						
	nall Manufac								Small Se	rvice	Enterprises	s :					
M	☐ Medium Manufacturing Enterprises : ☐ Medium Service Enterprises :																
	I/ We hereby declare that information furnished above is true and accurate Applicant Signature																

/ We hereby declare that information furnished above is true and accurate



15. 1. TRADE REFERENCE 2. TRADE REFERENCE Name of Entity Name of Entity Contact Person Contact Person Relationship with Applicant: Supplier Customer Relationship with Applicant: Supplier Customer Competitor Competitor Others (Others (Address Line1 Address Line1 City: _ City: . STD Code STD Code Phone No. Phone No. Mobile No. Mobile No. PIN Code PIN Code Email ID Email ID 16. DECLARATION (Please read carefully and sign at the end of this section after you have filled in the details in the form) No director of the Equitas Small Finance Bank is a director, manager, managing agent, employee or guarantor of the Company, or of a subsidiary of the Company, or of the holding company of the company, or holds substantial interest in the Company or a subsidiary of the holding company of the Company and no directors of any other banks holds substantial interest or is interested as director or as a guarantor of the Company. In Case of any Relation Please fill up as under (a). Details of relationship, if any, with any Director/Senior Officer of Equitas Small Finance Bank: Name of the Director/Senior Officer Relationship with the Director/Senior Officer (b). Details of relationship, if any, with any Director of other bank/s Name of Director and the Bank (c). Details of Directors of the company or its subsidiary company or its holding company, who are also on the board of Equitas Small Finance Bank Name of the Director/Senior Officer No relative (as specified by RBI) of a chairman/managing director or director of banking company (including the Lender) or a relative of senior officer (as specified by RBI) of the lender, hold substantial interest or is interested as a director or as guarantor of Barrower. I/We wish to avail the Finance facilities/products from Equitas Small Finance Bank. I have read, understood and agree to the Terms and Conditions displayed on the Website of Equitas Small Finance Bank i.e www.equitasbank.com, which may be amended by Equitas Small Finance Bank from time to time and hosted a the Website of Equitas Small Finance Bank. I/We authorize Equitas Small Finance Bank to conduct my/our credit history verification with CIBIL or any other credit rating agency and acknowledge that Equitas Small Finance Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to Equitas Small Finance Bank. I/We declare that I/We have not availed any credit facility from any bank or have obtained NOC from such bank(s) for opening of a current account with Equitas Small Finance Bank. I/We agree to furnish and intimate to Equitas Small Finance Bank any other particulars that we are called upon to provide on account of any change in laws/statutory requirements either in India or abroad. I/We authorize Equitas Small Finance Bank to exchange, share or part with all the information provided herein with financial institutions/agencies/statutory bodies/other such person, as may be required by Equitas Small Finance Bank. I/We shall not hold Equitas Small Finance Bank or its agents/representatives liable for using/sharing such information I/We hereby declare that the information provided herein as well as in the documentry evidence provided by me/us to Equitas Small Finance Bank (the "Customer Information") is true, correct and complete in all aspects to the best of my/our knowledge and that I/We have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I/We further agree that any false/misleading Customer Information given by me/us or suppression of any material fact will render my/our account liable for closure and the bank shall have the right to initiate any action, under law or otherwise If any of the information provided here is incorrect, I/We hereby agree to indemnify and keep indemnified Equitas Small Finance Bank, affiliates and their successors or 8. I/We agree and understand that Equitas Small Finance Bank reserves the right to reject my/our Loan application form/request without assigning any reason thereof and without being liable to me/us in any manner whatsover. 9. The Applicant has I have no objection to Equitas Small Finance Bank, agents I representatives to provide me I us information on various products, offers, and services provided by Equitas Small Finance Bank Ltd through any mode (including without limitation through telephone calls / SMSs / emails) and authorise Equitas Small Finance Bank Ltd, agents / representatives for the above purpose. Yes No 10. I am/We are, aware that the RBI guidelines mandates me/us to provide information on our dealing in foreign currency or unhedged foreign currency exposure in any manner whatsoever. I/We hereby confirm that we do not deal/transact in foreign currency and do not have any unhedged foreign currency exposure. In the event, I/We deal in foreign currency or hold unhedged foreign currency exposure at any time during the currency of my/our relationship with the bank, I/we undertake to intimate the bank immediately on such occurrence. 11. I am/we are aware that the bank will not return the documents submitted by us in the event of rejection of loan by the Bank for any reason whatsoever. 17. LIST OF DOCUMENTS Please return this application form along with the following documents: • KYC Documents of Proprietor/Partners/Directors and Company

- · Audited P/L & Balance Sheet with all schedule for last 3 years
- Income Tax returns for last 3 years
- Self-Certified Latest Shareholding Pattern & List of Directors / Partners
- Shop Establishment Certificate (In case of Proprietorship), Copies of Partnership deed, and Certificate of Registration of firm (For Partnership Firm) OR Copies of Memorandum of Association, Articles of Association and Certificate of Incorporation

- Auditor Certified Net Worth Statement of all Guarantors
- Bank Account Statement for last 12 months for all accounts
- VAT/ GST / Service Tax Return for turnover achieved in Current Financial Year (YTD)
- Copy of Property Documents offered as collateral security
- · Projected Financials for succeeding financial year
- Copy of Latest Sanction Letter of facilities being enjoyed
 1 year audited Financials of Group/Associate companies
- · Company Profile, Business Model, Promoters Profile, Management Profile, Products Dealing in etc
- Year to date Performance with details of order in hand
- · Partners Authorisation letter in case of firm and Board resolution in case of companies/LLP/Societies/Club)

18. SCHEDULE OF CHARGES

Charge Description	Particulars					
General Fees	Non-Refundable Login fee of Rs. 5000/- plus GST as applicable at login Stage Processing fees up to 2% of Loan Amount plus GST as applicable Renewal Review Fees up to 2% plus Cersai Fees as applicable plus GST					
Expiry of Limits/ Non Renewal Charges	Additional 2% over and above the contracted rate					
Overdrawn Charges/Security not perfected/covenant not complied with	Additional 2% over and above the contracted rate					
Non Submission of Stock Statement Charges (Only in Case of Cash Credit Customers)	Additional 2% over and above the contracted rate					

Primary Applicant	Co-Applicant 1 Signature	РНОТО	Co-Applicant 2 Signature	РНОТО
Signature	Co -Applicant 3 Signature	РНОТО	Co-Applicant 4 Signature	РНОТО

19. BANK USE SECTION		
Login Fee Details Amount		Cheque/DD NEFT/RTGS
Cheque No. Bank	Name	Branch Name
Branch Name Bran	nch Name	Product Code
Sourcing Branch Code DSA	Name	Lead Generator
Lead armer Lead	d Converter	Profit Centre
Other Details		
Banker Certification		
I have met the customer at Communication	n Address Business A	Address Other
I I have seen the original YC documents and retur Copy Photo taken for record	ned these to the customer.	The customer has signed in my presence
, ,	_	Signature/Stamp
Name	Date	
Employee ID/RM Code		Y Y Y Y

20.NATURE OF INDUSTI	RY			
 Auto Finance Co. Cement Consumer Durables Engineering Goods Fishery/Poultry Hospital Iron and Steel Marble/Granite Real Estate Automarch Pathon Automarch Pathon Automarch Pathon Automarch Pathon Automarch Pathon /ul>	griculture utomobile nemicals/Dyes/Paints airy/Food Processing schange House urniture/Timber otel/Resort ealth Club/Spa ning inting/Publishing ealty & Infrastructure ansportation/Logistics tor/CA/Architect/Lawyer/Cons	 Airlines Bar/Casino/Night Club Consultancy Departmental/Grocery Store Electronics/Computer Hardw Gems & Jewellery Housing Finance Co. IT/Software/BPO Nursing Home/Clinic/Diagno Plastic/Paper & Allied Produ Scrap Metal Textiles/Garments/Handloon cultant) Self Employed Professi 	Fertilizers/See Government C Insurance Co. Liquor Distribu Stic Center cts Pharmaceutica Telecom Travel & Touri	Dealer t Forwarders ds/Pesticides contractor/Contractor itor ancial Corp. al/Chemist
21. FATCA - CRS Declar	ation Form (*Fields ar	e mandatory) Type:		
Entity Financial Non-Country of Incorporation: 1. I / We declare that the Entity is tax resid	financial ent of any country other than In	GIIN No.: City of Incorporation: dia	Yes No (If Yes, please fill I	Part A & B)
2. The Controlling Person / Ultimate Benefic	•		Yes No (If Yes, please fill I	Part C)
Part A (To be filled if YES is declared fo Customer Identification No.	•			
Address used for Tax Purpose / reported to Address:			on Business Other (if bu	siness or other, provide the address)
Details of Country(ies) in which the entity is	s resident for tax purpose and t	he associated Tax ID number:		
Country	1	n Number (or equivalent)	Identification Type (TIN or	Other please specify)
Name of the listed company PART C (to be filled by Passive Non-fina Name*: Country of Tax Residency: PAN: Residential Address:	ancial Entities for Controlling	Person and Proprietor, use addition Date of Birth: % Beneficial Intere		g person or beneficial owners)
*Name of Controlling Person / Ultimate Benefi	cial Owner / Proprietor	Address reported / updated with Tax au	uthorities	
Details of Country(ies) in which the control	ling person is resident for tax p	urpose and the associated Tax ID num	ıber:	
Country		n Number (or equivalent)	Identification Type (TIN o	Other please specify)
	<u> </u>			
Country of Birth: Occupation Type: Service Busine FATCA CRS Terms and Conditions The Central Board of Direct Taxes has not as the Bank to seek additional personal, to will have to be reported to tax authorities thereto. Should there be any change in an holder, please include United States in the country in which you are tax resident issue Certification:	ified on 7th August 2015 that Rul ax and beneficial owner informa / appointed agencies / withhold ny information provided by you foreign country information fiel	les 114F to 114H, as part of the Incom- ation and certain certifications and doci ling agents for the purpose of ensuring i, please ensure you advise us prompt d along with your US Tax Identification	e-tax Rules, 1962, which Rules requirumentation from all our account holdeg appropriate withholding from the actly, i.e. within 30 days. If you are a on Number. It is mandatory to supply	rs. In relevant cases, information count or any proceeds in relation US citizen or resident or green card a TIN or functional equivalent if the
I have understood the information requirer have read and understood the FATCA-Cl			by me on this Form is True, Correct, a	and Complete. I further confirm that
Place:	Signature	Cinnatura	Cianatura	Signature
22. Beneficial Owners De		to be captured in the ar	Signature nnexure as applicable	oignature
Number of Beneficial Owners				
Beneficial Owner's Name	N A M E	MIDDLE	N A M E C	
Beneficial Owner's Designation				

Beneficial Customer ID

Beneficial Owner's Signature

Percentage Holding

Beneficial Owner's Name	NAME	MIDDL	E N A M E		
Beneficial Owner's Designation					
Beneficial Customer ID					
Percentage Holding :					
Beneficial Owner's Signature :					
Beneficial Owner's Name	NAME	MIDDL	E N A M E		
Beneficial Owner's Designation					
Beneficial Customer ID					
Percentage Holding :					
Beneficial Owner's Signature :					
23. DECLARATION FOR SOCIETIES / ASSOCIATION	ON OF PERSONS /	CLUBS / PARTN	ERSHIPS / LIMI	ITED LIABILIT	Y PARTNERSHIPS
In order to facilitate the operation of the s Banking facility by using the customer / usuby us. We acknowledge that the same are	er ID and the Internet Banking	Login password, on the te	ms and conditions deta	iled hereunder which	have been read and understood
 M/s. Banking Login password to access The customer / user ID and the In All transactions carried on in the s of Person / Club / Partnership / Lir demands, proceedings, losses, da be put to as a consequence of or b Equitas Small Finance Bank shall and writings and in such event to b Equitas Small Finance Bank shall and writings and in such event to b All the provisions of the Foreign E exchange, in force from time to time. 	ternet Banking Login passwor aid account through use of the nited Liability Partnerships an mages, costs, charges and e by reason of or arising out of tr at all times be informed of any change the Internet Banking p not be responsible and liable exchange Management Act, 19 te shall be complied with by use	and to acknowledge the said shall be kept totally sected Internet Banking facility and Equitas Small Finance expenses whatsoever what cansactions carried out through the operating assword forthwith. It to monitor the nature of each of the said o	me. The tend confidential by the shall be binding on the Bank shall at all times to the Equitas Small Financough the Internet Bankin instructions for Internet spenses incurred by the preunder and the regular	the authorized signato the Company / Trust / Cope the kept saved and have the Bank may at any tirning facility. It Banking facility by full the use of the said Interrations of the Reserve I	o-operative Society / Association rmless from all actions, claims, me incur, suffer or sustain or to surnishing necessary documents net Banking facility. Bank of India relating to foreign
7. I / We have read the terms and conceptual transaction Limit: Rs.1 day using OTP) 8. All the provisions of the PMLA Actional be complied with by us. Place:	0 lakhs of NEFT / RTGS / Fur		d Party / Bill Payment /	Online Shopping / VIS	SA Credit Card Bill Payment per
Default Transaction Limit: Rs.1 day using OTP) 8. All the provisions of the PMLA Act shall be complied with by us. Place:	0 lakhs of NEFT / RTGS / Fur	nds Transfer to Self & Thir	d Party / Bill Payment /	Online Shopping / VIS	SA Credit Card Bill Payment per PMLA, in force from time to time
Default Transaction Limit: Rs.1 day using OTP) 8. All the provisions of the PMLA Act shall be complied with by us.	0 lakhs of NEFT / RTGS / Fur , 2002, and the rules made th Signature	nds Transfer to Self & Thir ereunder and the regulation	d Party / Bill Payment /	Online Shopping / VIS	SA Credit Card Bill Payment per
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Default Transaction Limit: Rs.1 day using OTP) 8. All the provisions of the PMLA Act shall be complied with by us. Place: Signature 24. DECLARATION FOR S I refer to the account opened by you in the n. I, the undersigned, am the sole proprietor of the firm and I will be liable to you for any oblibeen liquidated. I declare that I have an existing account with C lagree to indemnify and hold the Bank harm way the result of availing of services by me. I agree that all the information disclosed in the have furnished to the Bank the Power of At I confirm having read the rules of the Bank reg Banking, Internet Banking, Mobile Banking & L acknowledge that it is my responsibility to ob	Signature SOLE PROPRIETOR ame of M/s. the firm and am solely responsi gation which may be standing in CA/CC/SB No. less in case of any loss suffer its document is correct and agree torney authorising the person(s garding the conduct of the account titles Pay Facilities. I accept an tain a copy of and read the sam Name: Designation:	RSHIP ble for the liabilities thereof in the firm's name in your bowith red by the Bank, its custom eet to inform you of any chand) as indicated hereinbefore ount as per deposit rules at and the rules and regulation dagree to comply with the tene. I have received the deposit rules are.	Signature Signature ar I shall advise you in writ oks on the date of receip Bank in the n. ers or a third party or a refor operating the accountached and the Citizens' as pertaining to Phone Barms and conditions or any sit rules annexed to this	Online Shopping / VIS k of India relating to P and declare as under: ing of any change that it of such notice and ur ame of iny claim or action brou- bovided in this form or in t. Charter & Deposit Polinking, Debit Card, Door or rules of the Bank that r account opening form	SA Credit Card Bill Payment per PMLA, in force from time to time Signature Signature Signature or takes place in the constitution of ntil all such obligations shall have for the lastyears ught by a third party which is in an an related documents. Signature from time to time. I and agree to abide by the same. Signature
Default Transaction Limit: Rs.1 day using OTP) 8. All the provisions of the PMLA Act shall be complied with by us. Place: Signature 24. DECLARATION FOR S I refer to the account opened by you in the n. I, the undersigned, am the sole proprietor of the firm and I will be liable to you for any obli been liquidated. I declare that I have an existing account with O I agree to indemnify and hold the Bank harm way the result of availing of services by me. I agree that all the information disclosed in the I have furnished to the Bank the Power of At I confirm having read the rules of the Bank re I confirm having read the rules of the Bank re Banking, Internet Banking, Mobile Banking & Leanning & Le	Signature SOLE PROPRIETOF ame of M/s. the firm and am solely responsi gation which may be standing in CA/CC/SB No. less in case of any loss suffer its document is correct and agree torney authorising the person(s garding the conduct of the account thitles Pay Facilities. I accept and tain a copy of and read the sam Name: Designation: PARTNERSHIP FIRE as in Partnership in the name a bartners of the firm. The Bank may for vary the constitution of the firm I our liabilities with the Bank are or armless in case of any loss suffunder the above account title. I documents. It is our responsibility to obtain trawal of any partner the surviv I in the firms account with you. I with you shall belong to the su unt (which is not payable to all ti- ver to operate the account and of the said account. Total care Signature Signature Signature Say Index of M/s. All CA/CO SB No. I see of any loss suffer and the same account title. I should be suffered to the survivity I in the firms account with you. I in the firms account and of the said account. Total care Signature Sig	RSHIP ble for the liabilities thereof in the firm's name in your bowith red by the Bank, its custom eet to inform you of any chance and the rules and regulation agree to comply with the tene. I have received the depression of the same and regulation agree to comply with the tene. I have received the depression of the same and regulation agree to comply with the tene. I have received the depression of the same area of the same	Signature ar I shall advise you in writoks on the date of receip Bank in the ners or a third party or a ge in the information profor operating the account ached and the Citizens' is pertaining to Phone Barms and conditions or any posit rules annexed to this in the party or a ge in the information of the conditions or any posit rules annexed to this in the party or a general programment of the party of the par	online Shopping / VIS k of India relating to P did declare as under: ing of any change that it of such notice and uname of iny claim or action brouvided in this form or int. Charter & Deposit Polinking, Debit Card, Door rules of the Bank that raccount opening form decreased by the second of the act of the	Signature Debit Card, Doorstep Banking, rules of the Bank that may be safter standing to the firm's credit the account. It is further understood that in the discharge of all the partners

Page 10

Signature

Signature

Signature

Signature

26. DECLARATION FOR TRUSTS / ASSOCIATIONS	/ SOCIETIES / CLUBS (With rubber stamp)
The account will be operated by	Resolution No dated _	who has / have been authorised by the of the Trustees / Director / Authorised
signatories. A certified copy of the resolution signed by all Trustees / Director / Author A copy of the Byelaws / Trust Deed / Memorandum of Association and Articles of Association the name of the operators of the account, it will be effected by a resolution of the B	ociation dated duly o	certified is sent herewith. In future if any change is required
such persons to operations of the account, it will be effected by a resolution of the besuch persons to operate upon the account. We agree to comply with and be bound by Bank's rules now and from time to time in for		
opening form and agree to abide by the same.		·
We shall submit prior permission communication from Ministry of Finance for ac such time we submit the communication. We certify that this is the only FCRA Account opened and held by the Trust and that		
We certify that this is the only i city account opened and neid by the must and that	Signature	Name Designation
1.		
2		
4.		
27. ACKNOWLEDGEMENT		
Received on Date DD MM YYYY		Application No.
TOO TO STORE TO DE TO THE TOTAL THE TOTAL TO AL TO THE TO		Application (10.
Notification of Sanction/Rejection will be communicated to you, with in post assessment of Proposal as per Equitas Small Finance Bank polic		plete Application form with supporting documents,
	•	
Login Fees of Rs received by Cheque No./DD Login Fees of Rs received by Account		drawn on Bank
Fees and charges are subject to change at the sole discretion of the		,
Visit the link https://inet.equitasbank.com/LoanStatus/ in our Bank we	_	
your application.	D. 1.000	
Bank Official Signature (Stamp)		
	Phone No Location	
	Location _	

Date

NOMINATION FORM DA1 (Only for Sole Proprietorship Firms. Please choose any	of the below option)
Yes, I / we wish to nominate (as per details below) No, I / we declare that I / we do not wish to make a nomination in my / ou Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1981 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 Do to by Equitas Small Finance Bank Ltd.	85 in the respect of Bank deposits.
Nominee Name	
Is Nominee Address same as Prospect's Current Address	
Nominee Address:	
* Nominee Age	
	omer ID:
**As nominee is a minor on this date, I / we appoint	
to receive the amount of deposit in the account on behalf of the nominee in the event of my / our minor's death	during the minority of nominee.
Guardian relationship to minor Is Nominee Address same as	Prospect's Current Address : Y N
Nominee Address	
Telephone (Res)	
*Email ID	
Witness(es) *Signatur	e/Thumb impression of the depositor
William Control of the Control of th	
Name: Name:	The state of the s
Signature***:Signature***:	
Address:	mnression(s) shall be attested by two witnesses
Suppose to made in all continues, and commission into the degree of a potential and the continues. Control of in the mine.	

28. LIST OF DOCUMENTS

*Whe

Please return this application form along with the following documents:

- KYC Documents of Proprietor/Partners/Directors and Company
- Audited P/L & Balance Sheet with all schedule for last 3 years
- Income Tax returns for last 3 years
- Self-Certified Latest Shareholding Pattern & List of Directors / Partners
- Shop Establishment Certificate (In case of Proprietorship), Copies of Partnership deed, and Certificate of Registration of firm (For Partnership Firm) OR Copies of Memorandum of Association, Articles of Association and Certificate of Incorporation
- Auditor Certified Net Worth Statement of all Guarantors
- Bank Account Statement for last 12 months for all accounts
- VAT/ GST / Service Tax Return for turnover achieved in Current Financial Year (YTD)
- Copy of Property Documents offered as collateral security
- Projected Financials for succeeding financial year
- Copy of Latest Sanction Letter of facilities being enjoyed
- 1 year audited Financials of Group/Associate companies
- Company Profile, Business Model, Promoters Profile, Management Profile, Products Dealing in etc
- Year to date Performance with details of order in hand
- · Partners Authorisation letter in case of firm and Board resolution in case of companies/LLP/Societies/Club)

29. SCHEDULE OF CHARGES

Charge Description	Particulars
General Fees	 Non-Refundable Login fee of Rs. 5000/- plus GST as applicable at login Stage Processing fees up to 2% of Loan Amount plus GST as applicable Renewal Review Fees up to 2% plus Cersai Fees as applicable plus GST
Expiry of Limits/ Non Renewal Charges	Additional 2% over and above the contracted rate
Overdrawn Charges/Security not perfected/covenant not complied with	Additional 2% over and above the contracted rate
Non Submission of Stock Statement Charges (Only in Case of Cash Credit Customers)	Additional 2% over and above the contracted rate

ANNEXURE	Application No.		
30. ADDITIONAL APPLICANT DETAILS			
1. Promoter/ Partner/ Director/ Guarantor			
	nder Male Female Third Gender		
Full Name First Name Middle Name	Surname		
Father's/ Legal Gaurdian Name			
Date of Birth DD MM YYYYY Marital Status Married Unmarried	d Others ()		
No. of Dependants Nationality Nationality			
Mother's Maiden Name AAD	HAR No.		
PAN No. Annual Income			
Percentage of Shareholding%			
Religion Hindu Muslim Christian Sikh Zoroastrian	Buddhist Others ()		
Category SC ST OBC General Others ()		
Educational Qualification Undergraduate Graduate Post Graduate Professi	ional Others ()		
Type of Residence Self owned and free Self owned and encumbered	Rented Owned by parents		
If Self owned - Ownership Individual Joint			
RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Currer	nt Address Y Y M M Years in City		
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Address Line2			
Landmark			
City			
State Pin code Country			
Residential Contact Details			
Country Code STD code Landline No. Landline No.	Mobile No.		
E-Mail ID			
In case of rented accomodation, Please provide permanent address details			
2. Promoter/ Partner/ Director/ Guarantor			
Title Mr. Ms. Dr. Others () Ge	ender Male Female Third Gender		
Full Name			
First Name Middle Name	Surname		
Father's/ Legal Gaurdian Name			
Date of Birth DD MM YYYY Marital Status Married Unmarrie	ed Others (
No. of Dependants Nationality Nationality			
Mother's Maiden Name AAD	DHAR No.		
PAN No. Annual Income			
Percentage of Shareholding%			
Religion Hindu Muslim Christian Sikh Zoroastrian	Buddhist Others ()		
Category SC ST OBC General Others ()		
Educational Qualification Undergraduate Graduate Post Graduate Profess	sional Others ()		
Type of Residence Self owned and free Self owned and encumbered Rented Owned by parents			
If Self owned - Ownership Individual Joint			
RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Curro	ent Address Y Y M M Years in City		
Address Line1 Address Line2			
Audi 699 Fili 67			

Residential Contact Details Country Code	Landmark			
Residential Contact Details Country Code	City			
Country Code STD code Landline No. Media No. Media No. Set of rented accomodation. Please provide permanent address details. 1. Promoter/ Partner/ Director/ Guarantor Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Third Gender Full Name First Name Middle Name Summer Full Name First Name Middle Name Summer Full Name Summer First Name Middle Name Summer Full Name Summer First Name Middle Name Summer Full Name Summer Summer Summer Summer Full Name Summer Summer Summer Full Name Summer Summer Summer Summer Summer Summer Summer Summer Summer Full Name Summer Summer	State	Pin code	Country Country	
E-Mail ID In case of rented accomodation, Please provide permanent address details In case of rented accomodation, Please provide permanent address details In case of rented accomodation, Please provide permanent address details P-Mail ID P-Motor Mail	Residential Contact Details			
In case of rented accomodation, Please provide permanent address stells 3. Promoter/ Partner/ Director/ Guarantor Title Mr. Ms. Mrs. Or. Others () Gender Male Female Third Gender Full Name First Name Middle Name Father's Lagel Gaurdian Name Middle Name Father's Lagel Gaurdian Name Middle Name Pan No. Of Dependants Nationality Multiplication Name Nationality Multiplication Name Nationality Namital Status Married Unmarried Others () No. of Dependants Nationality Namital Status Married Unmarried Others () No. of Dependants Nationality Nationality Namital Status Married Unmarried Others () No. of Dependants Nationality Nationality Namital Status Married Unmarried Others () No. of Dependants Nationality	Country Code STD code	Landline No.	Mobile No.	
3. Promoter! Partner! Director! Guarantor Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Third Gender Ful Name First Name Middle Name Surname Father's' Legal Gaurdian Name Date of Birth Surname Nationality Marifal Status Married Unmarried Others () No. of Dependents Nationality Mother's Maiden Name Annual Income Annual Income Nationality Muslim Christian Sish Zoroastrian Buddhast Others () Religion Hindu Muslim Christian Sish Zoroastrian Buddhast Others () Educational Qualification Undergraduate Graduate Post Graduate Professional Others () Type of Residence Self owned and free Self owned and encumbered Rented Owned by parents If Salf owned - Ownership Individual Joint RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Current Address Since Landmark Address Line2 Landmark Country Code STD code Landmark Residential Contact Details Country Code STD code Landline No Mobile No. E-Mail ID Std commodation. Please provide permanent address details Country Code STD code Co-Applicant 6 PHOTO PHOTO PHOTO	E-Mail ID			
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Title Mr. Ms. Mrs. Dr. Others () Gender Male Female Third Gender Full Name First Name Micide Name Surname Father's Legal Gaurdian Name Date of Birth D. M. M. Y. Y. Y. Marital Status Married Unmarried Others () No. of Dependants Nationality Martial Status Married Unmarried Others () No. of Dependants Nationality Martial Status Married Unmarried Others () No. of Dependants Nationality Martial Status Married Unmarried Others () Others () Others Maiden Name MADHAR No. Martial Income Machan Name Ma				
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Date of Birth No. of Dependants Nationality Narital Status Married Ummarried Others ()			Middle Name	Surname
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Mother's Maiden Name PAN No. Annual Income Percentage of Shareholding	Date of Birth	Y Y Y Marital Status	Married Unmarried Others ()
PAN No. Annual Income	No. of Dependants Nationa	lity		
Percentage of Shareholding	Mother's Maiden Name		AADHAR No.	
Percentage of Shareholding	PAN No.	Annual Inco	ome	
Category SC ST OBC General Others () Educational Qualification Undergraduate Graduate Post Graduate Professional Others () Type of Residence Self owned and free Self owned and encumbered Rented Owned by parents If Self owned - Ownership Individual Joint RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Current Address Y Y M M Years in City Address Line1 Address Line1 Address Line2 Landmark Pin code Country City State STD code Landline No. Mobile No. E-Mail ID In case of rented accomodation, Please provide permanent address details Co -Applicant 5 Co -Applicant 6 PHOTO PHOTO PHOTO		<u></u> %		1
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Type of Residence Self owned and free If Self owned and encumbered Rented Owned by parents If Self owned - Ownership Individual Joint RESIDENTIAL ADDRESS DETAILS Preferred Mailing Address Years/Month at Current Address Y Y M M Years in City Address Line1 Address Line2 Landmark Pin code Country State Pin code Country Landline No. Mobile No. E-Mail ID Co-Applicant 5 Co-Applicant 6 PHOTO PHOTO PHOTO PHOTO	Category SC ST	OBC General	Others (
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Address Line1 Address Line2 Landmark City State Pin code Country Residential Contact Details Country Code STD code Landline No. E-Mail ID In case of rented accomodation, Please provide permanent address details Co -Applicant 5 Co -Applicant 6 PHOTO Signature PHOTO PHOTO PHOTO	If Self owned - Ownership Individua	Joint		
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РНОТО	Co. Ameliana 7			
	Co -Applicant /			
Signature		РНОТО		
	Signature			

31. BENEFICIAL OWNER DECLARATION

FOR Company/Partnership/LLP/AOP/BOI/Trust (To be obtained on the letterhead of the client)

Please fill the Form in BLOCK LETTERS ONLY. All fields marked "*" are MANDATORY. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected. *Date of declaration:__/__/(DD/MM/YYYY) Entity type: Company LLP Partnership Trust AoP (Association of Persons) Bol (Body of Individuals) Whether Company is listed* No Yes If yes, Name of Stock Exchange: __ Entity Name: _ Section I: We declare that no individual person holds directly "Controlling ownership in the captioned Company/ Firm / LLP / AoP Bol/ Trust above the prescribed threshold limit Date of Birth / PAN/CIN Sr. Name of Senior Managing Designation Date of Address position Number* No. Incorporation* Section II: I/We the undersigned hereby declare the below details of beneficial owners holding **Controlling ownership in the captioned Company/ LLP/ Firm/ AoP/ Bol above the prescribed threshold limit Mention if Name of trustees. Date of Birth trustee, settler, grantor, protector settlers, grantors & PAN / Sr. % of Ownership/ Beneficiaries / Name of Date of or beneficiary or CIN No. Address Capital / Profits Shareholders/ Partner / Incorporation Designation (In Number* Beneficial holders case of Companies)

(For Trusts: Please provide details of trustees, Settlors, Grantors, Protectors, beneficial owners holding 15% and above beneficial interest in the captioned Trust)

Section III: Applicable only if there is/are non-individual Beneficial owner(s) holding Controlling** ownership as declared in Sec II.

The following individual person(s), directly or indirectly, holds "Controlling ownership in the above captioned Company/Firm/LLP/AoP/BoI/Trust

Sr. No.	Name of trustees, settlers, grantors & Beneficiaries / Name of Shareholders/ Partner / Beneficial holders	Date of Birth / Date of Incorporation *	Mention if trustee, settler, grantor, protector or beneficiary or Designaton (In case of Companies)	PAN / CIN Number*	Address	% of Ownership/ Capital / Profits

(Signatures & Seal of the any of the Directors/Partners/Trustees/Members)

*Important Points Note:

- Pan Number to be provided for Resident, In absence of it, valid ID document to b sumitted. If minor. then age proof to be provided.
- CIN No. to be mentioned for Companies registered uner ROC. For other Non-Individual entities,
- · Address mentioned should be of Residence for Individuals and Registered Office for Non-Individuals entity.

In case of listed Companies, no further details of beneficial owners to be obtained

*** Mention the name of the company of the beneficiary

**Definition of Controlling Ownership

Definition of Beneficial owners: The term "beneficial owner" has been defined as the natural person who ultimately owns or controls a client and/or the person on whose behalf the transaction is being conducted, and includes a person who excerises ultimate effective control over a juridical person.

Where no naural person is identified, the identity of the relevan natural person who holds the position of senior managing offical.

Percentage alsocation as per RBI guidelines for identification of Beneficial owners

- Company/LLP: 25% and above of Equity shares.
- Partnership firm/ BOI: 15% and above of the property o apital or profits
- Trust: 15% and above of the property or capial or profits

Note:

Refer to following instruction while filling details in above format: -

- (a) For the column marked with #
- (1) Pan Number to be provided for Resident. In absence of it, valid ID document to be submitted. If minor, then age proof to be provided.
- (2) For Non-Individual Entity Registration Number to be mentioned.
- $(3) \, \text{In case of Foreign National/NRI}, Passport \, \text{Number to be additionally provided}.$
- (4) Address mentioned should be of Residence for Individuals and Registered Office for Non- Individuals entity.
- (5) Date of Incorporation should be the date when entity was registered/formed.
- (6) In case of minor partner, then age proof to be provided.

##In absence of PAN, valid ID document to be submitted. If minor, then age proof to be provided.