

| PREPAID CARD APPLICA | TION |
|--|--|
| Application Date DDMMYYYY | Application / Kit No : |
| APPLICANT INFORMATION | |
| PLEASE USE CAPITAL LETTERS TO FILL THIS FORM IN BLUE OR BLACK INK ONLY | f: |
| Full Name: (Please leave space between two words) Full R S T N A M E M I D D L E N PAN Number PAN Number | AME SURNAME Date of Birth DDMMYYYY |
| Aadhaar Number: Passport / DL / Voters Card / Other No | Expiry date (if applicable) DDMMYYYY |
| Mother's Maiden Name Father's (or) Spouse Name | |
| Gender: Male Female Third Gender Marital Status Single Ma | arried Others |
| *Mobile No : | |
| *KIT NUMBER : Customer ID : Customer ID : | |
| Email ID | |
| Equitas Bank Staff: Yes No if yes, Account Number: | |
| willingly submit my Aadhaar and give an electronic consent and authorization to Equitas Small Finance Bank to use my Aadhaar nun | nber/biometrics for authentication with UIDAI. |
| OCCUPATION & INCOME | |
| OCCUPATION & INCOME Occupation: | |
| Salaried Self-employed Retired Self-employed professional Students | Housewife Others (Please Specify) |
| ource of Funds Salary Agriculture Business Income Inv | vestment Income Others (Please Specify) |
| Politically Exposed Person (PEP) Yes Related to PEP No Nation | nality Indian Others |
| Gross Annual <50000 50000-1 Lac 1-3 Lac 3-5 Lac 5-10 Lac 10-15 Lac | |
| MAILING ADDRESS & CONTACT (Please leave space between two words) | |
| ilat No / Bldg Name | |
| Road Name | |
| andmark | |
| City PIN (| Code Code |
| itate Coul | ntry |
| el. (R) STDNUMBER Extension Num | nber |
| PERMANENT ADDRESS | |
| ilat No / Bldg Name | |
| Road Name | |
| andmark | |
| City PIN | Code |
| State Cou | ntry |
| *************************************** | |
| *CORPORATE DETAILS | |
| *Corporate Name : | |
| *Corporate UCIC ID : *Account Number : | |
| *Address: | |
| | |
| City: | |
| State: | |
| PIN CODE: Phone No : | |
| Email ID: | |

CORPORATE DECLARATION

I/We hereby confirm that I/We have examined the KYC documents of the prepaid card applicant of Mr. /Ms. /Mrs. and hereby certify that:

- (i) Shri/Smt......(Card holder name) is regular employee/director/ partner/proprietor/contract worker of the company
- (ii) Corporate has not entered / availed prepaid card facility for its employees / staff / contract workers, etc. from any bank or prepaid card issuing entity under such similar arrangement / facility.
- (iii) I / we solemnly declare that the particulars submitted with above documents are correct. i / we hereby undertake that myself and the company are accountable and responsible for any incorrect information given in the above.
- (iv) In the event of any wrong information being observed by the Equitas Bank i / we shall be liable for the same, i / we agree to provide any additional document (s) / information to the Equitas Bank pertaining to our above documents.
- (v) I confirm that loading of all Prepaid Cards would be done through my Current account maintained at Equitas Small Finance Bank.

| Signature of the authorized signatory of Corporate) Company Seal | Date: DDMMYYYY Place: |
|--|-----------------------|
| | Place : |

CARD CHARGES AND FEES

Annual Fee as per mentioned in Corporate Agreement shall be debited from the Card Upload amount towards Maintenance of Card Account. (For more details please refer Terms and Conditions on our website www.equitasbank.com)

TERMS AND CONDITIONS FOR EQUITAS SMALL FINANCE BANK PREPAID CARD

- 1. I hereby declare that the details furnished above and available on the website www.equitasbank.com are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I understand that access to any changes/ update in Terms and Conditions applicable to this relationship would be available on the website only. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- 2. That all the particulars and information given in this Application Form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide and further information that Equitas Small Finance Bank Ltd./its group companies may require.
- 3. That I have no insolvency proceedings initiated against me nor have I ever been adjudicated insolvent.
- 4. That I have read the Application Form and brochures and am/are aware of all the terms/conditions of availing finance or service or products from Equitas Small Finance Bank Ltd and its group companies.
- 5. I agree and understand that Equitas Small Finance Bank Ltd / group companies reserve the right to reject any Application Form without providing any reason. I agree and understand that Equitas Small Finance Bank Ltd. / its group companies reserve the right to retain the Application Forms, and the documents provide therewith, including photographs and will not return the same to me.
- 6. I have also read and understood Terms and Conditions under which the scheme is offered to my organisation and its employees.
- 7. I agree that my employer has full right to reverse an instruction given by them for any amount within a period of three working days and I will not dispute or hold the bank responsible for any such debits on the Card.
- 8. I understand that it is my responsibility to inform Equitas Small Finance Bank Ltd immediately on termination of my employment with my current employer whereupon I will cease to enjoy any or all benefits under this scheme, and to inform Equitas Small Finance Bank Ltd & its group companies regarding change in my residence / employment and to provide any further information that Equitas Small Finance Bank Ltd & its group companies may require from time to time.
- 9. I authorize Equitas Small Finance Bank Ltd and/ or its associates to verify, make enquiries with respect to any information or otherwise at my office/ residence or to contact me or any other source to obtain or provide any information that Equitas Small Finance Bank Ltd may consider necessary in respect of or in relation to information in this Application/ further. Application Forms including but not limited to confirming membership requirements or maintaining my account in good standing.
- 10. I hereby authorize Equitas Small Finance Bank Ltd / its group companies to exchange share or part with all the information data or documents relating to my Application to other Equitas Small Finance Bank Ltd / group companies/ Bank/ Financial Instruction/ Credit bureaus / Agencies Statutory Bodies such other persons as Equitas Small Finance Bank Ltd / its group companies may deem necessary or appropriated as may be required for use or processing of the said information/data by such person or furnishing of the processed information/data/products thereof to other banks/financial institutions / credit provider / users registered with such persons and shall not hold Equitas Small Finance Bank Ltd / its group companies liable for use of this information.
- 11. Lagree and understand that I have to complete further Application Forms for specific liability products services from Equitas Small Finance Bank Ltd / its group companies as prescribed from time to time and that such further. Application shall be regarded as an integral part of this Application and vice versa and that unless otherwise disclosed in such further forms are prescribed the particulars and information set forth herein as well as the documents referred or provide herewith are true, correct, complete and up-to-date in all respect. I agree and understand that such further Application will require incorporation of the Application form number, and/or such details as Equitas Small Finance Bank Ltd may prescribe, to facilitate data management.
- 12. I authorise Equitas Small Finance Bank Ltd to issue an Equitas Small Finance Bank Ltd Prepaid Card to me. I acknowledge that the issue and usage of the Prepaid Card is governed by the Terms and Conditions as in force from time to time and agree to be bound by the same. I accept that the Terms and Condition of Prepaid Card are liable to be amended by Equitas Small Finance Bank Ltd. from time to time. I further unconditionally and irrevocably authorise Equitas Small Finance Bank Ltd. to debit my Card Account annually with an amount equivalent to the fee and charges for use of the card. I hereby confirm that this account will be operated singly.
- 13. I shall at all times comply with applicable laws and regulations while using this Card.
- 14. I understand that it shall be my responsibility to keep the Card, its PIN and password/s protected and concealed at all times. I shall not hold Equitas Small Finance Bank Ltd liable for any loss / damage / harm resulting from a failure to do so.
- 15. I hereby agree to keep Equitas Small Finance Bank Ltd fully indemnified against any loss / damage / harm that may be caused to Equitas Small Finance Bank Ltd as a result of breach of any declarations, breach of any terms and conditions or any unauthorized / unlawful use of the Card.
- 16. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- 17. I confirm that, on behalf of me, my corporate can request to pull-back of the funds to the source account from my prepaid card.
- 18. I further confirm that on behalf of me, my corporate can request to close all the prepaid cards, at its discretion.
- 19. There shall not be any recourse against the Bank in any manner whatsoever for the Bank complying with the instructions of the Corporate as provided herein.
- 20. I do hereby declare that what is stated is true to the best of my knowledge and belief.

| CARD HOLDE | R DECLARATION | | | |
|--|---|--|---|---|
| I declare that the information Address proof Identity proof | on provided above with respect to my accou | unt is up to date and correct. I submit a self attested | photocopy of the following as: | Please paste passport size photo |
| Place Date | | | | of the applicatint Photo to be Signed across |
| FATCA DEC | CLARATION Please tick th | ne applicable tax resident declaratio | n | |
| ☐ I am a tax reside | ent of India and not resident | of any other country OR 🔲 I am a | tax resident of the country /ies m | entioned in the table below: |
| | • | ity is a resident for tax purposes and h* Address Type | | |
| Country# | Tax Identification Number% | Identification Type (TIN or Other, Please specify)% | Address For Tax Communication Address Permanant | |
| | | | Li | andmark |
| | | | Pin State | Country |
| FATCA - CRS Certifica | ition: I have understood the inform | green card holder of USA % In case Tax Iden nation requirements of this Form (read alon s Form is true, correct, and complete and he | g wih the FATCA/CRS Instructions and Te | • |
| | | | Card holder Signatu | ure |
| o seek additional personauthorities / appointed age the account or any procee FATCA-CRS Instructions oreign country information | al, tax and beneficial owner information encies. Towards compliance, we may all the in relation thereto. Should there be a set if you have any questions about your in field along with your US Tax Identificate TIN or functional equivalent if the cour | act Taxes has notified Rules 114F to 114H, as part n and certain certifications and documentation from the solution of the service of the ser | om all our account holders. In relevant cases utions such as withholding agents for the purpease ensure you advise us promptly, i.e., with f you are a US citizen or resident or greencar | s, information will have to be reported to ta- cose of ensuring appropriate withholding from in 30 days. d holder, please include United States in the |
| | FC | OR BRANCH/ CHANNEL PAR | TNER USE ONLY | |
| Source of lead [| Branch Sales BC | | Lead gene | erator |
| | | KYC Certification (Lead C | • | |
| | details about the product and I | ave done KYC verfication & have visite have handed over a copy of the broch | | |
| Approved By | | | | |
| | | UCIC No. | | |
| | hannel Partner Name | | Signature of sourcing official With Bran | ch/Channel Partner Round stamp |

Branch/Agent Code

Date DDMMYYYY