

Application date: Sol ID Sol I	
Card Type Physical Virtual (Ecom only)	
CUSTOMER DETAILS (PLEASE USE CAPITAL LETTERS TO FILL THIS FORM)	
UCIC No Account Number	
Customer Full Name*:	
Date Of Birth: Date O	thers
Mother's Maiden Name: Nationality: Pan No:	
Occupation: Salaried Self-Employed Retired Professional Housewife Student/Other	
Mobile No: Email ID	
Address Details	
Mailing Address:	
Landmark	
City State Country Pincode	
Debit Authority	
I (Name) authorise the bank to debit my account number	
and fund the Reloadable Prepaid card with the applicable charges & taxes. (Refer the T&C & SOC in website for more details)	
Amount to be loaded (Rs)	10
	PRE_APP_AUG25
Signature of Account Holder*	_APP_
	PR
NOMINATION	PRE
I wish to nominate (as per details below)	
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- 1.Kindly activate the card via Equitas prepaid card portal 2.Sign on the signature panel of your card as soon as you receive it to protect it from unauthorized usage

- 3.Use the card only at merchant outlets & make sure to collect the sales slip every time a transaction is made with the card at a merchant outlet 4.If you lose your card, please report the loss immediately by calling Phone Banking or block your card through Prepaid Card portal.

 5.Never reveal your Personal Identification Number (PIN) or your prepaid card portal password to anyone. The card cannot be used to make payments in Nepal and Bhutan.

TERMS & CONDITION FOR EQUITAS SMALL FINANCE BANK PREPAID CARD

- 1.1 hereby declare that the details furnished above 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 availlable 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 may require.

 3.1 have read and understood the account rules of the Bank and agree to abide by the same. I have read and understood the Terms and Conditions relating to various services associated with the Prepaid Payment Letyneport. Letyneport L

- In lave read and understood the account rules of the Bank and agree to abide by the same. I have read and understood the Terms and Conditions relating to various services associated with the Prepaid Payment Instrument. I have specifically requested the above-mentioned card, from Equitas Small Finance Bank.
 4. That there are no insolvency proceedings initiated or pending against me nor have I been adjudicated insolvent.
 5. 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.
 6. The charges have been explained to me for and I understand the schedule of charges is available on Equitas Small Finance Bank Website. I agree that the Bank may debit my account service charges issuance / annual / loading charges, as applicable from time to time. I agree that there may be issuance / annual / loading charges, as applicable from time to time. I agree that there may be issuance / annual / loading charges levied on my Prepaid Payment Instrument as per the arrangement agreed between the Bank and the company and I accept the same.
 7.1 agree and understand that Equitas Small Finance Bank reserve the right to reject any Application Form without providing any reason. I agree and understand that Equitas Small Finance Bank reserve the right to retain the Application Forms and the documents provide therewith, including photographs and will not return the same to me.
 8.1 authorize Equitas Small Finance Bank 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 may consider necessary in respect of or in relation to information in this Application/ further. Application Forms and including but not limited to confirming membership requirements or maintaining my account in good
- 12.1 agree and understand that I have to complete further Application Forms for specific liability products services from Equitas Small Finance Bank / 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 may prescribe, to facilitate data management.
- 13.I authorise Equitas Small Finance Bank to issue an Equitas Small Finance Bank Limited 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.

Branch Name:

Signature of Branch Staff with Stamp:

- Equitas Small Finance Bank Ltd. from time to time.

 14. I shall at all times comply with applicable laws and regulations while using this Card.

 15. 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 liable for any loss/ damage/ harm resulting from a failure to do so.

 16. I hereby agree to keep Equitas Small Finance Bank fully indemnified against any loss/ damage/ harm that may be caused to Equitas Small Finance Bank as a result of breach of any declarations, breach of any terms and conditions or any unauthorized/ unlawful use of the Card.

 17. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

 18. I do hereby declare that what is stated is true to the best of my knowledge and belief.

 19. I hereby expressly consent to and authorize the Bank (whether acting by itself or through any of its service providers, and whether in automated manner or otherwise), to collect, store and process my application details, personal data and sensitive information about me, information about me / pertaining to me or not as may be deemed relevant by the Bank (collectively, "Information") and I hereby also expressly consent to and authorize the Bank to download KYC details from the CKYC registry using my CKYC ID for the purpose of my application.

 20. I expressly consent the Bank to share and disclose the Information to service providers, consultants, credit information companies, information utilities, other banks and financial institutions, affiliates, group companies, subsidiaries, regulators, investigating agencies, judicial, quasi-judicial and statutory authorities, or to other persons / institutions / entities as
 - I expressly consent the Bank to share and disclose the Information to service providers, consultants, credit information companies, information utilities, often banks and financial institutions, affiliates, group companies, subsidiaries, regulators, investigating agencies, judicial, quasi-judicial and statutory authorities, or to other persons / institutions / entities as may be necessary in connection with the contractual or legal requirements or in the legitimate interests of the Bank or as per the consent, undertake to process information including by way of storing, structuring, organizing, reproducing, copying, using, profiling, etc. as may be deemed fit by the Bank and for the purposes of credit appraisal, fraud detection, anti-money laundering obligations, for entering into contract, for direct marketing, for cross selling, for developing credit scoring models and business strategies, for monitoring, for evaluating and improving the quality of services and products, or for any purposes as the Bank may deem fit. I expressly agree to the Bank, its service providers, agents and / or its affiliates for using the Information and for marketing, promotion and cross-selling to me their various products and services of the Bank from time to time via telephone, SMS and / or E-mail.

Date: D D M M Signature of the Customer*: Place: **INSTA KIT ACKNOWLEDGEMENT (Applicable Only for Insta-Kit Customers)** wish to obtain equitas prepaid card with Equitas small finance bank as part of the insta kit, I acknowledge that i have received the following in tamper proof condition. Welcome letter Non personalised Prepaid Card Employee Name : Signature of the customer* Date: Employee Code : _ **BANK USE** The above said customer has signed in my presence and I have verified the KYC and other relevant documents for applying the prepaid card. I hereby declare that I have explained about the product features, schedule of charges and terms and conditions in detail to the customer Employee Name: Employee Code: Employee Signature: Date: **ACKNOWLEDGEMENT** We have received your application form for Equitas Small Finance Bank Prepaid Card. Prepaid Card Application Reference No _ __ Customer Name _ UCIC_