AMBATTUR BRANCH BRANCH APPLICATION FORM

## **FASTAG – CUSTOMER RELATIONSHIP FORM – RESIDENT INDIVIDUALS**



Reference Number Y Y Y Y Y

Application Date Y Y Y Y Y Y Y	Application No.

APPLICATION FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY	
PERSONAL	
Customer Name as per Address Proof Document	
Prefix, (Mr,Miss,Mrs)  Full Name as per Address Proof Document: (Please leave space between two words)	
YYYYYY FIRSTYYN A M EYYYYYYYM I D D L EYYN A M EYYYYYYYYY U R N A M EYYYYYYYYYY	
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Passport / DL / Voters Card / Other No Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Last 4 digits of AADHAAR number Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Please ensure only last 4 digits of AADHAAR number is visible in the Self attested copy of AADHAAR that you share with Bank's representative. Full AADHAAR number should NOT be visible in the self attested copy".  Mother's Maiden Name Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Gender ( <b>✓ Any one</b> ) :  Male Female Third Gender	
Marital Status ( ✓ Any one ) Single Married Others	
"I hereby give my consent to Equitas Small Finance Bank, to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. Equitas Small Finance Bank has informed me that my identity information would only be used for KYC and also informed that my biometrics will not be stored / shared and will be submitted to CIDR only for the purpose of authentication."	
OCCUPATION & INCOME	
Occupation: ( 🗸 Any one ) Salaried Self-employed Retired Self-employed professional Students Housewife Others (Please Specify)	
Source of Funds ( ✓ Any one ) Salary Agriculture Business Income Investment Income Others (Please Specify)	
Politically Exposed Person (PEP) ( ✓ Any one )	
Gross Annual Income	
PERMANENT ADDRESS / MAILING ADDRESS (Please leave space between two words)	
Flat No / Bldg Name Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Road Name	
Landmark	
State Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Tel. (R) Y Y Y Y S T D N U M B E R Y Y Tel. (0) Y Y S T D N U M B E R Y Y Extension Number Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Email ID	
VEHICLE REGISTRATION NUMBERS	
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
DECLARATION	
I hereby give my consent to upgrade my Equitas FASTag wallet to a Full KYC wallet. I understand that Bank will verify the documents submitted by me before converting my wallet to Full KYC wallet. I am aware that, as per current RBI guidelines, the maximum outstanding balance that could be maintained in the Full KYC wallet is upto Rs 1,00,000 (Rupees One Lakh only). I declare that the information provided above with respect to my account is up to date and correct. I I submit a self attested photocopy of the following as:	
Address proof Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Identity proof Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
passport size photo of the applicatint	
Y Y V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Date Y Y Y Y Y Y Y Y I (Please provide Signature proof document)  I have read & agree to the detailed T&Cs available at www.fastag.equitasbank.com  Individual Customers Signature	
I hereby declare that the T&Cs regarding the account opened by me with you, have been read over to me in the language known to me and understood by me in full. I confirm that I have signed all necessary documents for the aforesaid purpose inlanguage and shall be bound by the same.	
I am voluntarily submitting a copy of my Aadhaar Card without redacting the Aadhaar number. I request you to ensure strict confidentiality of my/our personal information as may be stipulated by Regulator/s from time to time. I 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.	
FOR BRANCH USE ONLY  UCIC No.  The customer has signed in my presence and I have done KYC verification  Shave virted the customer at the given mailing address.	
Approved By  Y Y Y Y Y  A flave visted the customer at the given maining address	
BOM / BM Y Y Y Y Y Y Sourcing Branch Name Y Y Y Y Y Y	
Emp Name Y Y Y Y Y Y Branch Person Contact No Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Emp Code Y Y Y Y Y Y  Date Y Y Y Y Y Y  LC CODE Y Y Y Y Y  Signature of sourcing official With Branch Round stamp	
CUSTOMER ACKNOWLEDGEMENT COPY	

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Acknowledgement date DD MM YYYY Signature of Bank Official YYYYY

## MANDATORY FORM FILLING INSTRCTIONS

- Please download the correct Application Form from the Portal (Branch / Channel Partner / CSC VLE)
- All **YYYYYYYYYYY** Red marked fields are mandatory
- If KYC documents don't have the full name, customer to fill and submit Dual Name Declaration form (available in the website)
- Clear copy of documents and photo is required. Blurred image will NOT be accepted
- If signature of the customer does not match with one available in KYC documents, please fill and submit Dual Signature Declaration form available in the website.
- If customer fills the Application form or signs the Application form in any other language(Except English), then Vernacular declaration section should also be filled.
- The signature should be the same signature as in the KYC documents
- Ensure self-attested copies of KYC documents are submitted. If AADHAAR copy is submitted as KYC document, ensure ONLY last 4 digits of AADHAAR number are visible in the document submitted. First 8 digits to be redacted.
- Upload all filled pages