

Sr.No.

Branch Code

Branch Name

RESIDENT NON-INDIVIDUAL ACCOUNT OPENING FORM (Current/CC/OD/Saving-Corporate)

Please fill in Block Letters eg **C A P I T A L**

Customer ID Account Number REF NO

CKYC New Existing No change Existing Update change CKYC No.

Industry Code (Please refer industry code list) Risk Categorisation Low Medium High

CURRENT	CC / OD / KCC	SAVINGS (FOR HUF/SOCIETY/TRUST)	TERM DEPOSIT
<input type="checkbox"/> CURRENT GENERAL	<input type="checkbox"/> CASH CREDIT	<input type="checkbox"/> SAVING GENERAL	<input type="checkbox"/> CUMULATIVE DEPOSIT
<input type="checkbox"/> CAPITAL CURRENT	<input type="checkbox"/> OVER DRAFT	<input type="checkbox"/> CAPITAL SAVING	<input type="checkbox"/> SHORT TERM DEPOSIT
<input type="checkbox"/> CAPITAL PLUS	<input type="checkbox"/> KCC	<input type="checkbox"/> CAPITAL SAVER	<input type="checkbox"/> QIDS
<input type="checkbox"/> CAPITAL PREMIUM	<input type="checkbox"/> OTHERS _____	<input type="checkbox"/> CAPITAL SUPER SAVER	<input type="checkbox"/> MIDS
<input type="checkbox"/> CAPITAL PLUS FLEXI			<input type="checkbox"/> RECURRING DEPOSIT
PERIOD OF TERM DEPOSIT <input type="text"/> Rate <input type="text"/> % Amount <input type="text"/>			<input type="checkbox"/> TAX SAVER
(months / days)			

LIST OF DOCUMENTS

Sole Proprietorship Accounts

- Registration Certificate issued in the name of the firm by Government Authorities.
- Certificate/ License issued by the Municipal Authorities under Shop and Establishment Act.
- GST Certificate/ Return (Provisional/ Final), CST/ VAT certificate/ return where GST is not applicable.
- Certificate/ Registration document issued by Sales Tax/ Service Tax/Professional Tax authorities.
- IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT/ License/ Certificate of practice issued in the name of the proprietary concern by any professional body incorporated under statute (i.e. by ICAI, Institute of Cost Accountants of India, ICSI, Indian Medical Council, Food & Drug Control Authorities, Market Committee etc.)
- Complete Income Tax Return (not just the Acknowledgment) in the name of the Sole Proprietor where the firm's income is reflected, duly authenticated/ acknowledged by the Income tax authorities.
- Utility bills such as electricity, water and Landline telephone bills
- OVD of Proprietor
- Contact Point Verification (CPV)

Partnership Firm Accounts

- Registration Certificate (If available)
 - Permanent Account Number of the Partnership firm/Form 60
 - Partnership deed duly attested by Notary Public
 - OVD of Authorized Signatories
 - Address proof of the company
- Registered Society/ Trust/ Club Accounts**
- Registration Certificate issued by the Registrar in case of Societies./Copy of Trust deed .
 - List of Governing Body Members duly signed by Secretary, Chairman, President (As per quorum).
 - Copy of Bye Laws of Society/Club.
 - Permanent Account Number or Form 60.
 - Resolution of the Governing Body.
 - Address proof of the Society/Trust/Club.
 - OVD of Authorized Signatories.

Hindu Undivided Family (HUF):

- HUF not running any business organization HUF running business organization
- KYC of the Karta PAN issued in the name of HUF,
- List of the Co-parceners. The identification of Business/Activity of the firm should be done as is applicable in case of Sole Proprietary Concern.
- Annexure 1(2) for Proprietorship (If required) Annexure 1(8) for HUF (Saving)
- Annexure 1(3) for Corporates Annexure 1(9) for HUF (Business)
- Annexure 1(4) for Societies/ Trust

Company/ Body Corporate Accounts

- Certificate of incorporation issued by Registrar of Companies (ROC)
- Certificate of Commencement of Business in the case of Public Limited Co.
- Memorandum and Article of Association;
- Permanent Account Number (PAN) of the Company;
- Board resolution
- List of directors duly signed by Company Secretary or by two directors;
- OVD of Authorized Signatories
- Address proof of the company

Limited Liability Partnership (LLP)

- Registration Certificate
- Permanent Account Number of the Partnership firm
- Partnership deed duly attested by Notary Public
- OVD of Authorized Signatories
- Address proof of the company
- Certificate of incorporation as LLP

INITIAL PAYMENT

Amount (in Figures) In words

Cash Debit my / our account no

Cheque Number Dated Drawn On

Branch RTGS/NEFT (No third party payment shall be accepted for initial deposit through any mode.)
(In the event this account is not opened, if I / we have initially funded the account in cash for Rs 20000 or more, it will be refunded to me in the form of a DD/Cheque or PO only.)

FOR BANK USE

<p style="text-align: center; font-size: small;">Sourced By</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0; text-align: center;">Signature</div> <p>Emp.Name _____ E.Code _____</p>	<p style="text-align: center; font-size: small;">Permitted to open Account KYC Compliance Officer</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0; text-align: center;">Signature</div> <p>Emp.Name _____ E.Code _____</p>	<p style="text-align: center; font-size: small;">Back Office/Inputter</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0; text-align: center;">Signature</div> <p>Emp.Name _____ E.Code _____</p>
<p style="font-size: x-small;">I hereby declare that I have personally met the customer at his/her communication address (In case communication address is different from permanent address)</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0; text-align: center;">Signature</div> <p>Emp.Name _____ E.Code _____ <small>(DM & Above)</small></p>	<p style="text-align: center; font-size: small;">Branch Head</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0; text-align: center;">Signature</div> <p>Emp.Name _____ E.Code _____</p>	<p style="text-align: center; font-size: small;">Back Office/Authorizer</p> <div style="border: 1px solid black; height: 40px; margin: 5px 0; text-align: center;">Signature</div> <p>Emp.Name _____ E.Code _____</p>

DETAILS OF ORGANISATION

Entity Name

PAN NO FORM 60 Date of Incorporation

Reg No GST

I/We request CSFB to update GST in my/our Cust ID. I/we have read & understood the methodology of accounting of GST on GST Network & do not have any objection to it.

ADDRESS

Registered Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

Mailing Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

CONSTITUTION

Sole Proprietorship Partnership Firm Private Ltd Co. Public Ltd Co. HUF

Society Trust Bank Limited Liability Partnership

Beneficiary Company Business Entity created by Statute Others

NATURE OF BUSINESS

Commission Agent Retailer Wholesaler Agriculturist Manufacturer Service Providers

Hotel / Restaurant Hospital / Clinic Educational Institution Export / Import NBFC Mutual Fund

NGO Insurance Share and stock brokers Others

Industry Description No. of Offices No. of employees

Year of Business Net Worth Gross Turnover

MODE OF OPERATION

Proprietor Anyone Partner(s) / Director(s) Authorized Signatory Jointly

Other specify

DECLARATION REGARDING CREDIT FACILITIES

I/ We hereby declare and undertake as under :

- (1) The firm is not availing any CC/OD limit from any other bank.
- (2) The firm is availing credit facilities (other than CC/OD) from other banks and the total sanctioned exposure from the banking system including Credit facilities with Capital Small Finance Bank Limited) is:

- a) less than Rs. 5 crore
- b) Rs. 5 Crore or more but less than Rs. 50 Crore
- c) Rs. 50 Crore or more

(3) As per the sanctioned exposure mentioned by me/us under Point 2 above, I/We shall inform Capital Small Finance Bank Limited as and when the sanctioned credit facilities availed by the firm from the banking system (including credit facilities with Capital Small Finance Bank Limited) falls / becomes eligible under any other criterion and thereafter the operations in the account shall be subject to the applicable terms/ conditions and provisions of law and internal guidelines of Capital Small Finance Bank Limited and I/we shall be bound by the same;

(4) I/We further authorize the bank to generate bureau reports of the firm for the above purpose from time to time.

Signature(s) with stamp

Signature(s) with stamp

Signature(s) with stamp

(To be Stamped signed by the Proprietor / Partners / Directors etc.)

FOR PARTNERSHIP FIRM

We the undersigned are members of the partnership firm constituted under the name and style of _____ and _____ is/are authorised to sign on behalf of the firm in manner as mentioned above and have full unrestricted authority to bind the firm. We undertake, with the intention of binding the firm for the time being constituted ourselves and our respective estates.

1. Until receipt of a notice by above branch of the Bank and notwithstanding any provisions of the Indian Partnership Act 1932, the Bank shall be entitled to regard each of us and in case of death or insolvency our estate as Partners of the firm and accordingly entitled to honour our respective signatures in the firm's names as binding the firm and each of us and our respective estate and that.
2. Notwithstanding any provisions of the said Act, or any change in the membership of the firm all acts purporting to be done on behalf of the firm before the Bank shall have received notice in manner aforesaid shall be binding on the firm and each of us and our respective estates and the liabilities of the firm and of each of us and our respective estates shall continue until all liabilities in respect of such acts have been discharged.
3. We are jointly and severally responsible for all the liabilities to the bank under any account.

Signatures of Partners with Stamp

Signatures of Partners with Stamp

Signatures of Partners with Stamp

GENERAL DECLARATION AND UNDERTAKING

Please Note: (1.) This form should be accompanied by the Resolution of the Board/Managing Committee in case of Limited Companies, Trusts, Societies, Associations and Clubs; partnership letter in case of partnerships, Distinct Board/managing Committee Resolution and Partnership Letter is to be provided for each Deposit, as applicable. (2.) In case of Partnerships, Limited Companies, Trusts, Societies, Associations, and Clubs all signatures should be accompanied by stamp of the organization, as applicable. (3.) The Channel Access for Investment Account(s) is restricted to equity rights on Phone Banking and view and transaction rights Net Banking. (4.) For transaction rights on these account(s), a Special Power of Attorney in favour of Bank has to be duly executed and authorized person should have an unconditional operating authority. (5.) In case of Partnerships, Limited Companies, Trusts, Societies, Associations and Clubs, Investment Account(s) transaction rights on Net Banking / Debit Cards will be granted only to person(s) with unconditional mode of operation / authority. (6.) Proprietor of a Proprietorship concern and karta of an HUF will get both financial and non-financial transactions on Net Banking, Phone Banking. They are also eligible for Debit Cards and Payment Gateway access (7.) Mobile Number will be used for SMS Banking registration for eligible accounts. The particulars contained herein shall be valid for all accounts opened by me/us or to be opened by me/us hereafter either singly or with other(s) and/or by me/us in any representative capacity with the Bank unless informed to you otherwise. I/We have read/obtained/understood and agree to the terms and condition and citizen charter governing the opening of an account with Capital Small Finance Bank Ltd.. (the Bank) and those relating to various Services including but not limited to (a) ATMs (b) Phone Banking (c) Debit Card (d) Net Banking (e) Mobile Banking (f) Alerts Service. I/We understand that the Bank may at its absolute discretion, discontinue any of the Services completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time. I/We understand that investment products are not Bank objects or other obligations of or guaranteed or insured by Capital Small Finance Bank Ltd.. or their affiliates. They are subject to risk and possible loss of principal. Past Performance is not indicative of future performance. I/We hereby declare the above information is true and correct to my/our knowledge. I/We shall advise the Bank immediately in the manner as agreed by me/us and acceptable to the Bank, in case of any change in the above details and information given by me/us. I/We have read and understood the terms and conditions available at Bank's web-site www.capitalbank.co.in. (8.) The customer reiterates that he/she shall be continued to be governed by the terms and conditions of the Bank. (9.) Photo copies needs to be self-attested by the applicant (10.) All alerts, e-news letter and promotional mails will be sent to the registered mobile number.

- The account holders of Capital Small Finance Bank Limited are responsible for the registration of Mobile Banking at the cell phone Numbers mentioned. In the event of availing any additional / specialized facility through Mobile Banking the account holder shall be fully responsible for the account being debited on instructions from the specified mobile numbers. The fees, duties or other charges associated with these services will be as applicable. In case of mistake on part of the account holder or mobile service provider in respect of these services, the bank will not be responsible and the account holders agree that no claim will be made against the Bank.
- I/We will adhere to guidelines, which are issued by the Reserve Bank of India concerning the use of foreign exchange. I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening of an account with bank and those relating to various services including but not limited to Debit Cards/Phone Banking/Mobile Banking/Internet Banking. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the bank may debit my account for service charges as applicable from time to time
- I/We declare that Bank's Rules and Regulations now in force governing the accounts are read by me/us. I/We agree to abide by the same and also any changes made from time to time.
- I/We authorise the Bank to debit my/our account with applicable service/insurance charges from time to time.
- In the matter of bills, cheques etc., lodged by me/us with you from time to time for collection, you may send them for collection, to any Bank and through any mode, at your discretion, at my/our risk and responsibility.
- I/We undertake to maintain stipulated minimum /average balance at all times. Bank is at liberty to return cheque(s) issued by me/us falling short of minimum balance.
- I/We also undertake not to give scope for dishonour of any of our cheques on account of insufficiency of funds. Bank is at liberty to close my/our A/c without any notice in case of such dishonour.
- I/We understand that each depositor in a bank is insured upto a maximum of Rs 5 lac for both Principal and Interest amount held by in/her in the same right and same capacity as on the date of liquidation/cancellation of bank license or the date on which the scheme of amalgamation/merger/We reconstruction comes into force.
- We undertake to be jointly and severally liable to you for any money(ies) owing to you on this account, including your commission, interest and other charges and for any debit balances arising in the account for what so ever reason.
- I/We hereby give my/our consent to the processing of my/our Personal Information and Sensitive Personal Data or Information which I/we hereby voluntarily provide to the Bank and acknowledge that the shared Personal Information and Sensitive Personal Data or Information represents sensitive personal data or information within the meaning of Section 43A of Information Technology Act, 2000 and Section 3 of Information Technology (Reasonable Security Practice and Procedure and Sensitive Personal Data or Information) Rules, 2011 ("Data"). I/we hereby represent that I/we have been informed of the fact that my/our Biometrics and Data, will be processed and I/we hereby give my voluntary, unequivocal and informed consent hereto. I/we hereby give my consent to the Bank to disclose my/our Data to third parties/vendors and that the Bank shall be entitled to transfer such data or information in particular to the following categories of recipients not limited to the Bank's suppliers, the Bank's employees, providers of marketing and advertising services to the Bank, and other parties in other contractual relationship with the Bank. I/we further give my consent to the Bank to share my Data with Government Agencies/regulatory/statutory bodies mandated under the law and when required to obtain information for the purpose of verification of identity, or for prevention of intrusion or spread of computer contaminant, detection, investigation, analysis, including cyber incidents/security, prosecution and punishment of offences related thereto. I/we have no objection to the Bank providing me information on various products, offers and services rendered by the Bank through any mode (including without limitation through telephone calls / SMS/ E-mail) and authorize the Bank/ its group companies/ its agents/ its representatives for the above purpose. I/We agree to indemnify and keep indemnified the Bank and the persons or entities from whom it may obtain, or with whom it may disclose or verify my/our Data free and harmless from any liability arising from the use of any such Data. I/we understand that the Bank reserves the right to amend or supplement this consent form with future effect at any time, as far as the changes made are in the interest of the Customer. I/we hereby have no objection and give my consent for receiving OTP (One Time Password) on my registered mobile number for the purpose of authentication of this consent form.
- We Undertake to notify the Bank of any changes in the constitution of the firm/company and any other changes effecting the conduct of the account.
- Current Account is an operative banking account for all entities eligible to open and operate a bank account. No Interest is paid on the balances held in Current Account which is as prescribed by RBI.
- Current Accounts can be opened by Individuals / Partnership firms / Private and Public Limited Companies / Hindu Undivided Family (HUF) / Specified Associations / Societies / Trusts, etc.
- Nomination facility is available for Sole Proprietor accounts only.
- Customer should carefully examine the entries made in their Statement of Account/s and draw Bank's attention to any errors / omissions / discrepancies that may be discovered within 30 days from the date of entries failing which the same shall be deemed to be correct and accepted by the customer and the customer shall not be entitled to question the correctness / accuracy there of.
- The account would be treated as dormant if there are no transactions in the account for a period of two years. A request for activation of account has to be made in writing by visiting a nearest branch with his/her original identity proof documents acceptable to the Bank. Accounts which are not operated for Ten years will be marked as "Unclaimed".
- The customer need to intimate Bank in writing of any change in the contact details/address. Customer needs to submit documentary proof wherever applicable.
- The Bank may disclose information about customer's account if required or permitted by any law, rule or regulations or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any specific consent of the customer.
- The Bank reserves the right to change its Service Charges or General terms and Conditions with prior intimation to customer.
- Mere deposit of the amount for opening an account does not mean that the Bank has opened the account. The account opening cannot be deemed to come into existence until the bank gives the intending customer a welcome kit containing account number, cheque book, debit card etc. The Bank reserves the right to make any changes, alterations, cancellations in the above rules at any time without notice. Any person opening the account shall be bound by the rules governing the account.
- TDS rate will be applicable from time to time as per the income tax Act, 1961 & Income tax rules.
- I agree that my personal / KYC details may be shared with Central KYC Registry and I hereby consent to receive information from the Bank/Central KYC Registry or any other authority through SMS/Email on the above registered number/email address.

Most Important Document – Non-Individual Account

- 1/We confirm having read and understood Terms and Conditions of Account opening, which is available at any of the branches of Capital Small Finance Bank and which is also available on bank's website www.capitalbank.co.in
- 1/ We have also received, read and understood important terms and conditions as mentioned in the customer copy of the MID. I/ We agree to be bound by and abide by it or any other rules that may be in force from time to time.
- 1/ We specifically understand and accept the following: 1 I/We have subscribed for the Product _____ and the applicable AQB/MB for the same is Rs. _____ 2. I/We have read the details of all Features and Charges available in the Schedule of Charges (SOC) as applicable to the above Product subscribed by me / us. . I/ We hereby agree that the bank may debit my/our account for service charges as applicable from time to time.
3. I/ We understand that Current Account is a non interest bearing account. 4. I/ we understand that if I have opened the said account with Form 49A, I/ we need to submit PAN to the bank within 90 days from the date of account opening, failing which bank will be constrained to freeze my account. 5. I/ We accept and agree that the Bank reserves the right to change its service charges, as laid out in the Bank's SOC, and its Terms and Conditions at any time.

Signature(s) with stamp

Signature(s) with stamp

Signature(s) with stamp

(To be Stamped signed by the Proprietor / Partners / Directors etc.)

AUTHORISED SIGNATORY-1 **Y** **N** ***BENEFICIARY OWNER** **%** ***Fields are Mandatory**

Customer ID Risk Categorisation

*Name

*DOB *Marital Status Single Married Others _____

*Gender Male Female Trans gender *Nationality Indian Others _____

*Caste category General OBC SC ST Occupation

Voter ID Passport No. PAN

Driving Licence AADHAAR

FORM 60 *Religion Qualification

*Father Name

*Mother's Name

*Spouse Name

* Permanent Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

Mailing Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

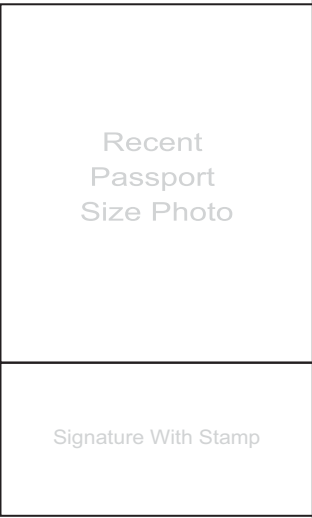
Email ID

*Income Slab: 0-2 Lac >2-5 Lac > 5-10 Lac >10-25 Lac >25 Lac

*Source of Funds Salary Pension Business Income Agriculture Investment Income Rental Others Please Specify _____

*Net Worth Upto Rs. 100 Lac Above Rs. 100 Lac to 200 Lac Above Rs. 200 Lac To 500 lac Above Rs. 500 Lac

*CKYC New Existing No change Existing Update change CKYC No.



*Identity & Address documents of all shareholders holding more than 25% share capital in the company and more than 15% in a partnership will be mandatorily required

FATCA/CRS DECLARATION FORM-(INDIVIDUAL)

PART A		Yes	No
a.	Are you Citizen of any country other than India (dual/multiple) [including Green Card]?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is your Country of birth is any country other than India?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are you Tax resident of ANY country / lies other than India?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you have POA or a mandate holder who has an address outside India?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is Your address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>

PART B

* Address for Tax Residence _____ *City _____

*Country _____ *Place within the _____ of Birth _____ Country of Birth _____

Source of Wealth _____ Nationality _____

Country of Tax residency	Tax identification number	Tax identification Document
<input type="text"/>	<input type="text"/>	<input type="text"/>

If your answer to any of the above questions is a "YES" please fill Part B

Undertaking:

- I..... certify that I have declared my status as per applicable FATCA/CRS rules in India as notified by Government of India/Central board of Direct Taxes (CBDT)/Reserve Bank of India (RBI) in this regard.
- I certify that the information stated in the account opening form and supporting documentary evidence provided by me is to the best of my Knowledge and belief true, correct and complete and that I have not withheld any material information/document that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
- I understand, acknowledge and authorize that as per the provisions of income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account (s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and common Reporting Standards (CRS) and / or any other similar arrangements.
- I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certificate becomes incorrect.
- I also agree that my failure to disclose any material fact known to me now or in future, may invalidate my application and Capital Small Finance Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
- I agree to furnish any particulars/information that is called upon me by Capital Small Finance Bank on account of any change in law either in India or abroad in the subject matter herein.
- In the event there is any tax demand (including interest (if any)) raised due to nondisclosure/inaccurate disclosure of information/documents on my part, I undertake to pay the demand forthwith and provide the bank with all information/documents that may be necessary for any proceeding before GOI/RBI/Income Tax Authorities.

Signature without stamp

NON INDIVIDUAL FATCA

Name: _____

*One input is mandatory

(a) Is the account holder a Government Body/ International Organization / listed on any recognized stock exchange.

If Yes and you are listed please specify the name of the stock exchange,

Yes No

_____, if no proceed to point (b),

(b) Is the account holder (Entity/Financial Institution) tax resident of any country other than india

Being an AD-2 category, the Bank is presently not opening accounts of foreign entities, If 'No' proceed to point (c),

Yes No

(c) Is the account holder an Indian Financial Institution

(if yes please provide your GIIN _____, if any,

If no proceed to point (d)),

Yes No

(d) Are Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside india or not an indian Citizen.

Being an AD-2 category, the Bank is presently not opening accounts of foreign entities, If 'No' please sign the declaration.

Yes No

Customer Declaration:-

(I) Under penalty of perjury, I/We certify that:

- The applicant is (i) an applicant taxable as a person under the law of the United States of America ("US" or any state or political subdivision there of or therein, including the District of Columbia or any other states of the U.S., (ii) an estate, the income of which is subject to U.S. Federal Income Tax regardless of the source thereof, or (this clause is applicable only if the account holder is identified as a U.S. person)
- The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India.)

(II) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA or CRS or its impact on the applicant.

I/We should seek advice from professional tax advisor for any questions

(III) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect

(IV) I/We agree that as may be required by regulatory authorities, the Bank may also be required to report reportable details to CBDT or close or suspend my account

(V) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief certification is true, correct, and complete including the tax payer identification number of the applicant.

Signature(s) with stamp

Signature(s) with stamp

Signature(s) with stamp

(To be Stamped signed by the Proprietor / Partners / Directors etc.)

NOMINATION DETAILS (ONLY FOR PROPRIETORSHIP)

NOMINATION REGD NO.

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

Name Relationship with depositor (if any) :

Address

City State Country

Pin code Date of birth (if nominee is minor) Age (yrs):

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum

Mailing address

Relationship with Nominee Age of Appointee (Years)

To receive the amount of the deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Signature of Prop.

witness

Name Address

Place Date

Signature of witness

We acknowledge receipt of nomination made by you in favour of:

Name of the Nominee _____ Age: _____ Years.

with respect to Your A/c. No(s) _____

Nomination Regd No. _____ Date of Receipt form _____

Signature of bank official with seal

"FORM NO.60" (SEE SECOND PROVISO TO RULE 114B)

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters in to any transaction specified in rule 114B

1	First Name																2	Date of Birth / Incorporation of declarant												
	Middle Name																	D	D	M	M	Y	Y	Y	Y					
	Surname																													
3	Father's Name (In case of individual)										First Name																			
	Middle Name																													
	Surname																													
4	Flat/Room No.										5	Floor No.																		
6	Name of premises										7	Block Name/No																		
8	Road/Street/Lane										9	Area/Locality																		
10	Town / City										11	District					12	State												
13	Pin Code					14	Telephone Number (with STD code)										15	Mobile Number												
16	Amount of Transaction (Rs.)										18	In case of transaction in joint names, number of persons involved in the transaction																		
17	Date of transaction																													
19	Mode of transaction: <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other																													
20	Aadhaar number issued by UIDAI (if available)																													
21	If applied for PAN and it is not yet generated enter date of application and acknowledgement number															D	D	M	M	Y	Y	Y	Y							
22	If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held																													
23	a	Agricultural income (Rs.)																												
	b	Other than agricultural income (Rs.)																												
24	Details of document being produced in support of identify in Column 1																													
25	Details of document being produced in support of address in Coloun 4 to 13 (Refer Instruction overleaf)										Document code					Document identification number					Name and address of the authority issuing the document									

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the _____ day of _____ 20 _____
Place: _____

(Signature of declarant)

E-BANKING SERVICES

Mobile Alerts Mobile Number Service Provider

Automated Account Statement

Email ID (e-statement)

Daily Weekly Fortnightly Monthly Yearly

● Alert that have been mandated by RBI and such alert as deemed appropriate by the bank will be sent even if you have not subscribed for the facility. ● Transaction and value added alerts will be sent to all authorised signatory irrespective of the mode of operation. ● Regulatory & Risk alerts will be sent by the bank by default without charges.

Signature(s) with stamp

Signature(s) with stamp

Signature(s) with stamp

(To be Stamped signed by the Proprietor / Partners / Directors etc.)

Most Important Document

Date: _____ Customer's Copy

- You have subscribed for the product _____ with applicable Average Quarterly/Monthly Balance Rs _____
- The Bank official has explained you the Terms & Conditions of Account opening, Features and Charges of Product.
- The Bank official has explained you the Most Important Document as set out in the Bank's Account opening form including consent and declaration and you have signed the same after understanding and accepting the terms contained therein.
- The account shall be opened subject to verification of document, clearance of Initial Payment cheque & Bank may reject/cancel your request in case of any discrepancies.

Signature of bank official with seal