| (North East Small Finance Bank | Account Opening F | Form Non-Individul Entities | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Your Doorstep Banker | (For sole Proprietor/Partnership Firm/Cprporate/TASC/HUF) (Please fill up all the details in BLOCK letters | | | | | | | | | | | |
| Application Date: | Branch | Branch Code: | | | | | | | | | | |
| LG Code | LC Code | DSC ID: | | | | | | | | | | |
| For Branch use: Account No.: | CIF ID No | | | | | | | | | | | |
| Pre-generated Welcome KIT | sonalised Welcome KIT | · · · | | | | | | | | | | |
| Savings [Only for TASC A/c (s)] | rrent Account Recurring Deposit Account's Title | Fixed Deposit | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| If account of the individual firm is already with NESF Bank, than | ease quote existing (CIF NO) | | | | | | | | | | | |
| * PAN (If not available, attach Form 60/61) | | Form 60/61 | | | | | | | | | | |
| | GST [| | | | | | | | | | | |
| 1) * Mailing Address: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Road No./Village/City/Town | PO | | | | | | | | | | | |
| District | PS | | | | | | | | | | | |
| PIN Code | State | | | | | | | | | | | |
| II) * Registered Office Address: Please tick here | n case the Registered Address is the same as N | Aailing Address | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Road No./Village/City/Town | | | | | | | | | | | | |
| PIN Code | | | | | | | | | | | | |
| Registered Address Type: | Rented / Leased | | | | | | | | | | | |
| Debit card details: Debit Card Required | | | | | | | | | | | | |
| (It is applicable only in case of a Sole Proprietorship business) | Name to be printed on the Debit Card | | | | | | | | | | | |
| Contact details: * Mobile No. | Tel. | | | | | | | | | | | |
| Email ID (Mandatory for internet Banking and E-statement) | Please | register me for SMS Alert# Internet Banking | | | | | | | | | | |
| Email Statement Monthly Qua | terly # SMS / | Alert will be sent to the Registered Mobile No. | | | | | | | | | | |
| *Business Details: a) Constitution: Sole Proprietorship | Partnership | Pvt. Ltd. Company Public Ltd. Company | | | | | | | | | | |
| TASC MFI/NB | C Others (Please specify) | | | | | | | | | | | |
| b) Type of Business: Agri. Mfg. | Trade | Finance Transport Services | | | | | | | | | | |
| Corpora | Others (Details of activity | () | | | | | | | | | | |
| c) Self-employed Professional: CA/CS/ICWA | Doctor | Architect IT Consultant | | | | | | | | | | |
| Service | Entrepreneur | Others (Please specify) | | | | | | | | | | |
| Initiał Deposit Detials: Amount₹ Mode | of Payment: Cash Cheque | Debit A/c, | | | | | | | | | | |
| Cheque No. Dated: drav | n on Bank | Debit A/c, Branch | | | | | | | | | | |
| (All cheques should be crossed A/c payee and drawn payable to "Ne | th East Small Finance Bank Ltd" | (Customer's Name) | | | | | | | | | | |
| | | <u>8</u> | | | | | | | | | | |

Page 01

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| A |) F | ormalities | to l | be observed | l in | respect o | Prop | rietorshi | p/ | Partners | ship | Firms |
|---|-----|------------|------|-------------|------|-----------|------|-----------|----|----------|------|-------|
|---|-----|------------|------|-------------|------|-----------|------|-----------|----|----------|------|-------|

| i) Name of the Proprietor/Partners | Address with Tel./Fax/Mobile/ Personal Email etc. |
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a) Declaration for Sole Proprietorship Firm

| Referring to the opening of an account with you, I, the | e undersigned declare that, I am the Sole Proprietor of the Firm | and am solely responsible for liabilities t | thereof. I shall advise you |
|--|--|---|-----------------------------|
| In writing of any change that may take place in the co | institution of the Firm and I will be liable to you for any obligation | which may be standing in the Firm's na | me in your books on the |
| date of the receipt of such notice and until all such ob | oligation shall have been liquidated. | | |
| Nomination Facility to be availed: Yes | No met i voltore i | | The set was of |
| If Yes, Pls, attach Nomination Form (DA 1) duly fille | lbe | | |
| Name | | Signature (Without stamp) | un agus faisteacait |
| b) Declaration of all Partners | | | |
| Referring to our application for opening of an account | t, we declare that we, the undersigned, are the only Partners ir | the Firm and are jointly and severally | responsible for liabilities |
| thereof. we shall advise you in writing of any change | that takes place in the Partnership and all the present. Partner | s will be liable to you or any obligation v | which may be standing in |
| the Firm's name in your books on the date of receipt of | f such notices and until all such obligations shall have been liquid | lated. | |
| Partnership Deed, dated | Place | la sub ser | ne fil or her de |
| | | | |
| Name of Partners | Seal & Signature | Date | |
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To be filled as Mandatory

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| B) Formalities to be observed in respect of | a Limited Company : | | |
| a) A copy of the certificate of incorporation and Co | ommencement (for Public Limited Co.) verifi | ed with the original by an Authorised (| Official of the Branch. |
| b) Copies of Memorandum of Association dated _ | and Articles of Associat | on dated to be | obtained (After verification with the original). |
| c) certified copy of a Resolution No. | of | Company passed in the meeting | of Board of Directors dated |
| regulating the conduct /operation of the account is | s to be obtained. | | |
| (The Resolution maybe preferably obtained on the | e following lines) | | |
| "We hereby certify that the following Resolution | n of the Board of Directors of the | Company, was pa | assed at a meeting of the Board held on th |
| and has been duly recorded in | the Minutes Book of the | company. Resolved that a Bank A | count for the Company be opened with NESF |
| BANK and that the said Bank be and is hereby a | uthorised to honour Cheques. Bills of Exch | ange and Promissory Notes drawn a | ccepted or made on behalf of the Company by |
| and to act on any instruction | is so given relating to the Account, whethethe | er the same to be over drawn or not, or | relating to the transactions of the the Company. |
| Further the following officials as authorised by the l | Board, shall operate the account (Jointly/ Sev | erally etc.) | |
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| Signature & seal | Signature & seal | Sign | nature & seal |
| | | | |
| 1 Passelulian assumed by should be 2 fe | | | |
| * Resolution copy must be signed by 2 (tw ACS / FCS no | of directors mentioning his Div and / c | or in CS is appointed shall be one | of the signatory mentioning his |
| C) * Formalities to be observed in respect | of Accounts in the names of Trust / As | sociations / Societies / Clubs: | |
| | | | |
| a) Copy of the Memorandum of Association register | red on// Copy of the A | rticle of Association dated/ | _/ to be obtained (Provided they are |
| registered under the Societies Act/ Trust Act.) | and the set of the set | | |
| b) Copy of the By-Laws dated// | _ and Resolution dated// | regulating the conduct of the acco | unt is to be obtained. |
| c) Government Order dated// | is to be obtained (If the entity is formed under | er Government Order.) | |
| d) Copy of Relevant extract of the trust Deed dated | 1// is to be obtained | and pursued with special emphasis o | n the power of trustees to sign Cheques, |
| delegation authority to borrow money etc. (The rele | avant portions are to be entered in the Power | if Attomey Register.) | |
| e) Personal information sheet of the Secretary/ Pro | esident/ Managing Trustees etc. | | |
| | | | |
| | | | |
| A | | | and the second sec |
| Signature & seal | Signature & seal | Sign | ature & seal |
| | | | |
| | | | |

| | Nomination | Details (| (Form DA - 1) | |
|-------|----------------|-----------|---------------|--|
| (Only | One Individual | Nominee | is Permitted) | |

| | orth all Financ r Doorstep | Eas e Bank Banker | ļ | | | | | | | (| 0 | nly | 0 | | | | | | | | | | | | | | | | - 1 ted |
|---|----------------------------------|-------------------------|----------------|-------------------|--------------------|--------------|----------------|------------------|-------------|-------------|-------|----------------------|-------|------|--------|--------------|------------|----------------|----------------|------------------|-----------|-------|------------|----------------|-------|------|-------|------------|------------|
| Nomination unde | r Section 452 | ZA of the | Bankin | g Regul | ation Ac | t, 194 | 9 and | Rule | 2 (1) | of the | Bar | nking C | ompi | anie | s (Nor | minat | ion) | | | inati 5 in r | | | Ba | nk Di | epos | its. | | | |
| I/we (Names) | | | | | resi | ding a | at (Add | dress) | | | | | | | | | | | | | | | | | | no | mina | te the | |
| following person | | ne event | of my/o | ur/mino | r's death Bran | | amou | nt of c | lepos | it in th | | count, | | | | | | | | | | | | | | | | | |
| Details of the D Nature of the Deposit | Addition | al Detail | s if any | | tails of | the M | lomir | 100 | Ac | Idress | | | | | | Rela | the | | (in | | | | | | | | | | ninor) |
| ist file ba | oo waaqa | it yeu | 1.3003 | a 1967 y | est st | at P | | obet obe | 194 | 49 4 | kə (6 | ionac A Car | 1 120 | N.S. | 4/6 | 60 | 7() (21 | ní na | en R E la f | e _n e | | 1.7 | D | D | М | M | Y P | Y N | Y |
| As the Nominee i | | (Addr | ress) | | | | | at on I | | 1 - 6 - 10 | | | 1- 4 | | | | | 1944) 0 140 | | | | ship | with | the | mino | or) | | | |
| (190) | | ve the ar | | | positin | | ICCOUR | nt on i | Dena | - | | ominee | | ne e | vent c | 1914 | | | - | | | 41 | 1 | - | - | - | Nom | | 4 |
| Signature of the 1s | at Witness* | | | Signatu | ure of the | e 2nd | Witne | ess* | | | | | SI | gnat | ure/T | humb | Imp | ress | ion o | of the | De | posit | or | - | | | | | |
| 1st Witness Nam | e: | | | | | | | | | | N | lame : | L | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | A | ddress | | | | 1 | | | | | | | | | | | | | |
| 2nd Witness nam | 10: | | | | L.S. DAL | | | 1 | | | | | Γ | | | | | | | | Γ | | Γ | | Γ | T | | 1 | |
| Address: | | | and an | | | | des. | | HT2 | | C | Date : | 6 | | 0 M | M | Y | Y | Y | Y | | 003 | | 19.1 | 157 | 000 | Sille | | |
| Date: D | D. M. M. | YY | YY | a sh | 2 Hid | 1 | | 10 | a s | 12.04 | | | Г | | 1 71 | | 1 | - | - | 25 1 | - | | | 2011 1717 - | 1.1.1 | 1 | | | |
| Place: | rate person | | | | | | | | | | | | SI | gnat | ure of | the . | Joint | Hold | ers: | | | | 1 | | 1 | | hi ye | | 10 |
| For Office Use I hereby certify obtained. The | that this A Account m | ccount ay Plea | Openi se be | ng forr set up | n is con in Con | mple e Ba | te in nking | all re i syst | spec em. | ot. Al | I KY | C che | ecks | hav | | en c | | | | | | | | | | | ve b | | A. 1 41 |
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| | | | | | | | | | | | | | | | Si | gnat th E | mp. | of th No./ | e Br S.S. | No | He | ad/A | sst | Bra | inch | Hea | ad | | |
| | | | | | | | | | | | | | | | D | ate : | [| D D |) IV | 1 M | 1 Y | Y | Y | Y |] | | | | |
| | | | | | | in . | | | | | | त्वाचे हो दिल्लाई | | 市中山 | | | | | | | 19 - S- L | | Harris and | | | | | 1999 F | A |
| Acknowledger | nent | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We acknowled | 5 | ominatio | on For | m Da1 | relating | g to: | | | - | | - | | | - | - | | | - | | | | - | - | - | - | | -1- | 1 | |
| Nature of the A | Account | | _ | | | + | | + | - | | - | - | _ | - | - | - | - | - | | | - | 4 | _ | - | + | + | - | - | Ц |
| Account No. | | | _ | | | | | | | | | | | | _ | | - | | | | | | | | - | 1 | | - | |
| In the name of | | | | | he | ld w | ith us | l. | | | | | | | Fo | r No | rth E | ast | Sma | III Fi | nar | ICE E | anl | < | - | | - | - | - |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Authorised Signatory

KYC Document needed for opening the Accounts for Proprietorship/Partnership/Companies/TASC: (An illustrative List of Documents)

FOR SOLE PROPRIETORSHIP

- 1. Registration Certificate (in case of a Registered Unit).
- 2. Certificate issued under the Shop & Establishment Act/Trade Licence.
- 3. CST/VAT Certificate.
- 4. Certificate/Registration document issued by the Sales Tax/Professional Tax Authorities/PAN.
- License issued by the Registering Authority should be in like Certificate of Practice issued by Institute of Chartered Accountants of India, Institute of Company Secretaries of India, Indian Medical Council, Food and Drug Control Authorities, etc.
- 6. Registration / Licensing document issued by the Central Government of State Government Authority/ Department.
- Importer Exporter Code (IEC) issued by the Office of Directorate General of Foreign Trade (DGFT) etc. (Any two of the above document would suffice. These documents should be in the name of the proprietary concern.) (Any two of the above)

FOR PARTNERSHIP FIRMS

- 1. Registration Certificate, if the firm is registered.
- 2. Partnership Deed.
- 3. Attach the Proof of Identify and the Proof of Address of the main Partners.
- 4. Attach the Proof of Legal Name, Telephone Number of the Firm and Partners apart from the above.
- 5. All Partners' Consent through a Partnership Letter to open the Account with NESF Bank.\
- 6. If Power of Attorney is granted to an employee, Proof of Identity and Proof of Address are required.

FOR COMPANIES

- 1. Certificate of Incorporation and Date of Incorporation.
- 2. Memorandum & Articles of Association.
- 3. Resolution of the Board of Directors to open an Account and list of Authorised Officials to operate the Account.
- 4. Identification of Authorised Signatories should be based on photographs and signature cards duly attested by the Company.
- 5. Power of Attorney, if granted, to its Managers, officers of Employees to transact business on its behalf.\
- 6. Copy of PAN/TAN card.
- List of Directors alongwith its DIN and shareholders (With the shareholding above 20%) and copy of Form 32/DIR- 12 (If Directors are different from AOA).
- 8. Certified true copy of Certificate of Commencement of Business (Public Limited Company).
- Attach Proof of the Name of the Company, Principal place of business, mailing Address of the Company, Telephone/Fax number apart from the above. (Telephone bill)
- 10.List of Directors with their DIN, audited balancesheet and auditor report of last 3 years.

FOR TRUSTS/ASSOCIATION/ CLUB/SOCIETY

- 1. Certificate of Registration. if registered. (TASC entites are eligible to open Savings Account, provided Registered Trust Deed or Registration certificate under Society's Act has been submitted).
- 2. Power of Attorney granted to transact business on its behalf, if any.
- Any document listing out the Names and Addresses of the Trustees, Sellers, Beneficiaries, and those holding Power of Attorney, and other Key Officials involved in the day to day management of the trust to the satisfaction of the Bank.
- 4. Resolution of the Managing Body of the foundation for opening the account with NESF Bank and its conduct.
- 5. Declaration of Trust/By-Law of Society/By-Law of Association/By-law of Club.
- Attach the Proof of Name and Address of the founder, Manager/Director and the beneficiaries, Telephone/Fax Number, Telephone bill, Utility bill apart from the above.
- 7. Copy of Trust Deed/ Constitutions Documents.
- 8. Certificate from the Charity Commissioner in case of Registered Trust.
- 9. PAN / TAN / GST Mandatory.

Note:

- All the persons related to the account and authorised to operate the account must provide separate identity and Address Proof in conformity with the details furnished in the application form.
- 2. Original and photo copies are to be produced, Originals will be returned after verification at the Branch.

| Small Finance Bank | CUSTOMER INFORMATION FILE FOR NEW CUSTOMER A) (Please fill up all the details in BLOCK letters) |
|--|---|
| Branch Branch Co | de Date: D D M M Y Y Y Y |
| Pre-generated welcome KIT Personalised Welcome KIT Lea | ad Converter Code Lead Generator Code: |
| CIF ID A/c No | |
| | Citizenship: Indian Others |
| and the first and the second sec | Customer type: General Staff Minor Senior Citizen |
| and the second second second second | Residential Status : Resident Indian Foreign Natioan NR PIO |
| Date Ded Dies | Gender : Male Female Transgender |
| Pass Port Size | Marital Status : Married Unmarried Others Please Specify |
| Chine See To Alter See | Category: General SC ST OBC Minority Others Please Specify |
| Please sign across photograph | PAN Card |
| | if PAN not available, attach form 60/61 |
| Personal Details | |
| Prefix First Name | |
| Father/Spouse Name | |
| Maiden Name | |
| Guardian's Name (In case the Applicant is a minor): | Mother's Maiden Name |
| | |
| | onship with the minor Father Mother By Court Order (If yes please affix a copy) |
| Contact Detials Residence type : Owned Rented | Family Owned Company Provided |
| Building/Roas Name | |
| Village/City/Town | P.O. |
| District | State |
| Police Station | PIN Code |
| Mobile No + 9 1 | Landline No (With STD Code) |
| Landmark | E-mail ID: |
| Permanent (Same as above) Less then 5 years of occupancy : Y | |
| Building/Roas Name | |
| Village/City/Town | P.O |
| District | State |
| Police Station | PIN Code |
| Mobile No + 9 1 | Landline No (With STD Code) |
| Other Personal Data | |
| | raduate Post Graduate Others |
| | tetired Salaried Student Agri & Allied Others |
| | t. Others Inthly Income |
| Nature of the Business: Manufacturing Service Provider | Agriculture Real Estate Trade Others |
| Self-employed Professional: Doctor CA/CS Lawyer | Architect IT Consultant Others |
| KYC Documents : Document Name | Document Number Expiry Date |
| | |
| Document Name | Document Number Expiry Date |
| | D D M M- Y Y Y |
| Simplified Documents : | Document Number Expiry Date |
| Do Not Call : Yes No | |
| Marketing : In our endeavour to serve you better. North East Small Finar | nce Bank communicates from time to time with relevant products and services or promotional offers. Pl |
| tick on below mode (s) to receive such communication thro I have no objection if North East Small Finance Bank r | bugh. Email SMS Telephone None may use any of the above information for own business promotion with me. |
| Place : | |
| Date : | Signature of Applicant |

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| CUSTOMER INFORMATION FILE FOR NEW CUSTOMER (Part A) (Please fill up all the details in BLOCK letters) | |
|--|---------------|
| Branch Code Date: | |
| Pre-generated welcome KIT Personalised Welcome KIT Lead Converter Code Lead Generator Code: | + |
| | |
| CIF ID A/c No.: Emp Code | |
| Citizenship: Indian Others | |
| Customer type: General Staff Minor Senior Citizen | |
| | 10 |
| Gender : Male Female Transgender | |
| Marital Status : Married Unmarried Others | |
| Category: General SC ST OBC Minority Others | |
| PAN Card | |
| if PAN not available, attach form 60/61 | |
| Personal Details Prefix First Name Middle Name Sumame | |
| | |
| Father/Spouse Name | |
| Maiden Name Mother's Maiden Name | |
| Guardian's Name (In case the Applicant is a minor): | |
| Date of Birth Relationship with the minor Father Mother By Court Order (If yes please affix a | copy) |
| Contact Detials Residence type : Owned Rented Family Owned Company Provided | |
| Correspondence Euliding/Roas Name | |
| Village/City/Town | |
| | |
| District State | |
| Police Station PIN Code | |
| Mobile No + 9 1 Landline No (With STD Code) Landmark E-mail ID: | |
| Permanent (Same as above) Less then 5 years of occupancy : Yes No | |
| Building/Roas Name | |
| Village/City/Town | |
| District State | |
| Police Station PIN Code | |
| | |
| Landline No (With STD Code) | |
| Other Personal Data Qualification : School Under Graduate Post Graduate Others | |
| Occupation : Business Self-Employed Retired Salaried Student Agri & Allied Others | |
| If Salaried, employed for : Private Public Sector Govt. Others | |
| If Salaried, employed for: Year Month Monthly Income | |
| Nature of the Business: Manufacturing Service Provider Agriculture Real Estate Others | |
| Self-employed Professional: Doctor CA/CS Lawyer Architect IT Consultant Others | |
| KYC Documents : Document Name Document Number Expiry Date | |
| | |
| Document Name Document Number Expiry Date | - |
| Document Name Document Number Expiry Date | _ |
| Document Name Document Number Expiry Date Simplified Documents : | |
| Do Not Call : Yes No | |
| Marketing : In our endeavour to serve you better. North East Small Finance Bank communicates from time to time with relevant products and services or promotion tick on below mode (s) to receive such communication through. Email SMS Telephone None I have no objection if North East Small Finance Bank may use any of the above information for own business promotion with me. | nal offers. F |
| Place : | |
| Date : Signature of Applicant | |