

Please affix photographs of Authorised Signatories

2.5 cm
Please paste latest
Photograph of
1st Applicant
and sign across
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2.5 cm
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Photograph of
1st Applicant
and sign across
3.5 cm

2.5 cm
Please paste latest
Photograph of
1st Applicant
and sign across
3.5 cm

Designation Seal & Sign of Applicant

Designation Seal & Sign of Applicant

Designation Seal & Sign of Applicant

Name _____

Name _____

Name _____

Designation _____

Designation _____

Designation _____

Mobile No. _____

Mobile No. _____

Mobile No. _____

Operating Instruction ☐ As per Resolution ☐ As per Details Mentioned

Credit Facilities

☐ We don't enjoy credit facilities ☐ We enjoy following credit facilities from other bank (NOC to be provided from other bank)

No	Bank Name & Branch	Type of Facility	Amount in Lacs	Authorised Signatory Signature

Other Information

1. Date of Establishment/Incorporation
2. Trade Licence No.
3. Sales/Excise Tax/Service Tax Reg. No.:
4. Dealing with NESF Bank
5. Nature of the Account
6. Dealing with other Banks (Details)

☐ **Fixed Deposit** Amount ₹ _____ Period ☐ Years ☐ Months ☐ Days
☐ **Cumulative Fixed Deposit** Interest to be paid ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

ROI _____
 Auto Renewal ☐ Only Principal ☐ Principal with Interest
 Maturity Proceeds ☐ Interest ☐ Principal with Interest

Payment of the Interest and principal on maturity
 Credit to NESF Bank Account _____
 Credit to the Other Bank A/c No. _____

Branch Name _____ IFSC: _____

Others (Please specify) _____

Maturity proceeds to be renewed for _____ Days/Months/Years

Interest to be compounded on quarterly basis and paid on maturity for cumulative Fixed Deposit

☐ **Recurring deposit** Amount ₹ _____ Period: ☐ Years ☐ Months,

Payment of the Interest and principal on maturity
 Credit to NESF Bank Account _____
 Credit to the Other Bank A/c No. _____

Branch Name _____ IFSC: _____

Others (Please specify) _____

A) Formalities to be observed in respect of Proprietorship/ Partnership Firms:

i) Name of the Proprietor/Partners

Address with Tel./Fax/Mobile/
Personal Email etc.

a) Declaration for Sole Proprietorship Firm

Referring to the opening of an account with you, I, the undersigned declare that, I am the Sole Proprietor of the Firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the Firm and I will be liable to you for any obligation which may be standing in the Firm's name in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

Nomination Facility to be availed: ☐ Yes ☐ No

If Yes, Pls, attach Nomination Form (DA 1) duly filled\

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Name _____

Signature (Without stamp)

b) Declaration of all Partners

Referring to our application for opening of an account, we declare that we, the undersigned, are the only Partners in 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. Partners will be liable to you or any obligation which may be standing in the Firm's name in your books on the date of receipt of such notices and until all such obligations shall have been liquidated.

Partnership Deed, dated _____ Place _____

Name of Partners

Seal & Signature

Date

B) Formalities to be observed in respect of a Limited Company :

- a) A copy of the certificate of Incorporation and Commencement (for Public Limited Co.) verified with the original by an Authorised Official of the Branch.
- b) Copies of Memorandum of Association dated _____ and Articles of Association 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 to be obtained.

(The Resolution maybe preferably obtained on the following lines)

"We hereby certify that the following Resolution of the Board of Directors of the _____ Company, was passed 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 Account for the Company be opened with NESF BANK and that the said Bank be and is hereby authorised to honour Cheques. Bills of Exchange and Promissory Notes drawn accepted or made on behalf of the Company by _____ and to act on any instructions so given relating to the Account, whethether 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 Board, shall operate the account (Jointly/ Severally etc.)

Signature & seal

Signature & seal

Signature & seal

*** Resolution copy must be signed by 2 (two) directors mentioning his DIN and / or if CS is appointed shall be one of the signatory mentioning his ACS / FCS no**

C) * Formalities to be observed in respect of Accounts in the names of Trust / Associations / Societies / Clubs:

- a) Copy of the Memorandum of Association registered on ____/ ____/ ____, Copy of the Article of Association dated ____/ ____/ ____ to be obtained (Provided they are registered under the Societies Act/ Trust Act.)
- b) Copy of the By-Laws dated ____/ ____/ ____ and Resolution dated ____/ ____/ ____ regulating the conduct of the account is to be obtained.
- c) Government Order dated ____/ ____/ ____ is to be obtained (If the entity is formed under Government Order.)
- d) Copy of Relevant extract of the trust Deed dated ____/ ____/ ____ is to be obtained and pursued with special emphasis on the power of trustees to sign Cheques, delegation authority to borrow money etc. (The relevant portions are to be entered in the Power of Attorney Register.)
- e) Personal information sheet of the Secretary/ President/ Managing Trustees etc.

Signature & seal

Signature & seal

Signature & seal

**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.
5. 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.
7. 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.
7. 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).
9. 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.
3. 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.
6. 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:

1. 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.

CUSTOMER INFORMATION FILE FOR NEW CUSTOMER

(Part A) (Please fill up all the details in BLOCK letters)

Space for BAR Code

Branch 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 ☐

Residential Status: Resident Indian ☐ Foreign National ☐ NR ☐ PIO ☐

Gender: Male ☐ Female ☐ Transgender ☐

Marital Status: Married ☐ Unmarried ☐ Others Please Specify

Category: General ☐ SC ☐ ST ☐ OBC ☐ Minority ☐ Others Please Specify

PAN Card

if PAN not available, attach form 60/61 ☐

Personal Details

Prefix First Name Middle Name Surname

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 Details

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: Yes ☐ No ☐

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

Qualification: School ☐ Under Graduate ☐ 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 ☐ Trade ☐ Others ☐

Self-employed Professional: Doctor ☐ CA/Cs ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others ☐

KYC Documents:

Document Name	Document Number	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 promotional offers. Please 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.

Place:
Date:

Signature of Applicant

**CUSTOMER INFORMATION FILE
FOR NEW CUSTOMER**
(Part A) (Please fill up all the details in BLOCK letters)

Branch 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 ☐

Residential Status: Resident Indian ☐ Foreign National ☐ NR ☐ PIO ☐

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 Surname

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 Details
Correspondence**

Residence type : Owned ☐ Rented ☐ Family Owned ☐ Company Provided ☐

Building/Roas Name

Village/City/Town P.O.

District State

Police Station PIN Code

Mobile No 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 P.O.

District State

Police Station PIN Code

Mobile No Landline No (With STD Code)

Other Personal Data

Qualification : School ☐ Under Graduate ☐ 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 ☐ Trade ☐ Others ☐

Self-employed Professional: Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others ☐

KYC Documents :

Document Name	Document Number	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Simplified Documents :

Document Name	Document Number	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 promotional offers. Please 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.

Place :
Date :

Signature of Applicant