



Introducer Relationship: _____ Date: _____

Introducer Signature _____

Introducer Signature

Nomination facility to be availed: Yes ☐ No ☐ Nomination if "Yes" fill form DA1, otherwise sign below.

If yes, nominee name to be printed: Yes ☐ No ☐

NOMINATION FORM DA1

Nomination under Section 45ZA of the banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank Deposits.

1/we (Names)

Residing at (Address)

nominate the

Following person to whom in the event of my/our death, the amount of deposit in the account, particulars where of are given below may be returned by slice Small Finance Bank Branch.

Details of the Deposit

Details of the Nominee

Nature of the Deposit	Name	Address	Relationship with the Depositor if any	Age	Date of Birth (In case of minor)
<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"/>

As the Nominee is a minor on this date, I/we appoint (Guardian's Name)

(Age)

(Address)

(Relationship with the minor)

to receive the amount of the Deposit in the account on behalf of the Nominee in the event of my/our death during the minority of the Nominee

1st Applicant Name _____ Signature _____

2nd Applicant Name _____ Signature _____

Witness 1st Name _____ Signature _____

Address _____ Place _____ Date _____

Witness 2nd Name _____ Signature _____

Address _____ Place _____ Date _____

Declaration

I/We have read and understood the terms and conditions governing the opening of the account with slice Small Finance Bank and those relating to various services including but not limited to ATMs/Debit Card/Internet Banking. I/We 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 discretion, discontinue any of the services completely or partially, without any notice to me/us. I/We agree that the Bank may debit my account for Service Charges as applicable from time to time.

I/we hereby consent to share my/our personal details with CKYC Record Registry.

"I/we confirm that I am/we are residents of India. I/we hereby declare that the information furnished above are true and correct to the best of my/our knowledge.

"I/we also confirm that my account has been opened by Bank officer Mr./Ms _____ and I/we have signed in his/her presence

Purpose of Opening Account:

<input type="text"/>	<input type="text"/>
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Signature/Thumb Impression of the 1st Applicant

Name _____ Date _____

For Illiterates / Blind

The contents of this form have been understood by me and the same has been explained to me in my local language.

<input type="text"/>	<input type="text"/>
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Signature of the Witness

Thumb Impressions of the Applicant

Name _____ Address _____

For office use

I hereby certify that this Account Opening form is complete in all respect. All KYC checks have been completed and relevant documents have been obtained. The account may please be set up in Core Banking System

I have met Mr./Mrs _____ in person and hereby confirmed the identity filled in the relationship form which has been filled and signed in my presence, and I have verified with the original documents. I have understood and certified that the documents convey compliance with bank's KYC guidelines.

For slice Small Finance Bank

Date:

Signature of the Branch Head/Asst. Branch Head with Employee No. / S.S. No.

Signature of the Sourcing Officer with Employee No. / S.S. No.

Customer Information File For New & Existing Customers

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

Space for Barcode

KYC Identifier:

Application Type: ☐ New ☐ Update Account Type: ☐ Normal ☐ Small ☐ Simplified (For Low Risk Customers)

Branch: Branch Code: Date:

☐ Pre-generated Welcome Kit ☐ Personalised Welcome Kit LG Code: LC Code:

Ac No. CIF ID No. Emp Code:

Passport Size Photo

Please sign across the photograph.

Signature/Thumb Impression of the 1st Applicant

Citizenship: Indian ☐ Others (please specify):

Customer type: General ☐ Staff ☐ Minor ☐ Senior Citizen ☐

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

Gender : Male ☐ Female ☐ Transgender ☐ Religion:

Marital States : Married ☐ Unmarried ☐ Other:

Category: General ☐ ST ☐ SC ☐ OBC ☐ Other:

PAN: If not, attach Form 60/61 ☐

Prefix First Name Middle Name Last Name

Father / Spouse Name:

Maiden Name: Mother Maiden Name:

Guardian Name (if the applicant is a minor):

Date of Birth: Relation with the Minor: ☐ Father ☐ Mother ☐ By Court Order (please attach)

Contact Details Correspondence Residence Type: ☐ Owned ☐ Rented / Lease ☐ Family Owned ☐ Company Provided

Building / Road Name

Road/Village/City/Town: PO:

District: State:

Police Station: Pincode:

Mobile No. Landline No. (With STD Code:

Permanent Address ☐ Same as above Less than 5 years of Occupancy: ☐ Yes ☐ No

Building / Road Name

Road/Village/City/Town: PO:

District: State:

Police Station: Pincode:

Mobile No. Landline No. (With STD Code:

Other Personal Details Qualification: ☐ School ☐ Under Graduate ☐ Graduate ☐ Post Graduate Others

Occupation: ☐ Business ☐ Self Employed ☐ Retired ☐ Salaried ☐ Student ☐ Agri & Allied Others

If Salaried: ☐ Public ☐ Private ☐ Government Others Years Months Monthly Income

Type of Business: ☐ Agriculture ☐ Mfg. ☐ Trade ☐ Real Estate ☐ Services ☐ Others

Self Employed: ☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ Others

KYC Documents

Document Name: Document No.: Expiry Date:

Document Name: Document No.: Expiry Date:

Document Name: Document No.: Expiry Date:

Place: _____ Date: _____ Signature of the Applicant:

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 into any transaction specified in rule 114B

VERIFICATION

(Signature of declarant)

1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable:

(i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;

(ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

General Terms: I/We understand that as a Customer of slice SFB, I am/we are subject to the Terms and Conditions (T&C) and rules of the Bank in force, and the changes made thereto from time to time, as communicated and made available on the Bank's website, and agree to abide by them. Any changes to the T&C will be available on the website www.slicebank.com.

Account Opening and Maintenance: I/We understand and agree that all services, including opening and maintenance of the account with slice SFB, are subject to extant guidelines of Reserve Bank of India as well as the Terms & Conditions and internal guidelines prescribed by slice SFB from time to time.

KYC & Due Diligence: I/We understand and agree that the Bank before opening any account will carry out a due diligence as required under Know Your Customer Guidelines of the Bank and I/We would be required to submit duly filled and signed-in Account Opening Form along with necessary documents, proofs and information as sought by the Bank. Further after the account is opened, in compliance with the extant regulatory guidelines, I agree to submit the necessary documents in respect of KYC again at periodic intervals, as may be required by the Bank.

Acceptance of Application: I/We understand and agree that notwithstanding the documents and account opening form provided, the bank reserves the right to accept/reject my/our application and the Bank's decision in this regard will be final. I/We understand and agree that in the event this account is not opened, and I/We have initially funded the account in cash for Rs.20,000/- or more, the amount will be refunded to me/us in the form of a DD/PO only.

Customer / Account Information: I/We agree that any change in my/our personal information, residential status, address, etc., will be immediately (not later than 2 weeks) informed to the Bank, along with documentary proofs as required.

Use of Information: I/We understand and agree that all information provided by me/us of any nature (including personal & sensitive information) will be used in the provision of services or facilities, facilitation of transactions, providing information and updates (including Value-added services), research and analytics, credit scoring, verification, participation in telecommunication or electronic clearing networks as may be required by law/customary practice by the bank.

Sharing of Information: I/We agree that all information provided by me/us of any nature (including personal & sensitive information) can be shared with agencies/service providers, who have an agreement with slice SFB for business purposes, on need to know basis. slice SFB shall remain committed to comply with the rules and regulations as applicable from time to time in this context in accordance with the bank's Privacy policy. If at any time I/we intend to revoke my/our consent to the sharing of the data, the products/services available to me/us, pursuant to the consent provided earlier, shall no longer be available to me/us, and I/we shall be required to initiate closure of such products/services.

Confidentiality of Access Credentials: I/We understand that slice SFB or its officers will never seek sensitive information such as my/our Internet Banking Login ID, Password, Credit/Debit card numbers, Account number/details etc. over phone or through email or SMS. In case I/we receive a message of this type or telephonic call that appears to be from slice SFB, or related to a slice SFB product or service, I/we will not respond and report the same to the nearest slice SFB branch or 24x7 Customer Care Number.

Services: I/We understand and agree that all services/facilities will be provided by slice SFB on a best effort basis. The complete list of services available to me/us will be available on Bank's website www.slicebank.com.

Account Closure or Change of Services: I/We understand and agree that the Bank can at its sole discretion, amend any of the services/facilities given in my/our account either wholly or partially at any time by giving me at least 30 days' notice and/or provide an option to me to switch to other services/facilities.

Service Interruptions: I/We understand and agree that the Bank shall not be liable for any damages, losses (direct or indirect) whatsoever, due to disruption or non-availability of any services/facilities due to technical fault/error or any failure in telecommunication network or any error in any software or hardware system beyond the control of the Bank.

Fees & Charges: I/We understand and agree that I/we shall be liable to pay all charges, fees, interest, costs wherever applicable, which Bank may levy with respect to my account or any transaction or services rendered and the same may be recovered by the Bank by a debit to my/our account. The Schedule of Charges will be made available on the Bank's website www.slicebank.com. Service Taxes and other statutory imposts, as applicable from time to time will be levied on all fees.

Change in Fees & Charges: I/We understand and agree that any change/discontinuation of Fees & Charges, Services etc. will be intimated to me at least 30 days in advance through letter/SMS/website/email or other means of communication. However, if any change is made without prior notice, I would be notified of the same within 30 days. If I/We feel that the said change is not to my benefit, I may, within 60 days of the notice, close my account or switch to any other eligible account, without having to pay the revised charges/interest.

Recovery of Fees: If no funds are available in the account to pay fees/charges, I/We authorize slice SFB to set off any available credit, including amounts flowing into the account from collection proceeds or any deposits held in my name.

Authorization to Reverse Erroneous Entries: I/We understand that the Bank has the authority to debit my/our Account/s to recover any amount credited by the Bank erroneously. I/We declare that I/We will not utilize the amount or make the loss good to the bank in case of any wrongful gain/credit by any means in my account which I/We am/are not entitled to.

Interest Rates and Product Information: I/We understand that the Interest rates for Savings Account and various other deposit products will be available on the website www.slicebank.com.

Transactions: I/We understand and agree that the Savings Bank Account is essentially an account to build up savings and should be used to route transactions of only non-business/non-commercial nature. It should not be used as a Current Account. If the Bank at any stage finds that the Savings Bank Account is being used either for the purpose for which it is not allowed or for the purpose of routing transactions which are dubious or undesirable, the Bank reserves the right to close such Savings Bank Account, without any prior notice. Any transactions undertaken from this account shall be in compliance with PMLA Act rules, regulations or notifications thereunder.

Signature

ACKNOWLEDGEMENT

[illegible][illegible]

In the name of: _____ held with us

For slice Small Finance Bank.

Date:

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Authorized Signatory

I/We understand and agree that all instructions, both financial and non-financial in nature (e.g., issuance of Cheque book/card, financial transactions, change in personal details etc.), relating to my/our account will have to be intimated to the Bank by me/us only through channels authorized/approved by the Bank. Such channels will be specified by the bank, based on prevailing regulatory guidelines, etc. The Bank will not manually act on instructions that do not come in through the authorized channels, but reserves the right to act upon the same, at its sole discretion, under extraordinary circumstances.

Channel Facilities: We understand that all channel facilities provided by slice SFB including Debit Cards, ATM Cards, ATMs, Internet Banking, Mobile Banking, Transactions through Hand Held Device and other electronic modes, etc., are subject to specific guidelines that are provided on the website and through other communication channels. We shall be solely responsible for the safe-keeping and confidentiality of the statements of account, balance confirmation certificate, chequebooks, Debit card and its PIN, user ID and passwords relating to internet banking and such other items related or pertaining to the Account. slice SFB is not liable for fraud in the event of disclosure of sensitive information such as passwords, PINs, or IDs by me/us to third parties or unauthorized use of the net/web.

I/We also undertake to inform the bank immediately in case of loss of Cheque leaf(s), Credit/Debit Card(s) linked to my/our account. Bank will record and accept instructions from the drawer for stopping Payment requests against cheques that are lost, stolen, or not required to be paid against, only if such instructions are received from the drawer by the Bank, prior to presentation of such cheques at the Bank or in the case of e-cheques, only if the stop payment requests are logged prior to payment of monies against the same, and Bank shall not be responsible in any manner whatsoever for any losses caused, or payments made, if the cheques are presented for payment to Bank prior to receipt of instructions, if any, from the drawer of the cheque/s or in the case of e-cheques, if the stop payment requests are logged after payment against such cheques has been initiated by Bank. Bank may charge Service charge for such countermanding instructions.

Return/Dishonour of Instructions: We shall ensure using the account only after making prior arrangements of funds in the account to avoid returns/dishonour. In case of large number of returns (dishonours) in the account, the Bank reserves the right to take corrective action for the specific accounts as deemed fit.

Debit Balance: If for whatever reasons the Account has a debit balance, I/We shall pay interest and other charges in accordance with Bank's prevalent rates and practice. Any temporary overdraft in the Account should be construed as a one-time facility only and not a continuous arrangement.

Dispute Regarding Transactions: Unless I/We report a problem/unsatisfactory transaction/error within Seven (07) days of such transaction/occurrence, the same shall be deemed to be accepted by me/us.

Average Quarterly Balance: I/We understand that some of the Savings account schemes have a minimum Average Quarterly Balance requirement stipulated by the Bank. I/We agree that I/we will maintain the minimum balance in my/our account as prescribed by the Bank from time to time.

Salary Account: If the prescribed AQB (Average Quarterly Balance) is not maintained in case of Salary Account, if the salary is not credited for a period of 3 months into the Salary Account, the account will be converted to a lower savings account variant without any notice or intimation (with all applicable charges & fees) and as per required KYC will apply, failing which there will be a credit freeze placed on the account.

Account Freeze: I/We authorize the bank to freeze my/our account in the following circumstances under intimation to me/us if:

- (a) Balance in the account remaining zero for 3 months or more.
- (b) No transactions induced by me/us in the account for a period of 2 years or more.
- (c) When a minor, who is the holder of the account, attains majority.
- (d) If it is suspected by the bank that transactions in my/our account are not initiated by me/us (the Bank will not assume any liability for the transactions already executed).

Freezing of Account – Misuse: I/We understand and agree that the Bank may freeze transactions in my/our account without notice, if it is suspected that my account is being misused as a channel for unauthorized money pooling or a conduit for any illegal activity.

Account Closure: I/We agree that, under normal circumstances, the Bank has the liberty to close my account at any time by giving me at least 30 days' notice and remit to me/us the balance, lying in the account if any, net of all charges and out-of-pocket expenses, by means of a DD sent to my/our address as available in Bank's record.

Without in any way limiting the right of the Bank to close my / our account for any reason it deems fit, I/we authorize the bank to also close my/our account in the following circumstances, with intimation to me/us:

- (a) High occurrences of dishonored payments from my/our account
- (b) If the bank is not able to verify my/our identity/obtain the necessary documentation either because I/we don't cooperate or if the data/information provided by me/us is not reliable
- (c) In the event of inappropriate behavior/gross misconduct in Bank premises.

Indemnity: I/We agree that I/we shall indemnify and hold the Bank harmless against all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which the Bank may at any time incur, sustain, suffer or be put to as a consequence of or by reason of or arising out of providing any of the services or due to any negligence / mistake / misconduct on my part or breach or non-compliance by me/us of any of the Terms & Conditions relating to any of the services or by reason of the Bank in good faith taking or refusing to take action on any instruction given by me.

Force Majeure: The Bank shall not be liable if any transaction does not fructify or may not be completed or for any failure on part of the Bank to perform any of its obligation under these Terms & Conditions or those applicable specifically to its services/facilities if performance is prevented, hindered or delayed by a Force Majeure event and in such case its obligations shall be suspended for so long as the Force Majeure event continues.

Signature/Seal: _____

Date & Place: _____