small finance bank

Account Opening Form Non-Individual Entities (For sole Proprietor/Partnership Firm/Corporate/TASC/HUF)

(For sole Proprietor/Partnership Firm/Corporate/TASC/HUF) (Please fill up all the details in BLOCK LETTERS)

Application Date: / / Branch Code: Branch:	
LG Code: DSC ID: DSC ID:	
For Branch Use: Account No. CIF ID No.	
Pre-generated Welcome Kit Personalised Welcome Kit	
Savings [Only for TASC A/c (s)] Current Account Recurring Deposit Fixed Deposit	
CA GOS SB GOS Regular Plus SHG	
*Prefix Account Title	
If account of the individual firm is already with slice SFB, then please quote existing (CIF No.):	
PAN (if not, attach Form 60/61):	,
1) * Mailing Address:	
Road/Village/City/Town:	
District PS:	
Pincode: State: State:	
2) * Registered Office Address Please tick here in case the Registered Address is the same as Mailing Address	
Road/Village/City/Town:	
District:	
Pincode: State: State:	
Registered Address Type: Owned Rented / Lease	
Debit Card Details: Debit Card Required Name on the card: Image: Card Required	
(It is applicable only in case of a Sole Proprietorship Business)	
E-Mail (Mandatory for Internet Banking & E-statements)	
E-Mail Statements: Monthly Quarterly Please register me for: Internet Banking SMS	S Alerts
SMS Alerts will be sent on the registered mobile no).
Business Details: Constitution: Sole Proprietorship HUF Partnership Pvt. Ltd. Company Public	Company
MFI / NBFC TASC Others (please specify)	
Type of Business: Agriculture Mfg. Trade Finance Transpo	ort
Corporate Services Others (details of activity)	
Self-Employed Professional: Agriculture Mfg. Trade Finance Transpo	ort
Corporate Services Others (details of activity)	
Initial Deposit Amount: Amount: Cheque Det	oit A/c.
Cheque No. Dated: drawn on: Bank: Branch:	
(All cheques should be crossed A/c payee and drawn payable to "slice Small Finance Bank Ltd.")	
	mer Name)

Please affix photographs of Authorized Signatories

Designation Seal & Sign of A	pplicant	Designation S	Seal & Sign of Appli	icant		Designat	ion Seal	& Sign of A	pplican	t						
Name:		Name:			. Name: .											
Designation:		Designation:			Designa	ation:										
Mobile No.:		Mobile No.:			_ Mobile No.:											
Operating Instruction: As pe	er Resolution	As per Details M	entioned													
										I						
	enjoy credit fac		y following credit		m other I	bank (NO			m othe	r bank)						
No. Bank Name & Branc	h T	ype of Facility	Amount in	Lacs			Amount	in Lacs								
Date of Establishment/Incorporation	n:		Dealing with s	slice SF Ban	k:											
Trade License No.:			Nature of the	Account: _												
Sales/Excise Tax/Service Tax Reg. N	lo.:		Dealing with o	other Banks	(Details)	:										
Fixed Deposit	Amount:			Per	riod:	Yea	rs	Months		Days						
Cumulative Fixed Deposit	Interest to be p	paid:	Monthly	Quarterly	/	Half-yea	arly	Year	ly							
	ROI:			Auto R	enewal:		_									
	Maturity Proce	eds Only Pr	incipal Princ	ipal with In	terest	Inte	rest	Princip	al with I	Interest						
	Payment of the Interest and	e Credit to s	lice SF Bank Accou	ınt:												
	principal on maturity:		he Other Bank A/c N													
	-															
		specify):							./	/						
	Interest to	be compounded on	quarterly basis and	a paid on ma	aturity to	r cumula		d Deposit								
Recurring Deposit	Amount:			Period	:	Years		Months		Days						
	Payment of the Interest and		lice SF Bank Accou													
	principal on maturity:		ne Other Bank A/c M			IFS										
	Others (Please	specify):				1F5			I[

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

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 slice SFB 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, Please attach Nomination Fo	orm (DA 1) d	uly filled	
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 slice SFB for 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 ______ 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 may be 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 the ______ and has been duly recorded in the Minutes Book of the ______ company. Resolved that a Bank Account for the Company be opened with slice SF 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, whether the same be to be overdrawn or not, or relating to the transactions of 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 if Attorney Register.)

e) Personal information sheet of the Secretary / President / Managing Trustees etc.

Signature & Seal	Signature & Seal	Signature & Seal	



Nomination Details (Form DA - 1)

(Only One Individual Nominee is Permitted)

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.

I/we (Names): ______ residing at (Address): ______

nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account, particulars whereof are given below may be returned by slice SFB Branch.

Nature of Deposit Additional Details (if any) Name	e	Address	Relationship with the Depositor
Age: Date of Birth:/			
As the Nominee is a minor on this date, I/we appoint (Guardian's			
(Address)			
to receive the amount of the deposit in the account on behalf of	the Nominee in the eve	ent of my/our/minor's death (during the minority of the Nominee.
Signature of 1st Witness Signature of 2nd Witnes	ss Signa	ture / Thumb impression of t	the Depositor
1st Witness Name:	Name:		
Address:	Address:		
2nd Witness Name:			
Address:	Date of Birth:		
Date:			
Place:			
		Signature of the Joint Holde	ers (if applicable)

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.

For slice Small Finance Bank

Signature of the Branch Head/Asst. Branch Head	
with Emp. No./S.S. No.:	

Acknowledgement:

We acknowledge your Nomination Form DA-1 relating to:
Nature of Account:

Nature of Account.																							
Account No.:																							
In the name of	In the name of matched with us For slice Small Finance Bank																						

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
- 5. License issued by the Registering Authority, such as Certificate of Practice issued by the 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 or 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 documents would suffice. These documents should be in the name of the proprietary concern.)

FOR PARTNERSHIP FIRMS

- 1. Registration Certificate, if the firm is registered
- 2. Partnership Deed
- 3. Attach the Proof of Identity 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 slice SFB
- 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 based on photographs and signature cards duly attested by the Company
- 5. Power of Attorney, if granted, to Managers, Officers or Employees to transact business on its behalf
- 6. Copy of PAN/TAN card
- 7. List of Directors along with their DIN and shareholders (with 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. Proof of Name of the Company, Principal place of business, mailing Address of the Company, Telephone/Fax number (Telephone bill)
- 10. List of Directors with their DIN, audited balance sheet, and auditor report of the last 3 years

FOR TRUSTS/ASSOCIATION/CLUB/SOCIETY

- 1. Certificate of Registration, if registered
- (TASC entities 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 Trustees, Settlors, Beneficiaries, Power of Attorney holders, and Key Officials involved in day-today management of the trust, to the satisfaction of the Bank
- 4. Resolution of the Managing Body of the foundation for opening the account with slice SFB and its conduct
- 5. Declaration of Trust / By-Law of Society / Association / Club
- 6. Proof of Name and Address of the Founder, Manager/Director, and Beneficiaries; Telephone/Fax number; Telephone bill; Utility bill
- 7. Copy of Trust Deed / Constitution Documents
- 8. Certificate from the Charity Commissioner in case of Registered Trust
- 9. PAN / TAN / GST Mandatory

Note:

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



Customer Information File For New & Existing Customers

		-
(Part A) (Please fill u	ip all the details ir	BLOCK LETTERS)

small finance bank	Customer Information File For New & Existing Customers (Part A) (Please fill up all the details in BLOCK LETTERS)	Space for Barcode
KYC Identifier:	Update Account Type: Normal Small Simplified (For Low Risk Customers)	С Р
Branch:	Branch Code: Date: Date: //////	
Pre-generated Welcome	Kit Personalised Welcome Kit LG Code:	
Ac No.	CIF ID No.	
Passport Size	Citizenship: IndianOthers (please specify):	
Photo	Customer type: General Staff Minor Senior Citizen	_
	Signature/Thumb Impression Residental Status : Resident Indian Foreign National NRI PIO of the 1st Applicant Gender : Male Female Transgender Religion:	
	Marital States : Maried Unmarried Other:	
Please sign agross	Category: General ST SC OBC Other:	
the photograph.	PAN:)/61
Prefix First Name	Middle Name Last Name	
Father / Spouse Name:		
Maiden Name:	Mother Maiden Name:	
Guardian Name (if the applica	ant is a minor):	
Date of Birth:	Relation with the Minor: Father Mother By Court Order (please at	ttach)
Contact Details Corresponder	nce Residence Type: Owned Rented / Lease Family Owned Company I	Provided
Building / Road Name		
Road/Village/City/Town:		
District:	State:	
Police Station:	Pincode:	
Mobile No.	Landline No. (With STD Code:	
Permanent Address Sa	me as above Less than 5 years of Occupancy: Yes	No
Building / Road Name		
Road/Village/City/Town:	P0:	
District:	State:	
Police Station:	Pincode:	
Mobile No.	Landline No. (With STD Code:	
Other Personal Details Qua	alification: School Under Graduate 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: Agricul	Iture Mfg. Trade Real Estate Services Others	
Self Employed: Doctor	CA/CS Lawyer Architect Others	
KYC Documents	Expiry Date:	
Document Name:	Document No.:	
Document Name:	Document No.: //	
Document Name:	Document No.: //	
Place:	Date: Signature of the Applicant:	



Customer Information File For New & Existing Customers

		-
(Part A) (Please fill u	ip all the details ir	BLOCK LETTERS)

Not Outdation: Note: Small Small Simplified (For Low Risk Customers) Branch: Branch Code: Date: N.N. N.N. Pre-generated Welcome Kit Personalised Welcome Kit LG Code: LG Code: LG Code: Passgoot Size Othorship: Indian Othorship: Same Code: NNL Procession Passgoot Size Signature/Thumb Impression Othorship: Monitory Same Code: NNL Procession Plasse sign agross Signature/Thumb Impression Setter Management Religion Setter Management Religion Plasse sign agross Effectory Order: Setter Management Religion Plasse sign agross Effectory Religion Monitory Other: Setter Management Religion Plasse sign agross Effectory Religion Monitory Setter Monitory Null Processite Plasse sign agross Effectory Religion Manage Monitory Setter Monitory Null Processite Null Null Setter Monitory Null Null Setter Mo	small finance bank	Customer Information File For New & Existing Customers (Part A) (Please fill up all the details in BLOCK LETTERS)	
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Passort Size Gustomer type: GeneralStaffMinorSenior Citizen Photo Signature/Thumb Impression of the 1st Applicant Residential Status : Resident Indian Foreign National NRI Please sign agross the photograph. Gender : Male Signature Religiont Prefix First Name Middle Name Last Name First Name Middle Name Date of Birth: // Religion with the Ninor: Father /			
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Father / Spouse Name:	Prefix First Name	Middle Name Last Name	
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Building / Road Name	Contact Details Correspondence		vided
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Building / Road Name	Mobile No.		
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