

Account Opening Form Non-Individual Entities

(For sole Proprietor/Partnership Firm/Corporate/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 ☐ 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): Form 60/61 ☐

TAN: GST:

1) * Mailing Address:

Road/Village/City/Town: PO:
 District: PS:
 Pincode: State:

2) * Registered Office Address ☐ Please tick here in case the Registered Address is the same as Mailing Address

Road/Village/City/Town: PO:
 District: PS:
 Pincode: State:

Registered Address Type: ☐ Owned ☐ Rented / Lease

Debit Card Details: ☐ Debit Card Required Name on the card:

(It is applicable only in case of a Sole Proprietorship Business)

Contact Details: Mobile No. Tel.

E-Mail (Mandatory for Internet Banking & E-statements)

E-Mail Statements: ☐ Monthly ☐ Quarterly Please register me for: ☐ Internet Banking ☐ SMS 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 ☐ Transport
☐ Corporate ☐ Services ☐ Others (details of activity)
 Self-Employed Professional: ☐ Agriculture ☐ Mfg. ☐ Trade ☐ Finance ☐ Transport
☐ Corporate ☐ Services ☐ Others (details of activity)

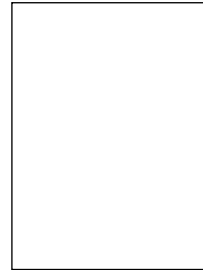
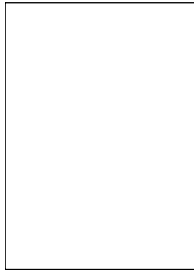
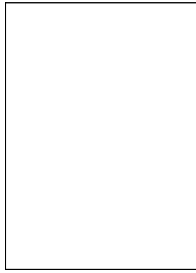
Initial Deposit Amount: Amount: Mode of Payment: ☐ Cash ☐ Cheque ☐ Debit A/c.

Cheque No. Dated: drawn on: Bank: Branch:

(All cheques should be crossed A/c payee and drawn payable to "slice Small Finance Bank Ltd.")

(Customer Name)

Please affix photographs of Authorized Signatories



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	Amount in Lacs

Date of Establishment/Incorporation: _____ Dealing with slice SF Bank: _____

Trade License No.: _____ Nature of the Account: _____

Sales/Excise Tax/Service Tax Reg. No.: _____ Dealing with other Banks (Details): _____

<input type="checkbox"/> Fixed Deposit	Amount: <input style="width: 150px;" type="text"/>	Period: <input style="width: 20px;" type="text"/> Years <input style="width: 20px;" type="text"/> Months <input style="width: 20px;" type="text"/> Days
<input type="checkbox"/> Cumulative Fixed Deposit	Interest to be paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	
	ROI: <input style="width: 150px;" type="text"/>	Auto Renewal: <input type="checkbox"/>
	Maturity Proceeds <input type="checkbox"/> Only Principal <input type="checkbox"/> Principal with Interest <input type="checkbox"/> Interest <input type="checkbox"/> Principal with Interest	
Payment of the Interest and principal on maturity:	Credit to slice SF Bank Account: <input style="width: 150px;" type="text"/>	
	Credit to the Other Bank A/c No.: <input style="width: 150px;" type="text"/>	
	Branch: _____ IFSC: <input style="width: 100px;" type="text"/>	
Others (Please specify): _____		Maturity proceeds to be renewed for date: ____/____/____/
<input type="checkbox"/> Interest to be compounded on quarterly basis and paid on maturity for cumulative Fixed Deposit		

<input type="checkbox"/> Recurring Deposit	Amount: <input style="width: 150px;" type="text"/>	Period: <input style="width: 20px;" type="text"/> Years <input style="width: 20px;" type="text"/> Months <input style="width: 20px;" type="text"/> Days
Payment of the Interest and principal on maturity:	Credit to slice SF Bank Account: <input style="width: 150px;" type="text"/>	
	Credit to the Other Bank A/c No.: <input style="width: 150px;" type="text"/>	
	Branch: _____ IFSC: <input style="width: 100px;" type="text"/>	
Others (Please specify): _____		

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 Form (DA 1) duly 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 _____ 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 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.):

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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.

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Signature & Seal

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Signature & Seal

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Signature & Seal

Signature of the Joint Holders (if applicable)

Date:

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Authorized 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, Settlers, Beneficiaries, Power of Attorney holders, and Key Officials involved in 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 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



KYC Identifier:

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

Branch: Branch Code: Date: //

[illegible]

Ac No.

 CIF ID No.

 Emp Code:

Signature/Thumb Impression
of the 1st Applicant

Please sign across
the photograph.

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:	
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[illegible]

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: P0:

[illegible]

Police Station:

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 Pincode:

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Mobile No.

Landline No. (With STD Code:

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

[illegible][illegible][illegible]

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.: / /

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 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:

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Document Name: Document No.: Expiry Date:

Place: Date: Signature of the Applicant: