

CURRENT ACCOUNT OPENING/CONTINUING ELIGIBILITY			
1.	Do you have any Credit Exposure(s) with any Bank(s) of more than 5Crores?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, opening/continuance* of current account is not permissible as per RBI instructions. If o, please proceed to Sl. No.2.	
2.	If the answer to the question no. 1 is No, Please Select the range of Amount availed under Credit Facility(ies) For instance.....	A. Credit Facility(ies) with any Bank including slice SF Bank Less than Rs.5 Crores	You can open/continue* current account, subject to the following undertaking: I/We undertake to inform you immediately if and when the sum of my/ our availed Credit Facility(ies) becomes Rs.5 Crore or more. I/We understand that if and when the sum of my/our availed Credit Facility(ies) becomes Rs. 5 Crore or more, my/our Current account shall be governed by the provisions of Para 3 (B) of this Declaration cum undertaking, as the case may be.
		B. Credit Facility(ies) with any Bank including slice SF Bank Rs. 5 Crores or more	(i) Whether availed any of these Credit Facility(ies) from slice SF Bank with Credit Exposure of 10% or More and having CC/OD facility with slice SF Bank? <div style="text-align: center;">Yes or No</div> If Yes, current account can be opened/continued with N E S F Bank. If No, Current account cannot be opened. (II) Whether availed any of these Credit Facility (ies) from slice SF Bank with highest Credit Exposure and no other Bank having exposure of 10% or More and having CC/OD facility with slice SF Bank? <div style="text-align: center;">Yes or No</div> If Yes, current account can be opened/continued with slice SF Bank.

I / We undertake to inform slice SF Bank in case of any changes in the above declaration cum undertaking regarding my/our CC/OD/ Other Credit facilities. I/We also understand that it will be my/our sole responsibility to inform slice SF Bank regarding any changes to the above facts/aspects stated by me/us, by medium of the above declaration cum undertaking. I/We also agree to provide fresh declaration cum undertaking in case of any changes to the above facts/aspects stated by me/us in the above declaration cum undertaking and/or in case a fresh declaration cum undertaking is warranted in view of applicable law/regulation. I/We also agree to close the Current Account as and when demanded by slice SF Bank.

Signature of the Customer(s) / Authorised Representative(s)

FATCA declaration: Are You a Citizen of the US/Green card Holder/ Have Income Taxable in US: ☐ YES ☐ NO
 If Yes, please fill FATCA-CRS Declaration.
 (Please consult your professional tax advisor for further guidance on FATCA and CRS classification)

Part A (to be filled by Financial Institutions or Direct Reporting NFFEs)

1.	We are a Financial institution or Direct reporting NFE (Please tick as appropriate)	GIIN: _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity: _____	GIIN: not available (please tick as possible): Applied for Following options available only for Financial Institutions: Not required to apply for (please specify subcategory _____) Please provide with Form W8-BEN-E, duly filled in Non obtained- Non-participation FFI
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Part B (please fill any one as appropriate)

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	Yes or No _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exhchange _____
2.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	Yes or No _____ Name of the listed company, the stock of which is regularly traded _____ (If yes, please specify any one stock exchange upon wich the stock is regularly traced) Name of the stock exchange _____ Nature of relation: Subsidiary of the listed company Controlled by a listed company
3.	Is the Entity an active NFE	Yes or No _____ Name of business _____ Please specify the sub-category fo Active NFE: _____ (Mention code- refer 2c of Part D)
4.	Is the Entity a passive NFE (If yes please fill part C)	Yes or No _____ Name of business _____

Part C

Please list below the details of each controlling person(s), confirming ALL countries of tax residency/ permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling persons (Please attach additional sheets if necessary):
 Owner-documented FFIIS"should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

#Name	Controlling Person 1	Controlling Person 2	Controlling Person 3
#Country of tax residency*			
Address & contact details (include City State, Country & Pin code)			
Telephone/Mobile number with ISD code			
#Tax identification number (or functional equivalent) for each country identified in elation to each person			
#Identification Type (TIN or Other, please specify)			
% of beneficial interest			

Additional details to be filled below by controlling persons having tax residency/ permanent residency/ citizenship in any country other than India including green card holders:

Customer ID (if allotted)	Controlling Person 1	Controlling Person 2	Controlling Person 3
Gender (Male, Female, Other)			
City of Birth			
Country of Birth			
Occupation Type (Service, Business Others)			
# Controlling person type code			
Nationality			

Customer ID (if allotted)	Controlling Person 1	Controlling Person 2	Controlling Person 3
Father's Name (if PAN not available)			
Birth Date			
PAN			
Address type for address mentioned above (Residence or business, Residential, Business, Registered office)			
Identification Type (Documents submitted as proof of identity of the individual)*			
Identification Number (Mandatory if PAN or Aadhaar number is not reported)			
Spouse's name (optional)			
Aadhaar Number (optional)			

@ Permissible value are:

- Passport
- Election ID Card
- PAN Card
- ID Card
- Driving License
- UIDAI Letter
- NREGA Jobcard
- Others

FACTA CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any **change In any Information provided by you, please ensure you advise us promptly, I.e., within 30 days.**

If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or resident or green card holder, please Include United States In the foreign country Information field along with your US Tax Identification Number.**

Certification

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA CRS

Terms and Conditions and hereby accept the same.

Exemptioncode for U.S. persons:

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

Name: _____ Designation: _____

Signature

Date: _____ Place: _____

To: slice Small Finance Bank

Customer ID/Account No: _____ Bar Code: _____

Name: _____

*One input field is mandatory

(a) Is the account holder a Government Body/International Organisation/listed on any recognised stock exchange. ☐ Yes ☐ No

(If yes and you are listed, please specify the name of the stock exchange, _____.

If no, proceed to point (b))

(b) Is the account holder (Entity/Financial Institution) tax resident of any country other than India ☐ Yes ☐ No

(If yes, please fill FATCA/CRS self-certification. If no, proceed to point (c))

(c) Is the account holder an Indian Financial Institution ☐ Yes ☐ No

(If yes, please provide your GIIN _____, if any. If no, proceed to point

(d))

(d) Are Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian Citizen. ☐ Yes ☐ No

(If yes, please fill out FATCA/CRS self-certification. If no, please sign the declaration.)

Customer Declaration

(I) Under penalty of perjury, I/We certify that:

1. The applicant is: (i) an applicant taxable as a US person under the laws of the United States of America ("U.S."), or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S.,
(ii) an estate, the income of which is subject to U.S. Federal Income tax regardless of the source thereof, or
(This clause is applicable only if the account holder is identified as a U.S. person)
2. The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India)

(II) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA or CRS or its impact on the applicant. I/We should seek advice from professional tax advisors for any tax questions.

(III) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(IV) I/We agree that as may be required by regulatory authorities, the Bank may also be required to report reportable details to CBDT or close or suspend my account.

(V) I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity:

Signature 1:

Signature 2:

Signature 3:

Date:

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 <https://www.slicebank.com/> only.

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.

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.

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.

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, participating in telecommunication or electronic clearing network as may be required by law/customary practice by the bank.

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 a 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.

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 will 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 the Bank's website <https://www.slicebank.com/>.

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.

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 systems 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 the 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 <https://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 opine 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, etc.: 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.

I / We understand that the interest rates for Savings Account and various other deposit products will be available on the website <https://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 a 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 all the PMLA rules, regulations or notifications thereunder.

I/We hereby give my/our consent for sharing KYC information with CKYC Records Registry.

Let me know if you'd like this output as a downloadable Word or PDF file.

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 normally 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: I/We understand that all channel facilities provided by slice SFB including Debit Cards, ATM Cards, ATMs, Internet Banking, Mobile Banking, Transactions through Hand Held Devices and other electronic modes, etc., are subject to specific guidelines that are provided on the website and through other communication channels. I/We shall be solely responsible for the safe-keeping and confidentiality of the statements of account, balance confirmation certificate, cheque books, debit card and its PIN, user ID and passwords relating to internet banking and such other items relevant 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 thereof. 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 presentment 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 money against the same. The Bank shall not be responsible in any manner whatsoever for any losses caused, or payments made, if the cheques are presented for payment to the 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 has already been initiated by the Bank. Bank may charge service charges for such countermanding instructions.

I/We shall issue cheques in the account only after making prior arrangements of funds in the account to avoid returns/dishonour. In case of a large number of returns/dishonours in the account, the Bank reserves the right to take corrective action for the specific accounts as deemed fit.

If for whatever reason the account has a debit balance, I/We shall pay interest and other charges in accordance with the Bank's prevailing rates and practices. Any temporary overdraft in the account should be construed as a one-time facility only and not a continuous arrangement.

Dispute Regarding Transaction: 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.

I/We agree that if the prescribed AQB (Average Quarterly Balance) is not maintained, or in case of a 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 appropriate 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:

- (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).

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, net of all charges and out-of-pocket expenses, by means of a DD sent to my/our address as available in the Bank's records. 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 close my/our account in the following circumstances, with intimation to me/us:

- (a) High occurrences of dishonoured 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 behaviour/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 obligations under these Terms & Conditions or those applicable specifically to its services/facilities if performance is prevented, hindered, or delayed by a Force Majeure event. In such a case, its obligations shall be suspended for so long as the Force Majeure event continues.

Signature/Seal: _____

Date & Place: _____