

ACCOUNT OPENING FORM - FOR INDIVIDUALS

(All fields marked with * are mandatory) and to be filled in CAPITAL LETTERS only.

Application Date

D	D	M	M	Y	Y	Y	Y
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VI_10092018

APPLICANT DETAILS* (*New customer CUST form required)

Applicant	<input type="checkbox"/> Existing Customer	CUST ID	<input type="text"/>	<input type="checkbox"/> *New Customer
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME
Senior Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fincare Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Co-Applicant-1 (If applicable)	<input type="checkbox"/> Existing Customer	CUST ID	<input type="text"/>	<input type="checkbox"/> *New Customer
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME
Co-Applicant-2 (If applicable)	<input type="checkbox"/> Existing Customer	CUST ID	<input type="text"/>	<input type="checkbox"/> *New Customer
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME

MODE OF OPERATION*

<input type="checkbox"/> Self	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> All Jointly
<input type="checkbox"/> Operated by Guardian	<input type="checkbox"/> POA Holder	<input type="checkbox"/> Minor alone operated by Guardian	<input type="checkbox"/> Minor Account self operated

PRODUCT SELECTION*

Savings account	<input type="checkbox"/> Shakti (only for MFI customers)	<input type="checkbox"/> Smart Saver SA	<input type="checkbox"/> Priority SA	<input type="checkbox"/> Priority Plus SA	<input type="checkbox"/> BSBDA	<input type="checkbox"/> BSBDA Small
Current account	<input type="checkbox"/> Smart Business	<input type="checkbox"/> Priority Business				
Overdraft	<input type="checkbox"/> Overdraft Against Property	<input type="checkbox"/> Overdraft Against Fixed Deposits				
Salary Account	<input type="checkbox"/> Priority Salary	<input type="checkbox"/> Others				

PRIMARY APPLICANT PERSONAL DETAILS

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others/Third Gender												
Mother's Maiden Name	<input type="text"/>												
Date of Birth*	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>					D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y						
Minor*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Senior Citizen*	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes provide age proof)										
Nationality*	<input type="text"/>	No of dependents	<input type="text"/> Adults	<input type="text"/> Children									
Residential status*	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident												
Identity Proof* (any one)	<input type="checkbox"/> Aadhar No.	<input type="text"/>											
	<input type="checkbox"/> Voter ID No.	<input type="text"/>											
	<input type="checkbox"/> Driving license No	<input type="text"/>	Driving license Expiry Date	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y					
<input type="checkbox"/> PAN No.* <small>If not available, please attach form 60/61</small>	<input type="text"/>	<input type="checkbox"/> Form 60	<input type="checkbox"/> Form 61										
Address Proof* (any one)	<input type="checkbox"/> Passport No	<input type="text"/>	Passport Expiry Date	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
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	D	D	M	M	Y	Y	Y	Y					
<input type="checkbox"/> Ration Card	<input type="text"/>												

COMMUNICATION DETAILS* (All communications will be sent on below mentioned mobile number, email address and mailing address)

Mobile No.*	<input type="text"/>	Residence No.	<input type="text"/>	Office No.	<input type="text"/>
Email address	<input type="text"/>				

PERMANENT ADDRESS

Address Line-1*

Address Line-2*

Address Line-3*

City* District Pincode*

Country* State/UT*

Census Village Code

Supporting KYC* Aadhar Voter ID Passport Driving license Affidavit

Residence Type Rented Owned Legally occupied Hostel/Paying Guest Government Quarters Company Quarters

Period of stay 0-1 Yr >1-2 Yr >2-3 Yr >3-5 Yr >5-10 Yr >10-20 Yr >20-50 Yr >50Yr

CURRENT (RESIDENT) ADDRESS Tick if same as Permanent Address

Address Line-1*

Address Line-2*

Address Line-3*

City* District Pincode*

Country* State/UT*

Census Village Code

Supporting KYC* Aadhar Voter ID Passport Driving license

Residence Type Rented Owned Legally occupied Hostel/Paying Guest Government Quarters Company Quarters

Period of stay 0-1 Yr >1-2 Yr >2-3 Yr >3-5 Yr >5-10 Yr >10-20 Yr >20-50 Yr >50Yr

COMMUNICATION ADDRESSTick if same as Permanent Address Current Address

Address Line-1*

Address Line-2*

City* District Pincode*

Country* State/UT*

Census Village Code

Supporting KYC* Company ID card Others : _____

ADDITIONAL INFORMATION

Education Primary Up to Class 8 Secondary Class 9-10 Senior Secondary Class 11-12 Graduate Diploma
 Post Graduate Professional Research Scholar Uneducated

Occupation Public Sector Service Government Sector Private Sector Service Retired Housewife Student Self Employed
 Agriculture Manufacturing CA Doctor Politician Company Secretary Engineer Lawyer/Solicitor
 Consultant Trader Professor Policeman Self Help groups Other (Occupation code)

Marital Status* Married Unmarried

Religion Hindu Muslim Christian Sikh Others

Source of Funds Salary Business Income Agriculture Investment Income Others (pls specify) _____

Annual Income (INR) < 60,000 60,000 - 1,00,000 1,00,000 - 1,60,000 1,60,000 - 3,00,000 3,00,000 - 5,00,000
 5,00,000 - 10,00,000 10,00,000 - 20,00,000 20,00,000 - 50,00,000 > = 50,00,000

Name of the Company **Designation**

Bank Staff Yes No **Employee ID** **Do not call registration** Yes No

GUARDIAN DETAILS (In case of Minor)

Name of Parent / Guardian*

Relationship with Minor Father Mother By Court order Others, please specify

By Guardian in case of Minor Account:

I, hereby declare that the minor is my (Relationship) and I am his/her natural guardian and/or legal guardian appointed by the Court vide order dated (Copy enclosed).

I shall represent the said minor in all future transactions (Deposit/Withdrawal/Transfer etc.) of any description in the account until the said minor attains majority. All the transactions done in the above account will be for the benefit of the minor and I shall abide by all the terms and conditions governing the account.

Guardian CUST No. Guardian's Signature

PERSONAL DETAILS OF SECOND APPLICANT

Gender Male Female Others/Third Gender

Mother's Maiden Name

Date of Birth*

Minor* Yes No Senior Citizen* Yes No (If yes provide age proof)

Nationality* No of dependents Adults Children

Residential status* Resident Non-Resident

Identity & Address Proof Provided: (any two)

Aadhar No. Voter ID No.

PAN No.* Form 60 Form 61

Passport No Passport Expiry Date

Driving license No Driving license Expiry Date

Others Proof of Address Proof of Identity

In case of a joint account, additional details and address of the second applicant to be taken on a separate form.

INITIAL FUNDING DETAILS*

Nil

Cash: Amount

Cheque: Cheque No. Amount Bank

Total Value of transaction expected to be performed in account p.a. (Sum of Debits and Credits)

Upto 1,00,000 Upto 5,00,000 Upto 10,00,000 Above 10,00,000

Add On Facilities: Cheque Book Internet Banking Mobile Banking Debit Card SMS Alerts Email Alerts

Welcome Kit: Pre-generated Kit Personalized Kit Kit Number Name on Card

Account Statement Options:

Physical Statement Quarterly Half-yearly Yearly/ Annually

E-Statement Monthly Quarterly Half-yearly Yearly/ Annually

NOMINATION DETAILS (FORM DA 1)

Nomination under section 45ZA of the banking regulation act 1949, and the rule 2(1) of the banking companies (Nomination) rules 1985, in respect of bank deposit.

I/we wish to nominate I/we do not wish to nominate Print Nominee Name Yes No

I/we Address(es)

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above opened account may be returned by Fincare Small Finance Bank Limited Branch.

Nominee Name

FIRST NAME MIDDLE NAME LAST NAME

Address Line-1*

Address Line-2*

Address Line-3*

City* District Pincode*

Country* State/UT*

Relationship with the depositor (if any) Date of Birth

As the nominee is a minor on this date, I/We appoint* residing at

Relationship with Minor Nominee Age:

to receive the amount of the deposit in the account on behalf of the nominee in the event of my/Minor's death during the minority of the nominee.

Signature of 1st Witness

Signature of 2nd Witness

Signature/*/Thumb Impression of depositor

1st Witness Name	
Address	
2nd Witness Name	
Address	

Signature of Joint Holders

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

*Leave out if nominee is not a minor. *Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of minor. *** Thumb Impression shall be attested by two witnesses.

Applicable, if no nomination is provided

The Bank through its authorized representative has explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and fully aware of the hardships my legal heirs would face in the event of my death without nomination registered in your bank records.

Applicant's Signature

Co-Applicant's Signature

For Bank use only (In case of No Nomination given)

I have clearly explained to the customer the advantages of nomination facility and inspite of the same, he/she still does not want and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination.

Employee Signature and Employee Code

Declaration /Undertaking by Applicant(s) to Fincare Small Finance Bank Limited

I/We have read and understood the Terms & Conditions governing the opening of the account with Fincare Small Finance Bank Limited and those relating to various services but not limited to ATMs/Debit Card/Mobile & Internet Banking.

I/We accept and agree to be bound by the said Terms & 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 confirm that I/we am/are residents of India. I/we hereby declare that the information furnished above is true and correct to the best of my/our knowledge & belief.

(A copy of the acknowledgement has been made available to me by the mode of a tear off)

For Illiterates:

The content of this form has been explained to me in local language and has been understood by me. I/We agree to comply with all the Terms and Conditions as applicable to the account from time to time.

Signature of Applicant(s)

Applicant's Signature

Co-Applicant (S) Signature

Account opening and maintenance:

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

I / We understand 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 DD/NEFT 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 Fincare Small Finance Bank for business purpose, on need to know basis. Fincare Small Finance Bank 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 Fincare Small Finance Bank 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 Fincare Small Finance Bank, or related to an Fincare Small Finance Bank product or service, I/we will not respond and report the same to the nearest Fincare Small Finance Bank Branch or Customer Care Number during working hours

Services:

I/We understand and agree that all services / facilities will be provided by Fincare Small Finance Bank on a best effort basis. The complete list of services available to me/ us will be available on Bank's website www.fincarebank.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 appropriate 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 Bank may levy with respect to my account or any transaction or services rendered and the same maybe 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.fincarebank.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 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 30days. If I opine that the said change is not to my benefit, I may, within 30 days from the date of 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 Fincare Small Finance Bank 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 utilized 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 Payment:

I/We understand that, in Savings Accounts, Fincare Small Finance Bank pays interest, at Monthly intervals, on daily balance at the defined rates. Interest rates are subject to change at the sole discretion of Fincare Small Finance Bank. I / We understand that the Interest rates for Savings Account and various other deposit products will be available on the website www.fincarebank.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 of all the FEMA rules, regulations or notifications thereunder.

I / We understand and agree that all instructions, both financial and non-financial in nature (eg: 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 Fincare Small Finance Bank including Debit Cards, ATM Cards, ATMs, Internet Banking, Mobile Banking, Transactions through Hand Held Device and other electronic mode etc. are subject to specific guidelines that are provided in the website and through other communication channel. I/We shall be solely responsible for the safe-keeping and the 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.

Fincare Small Finance Bank is not liable for fraud in the event of disclosure of sensitive information such as passwords, PINs, or IDs by me/us to third party/s 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 cheque/s 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 moneys 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.

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

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 onetime 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 Monthly Balance requirement stipulated by the Bank:

I / We agree that I / we will maintain the average minimum balance in my / our account as prescribed by the Bank from time to time. I / We agree that if the prescribed AMB (Average Monthly Balance) is not maintained ,then I/We authorize Fincare Bank to deduct the AMB non-maintenance penalty charges from 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/NEFT 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 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 and (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 treason 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 of Applicant(s)

Applicant's Signature

Co-Applicant (S) Signature 1&2

Date: **Place:**

Product Code		CUST ID-1	
Branch Name		CUST ID-2	
Branch Code		CUST ID-3	
Lead Generator Code		Account Number	
Lead Closed By		Tran ID	
		Tran Date	

Customer Signed in my presence: Yes

FD A/c may please be setup in Core Banking System of bank: Yes

Employee Name:

Employee Code:

Employee Signature:

Document verification done by:

Employee Name:

Employee Code:

Branch Stamp with Date	BM Signature & Date
------------------------	---------------------

CPU Stamp with Date	CPU officer signature & Date
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Acknowledgement

Fincare Small Finance Bank Limited

(Ack No)

We have received initial deposit of ₹..... by Cash/Cheque No., (Subject to realization) drawn on Bank, Branch,

Dated.....

Kit received PGK PGK Number.....
 Personalized

Branch..... Bank Employee Name and Code.....

Signature and Stamp
