

Account Opening form for Non-Individual Entities
(For Sole Proprietor/Partnership Firm/Corporate/TASC/HUF)

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

Please open my/our account at your Branch

Account title

If the firm has an existing account with Fincare SFB, please quote CIF ID:

COMPANY DETAILS

Mailing Address

Bldg/Road Name

Area City

State Pin Code Country

Phone (Res) Phone (Off) Mobile No.*

Fax No. E-mail ID*

Nearest landmark

*Mandatory for internet banking and E-statement

Registered Address

Bldg/Road Name

Area City

State Pin code Country

Phone (Res) Phone (Off) Mobile no.

E-mail ID

Nearest landmark

CONTACT DETAILS

Contact Name (1) Designation

Contact Number

Contact Name (2) Designation

Contact Number

BUSINESS DETAILS

| Constitution | PAN/GIR Number | Constitution | PAN/GIR Number |
|--|----------------------|---|----------------------|
| <input type="checkbox"/> Private limited company | <input type="text"/> | <input type="checkbox"/> Partnership firm | <input type="text"/> |
| <input type="checkbox"/> Hindu Undivided Family | <input type="text"/> | <input type="checkbox"/> Public limited company | <input type="text"/> |
| <input type="checkbox"/> Sole Proprietorship | <input type="text"/> | <input type="checkbox"/> Society/Club/Association/Trust | <input type="text"/> |
| <input type="checkbox"/> Others | <input type="text"/> | <input type="checkbox"/> Private ltd Co, HUF etc) | <input type="text"/> |

Type of Business: Agri. Mfg. Trade Finance Transport Services

Corporate Others (Details of activity)

Self-employed Professional: CA/CS/ICWA Lawyer Doctor Architect IT Consultant Service

Entrepreneur Others (Please specify)

ACCOUNT STATEMENT OPTIONS :

Physical Statement : Quarterly Half-Yearly Yearly/Annually
 E-Statement : Monthly Quarterly Half-Yearly Yearly/Annually

CREDIT FACILITIES

We do not enjoy any credit facilities with other bank/s. We enjoy the following "credit facilities" with other bank/s (NOC to be provided from other bank/s)

| No. | Bank Name & Branch | Type of facility | Amount (₹ Lacs) | Authorised Signatories Signature |
|-----|--------------------|------------------|-----------------|----------------------------------|
| | | | | |
| | | | | |

INTRODUCTION DETAILS

Introduction by existing Fincare SFB account holder

Name

Customer ID

Account no.

I confirm that I am an account holder with Fincare SFB for over six months. I confirm that I personally know the applicant's detailed herein for more than six months and confirm his/her identity and address.

Signature

Signature verified (for bank use)

DECLARATION (SIGN WITHOUT STAMP)

A. For HUF

Re: Opening of a new account in the name of _____

We refer to the captioned account and declare as under:

We, the undersigned, state that the first signatory to this letter is the Karta of the HUF and other signatories are the adult co-parceners of the HUF.

We further confirm that the business of the HUF is carried on mainly by the said Karta as also by the other signatories hereto in the interest and benefit of the entire body of co-parceners of the HUF. We all undertake that claims due to the Bank from the HUF shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act, 1932, we have not got our said firm registered under the said Act. We hereby undertake to inform the Bank of the death or birth of any co-parcener or any change occurring at any time in the membership of our HUF during the currency of the account.

Yours faithfully,

| Name of Karta | Signature |
|---------------|-----------|
| 1. | |

Name & Signature of Adult Co- Parceners

| Name | Signature |
|------|-----------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

B. For Sole Proprietorship

Re: Opening of a new account in the name of _____

I refer to the captioned account and declare as under:

I, the undersigned, am the sole proprietor of the concern and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the concern and I will be liable to you for any obligation which may be standing in the concern's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Yours faithfully,

| Name | Signature |
|------|-----------|
| 1. | |

B. For Partnership Firm

Re: Opening of a new account in the name of _____

We refer to the captioned account and declare as under:

We, the undersigned, are the only partners in the firm and are jointly / severally responsible for the liabilities thereof. We shall advise you in writing of any change that takes place in the partnership and all the present partners shall be liable to you on 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 obligations are liquidated.

Yours faithfully,

| Name & Date of Birth of Minor Co-Parceners | | Name of all Partners | Signature |
|--|-----|----------------------|-----------|
| Name | DOB | | |
| 1. | | 1. | |
| 2. | | 2. | |
| 3. | | 3. | |
| | | 4. | |
| | | 5. | |
| | | 6. | |
| | | 7. | |
| | | 8. | |

NOMINATION DETAILS (FORM DA 1) (Applicable only for Sole Proprietorship)

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 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.

Nomination under section 45ZA..... fincare small finance bank..... branch.

| Name | Age | DOB | Relationship | Address |
|------|-----|-----|--------------|---------|
| | | | | |

As the nominee is a minor on this date, I/We appoint:

| Name | Age | DOB | Relationship | Address |
|------|-----|-----|--------------|---------|
| | | | | |

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:

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

GENERAL DECLARATION (TO BE SIGNED BY ALL AUTHORISED SIGNATORIES WITH RUBBER STAMP)

- I/ We have read the terms and conditions in this application form as well as displayed on the website www.fincarebank.com pertaining to the savings, current account, mobile banking, internet banking, Debit / ATM card which are in force now.
- I/ We have understood the same and I/ We agree to abide by and be bound by the terms as are in force from time to time for the account.
- I/ We confirm that the authorized signatories as approved by me/ our Board/ partners/ members of the HUF/ Managing Committee, are authorised to operate the account, and any changes in regards to the same will be intimated in writing by me/us.
- I/ We understand that the above account will be opened on the basis of the declaration made by me/ us. I/ We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/ our account liable for closure and further action.
- I/ We further agree to indemnify Fincare Small Finance Bank and their successors or assignees if any of the representation and declarations mandatory hereunder by me / us is incorrect, false or misleading in any of its particulars. We further unconditionally and irrevocably authorise Fincare Small Finance Bank Ltd. to debit our account with an amount equivalent to the fees and charges applicable for the services enjoyed by us.
- I/ We declare, confirm, agree: a) That all particulars and information given in the application form are true, correct, complete and up-to-date in all respects and I/ We have not withheld any information. b) I/ We have had no insolvency initiated against me / us nor have I / We ever been adjudicated insolvent. c)I/ We have not at any time defaulted under any loan taken by me / us from any other bank / institution. d) I/ We have read and understood that charges are applicable to the current account facility and hereby agree to bear the charges as revised from time to time by Fincare Small Finance Bank at its sole discretion.
- I/ We have read and understood the facilities available under Fincare's Account as detailed on the website.
- I/ We have also gone through the schedule of charges and understood that to be eligible for the concessions, I/ We have to maintain the minimum average balance as indicated in the schedule of charges. In case the account remains overdrawn on account of unrecovered charges, if any, for a period of 3 months and above, the account will be closed, and the Bank will not be responsible
- for giving any advance intimation thereof. I/ We also understand that the continuation of the account is at Fincare Small Finance Bank's sole discretion and in case Fincare Small Finance Bank is dissatisfied with the conduct of the account,
- Fincare Small Finance Bank has the right to close the account after giving me/ us 15 days notice or withdraw the concessions in all or any service charges granted to me / us or charge Fincare Small Finance Bank's applicable rates for such services.
- I/ We authorise the Bank or its agents to make references/ enquiries as may be necessary and to exchange/ share/ part with any/ all information with credit bureaus/ statutory bodies/ other agencies as may be deemed necessary or appropriate.
- I/We hereby declare that the transactions relating to foreign exchange that may be routed through your Bank would not involve, and would not be designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made hereunder.
- I/ We hereby indemnify and keep indemnified the Bank from and against all and any costs, charges, claims, disputes and consequences howsoever and whatsoever arising out of issuance and use of the Debit card to the Company.
- We shall at no point of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid, binding transactions conducted by the firm/ company represented by all its Directors/ Authorised Signatories on the said account.

(Authorised Signatory)

(Authorised Signatory)

(Authorised Signatory)

(Authorised Signatory)

FOR BANK USE ONLY

| | | | |
|---------------------|--|----------------|--|
| 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 | |
| FD Value Date | | Tran Date | |

Customer Signed in my presence: Yes

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

Employee Name:

Document verification done by:

Employee Code:

Employee Name:

Employee Signature:

Employee Code:

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

| | |
|---------------------|------------------------------|
| CPU Stamp with Date | CPU officer signature & Date |
|---------------------|------------------------------|

Acknowledgement

Fincare Small Finance Bank Limited

..... (Ack No)

We have received deposit of by Cheque no./NEFT/RTGS (Subject to realization) Bank,
(Customer Name)

Cheque Date for the Fixed deposit of Period, Years Months Days Amount of Rs..... In words.....

Nomination registered Yes No.

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

| |
|---------------------|
| Signature and Stamp |
|---------------------|

Account Opening form for Non-Individual Entities (For Sole Proprietor/Partnership Firm/Corporate/TASC/HUF)

Non Individuals KYC Checklist

Proprietary Firm

| S.No | Name of the Document | Mandatory | Additional |
|------|---|-----------|------------|
| 1 | PAN Card of the proprietor (In case PAN card is not available then Form 49 A along with Form 60 if applied for PAN) | ✓ | |
| 2 | Registration Certificate | ✓ | |
| 3 | Certificate/licence issued by the municipal authorities under Shop and Establishment Act | | ✓ |
| 4 | Sales Tax Returns | | ✓ |
| 5 | Income Tax Returns | | ✓ |
| 6 | CST / VAT certificate | | ✓ |
| 7 | Certificate/registration document issued by Sales Tax/Service Tax/ Professional Tax authorities | | ✓ |
| 8 | Licence/certificate of practice issued in the name of the proprietary concern by any professional body incorporated under a statute | | ✓ |
| 9 | Complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where the firm's income is reflected, duly authenticated/ acknowledged by the Income Tax authorities | | ✓ |
| 10 | Utility bills such as electricity, water, and landline telephone bills. (not older than 3 months) | | ✓ |
| 11 | Identification and address proof of the proprietor | | ✓ |

| Documents required for opening an account | Partnership | Pvt/Ltd Co | Society / Club / Trust | Association | HUF |
|---|-------------|------------|------------------------|-------------|-----|
| For Introduction (any one of the following) | | | | | |
| For partners/authorised signatories/trustees/karta/members: | | | | | |
| Passport copy | ✓ | ✓ | ✓ | ✓ | ✓ |
| Voter ID card copy | ✓ | ✓ | ✓ | ✓ | ✓ |
| PAN card copy | ✓ | ✓ | ✓ | ✓ | ✓ |
| Photo credit card copy | ✓ | ✓ | ✓ | ✓ | ✓ |
| Driving license (laminated card) copy or | ✓ | ✓ | ✓ | ✓ | ✓ |
| Introduction by existing account holder > 6 months old or | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bankers verification | ✓ | ✓ | ✓ | ✓ | ✓ |
| Entity proof | | | | | |
| Copy of certificate of incorporation | - | ✓ | - | - | - |
| Copy of partnership/trust deed | ✓ | - | ✓ | - | - |
| Copy of shops & establishment certificate | ✓ | - | - | - | - |
| Resolution of trustees/members meeting | - | - | ✓ | ✓ | - |
| Copy of bye laws | - | - | ✓ | ✓ | - |
| Letter of consent signed by all partners | ✓ | - | - | - | - |
| Certified true copy of board resolution | - | ✓ | - | - | - |
| Certified true copy of Memorandum of Association | - | ✓ | - | ✓ | - |
| Certified true copy of Articles of Association | - | ✓ | - | - | - |
| Certified copy of commencement of business | - | ✓ | - | - | - |
| Other documents | | | | | |
| Proof of PAN/GIR No./Form 60 | ✓ | ✓ | ✓ | ✓ | ✓ |
| Passport photograph (s) | ✓ | ✓ | ✓ | ✓ | ✓ |
| Name & address of partners / directors / trustees/ Managing committee / HUF | ✓ | ✓ | ✓ | ✓ | ✓ |
| Customers Profile | ✓ | ✓ | ✓ | ✓ | ✓ |