

CUSTOMER INFORMATION FORM FOR NON INDIVIDUALS ENTITIES

(For Sole Proprietor/Partnership Firm/Corporates/HUF/TASC)

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

Application Date D D M M Y Y Y Y

Prefix	Account Title
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
PAN No* (If not available, Please attach form 60/61)	<input style="width: 100%;" type="text"/> Form 60/61 CKYCR No. <input style="width: 100%;" type="text"/>

MAILING ADDRESS*

Flat No. & Bldg Name <input style="width: 100%;" type="text"/>	
Road No/Village <input style="width: 100%;" type="text"/>	
City /Town* <input style="width: 40%;" type="text"/>	District <input style="width: 30%;" type="text"/> Pincode* <input style="width: 30%;" type="text"/>
Country* <input style="width: 40%;" type="text"/>	State/UT* <input style="width: 60%;" type="text"/>
Residence Type <input type="checkbox"/> Owned <input type="checkbox"/> Rented/Leased	
Supporting KYC*	

REGISTERED OFFICE ADDRESS* Please tick here in case the registered address is same as mailing address

Flat No. & Bldg Name <input style="width: 100%;" type="text"/>	
Road No/Village <input style="width: 100%;" type="text"/>	
City /Town* <input style="width: 40%;" type="text"/>	District <input style="width: 30%;" type="text"/> Pincode* <input style="width: 30%;" type="text"/>
Country* <input style="width: 40%;" type="text"/>	State/UT* <input style="width: 60%;" type="text"/>
Residence Type <input type="checkbox"/> Owned <input type="checkbox"/> Rented/Leased	
Supporting KYC*	

CONTACT DETAILS *

TEL-1 S T D <input style="width: 40%;" type="text"/>	TEL-2 S T D <input style="width: 40%;" type="text"/>
Contact Person Name <input style="width: 100%;" type="text"/>	
Mobile No <input style="width: 100%;" type="text"/>	
Email ID <input style="width: 100%;" type="text"/>	

BUSINESS DETAILS *

Constitution	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt. Ltd. Company	<input type="checkbox"/> Public Ltd. Company	<input type="checkbox"/> HUF
	<input type="checkbox"/> Non Profit Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Societies	<input type="checkbox"/> Clubs <input type="checkbox"/> MFI/NBFC
	<input type="checkbox"/> Cooperatives	<input type="checkbox"/> NGO	<input type="checkbox"/> Bank	<input type="checkbox"/> Central Government	<input type="checkbox"/> State Government
	<input type="checkbox"/> Local Body	<input type="checkbox"/> Statutory Body			
Nature of Business	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service Providers	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Trade	<input type="checkbox"/> Finance <input type="checkbox"/> Transport
	Others				
Self Employed Professional	<input type="checkbox"/> Chartered Accountant	<input type="checkbox"/> Company Secretary	<input type="checkbox"/> Doctor	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Architect
	<input type="checkbox"/> Consultant	Others			

OTHER INFORMATION *

1. Date of Incorporation D D M M Y Y Y Y	2. Date of Commencement of Business D D M M Y Y Y Y
3. Country of Registration /Incorporation	4. Date of Board Resolution D D M M Y Y Y Y
5. Dealings with other bank <input type="checkbox"/> Yes (If yes provide below details) <input type="checkbox"/> No	
Name of other bank..... Branch Name	
Type of Account	
6. Details of Identification Document: Name of Document Issuing Authority Place of Issue	
Registration No	
7. Trade License No	8. TAN No
9. Sales Tax/ Excise Tax/Service Tax Registration No	
10. Do not call registration <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

Please sign across the photograph

Please sign across the photograph

Please sign across the photograph

Signature of Authorized Signatory-1

Signature of Authorized Signatory-2

Signature of Authorized Signatory-3

FOR BANK USE ONLY :

Customer Due Diligence -

- Has the customer been evaluated earlier ? If yes, the risk rating assigned NA Low High Unacceptable
 - Does the customer appear on the freeze list Not on list High Risk, Unacceptable list
 - Is the background of the UBO (Ultimate Beneficiary Owner) Satisfactory- Not Applicable Yes NO
 - Is the nature of activity falling under High Risk Category Yes No
 - Is the rationale for opening account satisfactory Yes No
 - Is the customer reluctant to part with personal information Yes No
- Customer Risk rating-** Low Risk High Risk High Risk Approved

CUST ID:		Branch Code:	
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All the KYC checks Completed & Received Documents: Yes

Customer signed in my presence: Yes

CUST ID may please be setup in Core Banking system of Bank: Yes

Employee Name:

Employee Code:

Employee Signature:

Customer Ref By:

Document verification done by:

Employee Name:

Employee Code:

Branch Stamp with date	BM Signature & Date
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CPU stamp with date	CPU officer signature & date
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