

Promo Code:
Application No:

ELITE EPIC RELATIONSHIP INITIATION FORM - RESIDENT INDIVIDUALS

(To be filled by Applicant only. Please fill the form in Capital Letters and Black Ink only)



Branch Code

Branch Name

*Fields are mandatory

Please open the following account

ELITE EPIC Regular Savings FD / RD Please fill the separate FD Form

Mode of operation : Singly Either / Anyone or survivor Jointly (Debit / ATM card not applicable) Minor under guardian Former or Survivor

CLIENT INFORMATION

FIRST APPLICANT

SECOND APPLICANT

CKYC No																
UCIC (If Existing Customer)																
First Name *																
Midde Name																
Last Name *																
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender																
Date of Birth*	<table border="1"><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	<table border="1"><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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Aadhaar Number *	<table border="1"><tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr></table>	<table border="1"><tr><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td><td>.....</td></tr></table>
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Passport/DL/Voter card/Others																
Expiry Date (if any)																
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others																
Father's Name																
Mother's Maiden Name																
Spouse's Name																
Mailing / Current Address																
	Landmark	Landmark																
	City State	City State																
	Pincode Country	Pincode Country																
Tel (R/O)(STD)																
Mobile *	+91 <small>(Alerts will be sent to this Mobile No.)</small>	+91 <small>(Alerts will be sent to this Mobile No.)</small>																
E-Mail ID * <small>(In Capital Letters)</small> <small>(Alerts will be sent to this Email id.)</small> <small>(Alerts will be sent to this Email id.)</small>																

Permanent Address *
<input type="checkbox"/> Please tick if same as mailing address
	Landmark	Landmark
	City State	City State
	Pincode Country	Pincode Country
Occupation *	<input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Self-employed <input type="checkbox"/> House wife <input type="checkbox"/> Professional	<input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Self-employed <input type="checkbox"/> House wife <input type="checkbox"/> Professional
Politically Exposed Person *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Additional Information	<input type="checkbox"/> Illiterate <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Old & Sick <input type="checkbox"/> Electoral candidate	<input type="checkbox"/> Illiterate <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Old & Sick <input type="checkbox"/> Electoral candidate

FATCA* - CRS STATUS DETAILS FOR		FIRST APPLICANT	SECOND APPLICANT
I am a tax resident of India and not of any other country		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
City of Birth			
Country of Birth			
I am a tax resident of the countries mentioned below		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country Name#			
Tax Identification Number (TIN)			
Identification Type (TIN / Other - Please specify)			
Address for Tax Purpose		PIN _____ State _____	PIN _____ State _____
Address Type for Tax Purpose		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office

ACKNOWLEDGEMENT - CUSTOMER COPY

I have applied for ELITE EPIC Regular Savings FD / RD

Product Name: _____ in the name of Mr/Mrs/Ms/M/s: _____ Application No: _____

With an initial payment cheque number: _____ of Rs. _____, in words: Rs. _____

From Bank: _____ I also confirm that have read and understood the terms and conditions pertaining to the account, and the

Officer: Mr. _____ has explained all the details pertaining to the account in detail.

Nomination Registered: Yes No Name of Nominee _____

Officer Signature: _____ Name of Bank Officer: _____ Phone Number: _____

PAYMENT DETAILS AND CHANNEL ACCESS REQUEST

IP Funding:*

 Cash (Customer must deposit cash in person in opening branch only) Cheque (Cheque should be crossed A/c payee and drawn payable to Equitas Small Finance Bank A/c Applicant Name) Fund transfer from existing ESBF AC _____

Total Amount INR	Cheque / Tran No.	Cheque / Tran Date	Bank Name	Branch

Debit Card*	Variant	Internet Banking*	Mobile Banking*	Cheque Book*	Insta Alerts*
FIRST APPLICANT	<input type="checkbox"/> ELITE EPIC International Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SECOND APPLICANT	<input type="checkbox"/> ELITE EPIC International Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

*Statement would be sent over E-mail by default on monthly basis.

Purpose of Opening Account Saving Repayment of loan Business Collection Other _____Source of Funds Salary Business Agriculture Investment Rental Others

Gross Annual Income (₹)

First Applicant Upto 50k 50k - 1lakh 1 - 2.5 lakhs 2.5 - 5 lakhs 5 - 7.5 lakhs 7.5 - 10 lakhs 10 - 15 lakhs 15 - 20 lakhs 20 - 30 lakhs 30 - 50 lakhs 50 - 1 Cr >1 CrSecond Applicant Upto 50k 50k - 1lakh 1 - 2.5 lakhs 2.5 - 5 lakhs 5 - 7.5 lakhs 7.5 - 10 lakhs 10 - 15 lakhs 15 - 20 lakhs 20 - 30 lakhs 30 - 50 lakhs 50 - 1 Cr >1 Cr

Choice of Account Number

 Use my Mobile Number as account number as provided for First Applicant Use My Choice Account No **1 0** _____ Do not use my Mobile Number as 10 digits of account number as provided for First Applicant. *Allocation of Choice account no. is subject to availability

NOMINATION*

 Yes, I/We wish to nominate (as per details below) No, I/ We do not wish to make a nomination in my / our account and declare I/We fully understand the risk and difficulties associated with "No Nomination"

Nomination under section 45ZA of the Banking Regulation Act 1949 Rule 2(1) of the Banking Companies (Nomination Rules) 1985 in respect of Bank deposits, I/ We Nominate the following person to whom in the event of my / our minor's death the amount of the above opened account / Fixed Deposits / Recurring Deposits, may be returned by Equitas Small Finance Bank

NATURE OF DEPOSITS	NAME OF NOMINEE	ADDRESS	RELATIONSHIP WITH DEPOSITOR	AGE	DATE OF BIRTH
	If Nominee is Existing Customer Please mention UCIC				

Nominee Name to be printed on the statements/advises Yes No

(Name, Address and Age)

** As Nominee is a minor on this date I/We appoint _____ to receive the amount of deposit in the account on behalf of the nominee

*Signature/Thumb impression
of the depositor

Witness 1 Signature : _____

Witness 2 Signature : _____

If Customer has selected no nomination or not selected any option, to be signed by the sourcing officer -

I have clearly explained to the customer the advantages of nomination facility and inspite of the same he/she still does not want to nominate 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 code

TERMS AND CONDITIONS

The Charges have been explained to me for the respective products. I/We understand that schedule of charges is available on Equitas Small Finance Bank's website .
I/ We have read and understood the Terms & Conditions governing the opening of an account with Equitas Small Finance Bank from its website and from the booklet shared with us and agree to be bound by the said Terms & Conditions including those excluding/limiting the bank's liability and bank may debit my account for the service charges applicable from time to time. I/We consent to receive information/services etc for marketing purposes through telephone/Mobile/Email by the Banks/its agents. I understand that in case I do not wish to receive promotional information through telephone calls /email/SMS on products and services not currently availed by me, I can register for Do Not Call service through the Bank's Website www.equitasbank.in or other channels of the Bank. I/We agree that the said account will be used exclusively for my/ our own transactions only and shall not be used directly or indirectly for or on behalf of my/our clients.
I declare, confirm and agree :
a) That all information given in the application form are true and up to date and that, I have not withheld any information more particularly with regards to CC/OD facility availed by me from any other bank.
b) That I have had no insolvency initiated against me nor have I ever been adjudicated insolvent.
c) That I read the application form and brochure and am aware of all the terms and conditions.
d) That the transaction undertaken from this account will comply with all FEMA / PMLA rules, regulations and notifications.

Further for accounts for blind (If applicable) :
A cheque drawn in a customer suffering from "blindness" as declared under the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and bearing the thumb impression of the customer shall not be honoured by the bank unless the thumb impression has been affixed by the customer in the presence of a bank official and has been verified by him to have done so.
I/We understand that the details filled here in the Application Form will over ride the details updated in my existing UCIC

Undertaking and authorization :
I/We hereby authorise Equitas Small Finance Bank to exchange, share or part with all the information provided herein including personal and business information with financial institutions/credit bureaus/agencies / statutory bodies / other such persons, in order to facilitate the bank to comply with its obligations under various applicable laws regulations and standards. I/ We shall not hold Equitas Small Finance Bank or its agents/ representatives liable for using / sharing information provided herein for the said purpose.

Aadhaar Consent, I/We am/are voluntarily submitting a copy of my Aadhaar Card without redacting the Aadhaar number, as I/We wish to avail / desirous of availing Direct Benefit Transfer

I/ we consent that when my / our savings account is migrated/upgraded/downgraded to another product variant; my/our Debit Card will be hot listed by the bank and a Debit Card applicable to the New Product/Program variant will be issued.

The eligibility criteria for ELITE EPIC relationship is combined TRV of INR 50 Lakhs or combined ELITE EPIC family savings for INR 5 Lakhs for 4 member family grouping. The eligibility criteria for ELITE EPIC relationship is combined TRV of INR 60 Lakhs or combined ELITE EPIC family savings for INR 10 Lakhs for 8 member family grouping. Maximum family members allowed are 4 and 8 per family / group. The eligibility will be evaluated once in 6 months for the program.

I/We also confirm that the account was opened by bank officer Mr./Ms. _____ and I/We hereby confirm that I/We have signed all the necessary documents for the purpose of opening account.

1	PLEASE PASTE LATEST PASSPORT SIZE PHOTO OF THE FIRST APPLICANT. PHOTO TO BE SIGNED ACROSS. FIRST APPLICANT SIGN BELOW	2	PLEASE PASTE LATEST PASSPORT SIZE PHOTO OF THE FIRST APPLICANT. PHOTO TO BE SIGNED ACROSS. FIRST APPLICANT SIGN BELOW
1	SECOND APPLICANT		

Bank use

KYC Certified Code _____

Source of lead Branch Sales BC Others _____ Lead Generator Code _____ Lead Convertor Code _____

Business RM - Assigned	Service RM - Assigned
Employee Name & Emp Code	Employee Name & Emp Code

KYC Certification

The customer has signed in my presence and I have done KYC verification & have visited the customer at the given mailing address. I hereby declare that I have explained all details about the product and have handed over a copy of the brochure and schedule of charges and have explained all the terms and conditions in detail to the customer.

Signature _____

Emp Name _____

Emp Code _____

Date _____

Pre welcome calling done by _____

Signature _____

Emp Code _____

Emp Name _____

Branch Manager / BOM Name : _____

Branch Manager / BOM Code : _____

Signature of Branch Manager / BOM With Branch Round stamp