

Equitas Small Finance Bank

Branch Code

Branch Name

Application Date

I-Kit

☐

Non I-Kit

☐

Primary NR UCIC

Please open the following account

☐ ELITE EPIC Regular Savings

☐ FD / RD

Please fill the seperate 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 \*

☐ Male

☐ Female

☐ Third Gender

Date of Birth \*

D

D

M

M

Y

Y

Y

Y

PAN Number \*

/ Form 60

Aadhaar Number \*

Passport/DL/Voter card/Others

Expiry Date (if any)

Marital Status

☐ Single

☐ Married

☐ Others

Father's Name

Mother's Maiden Name

Spouse's Name

Mailing / Current Address

Landmark

City

State

Pincode

Country

Tel (R/O)(STD)

Mobile \*

+91

(Alerts will be sent to this Mobile No.)

E-Mail ID \*

(In Capital Letters)

(Alerts will be sent to this Email id.)

Permanent Address \*

☐Please tick

if same as mailing address

Landmark

City

State

Pincode

Country

Occupation \*

☐ Salaried

☐ Retired

☐ Student

☐ Farmer

☐ Self-employed

☐ House wife

☐ Professional

Politically Exposed Person \*

☐ Yes

☐ No

☐ Related to PEP

Additional Information

☐ Illiterate

☐ Visually Impaired

☐ Old & Sick

☐ 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 ESFB 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Upto 50k	<input type="checkbox"/> 50k - 1lakh	<input type="checkbox"/> 1 - 2.5 lakhs	<input type="checkbox"/> 2.5 - 5 lakhs	<input type="checkbox"/> 5 - 7.5lakhs	<input type="checkbox"/> 7.5 - 10 lakhs	<input type="checkbox"/> 10 - 15lakhs	<input type="checkbox"/> 15 - 20 lakhs	<input type="checkbox"/> 20 - 30lakhs	<input type="checkbox"/> 30 - 50lakhs	<input type="checkbox"/> 50 - 1 Cr	<input type="checkbox"/> >1 Cr
Second Applicant	<input type="checkbox"/> Upto 50k	<input type="checkbox"/> 50k - 1lakh	<input type="checkbox"/> 1 - 2.5lakhs	<input type="checkbox"/> 2.5 - 5lakhs	<input type="checkbox"/> 5 - 7.5lakhs	<input type="checkbox"/> 7.5 - 10 lakhs	<input type="checkbox"/> 10 - 15lakhs	<input type="checkbox"/> 15 - 20 lakhs	<input type="checkbox"/> 20 - 30lakhs	<input type="checkbox"/> 30 - 50lakhs	<input type="checkbox"/> 50 - 1 Cr	<input type="checkbox"/> >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/advices ☐ 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 purpose through telephone/Mobile/SMS/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 Banks' Website www.equitas.bank.in or other channels that the Bank may offer. I agree that this service will not apply to receipt of advice and information regarding products and services currently availed by me. I/We hereby confirm that the Bank engages business correspondents, selling agents and Business Facilitators for the purpose of selling/promoting its financial products viz deposits, loans etc. and we have no objection for the Bank to share our contact details with them and receiving calls from them. I am /We are, also aware that I/We have the right to approach the nodal officer or customer care department of the Bank in case of any grievance in respect of the conduct of such persons/entities. I/We confirm that I/We read and understood the above Declaration, and that the details provided on the form are correct For Joint account holders: The account will be operated singly, if there is no instruction as to the joint operation of the account. Primary applicant will alone be allowed to operate. In the absence of any instruction mode of operation will be single. Further, for accounts for Professionals ( If applicable ) : I/ We agree and confirm 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 by a customer suffering from "blindness" as declared under the Persons with Disabilities ( Equal Opportunities, Protections 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

1

FIRST APPLICANT

2

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

2

SECOND APPLICANT

Bank use

Source of lead ☐ Branch ☐ Sales ☐ BC ☐ Others

Lead Generator Code

KYC Certified Code

Lead Converter 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
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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