



Please open the following account

Branch Code

Mode of Opening

Face to Face
 Non-Face to Face

Program

ELITE EPIC
 ELITE LITE

Application Date

I-Kit Non I-Kit

Type of Accounts : NRE Savings NRO Savings Both NRE CA NRO CA Both

Variant of Account : Regular Eva Explorer

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

CLIENT INFORMATION

FIRST APPLICANT

SECOND APPLICANT

BASIC DETAILS	UCIC (If Existing Customer)		
	First Name		
	Middle 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	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	Father Name		
	Mother's Maiden Name		
	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
	Spouse Name		
PAN Number	<input type="text"/> / Form 60 <input type="checkbox"/>	<input type="text"/> / Form 60 <input type="checkbox"/>	
Aadhaar Number	<input type="text"/> Optional	<input type="text"/> Optional	
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	
NRI Status	<input type="checkbox"/> NRI(Indian Passport) <input type="checkbox"/> PIO(Foreign Passport) <input type="checkbox"/> Sea Farer	<input type="checkbox"/> NRI(Indian Passport) <input type="checkbox"/> PIO(Foreign Passport) <input type="checkbox"/> Sea Farer	
Country of Residence			
Nationality			
Passport No & Issuance date			
Issuing Country			
Expiry date			
Place of Issue			
Visa Type	<input type="checkbox"/> Visa <input type="checkbox"/> OCI Card <input type="checkbox"/> CDC	<input type="checkbox"/> Visa <input type="checkbox"/> OCI Card <input type="checkbox"/> CDC	
Document Type & No			
Place of Issue			
Issue Date	Expiry Date	Issue Date	Expiry Date
Are you a US Person	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> US Citizen <input type="checkbox"/> Green Card Holder <input type="checkbox"/> Born in US	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> US Citizen <input type="checkbox"/> Green Card Holder <input type="checkbox"/> Born in US	
Social Security No	For US Resident		
Address for Communication	<input type="checkbox"/> Overseas Address <input type="checkbox"/> Indian Address	<input type="checkbox"/> Overseas Address <input type="checkbox"/> Indian Address	
Overseas Address			
Landmark		Landmark	
City	State	City	State
Pincode	Country	Pincode	Country
Overseas Mobile No	<input type="text"/> + <input type="text"/> I <input type="text"/> S <input type="text"/> D - <input type="text"/>	<input type="text"/> + <input type="text"/> I <input type="text"/> S <input type="text"/> D - <input type="text"/>	
Indian Address			
Landmark		Landmark	
City	State	City	State
Pincode	Country	Pincode	Country
Indian Mobile No	+91 <input type="text"/>	+91 <input type="text"/>	
Email ID	(Alerts will be sent to this Email id.)		(Alerts will be sent to this Email id.)
Mobile No for SMS Alert	<input type="checkbox"/> Overseas Mobile No <input type="checkbox"/> Indian Mobile No (Alerts Will be Received Only by 1st Applicant)		

*All the fields in page 1 are mandatory except the fields marked as optional

ACKNOWLEDGEMENT - CUSTOMER COPY

I have applied for NRE Savings NRO Savings Both Others Variant of Account : Regular Eva ELITE EPIC

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: _____

OCCUPATION & ACCOUNT ACTIVITY:

FIRST APPLICANT

SECOND APPLICANT

*Purpose of this Account:	<input type="checkbox"/> Household Expenses <input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(Please specify)
*Source of funds	<input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Investments	<input type="checkbox"/> Savings <input type="checkbox"/> Sale of Property <input type="checkbox"/> others.....
*No. of years in Foreign Country	<input type="checkbox"/> upto 2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> Above 5 years	
*Occupation Type	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Business <input type="checkbox"/> Student	<input type="checkbox"/> Seafarer <input type="checkbox"/> IT <input type="checkbox"/> Housewife <input type="checkbox"/> Unemployed
a) If salaried, employed with	<input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Govt. <input type="checkbox"/> Private Ltd. Company	<input type="checkbox"/> Retired <input type="checkbox"/> others
Name of the Employer	
Designation	
b) If Self-employed, profession	<input type="checkbox"/> CA <input type="checkbox"/> Doctor <input type="checkbox"/> Trader <input type="checkbox"/> Lawyer	<input type="checkbox"/> Exporter/Importer <input type="checkbox"/> Engineer <input type="checkbox"/> others.....
c) If in business since	<input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> Months	Date of Incorporation
Nature of Business	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Service Provider <input type="checkbox"/> Agriculture	<input type="checkbox"/> Stock Broker <input type="checkbox"/> Trader <input type="checkbox"/> Real Estate <input type="checkbox"/> Others.....
Name of the Company/ Firm	
Type of Company/ Firm	<input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> others.....

*Name of Currency in which you are earning

*Annual Family Income(Equivalent) < USD 30,000 USD 30,000-48,000
 USD 48,000-72,000 USD 72,000-1,20,000 > USD 1,20,000

<input type="checkbox"/> Household Expenses <input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(Please specify)
<input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Investments	<input type="checkbox"/> Savings <input type="checkbox"/> Sale of Property <input type="checkbox"/> others.....
<input type="checkbox"/> upto 2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> Above 5 years	
<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Business <input type="checkbox"/> Student	<input type="checkbox"/> Seafarer <input type="checkbox"/> IT <input type="checkbox"/> Housewife <input type="checkbox"/> Unemployed
<input type="checkbox"/> Retired <input type="checkbox"/> others	<input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Govt. <input type="checkbox"/> Private Ltd. Company
Name of the Employer.....	
Designation	
<input type="checkbox"/> CA <input type="checkbox"/> Doctor <input type="checkbox"/> Trader <input type="checkbox"/> Lawyer	<input type="checkbox"/> Exporter/Importer <input type="checkbox"/> Engineer <input type="checkbox"/> others.....
<input type="checkbox"/> <input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> Months	Date of Incorporation
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Service Provider <input type="checkbox"/> Agriculture	<input type="checkbox"/> Stock Broker <input type="checkbox"/> Trader <input type="checkbox"/> Real Estate <input type="checkbox"/> Others.....
<input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> others.....
<input type="checkbox"/> < USD 30,000 <input type="checkbox"/> USD 30,000-48,000	<input type="checkbox"/> USD 48,000-72,000 <input type="checkbox"/> USD 72,000-1,20,000 <input type="checkbox"/> > USD 1,20,000

PIO DECLARATION

1st Applicant

2nd Applicant

I hereby declare that I am a Person of Indian Origin and confirm that: (Please pick a choice applicable to you)

A) I held an Indian Passport in the past (or)
 B) I belong to a territory that became part of India after the 15th Day of August, 1947 (or)
 C) I am a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955)
 D) I am a child/ a grandchild/ a great grandchild, who is/ was a citizen of India or of a person referred to in clause A or B (or)

I am a spouse of foreign origin of a citizen of India or spouse of foreign origin of a person referred to in clause A or B or C or D

Grand Father Name

Grand Father Name

Spouse Name

Spouse Name

FATCA - CRS STATUS DETAILS FOR

FIRST APPLICANT

SECOND APPLICANT

Customers travelling first time to Overseas as NRI need not provide Tax Identification Number/ SSN Number (USA) and mention "Not Available/Not Applicable" instead. Rest of the details are mandatory

City of Birth		
Country of Birth		
Are you a Tax Resident/ Citizen or Green Card Holder in United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 _____	
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

PAYMENT DETAILS AND CHANNEL ACCESS REQUEST

IP Funding: 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

Debit Card	Cheque Book	Channel Access
1st Applicant 2nd Applicant	1st Applicant 2nd Applicant	1st Applicant 2nd Applicant
NRE International Debit Card <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	NRE : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Internet Banking <input type="checkbox"/> Insta Alert <input type="checkbox"/> Internet Banking
NRO Domestic Debit Card <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	NRO : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Banking <input type="checkbox"/> Applicable only for first holder <input type="checkbox"/> Mobile Banking

NRE Debit Card is internationally valid VISA/ Mastercard and NRO Debit Card is Rupay Platinum card meant for use within India. Per Non Face to Face A/C Opening.....

.....Transfer of funds to be done from an NR/overseas account where KYC is complied within 90 days of the account opening.

Choice Account Number :

Use my Overseas Mobile No as NRE Account No & Indian Mobile No as NRO Account No
 Use my choice A/c No: as NRE A/c No: 1 0 as NRO A/c No
 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

TERMS AND CONDITIONS

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts
- In event of no Salary Credits for any continuous three months, the Salary Account will be converted to Savings Regular Account (for Salary accounts)
- The Bank reserves the right to amend any of the services/facilities in any account either wholly or partially at any time by giving 30 days notice to the customer
- All accounts should maintain the stipulated average quarterly balance based on the product program and in the event of non maintenance of the same, charges as applicable to the product variant would be applicable
- The Bank would levy charges and fees with respect to transactions and services and the same would be recovered by a debit to the account. In case of inadequacy of funds to cover the charges, the charges would be appropriated from the credits into the account in lump sum or over a period of time, at the discretion of the Bank, till the entire amount is recovered.
- Savings accounts opened by individuals can be used for non-business purposes only and should comply with the Terms & Conditions of the Bank and extant guidelines of the RBI.
- An account can be opened on behalf of a minor by his/her natural guardian or by a guardian appointed by a Court of competent jurisdiction. The guardian shall represent the minor in all transactions until the minor attains majority upon which the right of the guardian to operate the account ceases. Guardian shall produce timely information of the minor attaining majority and ensure that the account is not continued to be operated by him/her even after the minor attaining majority. In such an event, Bank is not responsible. Account will be frozen if account holder does not re-submit the KYC on attaining major.
- In case there are no transactions initiated by the customer in the account for a continuous period of 2 years for Savings and Current Accounts, the account would be treated as dormant. Activation of a dormant account requires written instructions signed by all account holders and submission of KYC documents and activation shall be initiated at the home branch only.
- In case the welcome kit after account opening is not delivered for reasons such as "no such address, no such person, party shifted or incomplete address" the Bank will be constrained to freeze the account after making necessary efforts to reach the customer.
- For opening of a Current Account, declaration of existing credit facilities with any Bank and its branches is required.
- Complaint, if any, relating to features of any product of the Bank, may be conveyed over our Toll Free No: 1800 103 1222 or you may write to the Customer Service Department of the bank customerservice@equitasbank.com for resolution. If complaint is not resolved satisfactorily within 30 days, you may approach the Banking Ombudsman, Reserve Bank of India, of the region.
- NRE/NRO Current Account are non-interest bearing account.

ADDITIONAL DECLARATIONS (PLEASE FILL IF APPLICABLE)

MINOR DECLARATION FORM

Type of Guardian: Father Mother Court Appointed Testamentary Guardian

Full Name of Guardian Mr./Ms.

I hereby declare that the date of birth of the minor who is my is DD/MM/YYYY and I am his/her natural and lawful guardian/ guardian appointed by court order, dated ____/____/____ (Copy Enclosed). I shall represent the said minor in all future transactions of any descriptions in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Guardian Signature

TEMPORARY ENTRY / WORK / RESIDENCE VISA DECLARATION

The Manager,
Equitas Small Finance Bank Ltd.,
..... Branch

I/We..... (Name of Account Holder/s), the undersigned, are desirous of opening a NRE/NRO Account with Equitas Small Finance Bank.

I/ We have submitted to the Bank my/our Entry/Work/Residence Visa/ dated.....(visa issuance date/s) expiring on.....(visa expiry date/s) for this purpose.

I/We hereby agree to furnish the Bank with the copy(ies) of my/ our regular visa(s) immediately on issuance and confirm that I/we have no objection if the Bank freezes transactions in the said account(s) or closes the said account(s) in case of my/our non-submission of regular visa copy(ies) within 3 months from the date of expiry of visa.

I/ We also confirm that this procedure will also apply in case I/we are joint holders of the account(s).

Signatures

FIRST APPLICANT

SECOND APPLICANT

SEA FARER DECLARATION FORM

Part A - Declaration by Mariner who is on break

I hereby confirm that I have just returned after completion of my contract with (Company)

Registered in (Address of the principals).

I am on break for..... days / months and will be joining on a new contract on / by.....

I request you to kindly open an NRE/NRO account in my name on the basis of the following documents submitted.

- Passport copies indicating my previous trip abroad
- Most recent contract copy
- Copy of CDC Book

Part B Applicable for 1st Time Sailor

Declaration by Mariner proceeding for voyage on fresh contract

I hereby confirm that I am proceeding on a contract with..... (company)

registered in.....(address of the principals).

I will be joining on the contract on/ by.....

I request you to kindly open an NRE/NRO account in my name on the basis of the following documents submitted:

- Passport copy
- Contract confirmation

I understand that the account will be opened in block status and I will not have access to the same until I submit the following documents:

• Passport pages showing exit & entry stamp of my journey outside India • Contract copy • Visa • Copy of CDC Book indicating the trip abroad (applicable for cargo ship)

I also confirm that I will inform the bank in case I am unable to proceed on the contract and have the non-resident accounts opened in my name redesignated to resident accounts.

Yours Sincerely, _____

CUSTOMER CONSENT TO RECEIVE TRANSACTION OTP ON REGISTERED EMAIL ID MENTIONED IN ACCOUNT OPENING FORM

I do not agree to receive the OTP through Registered Email ID:

I hereby agree to receive the OTP in my Registered Email ID and undertake to the Bank as follows:

1. That the Bank would trigger OTP to my email ID registered with the Bank.
2. Bank has the obligation only to send the OTP in a secured manner.
3. Bank shall not be responsible for the misuse of OTP for any compromise of email or mobile number or OTP in any manner and/or for any reason whatsoever. It shall be my responsibility to prevent or not to allow the misuse of OTP.
4. In case of misuse of the OTP in any manner whatsoever, Bank shall neither be liable nor responsible for any such compromise or misuse of the OTP.
5. I undertake to inform the bank immediately on any change in email ID and/or mobile number.

I undertake and agree to indemnify and keep the Bank indemnified and harmless from actions as per law, claim, compensation etc., against the Bank that may arise from any quarter whatsoever, for the reason of compromise of the OTP at my end or arising out of breach of the undertakings herein or in any other document pertaining to my above mentioned account.

Signature : _____

Date : _____

Name :

Place :



Phone Banking

Toll Free Number : 1800 103 1222



Email

nri@equitasbank.com



Net Banking

www.equitas.bank.in