

Application No:

**ELITE LITE RELATIONSHIP INITIATION FORM - RESIDENT INDIVIDUALS** (To be filled by Applicant only. Please fill the form in Capital Letters and Black Ink only)

\*Fields are mandatory

Branch Code 

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Application Date 

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Branch Name .....

I-Kit ☐Non I-Kit ☐

**Please open the following account**

☐ ELITE LITE 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*		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
PAN Number*		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> / Form 60 <div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> / Form 60 <div></div>	
Aadhaar Number*		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
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	
Pincode		Country		Pincode	
				Country	
Tel (R/O)(STD)					
Mobile*		<div>+91 (Alerts will be sent to this Mobile No.)</div>		<div>+91 (Alerts will be sent to this Mobile No.)</div>	
E-Mail ID* (In Capital Letters)		<div>(Alerts will be sent to this Email id.)</div>		<div>(Alerts will be sent to this Email id.)</div>	
Permanent Address*					
<input type="checkbox"/> Please tick					
if same as mailing address					
		Landmark		Landmark	
		City		City	
		State		State	
		Pincode		Pincode	
		Country		Country	
Occupation*		<div><input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer</div> <div><input type="checkbox"/> Self-employed <input type="checkbox"/> House wife <input type="checkbox"/> Professional</div>		<div><input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Farmer</div> <div><input type="checkbox"/> Self-employed <input type="checkbox"/> House wife <input type="checkbox"/> Professional</div>	
Politically Exposed Person*		<div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP</div>		<div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP</div>	
Additional Information		<div><input type="checkbox"/> Illiterate <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Old &amp; Sick <input type="checkbox"/> Electoral candidate</div>		<div><input type="checkbox"/> Illiterate <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Old &amp; Sick <input type="checkbox"/> Electoral candidate</div>	
Employment Address					
		City		City	
		State		State	
		Pincode		Pincode	
		Country		Country	

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 LITE 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 LITE 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 LITE 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 - 1 lac	<input type="checkbox"/> 1 - 2.5 lacs	<input type="checkbox"/> 2.5 - 5 lacs	<input type="checkbox"/> 5 - 7.5 lacs	<input type="checkbox"/> 7.5 - 10 lacs	<input type="checkbox"/> 10 - 15 lacs	<input type="checkbox"/> 15 - 20 lacs	<input type="checkbox"/> 20 - 30 lacs	<input type="checkbox"/> 30 - 50 lacs	<input type="checkbox"/> 50 - 1 Cr	<input type="checkbox"/> >1 Cr
Second Applicant	<input type="checkbox"/> Upto 50k	<input type="checkbox"/> 50k - 1 lac	<input type="checkbox"/> 1 - 2.5 lacs	<input type="checkbox"/> 2.5 - 5 lacs	<input type="checkbox"/> 5 - 7.5 lacs	<input type="checkbox"/> 7.5 - 10 lacs	<input type="checkbox"/> 10 - 15 lacs	<input type="checkbox"/> 15 - 20 lacs	<input type="checkbox"/> 20 - 30 lacs	<input type="checkbox"/> 30 - 50 lacs	<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 a 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 DEPOSITER	AGE	DATE OF BIRTH
	If Nominee is Existing Customer Please mention UCIC				

Nominee Name to be printed on the statements/Advices ☐ Yes ☐ No

\*\* As Nominee is a minor on this date I/We appoint ..... (Name, Address and Age) ..... 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/Understand that schedule of charges is available on Equitas Bank Website.

I/We have read and understood the Terms & Conditions governing the opening of an account with Equitas Small Finance Bank Limited 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 available by me. I can register for "Do Not Call" service through the Bank's 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 regarding 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 gave 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 upression 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 Limited 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

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 SECOND APPLICANT PHOTO TO BE SIGNED ACROSS. SECOND APPLICANT SIGN BELOW

2

SECOND APPLICANT

☐ **Aadhaar Consent.** I/We am/are voluntarily submitting a copy of myAadhaar 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 LITE relationship is Average Monthly Balance (AMB) of INR 2 Lakhs (or) Combined Total Relationship Value (TRV) of INR 5 Lakhs. Maximum Family members allowed are 4 per Family/Group. The eligibility will be evaluated once in 3 months for the programme.

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

Bank use

Source of lead ☐ Branch ☐ Sales ☐ BC ☐ Others \_\_\_\_\_

Lead generator Code \_\_\_\_\_

Lead Converter Code \_\_\_\_\_

Business RM - Assigned

Employee Name & Emp Code

Service RM - Assigned

Employee Name & Emp Code

KYC Certified 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

Singnature \_\_\_\_\_

Emp Code \_\_\_\_\_

Emp Name \_\_\_\_\_

Branch Manager / BOM Name : \_\_\_\_\_

Branch Manager / BOM Code : \_\_\_\_\_

Signature of Branch Manager / BOM With Branch Round stamp

TERMS AND CONDITIONS

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the 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 the complaint is not resolved satisfactorily within 30 days, you may file Complaints online on https://cms.rbi.org.in. Complaints can also be filed through the dedicated e-mail (crpc@rbi.org.in) or sent in physical mode to the 'Centralised Receipt and Processing Centre' set up at Reserve Bank of India, 4th Floor, Sector 17, Chandigarh - 160017
- Passbook is given on request and not issued by default. Account statement will be sent to registered E-Mail ID on a monthly basis

ESFB ELITE LITE-SA NOV 25