

Account Opening Form for Non-Individuals

Version 4

(Please fill in all details in CAPITAL LETTERS only. **All fields marked in "*" are mandatory**)Date*

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Account Type*	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	Product Type*	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																				
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ENTITY DETAILS*

Existing Customer	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	If Yes, CIF ID	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																																								
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BUSINESS DETAILS*

Date of Incorporation/Registration	<table border="1" style="width: 100%; border-collapse: collapse;"><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	GST No.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																												
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OR																																							
<input type="checkbox"/> Form 49A (Attach if applicable)																																							
<input type="checkbox"/> Exempted (Attach Exemption Certificate and relevant declaration)																																							

CORRESPONDENCE/MAILING ADDRESS*

Office Type	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned																																									
Door No. and Building Name	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																										
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REGISTERED OFFICE ADDRESS* Same as Correspondence/Mailing Address Other(please fill the details)

Office Type	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned																																									
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COMMUNICATION DETAILS*

Mobile No.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					Tel. No.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
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Type of Alerts	<input type="checkbox"/> SMS* <input type="checkbox"/> Email <input type="checkbox"/> None																																										
Account Statement	<input type="checkbox"/> Email <input type="checkbox"/> Physical <input type="checkbox"/> None																																										
Frequency (Only for Physical Statement)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually																																										

*Alerts will be sent to the above mentioned mobile number and E-mail ID

**SMS Alerts and Physical Statement are chargeable as per Current Account Schedule of Charges

***If Email Alerts or/and Email Statement is/are chosen, then email id is mandatory

****Email Statements are sent on monthly frequency by default

ENTITY PROFILE***Constitution of the entity**

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> One Person Company	<input type="checkbox"/> Section 25/8 companies
<input type="checkbox"/> Government	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Society
<input type="checkbox"/> Club	<input type="checkbox"/> Bank	<input type="checkbox"/> Others _____	

Account Opening Form for Non-Individuals

Segment

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> FMCG | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Food and Beverages |
| <input type="checkbox"/> Hospitals/Nursing Homes/Clinics | <input type="checkbox"/> Electrical/Hardware | <input type="checkbox"/> Cement/Paints | <input type="checkbox"/> Petrol Pump |
| <input type="checkbox"/> Telecom & Telecom Equipment | <input type="checkbox"/> Electronics & Appliances | <input type="checkbox"/> Apparel & Footwear | <input type="checkbox"/> Gems & Jewellery |
| <input type="checkbox"/> Stationery/Cosmetics | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Agriculture & Allied Industry | <input type="checkbox"/> Travel & Tourism |
| <input type="checkbox"/> Banking/Financial Services | <input type="checkbox"/> Department/Grocery | <input type="checkbox"/> Chemist/Medical Store | <input type="checkbox"/> Other _____ |

Sub-Segment

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> NBFC | <input type="checkbox"/> Commercial Bank | <input type="checkbox"/> Co-operative Bank |
| <input type="checkbox"/> Credit Co-operative Society | <input type="checkbox"/> PSU | <input type="checkbox"/> Central Govt | <input type="checkbox"/> State Govt |
| <input type="checkbox"/> Local Authorities | <input type="checkbox"/> Public Trust | <input type="checkbox"/> Private Trust | <input type="checkbox"/> Religious Trust |
| <input type="checkbox"/> Educational Trust | <input type="checkbox"/> Regional Rural Banks | <input type="checkbox"/> Non-Governmental Organization | <input type="checkbox"/> Sports Association |
| <input type="checkbox"/> Education Sector | <input type="checkbox"/> Religious Institution | <input type="checkbox"/> Self Help Groups | <input type="checkbox"/> Other _____ |

Nature of Business*

- | | | | |
|--|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Services |
| <input type="checkbox"/> Brokers & Real Estate | <input type="checkbox"/> Non- Profit Organization(NPO) | <input type="checkbox"/> Other _____ | |

 Industry Code* Industry Description* _____

ANNUAL TURNOVER*

-
- Upto Rs. 10 Lakhs
-
- Rs. 10 Lakhs-Rs. 50 Lakhs
-
- Rs. 50 Lakhs-Rs. 1 Crore
-
- Rs. 1 Crore-Rs. 50 Crores
-
- Above Rs. 50 Crores

INITIAL FUNDING DETAILS*

- | | | | | | | |
|--|---------------------------------|------------------------------------|-----------------------------|---------------------------|---------------------------|-----------------------------|
| <input type="checkbox"/> Nil IP | <input type="checkbox"/> Cheque | <input type="text"/> Cheque Number | <input type="text"/> Amount | <input type="text"/> Date | <input type="text"/> Bank | <input type="text"/> Branch |
| <input type="checkbox"/> Debit Mandate | | | | | | |

I/We here by authorize the bank to debit Rs. _____ from my/our Ujjivan account number _____ as initial deposit to fund the account to be opened as per AOF.

 Signature

 Signature

ADDITIONAL FACILITIES*

- Channels
-
- Business Net Banking (BNB)**
-
- Mobile Banking
-
- Personal Net Banking

*Mobile Banking and Personal Net Banking will only be applicable for Sole Proprietorship firms
**Please fill separate application form for BNB

- Add-On Facilities
-
- POS
-
- QR
-
- CMS
-
- NACH

TDS DEDUCTION (For TASC Only)

-
- Deduct TDS as applicable
-
-
- Do not deduct TDS as exempted from Tax (Tax exemption certificate to be submitted)

EXISTING BANKING RELATIONSHIPS (CREDIT FACILITY DETAILS)

Credit Facilities* (Mandatory only for Current account)

-
- I/We declare that I/We do not enjoy credit facilities with other banks.
-
-
- I/We declare that I/We have the following credit facilities with your bank/other banks.

Sl. No:	Name of Bank/ Lending Institution	Type of Lending Arrangement (Sole/Multiple /Consortium)	Nature of Credit Facility/ Financial Assistance	Amount of Facility/Credit Limit (Details of each fundbased & non-fund based facility to be provided) (IN Rupees)	Specify whether ESCROW or Collection/ or Trust & Retention Account	Remarks

Account Opening Form for Non-Individuals

AUTHORIZED SIGNATORY DETAILS*

Photograph	Signature	Debit Card <small>(Attach Relevant Document)</small>	Personalized Kit	Internet Banking <small>(Attach Relevant Document)</small>
Paste a recent Passport size photograph here	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;">Signature</div> Name Designation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transact <input type="checkbox"/> View
		E-mail ID <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Mobile <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		
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ACCOUNT OPERATION

Mode of Operation*
 As per Board Resolution
 Anyone
 Jointly
 Karta (HUF)
 Proprietor

As per Deed
 Singly
 Other _____

Name on the Debit Card

Cheque Book Facility
 Yes
 No

Account Opening Form for Non-Individuals

KYC DETAILS OF COMPANIES/FIRMS*

	Document Name	Document Number	Issuing Authority	Date of Issue
Proof of Entity*				
Proof of Address*				

Nomination (Only for Sole Proprietor)

Required (Please fill Form DA-1)

Not Required

1 Applicant Signature

FORM DA-1 (Nomination Form)

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We Name of the customer resident of Address nominate the following person to whom in the event of my/our death, the amount of deposit outstanding in the above said account, (after adjusting the amount due, if any, to the Bank) may be paid by Ujjivan Small Finance Bank branch.

Nominee				
Name	Address	Relationship with depositor, if any	Age	Date of Birth in case of minor

**As the nominee is a minor on this date, I appoint Name, Relationship of minor, to receive the amount of the deposit in the account on behalf of the nominee in the event of my/ our/ minor's death till the nominee is a minor.

Where deposit is made in the name of minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor.

**Strike out if nominee is not a minor

Signature/thumb impression of the Applicant

Signature

UNDERTAKINGS

1. I/We wish to avail the hereinabove mentioned banking facilities/products from Ujjivan Small Finance Bank Ltd. ("the Bank"), and confirm having read and understood the terms and conditions governing the said banking facilities/products ("the T&C"), including but not limited to those related to various services and alternate banking channels, charges and fees, as provided in the official website of the Bank viz., www.ujjivansfb.in ("website"). I/We am/are aware and acknowledge that I/we can have a copy of the T&C from the branch of the Bank by making a specific request. I/We hereby agree to be bound by and abide by the T&C, charges and fees, as also with any changes or amendments brought therein by the Bank from time to time. Any such changes or amendments published on the website and/or the notice board at the branch/office of the Bank shall be sufficient notice to me/us.

2. I/We agree to abide by and be bound by all applicable rules, regulations, instructions and guidelines issued by Reserve Bank of India ("RBI"), the US Foreign Account Tax Compliance Act ("FATCA"), the Common Reporting Standard ("CRS") and any other governmental or regulatory authority, in force from time to time. I/We have declared my/our residential status as per the provisions of the Income Tax Act, 1961 (hereinafter "the Act"). I/We hereby declare and confirm that the Bank may furnish a statement in respect of such specified financial transaction or reportable account as per Section 285BA of the Income Tax Act, 1961 or the Rules made thereunder to the income-tax authority or such other authority or agency as may be prescribed

3. I/We declare and agree that all transactions in the account will be done by legitimate sources only and in compliance of all applicable rules and regulations. I/We further declare that the account will not be used for any purpose(s) contrary to law. I/We agree and understand that, if I/we violate any of the T&C, rules and regulations or the applicable laws, the Bank may, in its absolute discretion, discontinue any of the services completely or partially, or close the account, without any notice to me/us.

4. I/We hereby authorize the Bank to use the details provided by me/us as above for enquiries with any Credit Information Companies and I/we acknowledge that the Bank shall have the right and authority to carry out investigation from the information available in public domain for confirming the information provided by me/us to the Bank. I/We also authorize the Bank to exchange, share, disclose or part with, any or all of the information and data pertaining to me/us or my/our account(s) (including personal sensitive data/information and/or any other information that requires a consent under the Information Technology Act, 2000 and the Information Technology (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules, 2011 and/or any other statute), whether provided by me/us or otherwise, with any statutory/regulatory bodies or financial institutions or Credit Bureaus/Agencies or parent/subsidiary/affiliate/associate of the Bank or any other third parties engaged by the Bank or with whom the Bank has business relationship, as may be required/permitted by any law, rule or regulations or as required by the Bank and I/we shall not hold the Bank or its agents/representatives/employees liable for using/sharing such information.

Account Opening Form for Non-Individuals

5. I/We authorise the Bank to debit the account or any other account of me/us from time to time for recovering any amount due and payable by me/us to the Bank, including the dues in any of my/our credit facility account(s) at the Bank.
6. I/We will keep the cheque book, pass book, debit card, user id, passwords etc. in my/our safe custody. I/We undertake that I/we shall be wholly liable/responsible for all types of transactions done on my/our above said account through the cheque(s) or Debit/ATM card(s) or Business Net Banking (BNB) or Tele-Banking facility provided by the Bank to me/us. I/We undertake to ratify and confirm all that the user(s) do(es) or cause(s) to do through cheque(s) or Debit/ATM Card(s) or Business Net Banking (BNB) or Tele-Banking facility(ies). This authority shall continue to be in force until I/we revoke it by a notice in writing delivered to the Bank.
7. I/We agree to keep a watch on the account and immediately inform the Bank about suspicious transaction, fraud, etc., if any, touching upon the account.
8. I/We shall pay forthwith upon demand by the Bank, without demur, any debit balance/overdrawal in the account, created either at my/our request or by compulsions of circumstances, or due to oversight or mistake by any person. In case of my/our failure to make payment of the amount despite demand by the Bank, all such amount may be recovered by the Bank by debiting my/our accounts, without prejudice to the right of the Bank to proceed against me/us for recovery of such amount and also to place operational restrictions in my/our accounts.
9. I/We agree and acknowledge that the Bank shall not be liable or responsible for failure to discharge any of its obligations contained herein or elsewhere including, but not limited to, completing any transactions due to any cause arising out of or related to any force majeure event or for any reasons beyond the reasonable control of the Bank.
10. No insolvency proceedings is/are threatened, initiated or pending or concluded against me/us. I/We have never been adjudicated as insolvent.
11. Except to the extent disclosed to the Bank: no director or a relative/near relation (as specified by RBI) of a director of a banking company (including the Bank) or a relative/near relation (as specified by RBI) is: the customer, or a partner, a trustee, member, director, manager, employee, of our concern, or of our subsidiary or of our holding company or holds a substantial interest in our concern or my/our subsidiary or holding company.
12. I/We hereby authorise the Bank to use my/our contact number/e-mail Id mentioned above, in connection with transactional, promotional as well as service related calls or messages, through Telephone/Mobile/SMS/e-mail by the Bank or its agents. If there occurs any change in the particulars furnished herein, including change in address or communication particulars or authorised signatory(ies), I/we undertake to intimate the Bank in writing about such change within 2 (Two) weeks of such change along with supporting proof. Till such time I/we serve upon the Bank the same, the Bank is authorised to recognise the herein furnished information in regard to the account.
13. I/We am/are aware that the account and the services associated with it, including the rights and obligations (if any) accrued upon me/us by virtue of the account, is/are not transferrable or assignable to anybody.
14. I/We am/are aware that the Bank has absolute discretion to open or not to open account, without assigning any reason and without being liable to me/us in any manner whatsoever.
15. I/We authorise the Bank for de-registering my/our contact number in the Do Not Call Registries and also to deactivate/de-register DND status of my/our contact number. I/We am/are aware that post de-registration of DND/NDNC, I/we may receive a call from the Bank to verify correctness of the request. I/We am/are also aware that I/we have the right and option to re-register for DND/NDNC any time at my/our discretion, after the Bank deactivating/de-registering the DND/NDNC status.
16. I/We authorize the Bank to upload the details provided hereinabove on the Central KYC Registry. I/We also authorise the Bank to download my/our KYC details from the Central KYC Registry on the basis of the KYC number submitted by me. I/We consent to receive information from Central KYC Registry through SMS/e-Mail on the herein mentioned mobile number/e-Mail Id.
17. I/We understand that as per the extant guidelines of RBI, opening of current account requires declaration of existing credit facilities with any of the branches of the Bank or any other bank. I/We declare that, except to the extent disclosed hereinabove, I/we have not availed any credit facility from any bank. I/We am/are aware and acknowledge that the Bank has permitted me/us to open the account believing my/our representations as regards my/our present credit facilities/financial assistance to be true and correct. I/We shall inform the Bank forthwith upon my/our availing any further credit facility/financial assistance, or if there occurs any change in my/our present credit facility/financial assistance or my/our lenders. If the Bank has reason to believe at any point of time that the declaration is untrue, or if I/we fail to inform the Bank about any change in the credit facility/financial assistance or about my/our lenders, the Bank shall be free to take appropriate action against me/us, including suitable legal action, without prejudice to its right to close the account and/or to transfer the proceeds therein to my/our lender(s). I/We am/are also aware and acknowledge that if, after the Bank permitting me/us to open the account, maintaining/continuing the account with the Bank will result in violation of any guidelines issued by RBI/any authority, the Bank shall have every right to take appropriate action as deemed fit by the Bank as regards the account and against me/us.
18. I/We hereby declare that each and single information specified hereinabove relates to me/us and the same is/are true, correct and complete in all aspects and that I/we have not withheld any information that may affect the assessment/categorization of the account as a Reportable Account or otherwise. I/We shall, on the Bank's request, submit such further documents, information, matters and things as the Bank may consider necessary. I/We am/are aware and acknowledge that any false/misleading information or suppression of any material fact will render the account liable for closure and the Bank shall have the right to discontinue any or all services and also to initiate suitable action, under law or otherwise. The mobile number and the e-mail address furnished above are in my/our exclusive control and I/we shall intimate the Bank promptly, in writing, about changes therein. I/We shall indemnify and keep indemnified the Bank, its affiliates, successors assigns, officers and employees at all times, from and against all actions, demands, losses, cost and expenses whatsoever which the Bank may at any time incur or sustain as a consequence of any negligence/mistake on my/our part or my/our non-compliance of any of the applicable rules and regulations and/or the T&C, or because of providing to the Bank any incorrect or incomplete information related to me/us.
19. I/We am/are aware that SMS/e-Mail alert facility would enable me/us to receive alerts on the above referred mobile number/e-Mail Id regarding account transactions and maintenance. By ticking the options for SMS and e-Mail alert, I/we authorize the Bank to use the above referred mobile number/e-Mail Id for sending transactional as well as promotional information and updates, including existing and new products and services. This consent and authorization shall be valid till such time I/we serve upon the Bank contrary written communication. I/We am/are also aware that alerts that are mandated by the Reserve Bank of India and such alerts as deemed appropriate by the Bank will be sent even if I/we do not subscribe for the alert facility. I/We am/are aware that transactions and value added alerts will be sent to all the Authorized Signatories, irrespective of the mode of operation, and regulatory and risk alerts will be send by the Bank by default free of charges.

Account Opening Form for Non-Individuals

Tick, as applicable

Declaration for Partnership Firm only

We, the undersigned Names of all partners hereby declare that we are carrying on business under the name and style of M/s Name of the partnership firms (the "Firm"). We hereby, unconditionally and irrevocably, undertake that the Firm, its Partners and/or its successors shall be jointly and severally liable and responsible from time to time and at all times hereinafter to the Bank in connection with our existing and future transactions and dealings with the Bank, in any manner whatsoever.

In the event of any change occurring in the Firm by the introduction of any new Partner or the retirement, death, expulsion or insolvency of any Partner or the dissolution of the Firm, we shall forthwith serve upon the Bank a written notice in this regard. Pending receipt of such notice in writing as aforesaid the Bank shall be entitled to treat the Partner affected by such retirement or expulsion or, in the event of death, his estate, as if he or his representative as the case may be, is still a Partner, to the intent that such Partner or his estate shall be liable jointly and severally with the other Partners for all indebtedness or obligation of the Firm incurred after such retirement, expulsion or death down to the date of receipt of the notice aforesaid in addition to any liability which he may have incurred to the Bank as Partner prior to such retirement, death or expulsion or insolvency.

We also jointly and severally hereby acknowledge that notwithstanding anything contained in any agreement of partnership, any liability incurred by any of us on behalf of the Firm pursuant to this representation shall be deemed to have been so made and given for the purpose of the Firm under the express authority of Partners of the Firm, and all liabilities created/acknowledged by any Partner on behalf of the Firm shall be binding upon the Firm and all the Partners thereof in their respective capacity as Partner and in their respective individual capacities.

Declaration for Companies

We produce the following papers for your files:

1. Certified true copy of the Memorandum and articles of association
2. Certificate of Incorporation and its certified true copy (Original produced for inspection and returned to us)
3. Certificate of Commencement of business and its certified true copy (Original produced for inspection and returned to us)
4. Certified true copy of the Extract of the Board Resolution of the Company permitting and regulating the conduct of the account

Declaration for Limited Liability Partnership

We produce the following papers for your files:

1. Certified true copy of the LLP Agreement.
2. Certified true copy of the Incorporation document and DPIN of the designated partners.
3. Certified true copy of the Certificate of Registration issued by the ROC concerned.
4. Certified true copy of LLP-IN issued by the ROC.
5. Certified true copy of the Extract of the Resolution to open an account and list of authorized person/s with the specimen signatures to operate the account duly attested by Designated Partner/s.

Declaration for Society:

We hereby submit to the Bank, true copies of the following:

1. Byelaw of the Society.
2. Registration Certificate (if Society is registered).
3. True Extract of the Resolution passed by the Managing Committee of the Society for opening and operating on the accounts of the Society.
4. Duly authenticated list of current Office Bearers.

Declaration for Trust:

We hereby submit to the Bank, true copies of the following:

1. Registration Certificate of the Trust (if Trust is registered).
2. Trust Deed/ Memorandum of Association and Article of Association in the case of Section 8/25 companies.
3. True Extract of the Resolution passed by the Board of Trustees/Board of Directors for opening and operating on the accounts.
4. Duly authenticated list of current Trustees/Directors.
5. Registration particulars u/ss. 12A and 12AA of the Income Tax Act, 1961.

Declaration for Club/Association:

We hereby submit to the Bank, true copies of the following:

1. Byelaw of the Club/Association.
2. Registration Certificate (if Club/Association is registered).
3. True Extract of the Resolution passed by the Managing Committee for opening and operating on the accounts.
4. Duly authenticated list of current Office Bearers.

Declaration for Sole Proprietors only

I, the undersigned hereby declare that I am the sole proprietor of the firm under the name and style of M/s. _____ and I am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated. I request you, until written notice from me to the contrary, to regard me as sole proprietor, and to honour my signature and my signature only for the firm. I agree to comply with and be bound by rules of the bank in this regard.

Mandate:

We hereby certify that the resolutions enclosed herewith are the true extracts of resolution passed at the meeting of the Board of Directors of the Company / Partners of the LLP held on this day of 20 .

The terms and conditions mentioned above have been explained to me/us in a language understood by me/us and I/we declare that I/we have understood and consented to all the terms and conditions and also the declaration and agree to abide by them.

Declaration as per FATCA/CRS:

Do you have income which is taxable in any countries other than India: Yes No

If Yes, mention the country _____

Please confirm the country of incorporation of your organization. _____

Please confirm the place of business (es) of your organization. _____

If Yes, please fill FATCA/CRS Declaration

Authorised Signatory	Authorised Signatory	Authorised Signatory	Authorised Signatory
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*in case applicant is providing thumb impression and not the signature

Name of witness:

Name of witness:

Signature:

Signature:

Address:

Address:

Account Opening Form for Non-Individuals

FOR OFFICE USE ONLY*

 Branch ID* Branch Name*

 Product Code Product Name

 Lead Generator Code U J J Lead Convertor Code U J J

 Source of Lead: Self Referral Wish list Customer referral call Activity lead Branch lead
 E-mail SMS Campaign Cold call Others

 Customer has signed in my presence

 KYC documents submitted by customer/s are verified with original and found correct

 I confirm that I visited the business/communication address mentioned in the account opening form on ----/----/-----, I met the applicant/ Based on the enquiries I made, I'm satisfied beyond reasonable doubt on the information provided

 Nomination mentioned for this account is registered.

 Deviation Approval(If Any): _____

Verified By

 Name of the official:

Signature of authorized official: _____

 Employee ID: U J J

 Date: D D M M Y Y Y Y

BM Authorisation

Documentation completed and form submitted on :

Date :

Account opening form and KYC Documentation scrutinized and found in order.

Open the Account

 Date : D D M M Y Y Y Y

BM Signature :

(With Seal & Employee Code)

Checked by DVU Official

DVU Official's Remarks :

Signature :

 Date : D D M M Y Y Y Y

-----Detachable-----

Acknowledgement Slip

 Date D D M M Y Y Y Y

I/We acknowledge the receipt of nomination made by you in favour of:

Name of the nominee:

Age (in Years):

Your account lead number is: _____

Signature of Bank Official: _____

Employee ID: _____

-----Detachable-----

Acknowledgement Slip

 Date D D M M Y Y Y Y

Ujjivan Small Finance Bank acknowledges the receipt of application from _____ for opening a _____ Account with an initial funding of Rs. _____.

Application Form No./Barcode

Branch ID and Name

Signature of Sales Staff

Bank Seal