

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

^^Lead ID:	^^Date:
CIF No:	A/C No:

I _____ Name of Applicant have applied for Ujjivan Small Finance Bank Savings Account (_____ Product Variant) with Initial funding of Rs. _____ /- (Rupees _____ only) through _____ Cash/Cheque Transaction Id _____ Applicable for Cash IP

^^ I am submitting the requisite documents as mentioned below for further processing of this application.

PAN#	PAN Number	C-KYC Number	C-KYC Number
Proof of Identity	Document Name	Proof of Address	Document Name
	Document Number*		Document Number*
	Expiry Date		Expiry Date
E-KYC / Aadhaar authentication	Yes <input type="checkbox"/> No <input type="checkbox"/>	DBT / Seeding	Yes <input type="checkbox"/> No <input type="checkbox"/>

* In case of Aadhaar, only the last four digits shall be recorded

If PAN not available, please fill Form 60 attached with this form

ANNEXURES REQUIRED (TICK APPLICABLE)

<input type="checkbox"/> FORM 60/49 A	<input type="checkbox"/> COMMUNICATION ADDRESS DECLARATION	<input type="checkbox"/> DOB MISMATCH
<input type="checkbox"/> NAME MISMATCH	<input type="checkbox"/> SIGNATURE MISMATCH	<input type="checkbox"/> OTHERS

EMPLOYER CONFIRMATION FOR CORPORATE SALARY ACCOUNT

We confirm that the applicant mentioned herein (primary applicant in case of joint account application) is employed with us and has applied for USFB Corporate Salary Account for receiving salary in the account.

Name of Authorized Signatory:

Employee ID:

DOJ

Signature of Authorized Signatory and Company seal

DECLARATION FOR UJJIVAN STAFF SAVINGS ACCOUNT

- I authorize the Bank to credit my salary to my Ujjivan Staff Savings Account.
- I agree that the Bank has full right to reserve an instruction given by them to credit my account for any amount and I will not dispute or hold back responsible for any such debits in my account. I also understand and agree that in case I leave the employment of the Bank, the Staff Savings Account will be converted to a regular savings account, on my last working day in the Bank, and I will cease to enjoy the benefits related to the Staff Savings Account.

Signature of Account Holder

Employee ID:

FOR OFFICE USE ONLY*

- ☐ Customer has signed
- ☐ KYC documents submitted by customer/s are verified with original and found correct.
- ☐ Customer is not physically / mentally challenged. In case of disability account will not be opened in HHB.
- ☐ I confirm that I visited the office premises at _____ (Mention the office address here), of the applicant on ____/____/____. Although the applicant has provided a communication address different from the address of his current employer, I have met the applicant at the said office premises, and I am satisfied that the applicant is employed and working at the given address. (This clause is applicable for sourcing Corporate Salary Accounts only)
- ☐ Nomination mentioned for this account is registered.

Bank Official Authorization

Documentation completed and form submitted on:

Date: |D|D|M|M|Y|Y|Y|Y|

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

Open the Account

Date: |D|D|M|M|Y|Y|Y|Y|

Verified By

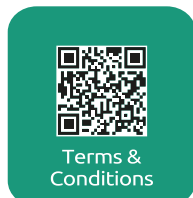
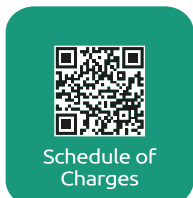
Name of the sourcing official: _____

Employee ID: _____

Signature of the sourcing official: _____

Date: |D|D|M|M|Y|Y|Y|Y|

Deviation Approval (if any): _____

Reach us through our convenient banking channels

UjjivanBank



Ujjivan Small Finance Bank

Account Opening Form for Electronically Sourced Savings Account

Declarations

1) I/We wish to avail the banking facilities/products from Ujjivan Small Finance Bank Limited ("Bank"/"Ujjivan"). I/We am/are aware and acknowledge that the banking facilities/products shall be governed by the 'Terms and Conditions' governing the opening and operation of 'Savings Account', as provided in the Website of the Bank (www.ujjivansfb.in/terms-and-conditions) and copies available at the branch. I/We am/are also aware and acknowledge that I/we shall be provided a copy of such 'Terms and Conditions' free of cost if I/we make a request therefor. I/We further confirm that I/we have been explained the major 'Terms and Conditions' and the terms and conditions relating to other services, including Phone Banking, ATMs and Debit Cards. I/We agree that the Bank shall have the right to modify/amend the above referred terms and conditions from time to time, at Bank's own discretion, which may be hosted and noticed on Bank's website (www.ujjivansfb.in), and the same shall be sufficient notice, to me/us regarding such modification/amendment and I/we shall be bound by such modification/ amendment. I/We understand that any changes to the above referred terms and conditions would be made available to me/us on request at the branch.

2) The data/information for opening Savings Bank Account in my/our name with the Bank are entered in the Hand Held Device ("HHD") of the official of the Bank, by him/her, in my/our presence and based on the inputs instructed by me/us, and I/we confirm correctness of each and single data/information inputted in the HHD by him/her.

3) I/We authorize the Bank to exchange, share, disclose or part with, from time to time, any or all of the information and data pertaining to 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 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, 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 liable for using/sharing such information .

4) I/We confirm that I/we am/are resident(s) of India and hereby declare and confirm that the information provided herein as well as in the documentary evidence provided by me/us to the Bank (the "Customer Information") is true, correct and complete in all aspects and that I have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I/We further agree that any false/misleading Customer Information given by me or suppression of any material fact will render my account liable for closure and the Bank shall have the right to discontinue any or all services and also to initiate any action, under law or otherwise.

5) I/we agree to abide by and be bound by all applicable rules/regulations/instruction/guidelines issued by the Reserve Bank Of India, the Common Reporting Standards (CRS), and any other governmental or regulatory authority, in force from time to time. I/we have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961, as notified by Central Board of Direct Taxes (CBDT) in this regard.

6) I/We hereby authorize issuance of ATM card and provision of Tele-banking services in my/our account. I/We undertake that I/we will be wholly liable/responsible for all types of transactions done on my/our above said account through Debit/ATM card(s) issued 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 ATM Card or Tele-Banking. This authority shall continue to be in force until I/we revoke it by a notice in writing delivered to the Bank. I/We hereby also agree to indemnify and keep indemnified the Bank, its affiliates and their successor or assignees from and against all actions, demands, losses, cost and expenses whatsoever which the Bank may at any time incur or sustain as a consequences of any negligence/mistake on my/our part or my/our non- compliance of any of the terms and conditions contained herein or because of providing any incorrect or incomplete information by me/us. In case I/we have requested the Bank to mention on the ATM/Debit Card a preferred name which is different from the name specified by me/us in the AOF, I/we shall submit to the Bank requisite OVD conforming to such name and the Bank need to mention a different name on the ATM/Debit Card only if I/we comply with this.

7) I/We declare that I/we have no insolvency proceedings initiated against me/us nor have I/we ever been adjudicated insolvent.

8) I/We confirm that I/we have received a copy of the Code of Bank's Commitment to customers. I/We also authorize the Bank to post my Secured Stationary/Communication of the Bank to the Communication Address.

9) I/We undertake and agree to pay any debit balance/overdraw allowed either at my/our request or by compulsions of circumstances or oversight or mistake.

10) I hereby expressly consent the Bank to upload/share with Central KYC Registry my KYC data provided to the Bank through the Customer Profile Form/ Account Opening Form. I also hereby consent to receive information from Central KYC Registry through SMS/e-mail on the said mobile number/e-mail Id.

11) I/We understand that as a holder of BSBDA Account holder, I/We am/are not eligible to open any other savings bank/ term deposit/ recurring deposit account with Ujjivan Small Finance Bank Limited, until I/we am/are KYC compliant, and any existing savings bank account will be required to be closed within 30 days from the date of opening of BSBDA, failing which the Bank would be constrained to close such account after giving due Notice.

12) I/We authorize 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 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.

13) Aadhar Consent: I voluntarily give my consent to Ujjivan Small Finance Bank Ltd. ("Bank") to use my Aadhaar number and biometric information for doing authentication with Unique Identification Authority of India for establishing my identity, in the manner acceptable as per UIDAI guidelines or under any Act or Law in force from time to time, for the purpose of opening account or processing instructions with the Bank. The Bank has informed me that my Aadhaar number and biometric information will not be stored/shared/used by the Bank for any other purpose, unless the same is required or permitted by law. I am aware about other modes available for establishing my identity, i.e. offline verification of Aadhaar, use of passport or any other Officially Valid Document. I further confirm that the information which is submitted by me through the Aadhaar is true and correct and I will not hold the Bank responsible in case any incorrect information is provided by me.

14) Account Conversion applicable for Salary Savings Account holder. If salary is not credited for a period of three or more month into my salary account, the account will be auto converted to a regular savings account without any notice or intimation(with all applicable charges and fees as per SOC) and full KYC shall apply.

I have been explained about the benefits of the nomination facility in the Savings Account. I authorize my bank to rely upon the nomination for nomination provided by me in the EAF (Electronic Application Form). Unless otherwise instructed, the nomination submitted by me in the EAF (Electronic Application Form) shall also apply for any FD/RD opened by me whether along with Savings Account or through Internet Banking and / or Mobile Banking Channels, as the case may be.

Applicant's Signature : I have read and understood declarations governing the above product(s) and confirm details provided to process my request.

Customer Signature

Nomination Acknowledgement Slip:

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: _____

Application Form No.

Signature of Bank Official: _____
Employee ID: _____

Annexure-1
Form 60

[See second provision to rule 114B of Income Tax Act 1961]

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full Name of the Declarant:	
2. Father's Name:	
3. Address of the Declarant:	
4. Date of Birth:	
5. Mobile Number:	
6. Mode of the transaction:	
7. Date of Transaction:	
8. Amount of Transaction:	
9. Reason for not having PAN:	
10. If applied for PAN and it is not yet generated enter date of application and acknowledgement number:	
11. Details of the document being produced in support of address in customer profile section:	
12. Details of the document being produced in support of Identity in customer profile section:	
13. If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held – A - Agriculture Income (Rs)..... B - Other than Agriculture Income :- (Rs).....	
Verification	
I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today, the _____ day of _____ 20____ Place: _____	
<p>The terms & conditions mentioned above have been explained to me. I declare that I have understood and consented to all the Terms & Conditions and also the declarations and agree to abide by</p> <p>I hereby solemnly declare and state that:</p> <p>1. The particulars furnished by me in FORM 60 are true and correct.</p>	
Signature of the Applicant	

Annexure-2 OTHER DECLARATIONS

To
Branch Manager
Ujjivan Small Finance Bank Limited
..... Branch

Date: _____

Dear Sir/ Madam,

☐ **Declaration of Date of Birth**

With reference to the request submitted by me for opening _____ account at your Bank, I have submitted true copies of my _____ & _____ as KYC documents. My Date of birth as per _____ is _____ and date of birth as per _____ is _____. I hereby confirm that my correct Date of birth is _____ (DD/MM/YYYY) and I request you to rely upon the _____ document submitted by me in this regard.

I hereby request you to therefore permit opening of the account in the aforesaid representation as per the form duly filled by me by virtue of the document(s) i.e., _____ submitted by me in support thereof.

☐ **New Account Name Mismatch Declaration**

I desire to open a savings account with you under the name _____ although the documents submitted by me bear my name as _____. I hereby request you to therefore open the account in the aforesaid representation as per the form duly filled by me by virtue of documents i.e.; _____ (OVD document) submitted by me in support thereof.

☐ **Communication Address Declaration**

I desire to open a savings account with the communication address as _____ (mention address here). I am unable to submit requisite documentary proof in support of the said address. I hereby solemnly declare that the said address is my present communication address and the same is correct to the best of my knowledge and I work/reside (strike off not applicable one) there. I hereby authorise the Bank to send cheque book, debit card, PIN and all other deliverables and correspondences related to the account to the said address. I shall not dispute or cause to be disputed such action by the Bank, and I shall not hold the Bank liable for any issues associated therewith. I also authorise the Bank to verify the said address through any means as deemed fit by the Bank to its satisfaction, and if the Bank is of the opinion that the said address is not correct the Bank may at its discretion refuse to open/activate the account or close the account (if already opened or activated). As part of account opening process I have electronically submitted my Aadhaar details (which contains my permanent address) through e-KYC.

☐ **Signature in Capital Letter**

I confirm that I have signed in capital letters on the account opening form and the account opening documents. I confirm that I have understood the risk associated with signing in Capital letters as explained to me by Bank official.

☐ **Signature Mismatch Declaration/ No Signature Proof Declaration**

My signature as per _____ (document) is my old signature, while the signature which is affixed in the Account Opening form is my present signature. I hereby request you to therefore open the account in the aforesaid representation as per the form duly signed by me in the presence of bank official _____ (employee ID of the Sourcing Staff).

• I state that without prejudice to the Bank's right under law or under the terms and conditions or otherwise to take any action against me and/or my estate as deemed fit, if my above representations are found to be false/untrue, I shall be liable to pay damages/compensation to the Bank which may be incurred or suffered by the Bank or its officials upon the Bank permitting me to open the account by relying on my aforesaid representation.

• I hereby solemnly declare and state that:

- ☐ The particulars furnished by me in Date of Birth Declaration are true and correct.
- ☐ The particulars furnished by me in Signature Mismatch Declaration/No Signature Proof Declaration are true and correct.
- ☐ The particulars furnished by me in Name Mismatch Declaration are true and correct.
- ☐ The particulars furnished by me in Signature in capital letter Declaration are true and correct.
- ☐ The particulars furnished by me in Communication Address Declaration are true and correct.

Name and Signature of Applicant

Note: Please strike off whichever is not applicable

Annexure-3
APPLICATION FOR LINKING/SEEDING AADHAR NUMBER AND RECEIVING DBT BENEFITS INTO BANK ACCOUNT - (NPCI MAPPING)*

To
Branch Manager
Ujjivan Small Finance Bank Limited
..... Branch

Date: _____

Dear Sir/ Madam,

Linking/Seeding of Aadhaar in NPCI-Mapping for Receiving Direct Benefits

1. I am maintaining a Bank account No. _____ with your Branch.
2. I submit my Aadhaar number and voluntarily give my consent to:
 - ☐ Use my Aadhaar Details to authenticate me from UIDAI
 - ☐ Use my Mobile Number mentioned below for sending SMS Alerts to me.
 - ☐ Link the Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your Bank.

(Signature)

OPTION FOR RECEIVING DBT BENEFITS (TICK ONE)

- ☐ I wish to seed my account no. _____ with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt. of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account for customer who have not so far seeded account with NPCI Mapper).
- ☐ I already have an account with _____ (name of Bank) having IIN Number* _____ and seeded with NPCI Mapper for receiving DBT from GOI. I request you to change my NPCI mapping (DBT Benefit Account) to my account with your Bank.
- ☐ I already have an account with another bank _____ (name of Bank) having IIN Number* _____ and seeded with NPCI Mapper for receiving DBT from GOI. I do not want to change my NPCI mapping (DBT Benefit Account) from the existing Bank.
- ☐ I do not wish to seed my accounts from your Bank with NPCI Mapper (I will not be getting DBT).

3. I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

4. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Yours faithfully

.....
(Signature)

Name:
Mobile No.:
Email:

.....
[if consent sent through BC/BDO/VO]
I hereby authorize the Banking Correspondent /
I hereby authorize the Sarpanch/V.O./B.D.O.
To submit the above consent letter to the bank.

(Signature)

*NPCI mapping: Mapping is a process of associating a Bank with Aadhaar number which is facilitated by NPCI for Direct Benefit Transfer to the respective Bank who have linked the Aadhaar Number to a specific Bank account for receiving Direct Benefits to which customer has given the consent

** IIN number will be provided by Bank receiving the consent Application.