Account Opening Form for Non-Individual         Version 5           Please fill in ail debils in CAPITAL LETTERS only. All fields marked in "" are mediatory:         Date * 0 M M Y Y Y           Account Type*         Current         Savings         Product Type*         Date * 0 M M Y Y Y           Branch Io*         Branch Name*         Date * 0 M M Y Y Y         Gavings         Product Type*         Date * 0 M M Y Y Y           CML Lead Mumbe*         C.KYC Number         C.KYC Number         Date * 0 M M Y Y Y G         Gavings         Date * 0 M M Y Y Y G           BusineS DETAL.S*         Date of Incorporation Registration         Date M Y Y Y G         Gaving M M Y Y Y G         Gaving M M Y Y Y G           Date of Incorporation Registration         Date M Y Y Y G         Gaving M M Y Y Y G         Gaving M M Y Y Y G         Gaving M M M Y Y Y G           Pace of Incorporation         Date M Y Y Y G         Gaving M m M M Y Y Y G         Gaving M m M M Y Y Y G         Gaving M m M M Y Y Y G           Date of Commencement of Business         D M M Y Y Y Y G         Gaving M m M M Y Y Y G         Gaving M m M M Y Y Y G         Gaving M m M M Y Y Y G           Courty of Incorporation         D M M Y Y Y Y G         Gaving M m M M M Y Y Y G         Gaving M m M M M Y Y Y Y G         Gaving M m M M M Y Y Y Y G           Courty of Incorporation         D M M Y Y Y Y G         Gaving M m M M M Y Y Y	UJJIVAN SN		ICE BANK d a Better Life	Application Form No.		
(Please III in all debils in CAPITAL LETTERS only. All fields marked in "" are mandatory]         Date         Construction         Branch ID*         Branch ID*         Branch ID*         Branch ID*         Branch ID*         Branch Name*         CHM Led Number         EXITYO PETALS*         Existing Customer         Petal Status         BUSINESS DETAILS*         Existing Customer         Petal Status         Date of Incorporation         Date of Commercement of Business         Diate of Commercement of Business         Correct of Incorporation         Place of Incorporation         Place of Incorporation         Place of Incorporation         Place of All Advanch Tapplicable)         Exempted (Attach Exemption Certificate and relevant declaration)         CORRESPONDENCE/AMALING ADDRESS*         Office Type         Office Type         Renid       Owned         Door No. and Building Name         State       OPIN Code         District       District         State       Dention         District       District         District       District <tr< th=""><th></th><th></th><th></th><th>Version 5</th></tr<>				Version 5		
Date <ul> <li></li></ul>						
Branch ID*       Branch Name*       Branch Name*         CRM Lead Number*       C.KYC Number         ENTTY DETAILS*       Existing Customer         Existing Customer       Yes         Bits Of Customer       Yes         Base of Incorporation/Registration       If Yes         Date of Commencement of Business       If Yes         Currly of Incorporation       If Yes         Place of Incorporation       If Yes         Orice Type       Rented         Office Type       Rented         Office Type       Rented         Office Type       Rented         Office Type       Rented         Orice Type       Rented <t< th=""><th></th><th>o only. An news mar</th><th></th><th></th></t<>		o only. An news mar				
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Entity Name	ENTITY DETAILS*					
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Place of Incorporation						
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CORRESPONDENCE/MAILING ADDRESS*         Office Type       Rented       Owned         Door No. and Building Name						
Office Type       Rented       Owned         Door No. and Building Name	Form 49A (Attach if applicable) Exempted (Attach Exempt	ion Certificate and re	elevant declaration)			
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Street No. and Street Name	Office Type Rented Owned					
Area	Door No. and Building Name					
City       District       District         State       PIN Code       District         Office Type       Rented       Owned         Door No. and Building Name       District       District         Street No. and Street Name       District       District         Area       District       District         City       District       District         Street No. and Street Name       Landmark       District         Area       District       District       District         State       District       District       District         State       District       District       District         State       District       District       District         CommunicAtion DETAILS*       District       District       District         Mobile No.       Tel. No.       District       District         Type of Alerts       SMS*       Email       None         Account Statement       Email       None       Annually         Yalers will be sent to the above mentioned mobile number and E-mail D       Socrement are chargeable as per Current Account Schedule of Charges         **MS Alerts and Physical Statement biare chosen, there email di smandatory       ************************************	Street No. and Street Name					
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REGISTERED OFFICE ADDRESS*       Same as Correspondence/Mailing Address       Other(please fill the details)         Office Type       Rented       Owned         Door No. and Building Name	City	District				
Office Type       Rented       Owned         Door No. and Building Name	State	PIN Code				
Dor No. and Building Name	REGISTERED OFFICE ADDRESS* Same as Correspondence/Mailing Address Other(please fill the details)					
Street No. and Street Name Area Area Area Landmark Landmark Landmark City District District District District District District COMMUNICATION DETAILS* Mobile No. Frequency Constitution Details Tel. No. Frequency Constitution of the antity Tel. No. Frequency Constitution of the antity Physical Statement is are chosen, then email id is mandatory Tereal Statements are sent on monthly frequency by default ENTITY PROFILE* Constitution of the antity Private Limited Company Public Limited Company Conversion C						
Area	Door No. and Building Name					
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State   State   COMMUNICATION DETAILS*   Mobile No.   Mobile No.   E-mail ID   Type of Alerts   SMS*   Email   Physical   None   Account Statement   Email   Physical   None   Frequency (Only for Physical Statement)   Monthly   Quarterly   Half-yearly   Annually   *Alerts will be sent to the above mentioned mobile number and E-mail ID   **MS Alerts and Physical Statement as a per Current Account Schedule of Charges   ***If Email Alerts or/and Email Statement is/are chosen, then email id is mandatory   ****E-mail Statements are sent on monthly frequency by default   ENTITY PROFILE*   Constitution of the entity   Sole Proprietor   HUF   Partnership Firm   Limited Liability Partnership   Private Limited Company   Public Limited Company   One Person Company   Section 25/8 companies	Area	Landmark				
COMMUNICATION DETAILS*         Mobile No.         E-mail ID         Type of Alerts         SMS*         Email         None         Account Statement         Email         Physical         None         Frequency (Only for Physical Statement)         Monthly         Quarterly         Half-yearly         Annually         *Alerts and Physical Statement are chargeable as per Current Account Schedule of Charges         ****/Femail Statement are chargeable as per Current Account Schedule of Charges         ******Email Statement are chargeable as per Current Account Schedule of Charges         ************************************	City					
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E-mail ID   Type of Alerts   SMS*   Email   None   Account Statement   Email   Physical   None   Frequency (Only for Physical Statement)   Monthly   Quarterly   Half-yearly   Annually   *Alerts will be sent to the above mentioned mobile number and E-mail ID   **SMS Alerts and Physical Statement is/are chosen, then email id is mandatory   ***If Email Alerts or/and E-mail Statement is/are chosen, then email id is mandatory   ****Email Statements are sent on monthly frequency by default   ENTITY PROFILE*   Constitution of the entity   Sole Proprietor   HUF   Partnership Firm   Limited Liability Partnership   Private Limited Company   Public Limited Company   One Person Company   Section 25/8 companies   Government   Trust	COMMUNICATION DETAILS*					
Type of Alerts       SMS*       Email       None         Account Statement       Email       Physical       None         Frequency (Only for Physical Statement)       Monthly       Quarterly       Half-yearly       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         Sole Proprietor       HUF       Partnership Firm       Limited Liability Partnership         Private Limited Company       Public Limited Company       One Person Company       Section 25/8 companies         Government       Trust       Association       Society	Mobile No.	Tel. No.				
Account Statement Email Physical None   Frequency (Only for Physical Statement) Monthly Quarterly Half-yearly   *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   Sole Proprietor HUF   Private Limited Company Public Limited Company   Private Limited Company One Person Company   Society						
Frequency (Only for Physical Statement)       Monthly       Quarterly       Half-yearly       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       ****       ****       Annually         **SMS Alerts and Physical Statement are chargeable as per Current Account Schedule of Charges       ****       ****       ****       ****       ***         *****       Frequency of the antity       ***						
*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 Sole Proprietor HUF Private Limited Company Public Limited Company One Person Company Section 25/8 companies Government Trust Association Society						
Constitution of the entity         Sole Proprietor       HUF       Partnership Firm       Limited Liability Partnership         Private Limited Company       Public Limited Company       One Person Company       Section 25/8 companies         Government       Trust       Association       Society	*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 ***If Email Alerts or/and Email Statement is/are chosen, then email id is mandatory	-	Half-yearly	Annually		
Sole Proprietor       HUF       Partnership Firm       Limited Liability Partnership         Private Limited Company       Public Limited Company       One Person Company       Section 25/8 companies         Government       Trust       Association       Society						
Private Limited Company       Public Limited Company       One Person Company       Section 25/8 companies         Government       Trust       Association       Society	Constitution of the entity					
Government Trust Association Society	Sole Proprietor HUF	Partnership Fin	m	Limited Liability Partnership		
Government Trust Association Society	Private Limited Company Public Limited Company	One Person Co	ompany	Section 25/8 companies		
Club Bank Others	Club Bank					



Account Opening	Form for	Non-Individuals

Segment							
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	bitals/Nursing Homes/Clinics	Electrical/Hardwa	are 🗌	Cement/Paints		Petrol Pu	•
·	com & Telecom Equipment	Electronics & Ap		Apparel & Footwear		Gems & J	
	onery/Cosmetics	Hospitality		Agriculture & Allied Ir	nduetry	Travel & 1	-
	ing/Financial Services	Department/Groo		Chemist/Medical Sto	-		lounsm
Sub-Segi	-	Department/Groc			IE	Other	
Insur	ance	NBFC		Commercial Bank		Co-opera	tive Bank
Cred	it Co-operative Society	PSU		Central Govt		State Gov	/t
Loca	I Authorities	Public Trust		Private Trust		Religious	Trust
Educ	ational Trust	Regional Rural E	Banks	Non-Governmental C	Organization	Sports As	sociation
Educ	ation Sector	Religious Institut	ion	Self Help Groups		Other	
Nature of	f Business*						
Reta	iler	Wholesaler		Manufacturer		Services	
Broke	ers & Real Estate	Non- Profit Organ	nization(NPO)	Other			
Industry C	Code*	Industry Desc	cription*				
ANNUAL	TURNOVER*						
Upto	Rs. 10 Lakhs Rs. 10 L	akhs-Rs. 50 Lakhs	Rs. 50 Lakh	ns-Rs. 1 Crore Rs.	1 Crore-Rs. 50	Crores A	bove Rs. 50 Crores
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as initial c	deposit to fund the account t	b be opened as per A	JF.	Sig	nature	Sign	ature
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# Account Opening Form for Non-Individuals

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As per Deed Singly Other	eque Book Facility	Yes No				



# Account Opening Form for Non-Individuals

YC DETAILS OF CO	MPANIES/FIRMS*					
	Document Na	ame	Document Number	Issuing Auth	ority	Date of Issue
Proof of Entity*						
Proof of Address*						
omination (Only for S	Sole Proprietor) e fill Form DA-1)		Not Required		1 Ap	plicant Signature
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		nking Regu	lation Act, 1949 and rule 2(1	) of the Banking Com	oanies (Nomii	nation) Rules 1985 in res
f bank deposits.						
We Name of the	customer	_resident c	of	Address		nominate the follo
	-		ount of deposit outstanding ir			usting the amount due, if
the Bank) may be p	aid by Ujjivan Small	Finance Ba	ank	branc	h.	
			Nominee			
Name			Address	Relationship with	Age	Date of Birth
Name			Audress	depositor, if any	Aye	in case of minor
			Name the nominee in the event of r			
			nination must be signed by a	-		
Strike out if nominee		,		impression of the App		Signature
INDERTAKINGS						
ead and understood o various services a "website"). I/We am/a /We hereby agree to rom time to time. An sufficient notice to me 2. I/We agree to abid	the terms and condi nd alternate bankin are aware and ackno be bound by and ab y such changes or a s/us. e by and be bound l	itions gover ng channels owledge tha ide by the T amendment by all applic	king facilities/products from L ning the said banking facilitie s, charges and fees, as prov at I/we can have a copy of the <sup>2</sup> &C, charges and fees, as als s published on the website a cable rules, regulations, instru <sup>2</sup> CA"), the Common Reportin	s/products ("the T&C" ided in the official we T&C from the branch o with any changes or nd/or the notice board	), including be obsite of the of the Bank b amendments d at the brance issued by Re	ut not limited to those rela Bank viz., www.ujjivans by making a specific requ brought therein by the E ch/office of the Bank sha eserve Bank of India ("R

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.

UJJIVAN SMALL FINANCE BANK Build a Better Life

# 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 send 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.

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Build a Better Life

## Account Opening Form for Non-Individuals

**UTIVAN SMALL FINANCE BANK** 

### Tick, as applicable

#### Declaration for Partnership Firm only

\_ hereby declare that we are carrying on business under the name and style of M/s Name of the partnership We, the undersigned (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 Comp 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:
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If Yes, mention the country			
Please confirm the country of inco	, , , ,		
Please confirm the place of busine	ss (es) of your organization.		
If Yes, please fill FATCA/CRS Dec	claration		
Authorised Signatory	Authorised Signatory	Authorised Signatory	Authorised Signatory
*in case applicant is providing the	umb impression and not the signat	ure Name of witness:	

Signature: Address:

Name of witness:
Signature:
Address:



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Account Openin	g Form for Non-Individuals
FOR OFFICE USE ONLY*	
Branch ID*	Branch Name*
Product Code	Product Name
Lead Generator Code U J J I	Lead Convertor Code U J 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	th original and found correct
I confirm that I visited the business/communication addre / I met the applicant/ Based on the enquire 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 U	Date: D D M M Y Y Y
BM Authorisation	Checked by DVU Official
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	DVU Official's Remarks :
BM Signature : (With Seal & Employee Code)	Signature : Date : D D M M Y Y Y
	-Detachable
	owledgement Slip
I/We acknowledge the receipt of nomination made by you in favo	pur of:
Name of the nominee:	Age (in Years):
Your account lead number is:	Signature of Bank Official: Employee ID:
Ackı	Detachable nowledgement Slip
Date   D   D   M   M   Y   Y   Y   Y	
Ujjivan Small Finance Bank acknowledges the receipt of applica Account with an initial funding of R	tion from for opening a
Application Form No /Barcode	Branch ID and Name

Signature of Sales Staff

Bank Seal