SHIVALIK
SHIVALIK SMALL FINANCE BANK

CUSTOMER IDENTIFICATION FORM FOR INDIVIDUAL

(To be filled by applicant only. Please fill the form in CAPITAL letters and Black / Blue ink only) Fields Marked with* are Mandatory

Date* D D M M Y Y Y Y Branch Code Branch Name: _____

Applicant Status:

Minor ☐ Senior Citzen ☐ Staff ☐ (Select only if applicable)

***Capacity of Customer:** Individual ☐ Auth. Signatory ☐ Guardian ☐ Beneficial Owner ☐ Auth. Signatory & Beneficial Owner ☐ Mandate /POA Holder ☐ Other (Please Specify) _____

(Prefix) (First) (Middle) (Last)

Name

***Martial status:** Unmarried ☐ Married ☐ Divorced ☐ Widowed ☐

CKYC NO. PAN OR Form 97 ☐

Maiden Name (if any)

*Father's Name:

Mother's Name:

Spouse / ^Guardian Name:

(^In case of Minor guardianship Account)

Customer Profile

***Country of Birth:** India ☐ Others_____ ***Nationality:** Indian ☐ Others _____

Residence of Tax Purpose: India ☐ Others _____

(Please fill FATCA declaration form if answer to any is other than India)

Residential status: Resident Individual ☐ NRI ☐ Foreign National ☐ OCI ☐ PIO ☐ Foreign Student ☐ Seafarers ☐

Category: General ☐ SC ☐ ST ☐ OBC ☐ Others _____

***Gender:** M ☐ F ☐ T ☐

***Date of Birth** D D M M Y Y Y Y **Country of Birth**_____

Religion: Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Zoroastrian ☐ Buddhist ☐ Jain ☐ Others: _____

Education: Primary ☐ Secondary ☐ Higher Secondary ☐ Graduate ☐ Masters ☐ Professionals ☐ Illiterate ☐ Others: _____

***Occupation:** Self Employed ☐ Professional ☐ Salaried ☐ Housewife ☐ Student ☐ Pensioners ☐ Politician ☐ Farmers ☐ Others_____

Annual Income: _____

Are you a Politically Exposed Person or related to one? YES ☐ No ☐

*Are you a tax resident in any country other than India? YES ☐ No ☐

(If yes, please fill the FATCA/CRS declaration form separately)

Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, Senior Politicians, Senior Governments or Judicial or military officers, Senior executives of state-owned corporations and important political party officials

Differenelty Abled Person YES* ☐ NO ☐ (If yes, please fill separte annexure)

Contact Details

Email ID (In Capital Letters)

(Monthly email statement will be sent to the above mentioned email ID)

Mobile: + 9 1

***Permanent Address:** ADDRESS LINE 1

ADDRESS LINE 2

Landmark:

City: **Postal code:**

State: **Country:**

Communication Address same as Permanent Address (If yes, no need to fill the below details. If No, please provide the communication address)

***Communication Address:** ADDRESS LINE 1

ADDRESS LINE 2

Landmark:

City: **Postal code:**

State: **Country:**

Proof of Identity (POI) & Proof of Address (POA)

Proof of Identity: Passport ☐ Voter ID ☐ Driving Licence ☐ NREGA Job Card ☐ NPR Letter ☐ Aadhar Proof of Possession ☐

Others _____ (Any other document allowed as OVD)

Document Number Expiry Date: D D M M Y Y Y Y

(Wherever applicable)

Proof of Address: Passport ☐ Voter ID ☐ Driving Licence ☐ NREGA Job Card ☐ NPR Letter ☐ Aadhar Proof of Possession ☐

Others _____ (Any other document allowed as OVD)

Document Number Expiry Date: D D M M Y Y Y Y

(Wherever applicable)

DECLARATION IN CASE OF MINOR'S ACCOUNT

I hereby declare that I am Father/Mother/guardian appointed by the court order (copy enclosed) of Master/Miss _____ _____minor

A) I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority and operation in the account done by me shall be for the benefit of Minor Son/Daughter/ _____ (Guardian operated minor A/c.)

B) I hereby authorize my son/daughter to open savings account in his/her name and operate the said a/c as per Banks rule. I undertake to indemnify the Bank at all times against all suits, losses, claims, etc which the Bank may incur on account of allowing Master / Miss_____ to operate the said savings bank a/c. (Self operated Minor a/c of age 10 years and above)

Name of the Guardian: _____ (Relation) _____

Address: _____

Signature of the Guardian

GENERAL TERMS AND CONDITIONS

1. **Eligibility to Open a Savings Bank Account**
   Savings Bank Accounts are intended solely for individuals for personal and non-commercial purposes. Entities such as Partnerships, Companies, Corporations, and Proprietorships are not eligible to open Savings Bank Accounts. However, Trusts, Societies, Charitable and Educational Institutions may open Savings Bank Accounts, subject to regulatory guidelines and submission of prescribed documents. The Bank reserves the right to close any account if, in its opinion, the account is used for business or commercial transactions, as evident from transaction patterns.
   Interest on Savings Bank Accounts is calculated on the daily product basis and credited to the account on a quarterly basis or upon account closure, as per Interest Rate on Deposits) Directions, 2025 as updated from time to time
   Applicable interest rates are displayed at all branches and on the Bank's official website.
2. **Consent for Aadhaar Authentication / Offline Verification**
   a) I/We voluntarily provide my/our Aadhaar number and consent to the Bank for Aadhaar-based e-KYC authentication or offline verification, in accordance with the Aadhaar Act, 2016, the UIDAI (Authentication) Regulations, and Reserve Bank of India (Small Finance Banks – Know Your Customer) Directions, 2025 as amended from time to time.
   b) I/We authorize the Bank to retain masked/tokenized Aadhaar details for regulatory and audit purposes only.
   c) I/We understand that submission of Aadhaar is voluntary, except where required for government-linked subsidies or regulatory mandates.
3. **Aadhaar Consent (In case of Physical Aadhaar Submission)**
   a) I/We hereby voluntarily submit, at my/our own discretion, the physical copy of Aadhaar card / physical e-Aadhaar / masked Aadhaar issued by UIDAI to Shivalik Small Finance Bank ("the Bank") for the limited purpose of establishing my/our identity and address proof.
   b) I/We consent to the Bank verifying the authenticity of the submitted Aadhaar details through the Quick Response (QR) code embedded in the Aadhaar card or by any other method prescribed by UIDAI or permitted under applicable law.
   c) The Bank has informed me/us that my/our Aadhaar submitted shall not be used for any purpose other than for identity/address verification, account opening, KYC updating, or as required by law.
   d) The Bank has also informed me/us that this consent and my/our Aadhaar copy shall be securely stored with my/our customer ID/account details.
   e) I/We confirm that the purpose of Aadhaar collection and its use has been explained to me/us in a language understood by me/us.
4. **Consent for Central KYC Registry (CKYCR)**
   a) I/We hereby authorize the Bank to upload my/our KYC data (including photograph, officially valid documents, and other details) to the Central KYC Records Registry (CKYCR) as required under the Prevention of Money Laundering (Maintenance of Records) Rules, 2005.
   b) I/We give my/our consent to the Bank to download my/our KYC records from CKYCR solely for the purpose of verifying my/our identity and address.
   c) I/We understand that my/our KYC Record includes personal details such as name, address, date of birth/incorporation, PAN, and other KYC information, which may be shared with CKYCR or competent authorities as permitted by law.
   d) I/We declare that the information provided herein is true and correct and undertake to inform the Bank of any subsequent changes, including KYC details or supporting documents, within 30 days of such update.
5. **Customer Declaration and Compliance**
   I/We declare and confirm that:
   a) All transactions in my/our account will be conducted only from legitimate sources and not in contravention of the Prevention of Money Laundering Act, 2002, or any other applicable law.
   b) The information furnished to the Bank is true, correct, and complete, and any material change will be communicated promptly.
   c) I/We are not recipients of contributions or donations from any banned or proscribed organizations under applicable laws.
   d) I/We authorize the Bank to debit applicable service charges and statutory dues from my/our account as per the prevailing Schedule of Charges.
   e) I/We hereby authorize the Bank to honour all cheques, orders, and payment instructions signed/drawn by me/us and debit such amounts to my/our account so long as sufficient balance is available.
6. **Disclosure of Information**
   The Bank and its authorized representatives may, without prior notice, disclose or share my/our information, including KYC details, financial information, and any other relevant data, with credit bureaus, regulatory authorities, statutory bodies, UIDAI, FIU-IND, law enforcement agencies, etc. Such disclosure may occur as required or permitted by applicable law, or for purposes including compliance with regulations, identity verification, fraud detection and prevention, or any other legitimate requirement.
7. **Consent to use and share registered contact details for communication and services**
   Shivalik Bank may use the personal details provided in the application form, from time to time, to send marketing information or contact you regarding products, services, or promotional offers offered by Bank, either directly or in collaboration with or through tie-ups with partners/third parties. By selecting preference below, you either consent to or decline being contacted by the Bank through appropriate mode of contact.
   ☐ Yes, Bank can contact me ☐ No, Bank may not contact me
8. **Amendments**
   The Bank reserves the right to revise, modify, or withdraw any of the above rules or terms at its sole discretion and without prior notice.
   Any such changes, once displayed at branches or published on the Bank's website, shall be deemed binding on all customers.

Customer Declaration

I/We hereby confirm that I/We have read, understood, and agree to be bound by the foregoing Terms and Conditions, including those relating to Aadhaar, CKYCR, and KYC compliance, as may be amended from time to time.
I/We also acknowledge that I/We have reviewed the relevant service conditions displayed on Bank's website shivalik.bank.in

*Specimen Signature/ Thumb Impression	

*Photograph
Affix Photograph

FOR OFFICE USE ONLY

Risk category Low ☐ Medium ☐ High ☐

ARN NO ☐☐☐☐☐☐☐☐☐☐☐☐

To be filled by Sourcing Staff

☐ I Confirm that I personally met the customer at permanent/Communication address. I also confirm that the customer has completed all CIF opening documentation formalities and signed form, documents and other annexures in my presence.

Emp. Name & Designation		Signature of Sourcing staff
Emp. Code		
Emp. Branch Name		

Signature of BOM/BM

☐ All information (Incl. Name and /or signature variation), as specified in the form have been verified & found to be correct.

Emp. Name & Designation		Signature
Emp. Code		
Emp. Branch Name		