SHIVALIK SMALL FINANCE BANK SAVING ACCOUNT OPENING FORM FOR INDIVIDUALS ACCT-DEP.																												
	Bra	nch :						Acco	ount N	lo.	T			Т					Т	Т		. Activ			lo			-
								Cust	omer	ID =	+					$\overline{}$	\dashv					. Ente . Chec						_
								•		 7				_	_	_					L							
Date	:						Account	Туре	е	New	,			Exis	ting	l												
Canv	vas ID /	Emp. No.					C-KYC N	lumb	er										T		Т	(Ma	ndate	ory fo	r KYC	update	reques	;t)
PI EA	SE OPI	EN AN ACC	ОШИ	T AS P	ER DE	TAILS	GIVEN F	BELO	w·																			
PLEASE OPEN AN ACCOUNT AS PER DETAILS GIVEN BELOW: BASIC SAVING (1010) SAVING SILVER PLUS (1034) SAVING GOLD (1012) SAVING DIAMOND (1013) SAVING PRIME (1035) CORPORATE SALARY SILVER (1032) CORPORATE SALARY DIAMOND (1033) OTHERS																												
Please enter initial amount Cash/Cheque Cash/Cheque Corporate Salary blawford (1033)																												
APP	LICAN	DETAILS	:																									
1st A	Applica	nt :									T							(Cust	. ID	:[T				
2nd	Applica	ant ·									÷			$\overline{}$	_		=		Cuci	ID	F	+	$\frac{1}{1}$	+	+			4
	•		+		_						_			<u> </u>	_	_	4		Cust			+						4
3rd A	Applica	int :	\perp					Ш			L								Cust	. ID	:	\perp						
MODE	Self Either or Survivor Power of Attorney Minor Self Operated Others Anyone or Survivor Former or Survivor Jointly by All Minor Guardian Operated																											
		ARD LINK	AGE ((Please	e link m	ny Aad	har card	l to S	В асс	ount)																		
Cust	t ID 1 :		Ι				Aadh	nar c	ard N	lo. :																lin	ked with i	A/c
Cust	ID 2 :						Aadh	nar c	ard N	lo. :																lin	ked with	A/c
Cust	ID 3 :		İ				Aadh	nar c	ard N	lo. :																lin	ked with	A/c
		firm that I do							om me	ntioned	ab	ove. In	case f	ound (othe	rwise,	Banl	k res	erves	the r	ight t	o con	solid	ate th	ie			
DEE	BIT CAR	D FACILIT	/ (To ap	pply for De	ebit cards,	please ti	ck your choi	ice)																				
1st A	pplica	nt		YES		NO						Classi	C IF YE	s	PI	atinu	ım*				_		Signatu	ure (Only	for YES)		_	
2nd	Applica	ant		YES		NO					7	Classi	c		PI	atinu	ım*				_						_	
3rd A	Applica	ınt		YES		NO					_	Classi	c		PI	atinu	ım*				_						_	
Note: 1. *The Rupay Platinum cards are available for select product variants only. 2. Debit Cards will not be issued for accounts with Joint mode of operation. 3. Debit Cards shall be delivered to the communication/mailing address as updated in Bank records. 4. Charges will be applicable based on card type and product variant in which account is being opened 5. By opting for a Debit Card, one agrees to the applicable T&Cs as available on the Bank's website.																												
		RVICES	. 41-	otle = 1	on!:	C																						
Ple	Please tick for availing the other banking Services : At Par/ Multicity Cheque Book SMS Banking Passbook/e-statement Internet Banking (Please fill form on page 4)																											
TURE	ign ank's	Name of 1st Applic	ant											ature Applic														
CUSTOMER SIGNATURE	Applicant(s) must sign in the presence of bank's official	Name of 2nd Applie	cant											nature Appli														
SNO	Ap in th	Name of 3rd Applic	ant											ature Applio		:												

NOMINATION Yes No. I declare that I do not wish to make nomination in my account.										
Nomination Form DA-1: Nomination under sec. 45ZA of the Banking Regulation Act, 1949 and rule2(1) of the Banking Companies										
· ·	on) Rules, 1985 in respect of bank de	•								
	to whom in the event of my / our / m		eposit in the above account may be							
returned by Shivalik Small Finance Bank Branch										
Display Nominee Name on Statement/ Passbook Yes No										
Name	Address	Relationship with Depositor, if any	Age If Nominee is a minor,his/her date of birth							
As nominee is minor on this date, I/We appoint Mr. / Ms.										
As nominee is minor on this date, I/V	ve appoint wir. / ws.									
	(Name, Addres	es & Ane)								
to receive the amount of deposit	in the account on behalf of the nominee in	3 ,	h during the minority of the nominee.							
Name, Signature, Addresses	of two witnesses, if thumb impressions obt	ained S	ignature (s)/ Thumb Impressions of Depositor(s)							
DETAILS OF RELATED PERSON (In case										
Addition of Related Person		umber (if available) :								
Related Person Type : Guardian o	f Minor Nominee Assignee	Authorized Representative	Beneficial Owner Beneficiary							
Name* P R E F I X F	I R S T N A M E I	M I D D L E N	A M E L A S T N A M E							
PAN :	UID	(Aadhar) :								
Voter ID Card : NREGA Job Card : NREGA Job Card										
Passport Number: Passport Expiry Date : D D M M Y Y Y Y Driving License : D D M M Y Y Y Y										
Others (any document notified by the ce		License Expiry Date . B B								
FATCA- CRS DECLARATION Please tid		(Any one)								
I am a tax resident of India and not			ry/ies mentioned in the table below:							
	the entity is a resident for tax purposes									
City of Birth*	Country of Birth*		ibel below.							
Address Type for Tax Purpose-	Residential Business Res	gistered Office	(- 2							
Country# Tax Identification Number%	Identification Type (TIN or Other, please specify)%		nanent Address Please note the address below							
		Communication Address	Trease note the address below							
			Landmark							
	Pir	State	Country							
# To also include USA, where the individual	is a citizen/ green card holder of USA % In c	ase Tax Identification Number is n	ot available, kindly provide functional equivalent							
	· · · · · · · · · · · · · · · · · · ·		ons and Terms & Conditions) and hereby confirm that							
the information provided by me/us on this form is true, correct, and complete and hereby accept the same. Signature										
SAVING BANK ACCOUNT RULES BASIC SAVING DEPOSIT ACCOUNT										
Basic Savings Bank Account will be opened with full KYC. There will not be any relaxation in KYC norms.										
The features and service charges are as follows:- 1)Bank may charge for value added services if provided. It can be converted to normal SB account with the request of customer.										
2)An individual is eligible to have only one 'Basic Savings Bank Deposit Account' in one bank. 3)Holders of 'Basic Savings Bank Deposit Account' will not be eligible for opening any other savings bank account in that bank. If a customer has any other existing savings bank										
account in that bank, he / she will be required to close it within 30 days from the date of opening a 'Basic Savings Bank Deposit Account'. 4)The 'Basic Savings Bank Deposit Account' should be considered as a normal banking service available to all customers, through branches.										
GENERAL RULES										
GENERAL RULES 1)Business/Trading/Partnership/Proprietary/Company/Corporations cannot open a savings account. Trusts/Societies/Charitable/Educational Institutions may open a savings account subject to conditions. The bank reserves the right to close the account incase the savings account is used for business purposes as evinced by the transaction behaviour.										
2)Adequate balance should be maintained in t	ne account before issuing a cheque.	· ·								
	3)Details of charges on funds transfer, inter branch banking and other services are available in the Service Charges & Fees Brochure. 4)The bank reserves the right to close the account in case of unsatisfactory conduct of the account.									
5)For availing passbook facility, please visit yo	6)Cheques and other instruments drawn in favour of the account holder are only accepted for collection. Third party cheques and instruments are not collected as a general rule.									
Customers should check such cheques before	depositing these in the bank.		na mandinenta are not collected as a general rule.							
7) Customer are required to maintain requisite minimum balance in the account, failing which charges as applicable are levied. 8) For compliance of RBI guidelines, KPC (Including photographs) is updated periodically after the account is opened. Customers are required to submit the desired papers/										
photograph(s) as requested by the branch. 9) Interest is calculated on daily balance available in the account as per guidelines of Reserve Bank of India. Interest is credited to account in every quarter or at the time an										
account is closed. Please refer to the bank's schedule of interest rates for applicable interest rates on Savings accounts.										

	TION IN CASE OF		by me by pers	onally calling at the coun	ter and that t	he Bank will not be	liable to pay, except as above".
Contents of t		n clearly explaine	d to me in the				ther terms & conditions have
DECLARAT	ION IN CASE OF	STAFF	Emp. Code				
				amount deposited in the hall be first in case of join		ngs to me. The acco	ount is being maintained in joint
DECLARAT	IONS/UNDERTAK	(INGS BY APPLI	CANTS				
which I/we am/are o its notice board or on banking and other fa www.shivalikbank.com any of the services of	pening with Shivalik its website and those cilities listed in this for the site maintained by completely or partially actions in the accoun	Small Finance Bar relating to various so orm. I/we am/are aw by Shivalik bank and lo without any notice t t will be made from lo	Ik and amendme ervices offered by are that the usar we have reviewe o me/us. I/we ag egitimate sources	ents there to made from tin	ne to time will mited to debit or rned by the ter We understand my account for	be binding on me/us ard/Internet banking/s ms and conditions w that the bank may at it r service charges as	rules which govern the account (s) when displayed by the bank on SMS banking/Mobile banking/Telehich are displayed on is absolute discretion discontinue applicable from time to time. I/we v. I/we declare that the information
I/We agree to	abide by the Ban	k's rules relating t	to the conduct	of the above Accounts /	Services / Pr	oducts.	
I/We declare	that I am not recip	pient of contributio	n/donation/rec	eipts from any banned o	rganization.		
or orders to r	ny account so long	g the amount is in	credit or other	wise.	ount, which m	nay be drawn by m	e/us, and to debit such cheques
	onal KYC details m						
		ig information fron	i central KYC i	Registry through SMS, E	maii on my/ot	Name:	er or/and email address.
Yours faithfully	/						
						Address:	
4.4.4	P.s.sst	01 41		Out And the			
	pplicant Thumb Impression	2nd Appli on(Male : LTI & Fo		3rd Applican		Witne	ss (In case of Thumb Impression)
						Withe	
							Signature of Witness
FAMILY BANKING	6						Signature of Witness
FAMILY BANKING Family Member	Name	Age	CIF	SB account with us/ A/c no.	Locker with us	FD with us / A/o	
		Age	CIF	SB account with us/ A/c no.	Locker with us		
Family Member		Age	CIF	SB account with us/ A/c no.			
Family Member		Age	CIF	SB account with us/ A/c no.	YES NO		
Family Member Self Father		Age	CIF	SB account with us/ A/c no.	YES NO		
Family Member Self Father Mother		Age	CIF	SB account with us/ A/c no.	YES NC		
Family Member Self Father Mother Spouse		Age	CIF	SB account with us/ A/c no.	YES NC		
Family Member Self Father Mother Spouse Children 1		Age	CIF	SB account with us/ A/c no.	YES NC		
Family Member Self Father Mother Spouse Children 1 Children 2	Name		CIF	SB account with us/ A/c no.	YES NC		e No. RF with us / A/c No.
Family Member Self Father Mother Spouse Children 1 Children 2	Name	cial			YES NC	Signature Emp. Code	e of the Branch Head
Family Member Self Father Mother Spouse Children 1 Children 2	Name	cial		SB account with us/ A/c no.	YES NC	Signature Emp. Code	e of the Branch Head
Family Member Self Father Mother Spouse Children 1 Children 2	the Authorized Office	Cial			YES NC	Signature Emp. Code	e of the Branch Head
Family Member Self Father Mother Spouse Children 1 Children 2	the Authorized Office	Cial		3	YES NC	Signature Emp. Code	e of the Branch Head For Shivalik Small
Family Member Self Father Mother Spouse Children 1 Children 2 Signature of Emp. Code ACKNOWLED Nomination recei	the Authorized Office	Cial		3	YES NC	Signature Emp. Code	e of the Branch Head For Shivalik Small

V_03_2025_1

INTERNET BANKING APPLICATION FORM											
REQUEST FOR ACTIVATIO	N OF INTERNET BANKING (Registration	of mobile no. and valid SSFB ATM Card is	s must to avail this service)								
_											
FULL NAME		DA	ATE D D M M Y Y Y Y								
DOB D M M Y Y Y Y CUSTOMER ID											
RELATIONSHIPS WITH BANK											
S.No. Name of other A/c sign in SB A/c	atories A/c Type (Single/Joint)	A/C NO.	Access Type Required (Y/N)								
			Full Access No Access View Only								
TERMS & CONDITIONS											
If the customer id of above acco	unts have mode of operation Self/Either	or Survivor, you may do the follow	ving.								
All non-financial transactions	like statement download, card block et	D.									
our backend team and further w			request which will be treated manually from check his/her authenticity. It is same like you								
	unts have mode of operation Jointy, you	cannot request for any financial	ransaction.								
I/We request you to activate net	banking facility for me so that I may initit Banking facility as published on bank's	ate self-registration process. I con	firm having read terms and conditions								
I/We submit the following inform		website and which are subject to	changes from time to time.								
a) My registered Mobile no. is		for communicating to me One-Tin	ne-Passwords (OTPs) / other alerts.								
b) My email id		is already registered with	ı you.								
c) I/We confirm that I/We have S	hivalik Bank ATM-cum-Debit Card No./F	Ref. No.	which is active.								
I/We have read & understood all	the Terms & Conditions for Internet Bar	nking Activation and agreed for the	same.								
Yours faithfully,											
S.No.	Full Name	Relationship in account	Specimen Signature								
1st applicant											
2 nd applicant											
3 rd applicant											
FOR OFFICE USE ONLY											
I hereby confirm that I have checked/updated and verified the following: Date of Birth Mobile No. ATM-cum-Debit Card Signature with bank records KYC is completed. I/we have done the necessary deduplication check on all the applicants. I have checked the mode of operation and account type as per declared by customer. I have checked/Updated email id in CBS with customer id.											
Risk Category of the customer as per CBS											
Low Risk Medium Risk High Risk											
I recommend initiation of internet ba	nking facility to the applicant.										
Checked By: (Signature Emp. Code of	Authorized Officer)	Verifi	ed By: (Signature & Emp. Code of Authorized Officer)								
Signature			Signature								
Emp. Code			Emp. Code								
Date :			Date :								
CUSTOMER ACKNOWLEDGME	NT & RULES (CUSTOMER COPY)										

- 1.Interest rates on saving account have been de-regularized by RBI. The rates may vary from time to time and will be calculated on daily basis on clear balance. The interest will be credited to savings account on quaterly basis.

 2.Nomination facility is available for all types individual's deposit accounts. Bank extends pass book facility on savings bank account.

 3.The savings bank account should be used to route transactions of only non-business/ non-commercial nature. In the event of occurrence of such transaction or any such transaction that may be constructed as commercial/ business/ dubious or undesirable, the bank reserves the right to unilaterally freeze transactions in any such account and/or close the account.

 4. Customer should carefully examine the entry made in their statement of accountry's passbook and draw passbook and draw passbook and transactions that may be discovered within 30 days from the date of entries failing which the same shall be deemed to be correct and accepted by the customer and the customer shall not be entitled to questions that the correctness/accuracy there of.

 5.The account would be treated as domant if there are not transactions in the account for a period of two apers. A request for activation of account has to be made by the customer in writing by visiting a nearest branch with his original identity proof documents acceptable to the bank. Accounts which are not operated for ten years will be marked as 'Unclaimed'.

 6. Satisfactory conduct of the account entralis maintaining stipulated average monthly balance (wherever applicable) as well as sufficient balance to honour cheques issued to third parties. If there are high incidences to the contrary, the bank reserves the right to close any account which is not operated satisfactorily dormant with prior notice.

 8. The customer needs to intimate bank in writing of any change in the contact details/address. Customers need to submit documentary proof wherever applicable.

 9. The age considered for minors is below 18 and for