



SHIVALIK SMALL FINANCE BANK

ACCOUNT OPENING FORM FOR INDIVIDUALS

ACCT-DEP.

Branch :

Account No.

Customer ID

1. Activity ID/Ref No.

2. Entered by

3. Checked by

Date :

Account Type

☐ New

☐ Existing

Canvas ID / Emp. No.

C-KYC Number

(Mandatory for KYC update request)

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

Cheque No.

Bank

Branch

Initial amount

Cash/Cheque

APPLICANT DETAILS :

1st Applicant :

Cust. ID :

2nd Applicant :

Cust. ID :

3rd Applicant :

Cust. ID :

MODE OF OPERATION

☐ Self

☐ Either or Survivor

☐ Power of Attorney

☐ Minor Self Operated

☐ Others

☐ Anyone or Survivor

☐ Former or Survivor

☐ Jointly by All

☐ Minor Guardian Operated

AADHAR CARD LINKAGE (Please link my Aadhar card to SB account)

Cust ID 1 :

Aadhar card No. :

☐ linked with A/c

Cust ID 2 :

Aadhar card No. :

☐ linked with A/c

Cust ID 3 :

Aadhar card No. :

☐ linked with A/c

☐ I/We confirm that I do not have any existing customer ID apart from mentioned above. In case found otherwise, Bank reserves the right to consolidate the customer ID's as it may decide, without any prior notice to me.

DEBIT CARD FACILITY (To apply for Debit cards, please tick your choice)

1st Applicant

☐ YES

☐ NO

☐ Classic

☐ Platinum*

Signature (Only for YES)

2nd Applicant

☐ YES

☐ NO

☐ Classic

☐ Platinum*

3rd Applicant

☐ YES

☐ NO

☐ Classic

☐ Platinum*

Note:

- *The Rupay Platinum cards are available for select product variants only.
- Debit Cards will not be issued for accounts with Joint mode of operation.
- Debit Cards shall be delivered to the communication/mailling address as updated in Bank records.
- Charges will be applicable based on card type and product variant in which account is being opened
- By opting for a Debit Card, one agrees to the applicable T&Cs as available on the Bank's website.

OTHER SERVICES

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)

CUSTOMER SIGNATURE

Applicant(s) must sign in the presence of bank's official

Name of 1st Applicant

Signature of 1st Applicant

Name of 2nd Applicant

Signature of 2nd Applicant

Name of 3rd Applicant

Signature of 3rd Applicant

Nomination Form DA-1 : Nomination under sec. 45ZA of the Banking Regulation Act, 1949 and rule2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

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

Name, Signature, Addresses of two witnesses, if thumb impressions obtained

[illegible]

Name*	P	R	E	F	I	X			F	I	R	S	T		N	A	M	E		M	I	D	D	L	E		N	A	M	E		L	A	S	T	N	A	M	E
-------	---	---	---	---	---	---	--	--	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---

[illegible]

☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country/ies mentioned in the table below:

City of Birth*

Address Type for Tax Purpose- ☐ Residential ☐ Business ☐ Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)%	Address for Tax Purpose		
			<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the address below
			Landmark		
			Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State _____	Country _____

To also include USA, where the individual is a citizen/ green card holder of USA % In case Tax Identification Number is not available, kindly provide functional equivalent

FATCA - CRS Certification: I have understood the information requirements of this form (read along with the FATCA/CRS Instructions 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 _____

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

- 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 in case the savings account is used for business purposes as evinced by the transaction behaviour.
- 2) Adequate balance should be maintained in the 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 your home branch.
- 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.
- 7) Customers are required to maintain requisite minimum balance in the account, failing which charges as applicable are levied.
- 8) For compliance of RBI guidelines, KYC (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.

☐**DECLARATION IN CASE OF ILLITERATE**

"I hereby agree that the account will be operated by me, by personally calling at the counter and that the Bank will not be liable to pay, except as above". Contents of this form have been clearly explained to me in the language I understand. The rules of the business and other terms & conditions have also been explained to me and I have understood the same."

☐**DECLARATION IN CASE OF STAFF**

Emp. Code

I hereby declare that I am the employee of Shivalik Bank and the amount deposited in the account belongs to me. The account is being maintained in joint names for the sake of convenience only. (The name of the staff shall be first in case of joint accounts).

☐**DECLARATIONS/UNDERTAKINGS BY APPLICANTS**

"I/we confirm having received, read and understood the accounts rules and hereby agree to be bound by the terms and conditions outlined in these rules which govern the account (s) which I/we am/are opening with Shivalik Small Finance Bank and amendments there to made from time to time will be binding on me/us when displayed by the bank on its notice board or on its website and those relating to various services offered by the bank including but not limited to debit card/Internet banking/SMS banking/Mobile banking/Tele-banking and other facilities listed in this form. I/we am/are aware that the usage of these facilities is governed by the terms and conditions which are displayed on www.shivalikbank.com, the site maintained by Shivalik bank and I/we have reviewed the contents of the same. I/we understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/we agree that the bank may debit my account for service charges as applicable from time to time. I/we declare that the transactions in the account will be made from legitimate sources only the account will not be used for any purpose contrary to law. I/we declare that the information furnished above is true and correct to the best of my knowledge".

☐

I/We agree to abide by the Bank's rules relating to the conduct of the above Accounts / Services / Products.

☐

I/We declare that I am not recipient of contribution/donation/receipts from any banned organization.

☐

I/We hereby authorize you to honour all cheques / orders / bills / noted drawn on this account, which may be drawn by me/us, and to debit such cheques or orders to my account so long the amount is in credit or otherwise.

☐

My/Our personal KYC details may be shared with Central KYC Registry.

☐

I/We hereby consent to receiving information from central KYC Registry through SMS, Email on my/our registered number or/and email address.

Yours faithfully

Name:

Address:

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1st Applicant**2nd Applicant****3rd Applicant****Signature/Thumb Impression(Male : LTI & Female : RTI)****Witness (In case of Thumb Impression)**
Signature of Witness**FAMILY BANKING**

Family Member	Name	Age	CIF	SB account with us/ A/c no.	Locker with us	FD with us / A/c No.	RF with us / A/c No.
Self					<input type="checkbox"/> YES <input type="checkbox"/> NO		
Father					<input type="checkbox"/> YES <input type="checkbox"/> NO		
Mother					<input type="checkbox"/> YES <input type="checkbox"/> NO		
Spouse					<input type="checkbox"/> YES <input type="checkbox"/> NO		
Children 1					<input type="checkbox"/> YES <input type="checkbox"/> NO		
Children 2					<input type="checkbox"/> YES <input type="checkbox"/> NO		

Signature of the Authorized Official

Emp. Code

Signature of the Branch Head

Emp. Code

ACKNOWLEDGMENT OF NOMINATION

Nomination received & registered on :

Registration No.

**For Shivalik Small
Finance Bank**

Account Name

Account Number

Customer ID

Authorised Signatory

INTERNET BANKING APPLICATION FORM

REQUEST FOR ACTIVATION OF INTERNET BANKING (Registration of mobile no. and valid SSFB ATM Card is must to avail this service)

DATE	D	D	M	M	Y	Y	Y	Y
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CUSTOMER ID

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RELATIONSHIPS WITH BANK :	
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S.No.	Name of other A/c signatories in SB A/c	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 accounts have mode of operation Self/Either or Survivor, you may do the following.

1. All non-financial transactions like statement download, card block etc.
2. You may request for any financial transaction like RTGS/NEFT online in a secured manner, it is only a request which will be treated manually from our backend team and further will have many validation like maker checker and calling to the customer to check his/her authenticity. It is same like you can request through email but it is faster and secure comparatively.

If the customer id of above accounts have mode of operation Jointy, you cannot request for any financial transaction.

I/We request you to activate net banking facility for me so that I may initiate self-registration process. I confirm having read terms and conditions of the Bank for providing Internet Banking facility as published on bank's website and which are subject to changes from time to time.

I/We submit the following information (this is mandatory):

- [illegible]

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-cur-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	Risk Rating	Risk Mitigation	Risk Monitoring
High	High	High	High
Medium	Medium	Medium	Medium
Low	Low	Low	Low

- ☐ Low Risk ☐ Medium Risk ☐ High Risk

I recommend initiation of internet banking facility to the applicant.

Checked By : (Signature Emp. Code of Authorized Officer) **Verified By :** (Signature & Emp. Code of Authorized Officer)

Signature _____

Emp. Code						
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Date : _____

CUSTOMER ACKNOWLEDGMENT & 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 quarterly 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 account/s/ passbook and draw bank's attention to any error/ omission/ discrepancies 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 dormant if there are no transactions in the account for a period of two years. 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 entails 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 the account under intimation to the customer. Any non-maintenance of stipulated minimum balance will attract service charges as per banks general schedule of features and charges which available with our branch and on the bank's website www.shivalikbank.com.
7. The bank reserves the right to close any account which is not operated satisfactorily dormant with prior notice.
6. 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 senior citizen is 60 years and above.
10. The bank may disclose information about customers account if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purpose of preventing fraud, without any specific consent of the customer.
11. The bank reserves the right to make any changes, alteration, cancellations in the above rules at any time without notice. Any person opening the account shall be bound by the rules governing the account.