

Lead No/Account No: \_\_\_\_\_



**Guardian Consent Customer declaration for opening Self-operated Minor Accounts Savings Account**

To,  
The Manager,  
Equitas Small Finance Bank, \_\_\_\_\_ Branch

Dear Sir/Madam,

We understand that a Self-Operated Minor Savings Account can be opened and the consent of the guardian of the minor is not required to operate the account and carry out transactions. We have understood that the product features completely and have also explained the features to the minor .....

We have understood the product features as given herein below and general terms and conditions associated with this account and agree to allow our child to open self-operated minor savings accounts with your branch.

Services	Limits
Average Monthly Balance/ Relationship Value	SA AMB of ₹ 1,000 / FD ₹10,000 / RD ₹500 PM
Mode of Operation	Singly (by self-operating Minor)
Debit Card Daily Limits	ATM - ₹5,000, POS - ₹10,000, Contactless - ₹1,000
After Conversion from Minor to Major	As per the product to which the it is migrated and T&C applicable at that time
Mobile Banking	Per transaction Limit: ₹10,000 , Per Day limit : ₹20,000
IMPS	Per transaction Limit: ₹5,000 , Per Day limit : ₹10,000

We are aware that the savings account features and channel access like Cheque -book, net banking Investment account, Locker, and overdraft facilities would not be available under the Self-operated minor savings account holders.

If guardian is an customer of Equitas UCIC: \_\_\_\_\_

Minor Name: \_\_\_\_\_ Signature \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

Place: \_\_\_\_\_ Date:

**For Bank use Only:** I hereby confirm that above declaration is signed by customer in my presence

EMP ID :                      Signature:                      BM/SOM EMP ID:                      Signature:

Lead No/Account No: \_\_\_\_\_



**Annexure - Part A and B- Customer declarations for self-operated Minor Savings Account (Please tick the one that is applicable)**

**Part A: Minor's consent to be filled only if the guardian names himself/herself as the nominee**

I hereby give my consent to my father / mother / court appointed guardian Mr/Mrs \_\_\_\_\_, nominating himself/ herself for receiving the proceeds of this account in the unfortunate event of Demise of the minor account holder.

**Part B: Nomination**

Yes, I wish to nominate (as per details below)  No, I. We do not wish to make a nomination in my/ our account and declare I/We fully understand the risk and difficulties associate with the account being under "No Nomination" category.

Nomination under section 45ZA of the Banking Regulation Act 1949 Rule 2(1) of the Banking Companies(Nomination Rules 1985in respect of Bank deposits, I/ We Nominate the following person to whom in the event of my/ our minor's dearth the amount of the above opened account / Fixed Deposits /Recurring Deposits, may be returned by Equitas Small Finance Bank

Nature of Deposit	Name of Nominee	Address	Relationship with Depositor	Age	Date of Birth

**Part C: Form 60**

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

if applied for PAN and it is not yet generated, then enter the date of application DD/MM/YYYY and acknowledgement number: \_\_\_\_\_. If PAN not applied, fill estimated total income (including income of spouse, minor child etc) as per section 64 of Income Tax Act, 1061) for the financial year which the above transaction is held

a. Agricultural Income ₹..... b. Other than Agricultural Income ₹.....

**Verification**

I .....do hereby declare that while stated above is true to the best of my knowledge and belief. I further declare that do not have a Permanent Account Number and my/our estimated total income (including income of spouse, minor child etc) computed in accordance with the provisions of Income Tax Act 1901 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax

Minor Name: \_\_\_\_\_ Signature \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

Place: \_\_\_\_\_ Date:

**For Bank use Only:** I hereby confirm that above declaration is signed by customer in my presence

EMP ID :                      Signature:                      BM/SOM EMP ID:                      Signature: