

ACCOUNT OPENING FORM FOR NON INDIVIDUAL



Customer ID
(For existing customers)

Account No.

Application No.

*PAN: *GST: DATE

*IE Code

Regn. Number of the Firm / Society with Registrar / Charity Commissioner / MHA

Date of Incorporation: Date of Commencement of Business
(in case of Public Limited Company)

*Type of Account Savings Account Current Account Fixed Deposit

Product Name _____ Branch: _____ Branch Code:

Choice Account Number: CKYC No.:

CONSTITUTION: (Please tick)

HUF PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY PARTNERSHIP PUBLIC LTD. PRIVATE LTD.
 TRUST CLUB ASSOCIATION SOCIETY GOVT. ORG./DEPT. OTHERS _____

MODE OF OPERATIONS (Please tick)

SINGLY JOINTLY SEVERALLY As Per Board Resolution

Use only **BLACK** ink pen for filling and signing. Please ensure all details are filled in **CAPITAL** letters.

ACCOUNT TITLE:

REGISTERED ADDRESS

*Address 1
*Address 2
*Address 3
*Landmark
*City *PIN
*State Country
Tel.No. - Fax -

COMMUNICATION ADDRESS

Please tick if same as Registered address

*Address 1
*Address 2
*Address 3
*Landmark
*City *PIN
*State Country
Tel.No. - Fax -

*Key Contact Person:

*Mobile no. of Key Contact Person (all SMS alerts will be sent to this mobile number by default) tick if alerts are not required

*Email ID:

ACCOUNT STATEMENT

I/We would like to receive the account statement by Email* Physical Statement**. * once in a month; ** once in 6 months

CHEQUE BOOK FACILITY (Please tick)

YES NO

QR Code (QR Code will be issued by default if not required pls tick below)

NO (we do not need a QR Code Facility)

TYPE OF BUSINESS: (Please tick)

Manufacturer Trader Retailer Service Provider Others _____

FATCA - CRS Declaration Form

Entity Type: Financial Non-financial GIIN No.: _____
 Country of Incorporation: _____ City of Incorporation: _____

1. I/We declare that the Entity is tax resident of any country other than India Yes No (If Yes, please fill Part A & B)
 2. The Controlling Person/Ultimate Beneficial Owner/ Proprietor is tax resident of any country other than India Yes No (If Yes, please fill Part C)

Part A (To be filled if YES is declared for the above statements except for Proprietorship customer)

Customer Identification No. _____ Issuing Country _____
 Address used for Tax Purpose/ reported to Tax Authorities in foreign country: Registered Communication Business Other (if business or other, provide the address)
 Address _____

Details of Country/ies in which the entity is resident for tax purpose and the associated Tax ID number:

Country	Tax Identification Number (or equivalent)	Identification Type (TIN or Other please specify)

Part B (To be filled by Non-financial entities)

Entity is: Traded in Stock Exchange Subsidiary of listed company Controlled by a listed company Not Listed
 Name of the listed company _____ Name of the stock exchange _____ Type of Non-financial Entity: Active Passive

PART C (to be filled by Passive Non Financial Entities for Controlling Person and Proprietor, use additional form for any additional controlling person or beneficial owners)

Name*: _____ Date of Birth _____
 Country of Tax Residency* _____ % Beneficial Interest _____
 PAN _____ Father's Name _____
 Residence Address _____

*Name of Controlling Person / Ultimate Beneficial Owner / Proprietor *Address reported/updated with Tax authorities

Details of Country/ies in which the controlling person is resident for tax purpose and the associated Tax ID number:

Country	Tax Identification Number (or equivalent)	Identification Type (TIN or Other please specify)

Country of Birth _____ City of Birth _____ Nationality _____

Occupation Type Service Business Other | Identification type : Passport DL PAN Gov ID Card Other

FATCA CRS Terms and Condition

The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification:

I have understood the information requirements of this Form and hereby confirm that the information provided by me on this Form is True, Correct, and Complete. I further confirm that I have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

Place: _____ Signature _____ Signature _____ Signature _____ Signature _____
 Date: _____

FOR BANK USE ONLY

Account Sourcing Date: _____ Lead Generator Code: _____ Lead Converted Code: _____ KYC Certified Code: _____
 Promo Code: _____ Segment Code(LOB): _____ Others: _____

The customer has signed in my presence and I have done KYC verification & have visited the customer at the given mailing address. I hereby declare that I have explained all details about the product and have handed over a copy of the brochure and schedule of charges and have explained all the terms and conditions in detail to the customer.

Signature _____ Emp Name _____ Emp Code _____ Date _____

Pre welcome calling done by _____

Signature _____ Signature of Branch Manager / BOM With Branch Round stamp
 Emp Code _____
 Emp Name _____

Date of welcome calling : _____ Account Sourcing Channel: _____
 Time of welcome calling : _____

ACKNOWLEDGEMENT - CUSTOMER COPY

I/We have applied for Savings Current Fixed Deposit Application No: _____

Product Name: _____ in the name of Mr/Mrs/Ms./M/s: _____

With an initial payment cheque number: _____ of Rs. _____, in words : Rs. _____

From Bank : _____. I also confirm that have read and understood the terms and conditions pertaining to the account, and the Officer: Mr. _____ has explained all the details pertaining to the account in detail.

Nomination Registered : Yes No NA Name of Nominee _____

Officer Signature: _____ Name of Bank Officer: _____ Phone Number: _____ Date _____