

Dual Name Declaration Form

Date:

To
Equitas Small Finance Bank Limited
Branch: _____

I wish to open a savings / current account with you in the name of

The documents submitted by me shows my name as (Name in documents which is not as per AOF to be mentioned)

I request you to open the account in the name as per my request herein and not as it appears in the document provided to you.

The name shall be described by me in the account opening form and accept the documents furnished by me.

I agree to abide by all the terms and conditions of the Bank that governs the opening and operation of the said account.

I state that without prejudice to the Bank's other right in law or under the terms and condition or otherwise, I shall be liable to pay damages and compensation to the Bank, which may be incurred or suffered by the Bank upon processing my request for the above mentioned product / service as requested by me relying on my aforesaid representation and the Bank shall be within its right to close the account without any reference to me. .

(Signature)

(Full Name)

Dual Signature Declaration

I, wish to open a Savings / Current account / FD / RD at your Branch.

Different Signature in Different Documents

I confirm that I used to sign in the manner available in _____ (document name).

I further confirm that I have started affixing my signature as available under _____ (document name) in which form I have signed in AOF.

No Signature Proof

I have affixed my present signature in the account opening form and do not possess any document in proof of the same.

Therefore, I have affixed the signature in the presence of your Bank Employee along with my latest identity proof document _____ to confirm my identity. A copy of the same is enclosed.

Request you to consider my signature as on the account opening forms as my present signature and specimen signature may be recorded accordingly.

Thanking You,

Yours Sincerely,

(New signature)

Bank Use Section

I hereby confirm that the customer has signed the account opening form in my presence

Name of the BM / MSS / BDM / KAM :

EMP No :

Signature of the BM / MSS / BDM / KAM