

# ELITE RELATIONSHIP INITIATION FORM - NON RESIDENT INDIVIDUALS



Application Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Application No. <input type="text"/>
<input type="checkbox"/> Face to face <input type="checkbox"/> Non face to face	I-Kit <input type="checkbox"/> Non I-Kit <input type="checkbox"/>



## ACCOUNT DETAILS

This single account opening form will be used to open multiple accounts including NRE Savings or Eva NRE Women's Savings, NRO Savings or Eva NRO Savings, NRE Fixed Deposit and NRO Fixed Deposit. Please tick whichever account(s) you want to open and cross out whichever is not required.

1<sup>st</sup> Applicant ..... Name ..... Existing Customer ID: ..... (If any)  
 2<sup>nd</sup> Applicant ..... Name ..... Existing Customer ID: ..... (If any)

Please open my  NRE Savings A/C    NRO Savings A/C    Eva NRE Womens's Account    Eva NRO Womens's Account  
 NRE Fixed Deposit    NRO Fixed Deposit    NRE CA    NRO CA    Both (\*Please fill nomination DA1 Form separately for FD A/c at the time of opening SB & FD)

Preferred Branch Name/ City..... Branch Code.....  
 Mode of Operation:  Single    Either or survivor    Jointly (debit / ATM card not applicable)    Anyone or Survivor    Minor under guardian

## MODE OF FUNDING

- Cheque (Cheque should be crossed A/c payee and drawn payable to Equitas Small Finance Bank A/c <Applicant Name>)  
 NIL IP Approval    Debit from my Account No..... for opening FD-NRE/ NRO/NROSB

Product	Total Amount INR	Cheque No	Cheque Date	Bank Name
NRE				
NRO				

## TERM DEPOSIT DETAILS

**Rupee Deposit:**    NRE    NRO   Period:..... month(s)..... day(s)  
 \*\*Amount Rs..... (In words).....  
**Nomination**    No    Yes (Please fill a separate nomination form, If no separate nomination default nominee would be as in savings account)

Interest Frequency (tick any one below)	Maturity Instruction (tick any one below)
<b>Payout</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<input type="checkbox"/> Auto renew principal <input type="checkbox"/> Repay principal
<b>Reinvestment</b> <input type="checkbox"/> Cumulative(Default)	<input type="checkbox"/> Auto renew principal & interest <input type="checkbox"/> Auto renew principal & pay interest <input type="checkbox"/> Repay principal & interest <small>(Default if not ticked)</small>

Interest Payment Instruction -  Credit my Equitas Account No. .... OR  
 Credit my Account No..... with..... Bank.....City  
 Account Type..... Branch..... IFSC Code..... (Please attach a cancelled cheque of the account)

#For NRO DTAA benefits in TDS please submit Tax Residency Certificate. \*\*Maximum Retail Fixed Deposit Value is less than Rs. 2 Crores. Please use separate FD Application form for booking Bulk Fixed Deposits of value of Rs. 2 Crores and above.

\*Pre-closure penalty of 1% apply on the NRO Fixed Deposits when Pre-closed before the completion of 6 months from the Date of Booking of the Deposit.

## FIRST APPLICANT PERSONAL DETAILS

<b>PREFIX</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>
*Mother's Maiden Name:.....		Father's Name: .....	
* <input type="checkbox"/> PAN Card No...../ <input type="checkbox"/> Form 60(Fill Annexure - Page ii)		DOB ..... Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG	
*Passport No. ....		Issuing country .....	
*Passport Date of Issue.....		*Place of Issue: ..... *Expiry Date: .....	
*Type of Visa: .....		*Place of Issue..... *Visa Issue Date: ..... *Visa Expiry Date:..... <small>(Visitor &amp; Business Visas are not allowed)</small>	
*OCI Card Number : .....		Date of Issue :..... Place of Issue :..... Expiry Date.....	
*For Seafarers CDC No : .....		Place of Issue :..... Issued Date :..... Expiry Date.....	
*Status <input type="checkbox"/> NRI <input type="checkbox"/> Foreign Citizen of Indian Origin(PIO)		<input type="checkbox"/> Foreign Citizen of Non Indian Origin(Foreigner)	
*Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Spouse Name..... Minor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Are you U.S. Person? <input type="checkbox"/> <b>Yes, I am</b> <input type="checkbox"/> USA Citizen <input type="checkbox"/> Green Card Holder <input type="checkbox"/> Born in USA <input type="checkbox"/> <b>No, I am not U.S. Person</b> (As required under FATCA)			
*Country of Residence .....		*Nationality ..... Social Security No. (US Resident) :.....	
Aadhaar No. ....		I don't have Aadhaar Card <input type="checkbox"/>	

In case the applicant is a minor please mention guardians name in the 2nd applicant's name. (Minor declaration need to be filled separately)

Use my Mobile Number as 10 digits of account number as provided for First Applicant. I/We agree to the terms and conditions of My Favourite Number program and understand that the allocation of account numbers shall be done on best efforts basis subject to the availability.

## FIRST APPLICANT INDIAN ADDRESS

Please tick where your correspondence is to be sent  Indian#  Overseas# (If None ticked, correspondence will be sent to Indian Address)  
 • Please note that all communication (including cheque book, Debit / ATM Card, PIN Mailer & a/c statements) is sent to the communication address of 1st Applicant as opted above.  
 • For Seafarers, communication sent to Indian address only.

Address : .....  
 .....  
 \*City: ..... \*State: .....  
 \*Country: ..... \*Postal/Zip Code: .....  
 \*Indian Mobile No: **+91** ..... Number ..... Indian Land Line No: **+91** ..... Area Code ..... Number .....

## FIRST APPLICANT CURRENT OVERSEAS ADDRESS

• For Seafarers, Overseas address to be filled as per Offer / Appointment letter issued by the Foreign company.

Address : .....  
 .....  
 \*City: ..... \*State: .....  
 \*Country: ..... \*Postal/Zip Code: .....  
 \*Overseas Mobile No: **+** ..... Country Code ..... Number ..... Overseas Land Line No: **+** ..... Country Code ..... Area Code ..... Number .....  
 \*SMS/OTP Alerts to be sent:  Overseas Mobile No  Indian Mobile No  
(Please ✓ any one)  
 \*Email ID .....  
 \*SMS, Transactional One Time Password (OTP) and Email alerts will be sent only to the mobile number and email id as opted above.

## FIRST APPLICANT OCCUPATION & ACCOUNT ACTIVITY:

\*Purpose of this Account:  Household Expenses  Savings/Investments  Others(Please specify) .....  
 \*Source of funds  Salary  Business Income  Inheritance  Investments  Savings  Sale of Property  others.....  
 \*No. of years in Foreign Country  upto 2 years  2-5 years  Above 5 years  
 \*Occupation Type  Salaried  Self-employed  Business  Student  Seafarer  IT  
 Housewife  Unemployed  Retired  others.....  
 a) If salaried, employed with  Public Ltd. Company  Govt.  Private Ltd. Company  PSU  MNC  others.....  
 Name of the Employer ..... Designation .....  
 b) If Self-employed, profession  CA  Doctor  Trader  Lawyer  Exporter/Importer  Engineer  others.....  
 c) If in business since  Years  Months Date of Incorporation .....  
 Nature of Business  Manufacturing  Service Provider  Agriculture  Stock Broker  Trader  Real Estate  Others.....  
 Name of the Company/ Firm .....  
 Type of Company/ Firm  Public Limited  Private Limited  Proprietorship  Partnership  others.....  
 \*Name of Currency in which you are earning .....  
 \*Annual Family Income(Equivalent)  < USD 30,000  < USD 30,000-48,000  < USD 48,000-72,000  < USD 72,000-1,20,000  > USD 1,20,000

## PIO DECLARATION

I hereby declare that I am a Person of Indian Origin and confirm that: (Please pick a choice applicable to you)

- A) I held an Indian Passport in the past (or)  
 B) I belong to a territory that became part of India after the 15<sup>th</sup> Day of August, 1947 (or)  
 C) I am a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955)  
 D) I am a child/ a grandchild/ a great grandchild, who is/ was a citizen of India or of a person referred to in clause A or B (or)

I am a spouse of foreign origin of a citizen of India or spouse of foreign origin of a person referred to in clause A or B or C or D

I am attaching herewith the supporting documents in proof of my declaration.

- 1)  OCI Card No. .... 1<sup>st</sup> Applicant Card No ..... Issued On: .....  
 2)  OCI Card No. .... 2<sup>nd</sup> Applicant Card No ..... Issued On: .....  
 3)  Other (Please specify):- .....

Please attach Supportive Document to establish PIO status is mandatory to open NR Account.

1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Grand Father Name	Grand Father Name
Spouse Name	Spouse Name
1 <sup>st</sup> Applicant Name	2 <sup>nd</sup> Applicant Name
Country of Passport	Country of Passport
Passport No	Passport No
PIO First Applicant	PIO Second Applicant
Signature	Signature



## CHANNEL ACCESS REQUEST

Technology Access	Internet Banking	Mobile Banking	Insta Alerts	Bank Statements*
FIRST APPLICANT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email <input type="checkbox"/> Physical
SECOND APPLICANT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email

\*If no option is selected, E-mail would be treated as default choice wherever E-mail ID is available

Channel Access - NRE Accounts	Debit Card	Cheque Book
FIRST APPLICANT	<input type="checkbox"/> ELITE International NRE Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECOND APPLICANT	<input type="checkbox"/> ELITE International NRE Debit Card	

Channel Access - NRO Accounts	Debit Card	Cheque Book
FIRST APPLICANT	<input type="checkbox"/> Domestic Rupay Classic Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECOND APPLICANT	<input type="checkbox"/> Domestic Rupay Classic Debit Card	

- **E-statements:** E-statements for all accounts linked to the Customer ID of the 1st applicant will be sent on the email ID registered as per the Bank's records.
- **SMS and Email Alerts:** Subscription to SMS & Email Alerts and subsequent modifications of the threshold limits can also be done through submitting request at branch.
- **Default Alerts:** Any Debit / Credit transactions, Any changes in Account Balance, Salary Credit & Overdraft Alerts will be communicated to A/c Holder(s).
- **Channel Access Request:** Net Banking Password and ATM PIN for the Debit card can be generated using the Signup Option in the Retail Net Banking Login Page.

### 1. CLIENT DECLARATION FOR PRODUCT AND SERVICE AVAILED OUTSIDE THE HOME COUNTRY

Is the Application Filled in India  Yes  No (If yes, please fill the details below)

(Tick "No" for Non Face to Face Application)

I/We hereby certify that I am/we are the resident(s) of .....(overseas country) and that we have availed of this product/ facility/ service on a trip to INDIA and submitted all documents relating to such product or service while in (City/Town) ....., in India hereby represent, warrant, agree and undertake on a continuing basis that: (a) There are/shall be no legal or regulatory prohibitions, violation or impediments against my/ our maintaining my/our relationship with Equitas Small Finance Bank Ltd. (the Bank), including making the aforementioned investment(s)/ availing myself/ ourselves of the aforementioned facilities or services from time to time. (b) In making the aforementioned investment(s) availing myself/ourselves of the aforementioned facilities or services from time to time. I/we shall ensure that I/We are in full compliance with all laws and regulations, including, without limitation, all applicable exchange control/ taxation laws/ regulations in my/our home country. I/We have already obtained/ shall obtain all necessary regulatory approvals, if required, in connection with any such transactions and shall promptly make all necessary regulatory reporting, if required, to the relevant authorities in my/our home country and I/We agree to furnish to the Bank, upon request copies of the approvals/reports, if any. (c) All decisions to make the aforementioned investment(s)/ availed of the aforementioned facilities or services from time to time are/shall be my/our own independent decisions, and are not made in reliance on any views or opinions, if any, as may be expressed by the Bank or its representatives from time to time, and are arrived at after personal analysis and careful consideration of the risks, benefits, terms and conditions taking into account my/our investments objectives, financial situation and particular/specific requirements and needs. I/We acknowledge that the Bank relies on my/our representations, warranties, undertakings and statements contained herein in agreeing to establish/continue the relationship with me/us and in agreeing to provide the aforementioned facilities/services to us from time to time.

### 2. PEP DECLARATION

**PEP Declaration :** Politically Exposed Persons(PEP) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State-Owned Corporations, Important Political Party Officials, etc. In addition, a 'Politically Exposed Person' includes the immediate family members of a Politically Exposed Person such as spouses, children, parents and other relatives. Politically Exposed Person includes even close associates like advisors, secretaries and other associates of a Politically Exposed Person who conduct transactions on behalf of a Politically Exposed Person.

Please tick Yes / No mandatorily (If Yes, Please Fill separate AML Form for all applicants)

Is the 1st applicant Politically Exposed or Related to PEP  Yes  No

Is the 2nd applicant Politically Exposed or Related to PEP  Yes  No

### 3. GENERAL DECLARATION

The eligibility criteria for ELITE Relationship is Combined ELITE Family TRV of INR 25 Lacs (or) Combined ELITE Family Savings AMB of INR 5 Lacs. ELITE measures only Family/ Group Level Relationship of the client with Equitas Bank with maximum Family Members allowed at 8 per Family/ Group. The eligibility criteria will be evaluated once in six months for the programme. \*TRV includes the average monthly savings and salary account balances, Fixed deposit value, Mutual funds and Insurance premium paid with Equitas Bank. I/We have read and understood the Terms and Conditions governing the opening of an account with EQUITAS SMALL FINANCE BANK and those relating to various services including but not limited to (a) ATMs (b) Phone Banking (c) Net Banking (d) Debit Cards (e) Mobile Banking (f) Bill Pay facility (g) Insta Alert Facility (h) Email Statements. I/ we accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially with 30 days notice to me / us and or provide an option to switch to other services to me/ us. I/We am/are aware and agree that the Bank may debit my account for service charges as applicable from time to time. I/ we authorise the Bank to disclose, from time to time any information relating to my savings account to any parents/ subsidiary, affiliate and associate of EQUITAS SMALL FINANCE BANK, and to the third parties engaged by the bank, for purposes of servicing my account.

i. I /We hereby declare that I am/we are Non-Resident Indian(s) or PIO(s) of Indian origin as defined under Foreign Exchange Management Act (1999) and the applicable regulations, rules, notification, direction, or order made thereunder (collective, "FEMA"). I/ We understand that the above account is opened based on the statements/ declarations made by me/us, documents produced by me/us. I/we also agree that if any of the statements / declarations made herein is found to be not correct in material particulars you are not bound to pay any interest on the deposit made by me/us and further you are entitled to close my/our accounts. I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival and would close or convert the NR accounts into a Resident account wherever such account is possible to hold and maintained with Equitas Small Finance Bank.

ii. I/We agree that no claim will be made by me/us for any interest on the deposit(s) for any period after the date(s) of maturity of the deposit(s). In respect of deposit not withdrawn or renewed after maturity, interest payable by the Bank shall be as applicable to SB account and not at the contracted rate post the maturity date.

iii. Interest will not be paid on deposits if the NRO term deposit has not been held for a minimum period of 7 days. Similarly for NRE term deposit, no interest will be paid if the deposit is not held for a minimum period of 12 months.

iv. The Bank computes interest based on 365 days a year irrespective of the actual number of days in the year including leap year.

v. I/ We agree that the bank to consider any credit confirmations like sources of funds, purpose of transaction etc., through my/our Email ID Registered with the Bank.

vi. I/We agree to abide by the provisions of the Non-Resident (External) Account / Non-Resident (Ordinary) Account Scheme / Debit cards and for other products availed by me / us as specified in the FEMA and RBI guidelines issued time to time.

vii. I/We understand that Equitas Small Finance Bank does not offer Foreign Currency Non-Resident (FCNR) Deposits and Resident Foreign Currency (RFC) Deposits.



**GENERAL DECLARATION CONTINUED...**

viii. I/We would confirm that all debits to my / our accounts for the purpose of investment in India and credits representing sale proceeds of investments in India are covered either by general or special permission of RBI. I will ensure that investments in shares / securities or immovable properties in India out of funds held in my / our account with you are governed by respective regulations of Reserve Bank of India. The Savings Bank Account would be used to route transactions of only non-business/non-commercial nature, in the event of occurrence of such transactions or any such transactions that may be construed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and/or close the accounts, and the bank shall have the authority to report such instance to regulator as the case may be.

ix. I/We hereby declare that only Legitimate dues in India which would include current income like rent, dividend, pension, interest etc., sale proceeds of assets including immovable property acquired out of rupee/foreign currency funds or by way of legacy/inheritance will be deposited in my/our NRO Account. I am / We are aware that the Credits representing gift / donation / loan from a resident Indian cannot be credited into the NRO account held with the Bank and I/We shall ensure that such credits are not made into the NRO account. In such event, Bank shall have the right to freeze or close the accounts.

x. I/We have understood that I/We am/are required to maintain combined Average Monthly Balance (AMB) of INR 5 Lacs at a Family / Group Level (or) Combined Family Total Relationship Value (TRV)\* of INR 25 Lacs as applicable for NRE/NRO Savings account. The evaluation for eligibility criteria of the programme will be done once in six months. I/We are further aware that on non-fulfillment of the eligibility criteria the Bank reserves the right to regrade the customer or simply withdraw the prevailing Program Features, with or without prior intimation. In case a customer has originally signed up for ELITE Relationship at the time of account opening and has failed to maintain any one of the mentioned eligibility criteria, his relationship will be converted to default EQUITAS Regular Savings Account. In case a customer has been upgraded to ELITE Relationship and has failed to maintain any one of the eligibility criteria, his relationship will be regraded to the respective account which was originally signed up by him prior to upgrade. I am / We are also aware that the charges, as above are subject to changes, at the sole discretion of the Bank.

xi. I/We will refer the latest fees & charges schedule and Terms and Conditions for NRE/NRO Savings Account/ Fixed Deposits on www.equitasbank.com and also at the Bank Branch.

xii. In the event of the death of one of the depositors, premature termination and payment of Term Deposits held in 'Either or Survivor' or Former or Survivor' or 'any one' basis shall be allowed to survivor /s. Such payment to survivor/s shall give valid discharge to the bank. Such premature withdrawal shall not attract any penal charge. However, the interest rate shall be the rate applicable for the period the deposit has remained with the bank or the contracted rate, whichever is lower.

xiii. I/We Further affirm that payment of the proceeds of such deposit to the survivor represents a valid discharge of the bank's liability provided. (i) There is no order from a competent court restraining the bank from making the payment from the said account. (ii) That the survivor would be receiving the payment from the bank as a trustee of the legal heirs of the deceased depositor and that such payment to him/her shall not affect the right or claim that any person/s may have against the survivor to whom the payment is made.

xiv. Where the deposit is held singly and premature withdrawal is required by the nominee in the event of death of the deposit holder. (i) In the event of my death of the depositor, the nominee named for the deposit is entitled to prematurely withdraw the said deposit, if he/she so requests the bank, without seeking the concurrence of the legal heirs of the depositors. I/We further affirm that payment of the proceeds of such deposit to the nominee represents a valid discharge of the bank's liability (ii) That the nominee would be receiving the payment from the bank as a trustee of the legal heirs of the deceased depositor and that such payment to him/her shall not affect the right or claim that my legal heirs may have against the nominee to whom the payment is made.

xv. I/ We hereby request the Bank, its Affiliates and the representatives, associates, service providers and employers of the Bank and its Affiliates, to contact me/us by telephone, or any other possible mode to communicate with me from time to time in connection with servicing issues pertaining to the products/ relationship which I/We have with the Bank or its Affiliates from time to time. In addition to the above, the Bank, its Affiliates and the representatives, associates, service providers and employees of the Bank, its Affiliates may contact me/us from time to time by telephone, or any other possible mode to communicate in connection with new products, services of the Bank or its Affiliates. I/We shall indemnify the Bank and its representatives, employees and agents against all losses, costs, expenses, suits, damages whatsoever arising out of or in connection with their assistance and their services that may be provided to me/us for helping me/us invest in the aforementioned products/ avail myself/ourselves of the aforementioned facilities or services in my/our name (s).

xvi. I/We understand that in case I/We do not wish to receive promotional information through telephone calls / email / sms on products and services not currently availed by me, I can register for "Do Not Call" service through the Bank's website www.equitasbank.com or other channels that the Bank may offer. I agree that this service will not apply to receipt of advice and information regarding products and services currently availed by me, to help me in fully realizing the benefits of the range of financial solutions designed to make my banking relationship value added and more convenient.

xvii. I am/We are aware that I am/We are not permitted to utilize the funds held by me in my NRO account for discharging my payment obligations in foreign currency in respect of transactions carried out by me outside India using credit card with international validity issued by any Bank.

I/ We have read and made the various declarations set forth as well as in the above sections 1 to 3 and in the website of this form and in the website of the Bank. I/We hereby agree to all the terms and conditions and will abide by them.



I/We hereby confirm that the Bank engages business correspondents, selling agents and Business Facilitators for the purpose of selling/promoting its financial products viz deposits, loans etc and we have no objection for the bank to share our contact details with them and receiving calls from them. I am/we are, also aware that I/we have the right to approach the nodal officer or customer care department of the bank in case of any grievance in respect of the conduct of such persons/entities. NRE and NRO Current Accounts are non-interest bearing accounts.

Date: \_\_\_/\_\_\_/\_\_\_

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


**PHOTO**

PLEASE PASTE LATEST  
PASSPORT SIZE PHOTO OF THE  
**FIRST APPLICANT**  
PHOTO TO BE SIGNED ACROSS  
FIRST APPLICANT SIGN BELOW

Do not sign this form if it is BLANK, please ensure all relevant sections and columns are complete, filled to your satisfaction and then only sign the form.

PLEASE PASTE LATEST  
PASSPORT SIZE PHOTO OF THE  
**SECOND APPLICANT**  
PHOTO TO BE SIGNED ACROSS  
FIRST APPLICANT SIGN BELOW





**NRI/PIO FIRST APPLICANT**



**NRI/PIO SECOND APPLICANT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

NRI - You should have put two signatures on form till this page  
PIO - You should have put three signatures on form till this page

## FATCA DECLARATION (MANDATORY INFORMATION)

Please tick, if you are a Tax Resident of any Country outside India.

If you do not tick, it is your affirmation that you are a tax resident of India and not of any other foreign country

For seafarers Country of residence should be filled as per Appointment / Offer Letter Issued by Foreign Company's Overseas Country, Mention TIN Number as (NA/Not Applicable)

For First time Travelling to Overseas as NRI need not provide TIN number, only to mention Name of the Overseas Country, Mention TIN Number as (NA/Not Applicable)

Status details for	First Applicant	Second Applicant
I am a tax resident of India and not of any other Country	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
City of Birth		
Country of Birth#		
Address Type for Tax Purpose	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
I am a tax resident of the countries mentioned below	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country Name#		
Tax Identification Number (TIN) %		
Identification Type (TIN/ Other % - Please specify)		
Address for Tax Purpose	PIN..... State.....	PIN..... State.....
Address Type for Tax Purpose	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
<b>Signatures</b>	<b>NRI/PIO FIRST APPLICANT</b> 	<b>NRI/PIO SECOND APPLICANT</b> 

# 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.

**Certification:** I/We have understood the information requirements of this Form as per the CBDT notified Rules 114F to 114H and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the Terms and Conditions below and hereby accept the same. I/We understand that my personal details as provided /available in the bank records will be used for CBDT reporting / Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS / Email.

**CBDT Terms and Conditions :** The Central Board of Direct Taxes (CBDT) has notified 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. Towards compliance,I/We may also be required to provide information to any institutions such as 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 to advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Equitas Small Finance Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

	FATCA/ CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
		If customer does not agree to be Specified U.S. person/ reportable person status
1	U.S. place of birth	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); <b>AND</b> 3. <b>Any one</b> of the following documents: a. Certified Copy of "Certificate of Loss of Nationality or b. Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
2	Residence/ mailing address in a country other than India	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; <b>and</b> 2. Documentary evidence (refer list below)
3	Telephone number in a country other than India (and no telephone number in India provided)	1. Self-certification (in attached format) that the account holder is neither a citizen of United States of America nor a resident for tax purposes; <b>and</b> 2. Documentary evidence (refer list below)

NRI - You should have put three signatures on form till this page

PIO - You should have put four signatures on form till this page

**NOMINEE ADDITION - FORM DA1**

I wish to  Nominate  I do not wish to Nominate##

Nomination under section 45ZA of the Banking Regulation Act.- 1949, and the Rule 2(1) of The Banking Companies (Nomination) Rules, 1985, in respect of bank deposits,

I/We ..... Address(es) .....

nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit in the account(s) opened with this application form may be returned by Equitas SFB.

Nominee Name ..... Address.....

\*City.....\*Pin Code..... State.....Contact No.....

Relationship with depositor, if any ..... Age..... DOB .....

As the nominee is a minor on this date, I/We appoint Shri / Smt / Kum ..... Age ..... DOB .....

Relation with Minor Nominee....., to receive the amount of the deposit on behalf of the nominee, in the event of my/our/minor's death during the minority of the nominee.

Signature(s) /Thumb Impression(s)\*\*\*



Date & Place.....

Signature of First Witness...

Signature of Second Witness...

Witness Name & Address

Witness Name & Address

\*Strike out if nominee is not a minor \*\*\*Thumb impression(s) shall be attested by two witnesses ##Please Sign No Nomination Declaration below

<p><b>Applicable, if No Nomination is provided in a Single Holder A/c</b></p> <p>The Bank, through its authorized representative had explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and am fully aware of the hardships my legal heirs would face in the event of my death without nomination registered in your Bank records.</p> <p>..... Applicant(s) Signature</p>	<p><b>FOR BANK USE ONLY</b></p> <p>I have clearly explained to the customer the advantages of nomination facility and inspite of the same he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination</p> <p>..... Employee Signature &amp; Code</p>
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**FOR BANK USE ONLY  Face to Face  Non Face to Face**

INSTA KIT  Yes  No ( If Yes, fill Customer ID & Account No. below )

	Customer ID	Account No. NRE/NRO	Customer Category	Document Submitted	Photo
1 <sup>st</sup> Applicant only	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Address Proof	<input type="checkbox"/>
2 <sup>nd</sup> Applicant only	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Address Proof	<input type="checkbox"/>

Branch Codes ..... LG Code ..... LC Code .....

Value Date ..... Funds Parked A/c No. .... UDN .....

Business RM - Assigned	
Employee Name	
Employee Code	

Service RM - Assigned	
Employee Name	
Employee Code	

Customer Signed in my presence	Emp Name		Signature
	Emp Code		

Tele Confirmation Done	Emp Name		Signature
	Emp Code		

Branch Stamp with Date

CPU Stamp with Date

CSO/RM Signature & Date      BDM/BM Signature & Date

DVU Signature & Date      FCU Signature & Date

NRI - You should have put four signatures on form till this page

PIO - You should have put five signatures on form till this page

# ELITE SET-UP

## Family Members Details

S.No	Family Member Name	Cust ID(or)PAN	Relationship with Primary Members	Signature of the Members
1			PRIMARY - SELF	5 SIGN HERE
2				SIGN HERE
3				SIGN HERE
4				SIGN HERE
5				SIGN HERE
6				SIGN HERE
7				SIGN HERE
8				SIGN HERE

### Note:

1. First name and Signature of the family member to be tagged as Primary.
2. Following family relationships can be currently configured:
  - Husband • Wife • Spouse • Son • Daughter • Father • Mother • Brother • Sister • Grand Father • Grand Mother • Grand Son
  - Grand Daughter • Son-in-law • Daughter-in-law • Father-in-law • Mother-in-law • HUF
3. Equitas Bank reserves the right to change the benefits offered as part of the services.
4. If the balances required as per Programme eligibility are not fulfilled (or for any other reason as deemed fit by the Bank), the Bank reserves the right to regrade the customer or simply withdraw the prevailing Programme Features, with or without prior intimation. However, evaluation will be done once in six months.
5. In case a customer has been upgraded to ELITE Relationship and has failed to maintain the eligibility criteria of the programme, the relationship will be regraded to the respective account which was originally signed up before the upgrade.
6. In case of withdrawal of Programme entitlement, all or selective programme features (e.g., discounts, services etc.) will be withdrawn and instead the minimum balance requirements, fees and charges will be applicable as per the standalone Product / Account variant/s held by the customer. The Bank shall not be responsible / liable in any manner whatsoever for any costs, losses, damages or expenses, or other consequences, caused by reason of such instance/ migration/regrade.
  - I/We want to upgrade/ avail ELITE relationship offering for all Savings Accounts under the above-mentioned customer ID (or Customer ID linked to PAN Number).
  - I/We confirm having read the terms & conditions of ELITE relationship offering available on website [www.equitasbank.com](http://www.equitasbank.com) and will abide by the same.



**ADDITIONAL DECLARATIONS** (PLEASE FILL IF APPLICABLE)

**TEMPORARY ENTRY/WORK/RESIDENCE VISA DECLARATION**

The Manager,  
Equitas Small Finance Bank

\_\_\_\_\_ Branch

I/We..... (Name of Account Holder/s), the undersigned, are desirous of opening a NRE/NRO Account with Equitas Small Finance Bank.

I/ We have submitted to the Bank my/our Entry/Work/Residence Visa/ dated.....(visa issuance date/s) expiring on..... (visa expiry date/s) for this purpose.

I/We hereby agree to furnish the Bank with the copy(ies) of my/ our regular visa(s) immediately on issuance and confirm that I/we have no objection if the Bank freezes transactions in the said account(s) or closes the said account(s) in case of my/our non-submission of regular visa copy(ies) within 3 months from the date of expiry of visa.

I/ We also confirm that this procedure will also apply in case I/we are joint holders of the account(s).

Signatures  **FIRST APPLICANT**  **SECOND APPLICANT**

**MERCHANT NAVY DECLARATION FORM**

Date:  
The Manager  
Equitas Small Finance Bank  
Branch .....

Dear Sir, Re: Declaration

**Part A - Declaration by Mariner who is on break**

I hereby confirm that I have just returned after completion of my contract with \_\_\_\_\_ (Company)

Registered in..... (Address of the principals).

I am on break for..... days / months and will be joining on a new contract on / by....., with same company or a new/different company.....

I request you to kindly open an NRE/NRO account in my name on the basis of the following documents submitted.

- Passport copies indicating my previous trip abroad
- Most recent contract copy
- Copy of CDC Book

**Part B Applicable for 1<sup>st</sup> Time Sailor**

Declaration by Mariner proceeding for voyage on fresh contract

I hereby confirm that I am proceeding on a contract with..... (company) registered in

..... (address of the principals).

I will be joining on the contract on/ by.....

I request you to kindly open an NRE/NRO account in my name on the basis of the following documents submitted:

- Passport copy
- Contract confirmation

I understand that the account will be opened with block status and I will not have access to the same until I submit the following documents:

- Passport pages showing exit & entry stamp of my journey outside India
- Contract copy
- Visa
- Copy of CDC Book indicating the trip abroad (applicable for cargo ship)

I also confirm that I will inform the bank in case I am unable to proceed on the contract and have the non-resident accounts opened in my name redesignated to resident accounts

Yours Sincerely,



**ACKNOWLEDGEMENT**

No charges levied for account opening Serial No. ....

Customer Name: Mr. / Ms. / Mrs. / Dr. / Prof.....

Amount of Rs..... ps..... paid by Cheque No.....

Nominee Name:.....

Name of Bank Official .....

Date.....

Signature of Bank Official

Nomination Form Submitted:  Yes  No

## 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 and 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, 1961) for the financial year in which the above transaction is held

A. Agricultural Income Rs.....	B. Other than Agricultural Income Rs.....
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### Verification

I, ..... do hereby declare that what is stated above is true to the best of my knowledge and belief, I further declare that I 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, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today, the ..... day of ..... 20.....

Date....., Place.....

Applicant Signature

## MINOR DECLARATION FORM

Type of Guardian:  Father  Mother  Court Appointed  Testamentary Guardian

Full Name of Guardian Mr./Ms. ....

I hereby declare that the date of birth of the minor who is my ..... is DD/MM/YYYY and I am his/her natural and lawful guardian/ guardian appointed by court order, dated \_\_\_\_/\_\_\_\_/\_\_\_\_ (Copy Enclosed). I shall represent the said minor in all future transactions of any descriptions in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Guardian Signature



#### Phone Banking

Toll Free Number : 1800 300 1222

Non Toll Free Number : +91-44-3089 8888

(From any country)



#### Email

nri@equitasbank.com



#### Net Banking

www.equitasbank.com

Customer Copy