

Capital Small Finance Bank

Sr.No.

A/c no.

Cust id 1									
Cust id 2									
Cust id 3									

RESIDENT INDIVIDUAL ACCOUNT OPENING FORM (Saving/Term Deposit/Individual Current)

1. Any one OVD and
2. PAN Card OR Form 60

Documents Required

OVD's (Officially Valid Documents)

1. Passport
2. Voter's Identity Card
3. Driving License
4. Job Card issued by NREGA
5. Letter issued by UIDAI
6. Letter issued by NPR (National Population Register)

Deemed to be OVD's (Limited Purpose)

(Please submit ovd with current address with in 3 month of account opening)

1. Utility bills-Electricity, telephone, postpaid mobile phone, piped gas, water bill.
2. Property or municipal tax receipt.
3. Pension or family pension payment orders issued to retired employees by Govt Dept/PSU.
4. Letter of allotment of accomodation from employer (as stated in policy)

(Bank reserves the right for calling additional information/document depending upon the risk categorisation of the customer.)

Senior Citizen's Account

In case age proof is not available in any of the above documents then any one from the following documents is required.

1. Birth Certificate
2. School Leaving Certificate
3. Life Insurance Policy
4. Pension Card

Particulars of Documents obtained for Account Opening

Particulars	First ID Details	Second ID Details
1st Applicant	ID Type _____ ID No.&Date _____ Issuing Authority _____	ID Type _____ ID No.&Date _____ Issuing Authority _____
2nd Applicant	ID Type _____ ID No.&Date _____ Issuing Authority _____	ID Type _____ ID No.&Date _____ Issuing Authority _____
3rd Applicant	ID Type _____ ID No.&Date _____ Issuing Authority _____	ID Type _____ ID No.&Date _____ Issuing Authority _____

FOR BANK USE

Sourced By

Signature

Emp.Name _____

E.Code _____

Permitted to open Account
KYC Compliance Officer

Signature

Emp.Name _____

E.Code _____

Back Office Inputter

Signature

Emp.Name _____

E.Code _____

I hereby declare that I have personally met the customer at his/her communication address
(In case communication/mailling address is different from permanent address)

Signature

Emp.Name _____

E.Code _____

(DM & Above)

Branch Head

Signature

Emp.Name _____

E.Code _____

Authorizer

Signature

Emp.Name _____

E.Code _____

APPLICANT-1

*Fields are Mandatory

Customer ID Risk Categorisation

*Name

*DOB *Marital Status Single Married Others _____

*Gender Male Female Trans gender *Nationality Indian Others _____

*Caste category General OBC SC ST *Occupation

Voter ID Passport No. PAN

Driving Licence AADHAAR

FORM 60 *Religion *Qualification

*Father's Name

*Mother's Name

*Spouse Name

*Permanent Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

Mailing Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

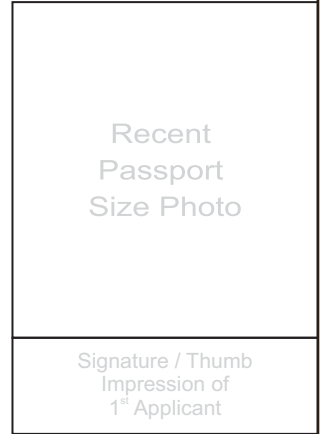
Email ID

*Income Slab: 0-2 Lac >2-5 Lac >5-10 Lac >10-25 Lac > 25 Lac

*Source of Funds Salary Pension Business Income Agriculture Investment Income Rental Others Please Specify _____

*Net Worth Upto Rs. 100 Lac Above Rs. 100 Lac to 200 Lac Above Rs. 200 Lac To 500 lac Above Rs. 500 Lac

*CKYC New Existing No change Existing Update change CKYC No.



FATCA/CRS DECLARATION FORM - (INDIVIDUAL)

PART A		Yes	No
a.	Are you Citizen of any country other than India (dual/multiple) [including Green Card]?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is your Country of birth is any country other than India?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are you Tax resident of ANY country / lies other than India?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you have POA or a mandate holder who has an address outside India?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is Your address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of the above questions is a "YES" please fill Part B

PART B		
* Address for Tax Residence _____		
*Country _____		*City _____
of Birth _____		Country of Birth _____
Source of Wealth _____		Nationality _____
Country of Tax residency	Tax identification number	Tax identification Document

Undertaking:

- I..... certify that I have declared my status as per applicable FATCA/CRS rules in India as notified by Government of India/Central board of Direct Taxes (CBDT)/Reserve Bank of India (RBI) in this regard.
- I certify that the information stated in the account opening form and supporting documentary evidence provided by me is to the best of my Knowledge and belief true, correct and complete and that I have not withheld any material information/document that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
- I understand, acknowledge and authorize that as per the provisions of income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account (s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and common Reporting Standards (CRS) and / or any other similar arrangements.
- I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certificate becomes incorrect.
- I also agree that my failure to disclose any material fact known to me now or in future, may invalidate my application and Capital Small Finance Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
- I agree to furnish any particulars/information that is called upon me by Capital Small Finance Bank on account of any change in law either in India or abroad in the subject matter herein.
- In the event there is any tax demand {including interest (if any)} raised due to nondisclosure/inaccurate disclosure of information/documents on my part, I undertake to pay the demand forthwith and provide the bank with all information/documents that may be necessary for any proceeding before GOI/RBI/Income Tax Authorities.

Signature / Thumb Impression of 1st Applicant

APPLICANT-2

*Fields are Mandatory

Customer ID Risk Categorisation

*Name

*DOB *Marital Status Single Married Others _____

*Gender Male Female Trans gender *Nationality Indian Others _____

*Caste category General OBC SC ST *Occupation

Voter ID Passport No. PAN

Driving Licence AADHAAR

FORM 60 *Religion *Qualification

*Father's Name

*Mother's Name

*Spouse Name

*Permanent Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

Mailing Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

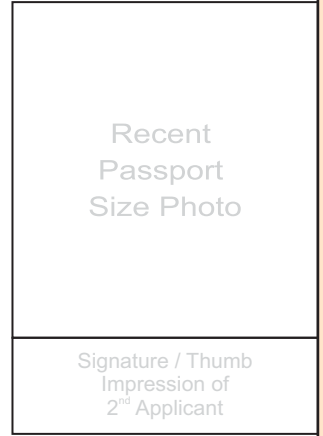
Email ID

*Income Slab: 0-2 Lac >2-5 Lac >5-10 Lac >10-25 Lac > 25 Lac

*Source of Funds Salary Pension Business Income Agriculture Investment Income Rental Others Please Specify _____

*Net Worth Upto Rs. 100 Lac Above Rs. 100 Lac to 200 Lac Above Rs. 200 Lac To 500 lac Above Rs. 500 Lac

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FATCA/CRS DECLARATION FORM - (INDIVIDUAL)

PART A		Yes	No
a.	Are you Citizen of any country other than India (dual/multiple) [including Green Card]?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is your Country of birth is any country other than India?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are you Tax resident of ANY country / lies other than India?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you have POA or a mandate holder who has an address outside India?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is Your address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>

PART B

* Address for Tax Residence _____ *City _____

*Country _____ *Place within the _____
of Birth _____ Country of Birth _____

Source of Wealth _____ Nationality _____

Country of Tax residency	Tax identification number	Tax identification Document

If your answer to any of the above questions is a "YES" please fill Part B

Undertaking:

- I..... certify that I have declared my status as per applicable FATCA/CRS rules in India as notified by Government of India/Central board of Direct Taxes (CBDT)/Reserve Bank of India (RBI) in this regard.
- I certify that the information stated in the account opening form and supporting documentary evidence provided by me is to the best of my Knowledge and belief true, correct and complete and that I have not withheld any material information/document that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
- I understand, acknowledge and authorize that as per the provisions of income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account (s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and common Reporting Standards (CRS) and / or any other similar arrangements.
- I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certificate becomes incorrect.
- I also agree that my failure to disclose any material fact known to me now or in future, may invalidate my application and Capital Small Finance Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
- I agree to furnish any particulars/information that is called upon me by Capital Small Finance Bank on account of any change in law either in India or abroad in the subject matter herein.
- In the event there is any tax demand {including interest (if any)} raised due to nondisclosure/inaccurate disclosure of information/documents on my part, I undertake to pay the demand forthwith and provide the bank with all information/documents that may be necessary for any proceeding before GOI/RBI/Income Tax Authorities.

Signature / Thumb Impression of 2nd Applicant

APPLICANT-3

*Fields are Mandatory

Customer ID Risk Categorisation

*Name

*DOB *Marital Status Single Married Others _____

*Gender Male Female Trans gender *Nationality Indian Others _____

*Caste category General OBC SC ST *Occupation

Voter ID Passport No. PAN

Driving Licence AADHAAR

FORM 60 *Religion *Qualification

*Father's Name

*Mother's Name

*Spouse Name

*Permanent Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

Mailing Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

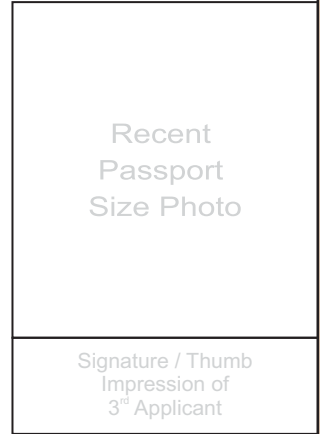
Email ID

*Income Slab: 0-2 Lac >2-5 Lac >5-10 Lac >10-25 Lac > 25 Lac

*Source of Funds Salary Pension Business Income Agriculture Investment Income Rental Others Please Specify _____

*Net Worth Upto Rs. 100 Lac Above Rs. 100 Lac to 200 Lac Above Rs. 200 Lac To 500 lac Above Rs. 500 Lac

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FATCA/CRS DECLARATION FORM - (INDIVIDUAL)

PART A		Yes	No
a.	Are you Citizen of any country other than India (dual/multiple) [including Green Card]?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is your Country of birth is any country other than India?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Are you Tax resident of ANY country / lies other than India?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Do you have POA or a mandate holder who has an address outside India?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Is Your address or telephone number outside India	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of the above questions is a "YES" please fill Part B

PART B

* Address for Tax Residence _____ *City _____

*Country _____ *Place within the _____
of Birth _____ Country of Birth _____

Source of Wealth _____ Nationality _____

Country of Tax residency	Tax identification number	Tax identification Document
<input type="text"/>	<input type="text"/>	<input type="text"/>

Undertaking:

- I..... certify that I have declared my status as per applicable FATCA/CRS rules in India as notified by Government of India/Central board of Direct Taxes (CBDT)/Reserve Bank of India (RBI) in this regard.
- I certify that the information stated in the account opening form and supporting documentary evidence provided by me is to the best of my Knowledge and belief true, correct and complete and that I have not withheld any material information/document that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
- I understand, acknowledge and authorize that as per the provisions of income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account (s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and common Reporting Standards (CRS) and / or any other similar arrangements.
- I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certificate becomes incorrect.
- I also agree that my failure to disclose any material fact known to me now or in future, may invalidate my application and Capital Small Finance Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
- I agree to furnish any particulars/information that is called upon me by Capital Small Finance Bank on account of any change in law either in India or abroad in the subject matter herein.
- In the event there is any tax demand {including interest (if any)} raised due to nondisclosure/inaccurate disclosure of information/documents on my part, I undertake to pay the demand forthwith and provide the bank with all information/documents that may be necessary for any proceeding before GOI/RBI/Income Tax Authorities.

Signature / Thumb Impression of 3rd Applicant

NOMINATION FORM

Form DA1

NOMINATION REGD. NO.....

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

I / We

Name (s) and Address(es) of depositor(s)

nominate the following person to whom in the event of my / our minor's death the amount of the deposit may be returned by Capital Small Finance Bank Limited

 Branch

Nominee

Name

 Relationship with depositor (if any) :

Address

City

 State

 Country

Pin code

 Date of birth (if nominee is minor)

 Age (yrs):

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

Mailing address

Relationship with Nominee

 Age of Appointee (Years)

To receive the amount of the deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee

**Signature (s) / Thumb Impression
of 1st Applicant

**Signature (s) / Thumb Impression
of 2nd Applicant

**Signature (s) / Thumb Impression
of 3rd Applicant

witness(es)***

Name

 Name

Signature ***

 Signature ***

Address

 Address


Place

 Place

Date

 Date

* Strike out if nominee is not a minor, ** Where the deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. *** Signature in presence of one witness, Thumb impression(s) shall be attested by two witness.

Capital Small Finance Bank 

ACKNOWLEDGEMENT - DA 1 Sr.No.

We acknowledge receipt of nomination made by you in favour of:

Name of the Nominee _____ Age: _____ Years.

with respect to Your A/c. No(s) _____

Nomination Regd. No _____ Date of Receipt form _____

Signature of bank official with seal

" FORM NO. 60" (SEE SECOND PROVISO TO RULE TO RULE 114 B)

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

1	First Name																	2	Date of Birth / Incorporation of declarant							
	Middle Name																		D	D	M	M	Y	Y	Y	Y
	Surname																									
3	Father's Name (In case of individual)				First Name																					
	Middle Name																									
	Surname																									
4	Flat/Room No.				5	Floor No.																				
6	Name of premises				7	Block Name/No																				
8	Road/Street/Lane				9	Area/Locality																				
10	Town / City				11	District				12	State															
13	Pin Code		14	Telephone Number (with STD code)						15	Mobile Number															
16	Amount of Transaction (Rs.)								18	In case of transaction in joint names, number of persons involved in the transaction																
17	Date of transaction																									
19	Mode of transaction: <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other																									
20	Aadhaar number issued by UIDAI (if available)																									
21	If applied for PAN and it is not yet generated enter date of application and acknowledgement number				D	D	M	M	Y	Y	Y	Y														
22	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																									
23	a	Agricultural income (Rs.)																								
	b	Other than agricultural income (Rs.)																								
24	Details of document being produced in support of identify in Column 1																									
25	Details of document being produced in support of address in Coloun 4 to 13 (Refer Instruction overleaf)				Document code		Document identification number		Name and address of the authority issuing the document																	

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. as per section 64 of Income-tax Act, 1961) 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 _____

Place: _____

(Signature of declarant)

CUSTOMER SIGNATURE VERIFICATION CERTIFICATE

(Please tick as appropriate)

- In case where ID Proofs submitted by the applicant does not carry his/her signature
- In case signature on ID Proofs submitted are different from signatures on the Account Opening Form.

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1st Applicant

2nd Applicant

3rd Applicant

The above said customer(s) / Applicant(s) has / have signed in my presence.

(Sign of Br Head / Ops Head / KYC Compliance Officer)

Most Important Document

Date: _____ Customer's Copy

- You have subscribed for the product _____ with applicable Average Quarterly/Monthly Balance Rs _____
- The Bank official has explained you the Terms & Conditions of Account opening, Features and Charges of Product.
- The Bank official has explained you the Most Important Document as set out in the Bank's Account opening form including consent and declaration and you have signed the same after understanding and accepting the terms contained therein.
- The account shall be opened subject to verification of document, clearance of Initial Payment cheque & Bank may reject/cancel your request in case of any discrepancies.

(Signature of bank official with seal)