

Account Opening Form

Only for Resident Non-Individuals



DCB BANK

Indicative List of Documents that can be provided for Know Your Customer (KYC)

Sole Proprietor / HUF / Partnership Firm	Club / Societies / Association / Trust Accounts	Pvt. / Public Ltd. Company
<input type="checkbox"/> Sales Tax Registration <input type="checkbox"/> Udhdyog Aadhar Memorandum <input type="checkbox"/> Service Tax Registration <input type="checkbox"/> IEC (Importer Exporter Code) issued to the proprietary concern by office of DGFT <input type="checkbox"/> Proprietorship Declaration <input type="checkbox"/> Utility bills such as electricity, water, and landline telephone bills. If Proprietorship then it should be in the name of the proprietary concern and in name of the proprietor (last 3 months) <input type="checkbox"/> Complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where the firm's income is reflected, duly authenticated / acknowledged by the Income Tax authorities <input type="checkbox"/> Certificate / Registration document issued by Sales Tax / Service Tax / Professional Tax authorities <input type="checkbox"/> Certificate / Licence issued by the municipal authorities under Shop and Establishment Act <input type="checkbox"/> License / Certificate of practice issued in the name of the proprietary concern by any professional body incorporated under a statute <input type="checkbox"/> CST / VAT / GST Certificate (Provisional / Final) <input type="checkbox"/> Identity & Address of karta along with HUF declaration duly signed by all the adult co-parceners and guardian of minor co-parceners with date of birth of minor <input type="checkbox"/> Partnership Deed (Registered) <input type="checkbox"/> If deed is notarized additional document for entity proof is required <input type="checkbox"/> Partnership Declaration <input type="checkbox"/> Registration under Shop and Establishment Act <input type="checkbox"/> Partnership Letter <input type="checkbox"/> Power of Attorney (Incase of POA holder photo, Identity and Address proof) <input type="checkbox"/> NOC from other bank in case the firm enjoys credit facility from any other bank <input type="checkbox"/> Annexure R - Details of Beneficial Owners <input type="checkbox"/> FATCA declaration (for all non individual entities as required for both entity and Beneficiary Owner)	<input type="checkbox"/> Registration Certificate <input type="checkbox"/> Certificate of Registration from Registrar of Co-operative societies / Trust / Charity Commissioner (Applicable to all Public Trusts) <input type="checkbox"/> Certificate of tax Exemption, if any (applicable to Trusts) <input type="checkbox"/> Trust Deed including supplemental deed for change in the trustee <input type="checkbox"/> Resolution to open and operate an account <input type="checkbox"/> List of Managing Committee Members / Members on Board of Trustees <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Documents of identity & address of the persons authorized to operate the account & those signing on the resolution <input type="checkbox"/> NOC from other bank in case the firm enjoys credit facility from any other bank <input type="checkbox"/> Annexure R - Details of Beneficial Owners <input type="checkbox"/> FATCA declaration (for all non individual entities as required for both entity and Beneficiary Owner) <input type="checkbox"/> For opening of accounts of Government or its Departments: <input type="checkbox"/> a) Document showing name of the person to act on behalf of the entity <input type="checkbox"/> b) Proof of Possession of Aadhaar Number / PAN / Official Valid Document for proof of identity and address in respect of the person holding an attorney (authorized signatory) to transact on its behalf <input type="checkbox"/> c) Document to establish the legal existence of such entity	<input type="checkbox"/> Registration Certificate <input type="checkbox"/> MOA & AOA <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Licenses issued by any Government Authorities <input type="checkbox"/> Importer - Exporter Code Certificate <input type="checkbox"/> Board Resolution to open and operate an account <input type="checkbox"/> NOC from other bank in case the company enjoys credit facility from any other bank <input type="checkbox"/> List of latest Directors of the Company with contact details and address <input type="checkbox"/> DIR 12 & ROC required if change in directors from those appearing in MOA & AOA <input type="checkbox"/> FATCA declaration (for all non individual entities as required for both entity and Beneficiary Owner) <input type="checkbox"/> Documents of identity & address of the persons authorized to operate the account & those signing on the resolution <input type="checkbox"/> Annexure R - Details of Beneficial Owners <input type="checkbox"/> Company Identification Number (CIN)

- Please Note:
- 1) Identity and Address proof (Official Valid Document) to be obtained for Proprietor, Partners, Authorized Signatories & Beneficial owners
 - 2) CPV is required all Current Accounts which includes Govt Accounts
 - 3) Official Valid Document: Passport, Driving License, Voter id, Proof of Possession of Aadhaar Number, Job Card issued by NREGA, Letter by National Population Register

Eligible Scheme Code List for Rupay Platinum Debit Card & TravelSmart Card

Scheme	Scheme Type	Rupay Platinum	Travel Smart Card
CA213	DCB Privilege Current Account	Yes	Yes
CA218	DCB Trade - Current Account	Yes	Yes
CA219	DCB New Classic Current Account	Yes	Yes
CA221	DCB Golden Current Account	Yes	Yes
CA224	DCB Elite Current Account	Yes	Yes
CA227	DCB SmartGain Current Account	Yes	Yes
CA229	DCB Business Saver Account	Yes	Yes

Instruction for filling Account Opening Form

- | | |
|---|---|
| <ul style="list-style-type: none"> Please fill the form preferably in 'BLACK' ink only Hint boxes give tips and highlight important points across the form Please write your NAME as it appears in all your support documents Please countersign in full for any overwriting / alteration | <ul style="list-style-type: none"> Please use in CAPITAL LETTERS only Please tick the appropriate boxes Specify the addresses along with City, State and PIN Code ALL PHOTOCOPIES of documents to be SELF-ATTESTED by the applicant |
|---|---|

Bank Use only (* Fields are Mandatory)

Application No.: IND



Customer ID:

Account No.:

*Segment Code: Source Code: Label Code: Scheme Code:

Account Manager Code: Employee Code: "Please open account at Branch"

Branch SOL: Date:

Relationship Form

Current

Customer ID only DBSA Elite Excel Insti Prime

New Classic Premium Privilege RERA SmartGain Others (please specify)

Applicant's / Company's Profile

*Account Type: Normal Simplified (for low risk customers) Small OTP based e-KYC KYC Number:

Existing Customer Id (If applicable):

Name of the Applicant / Company:

Date of Incorporation / Registration: *Permanent Account Number (PAN):

*GST Number:

Company Identification Number (CIN):

Office Address:

City: Pin:

Landmark:

State: Country:

Telephone: (with STD Code) *Preferred Mobile No.:

Preferred Email Id:

Registered Address: Same as Office Address

City: Pin:

Landmark:

State: Country:

Telephone: (with STD Code) *Preferred Mobile No.:

Preferred Email Id:

Constitution: Proprietorship Partnership HUF Pvt. Ltd. Public Ltd. Trust Societies Clubs Others (Please specify)

Nature of Business: Manufacturing Trading Services Import / Export Others (Please specify)

Occupation: Builder / Developer Importer / Exporter Self Employed (Non Professional / Trader) Jeweller Manufacturing Government / Semi-Government / Local Bodies Real Estate Others (Please specify)

*Description of Business:

Credit Facilities

I / We enjoy credit facilities with other bank(s) I / We do not enjoy credit facilities with other bank(s)

No Objection Certificate (NOC)

Bank	Name of the Facility	Limit	ROI	Takeover
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PAN for the FIRM to be shared

If email address provided, Physical Statement will not be send

All alerts will be sent to the preferred Mobile Number and E-mail ID. Mobile Number will be used for SMS Banking registration for eligible accounts.

NOC to be attached incase customer(s) are enjoying credit facility with other bank(s)

Initial Payment Details

Payment By Cheque / DD / Pay Order No.: _____ Dated:

Drawn on: _____ (Bank) Amount ₹: _____

Amount in words: _____

Debit to DCB Bank A/c No.: _____

Please note: All cheques should be CROSSED and in favour of 'DCB Bank Limited' A/c (Your Name)

Services

Cheque Book: Yes No Physical Statement: Monthly Quarterly

Email Statement: Daily Weekly Monthly Quarterly

SMS Banking & Alert Facility: Alerts facility enables you to receive alerts on your Email and / or Mobile regarding large debit, large credit, SI failure, balance below AQB and balance update. New alerts may be added from time to time.

Please Note: Authorised signatory/ies of the Firm / Company / are eligible for free Mobile alert facility subject to compliance of terms and conditions as stipulated by the Bank from time to time. Internet Banking applicable to Individual and Hindu Undivided Family (HUF) accounts, and for all other constitutions BIB form needs to be attached with the form.

Preferred Language Options: English Hindi Marathi Gujarati Tamil Telugu

2-Way Sweep Deposit Details: Facility required: Yes No (please tick appropriate options)

Reverse Sweep (Transfer of funds from this (SB / CA) Account to Term Deposit Account) Sweep (Transfer of funds from Term Deposit Account to this (SB / CA) Account) Both

Please Note: Reverse Sweep to Fixed Deposit account shall happen only, if the balance in this (SB/CA) account exceeds threshold limit and Sweep shall happen if the balance in this (SB/CA) account goes below the threshold limit. All deposits will be under Re-investment scheme with Auto Renewal Facility, this facility may differ from product to product and from time to time. FFD facility is available only when initial funding is provided for the account.

Please fill separate Business Internet Banking (BIB) form

Tax Deduction at Source

TDS to be deducted if applicable: Yes No TDS Exemption submission date :

If No, TDS Exemption Reference No. _____

Enclose TDS Certificate for exemption.

Form 15G / 15H, etc. to be submitted at the beginning of every financial year and while making fresh deposits during the year.

Nomination Details (Form DA 1)

Applicable only for Individual and Proprietorship Accounts

Yes, I / we want to nominate the following person No, I / we do not want to nominate anyone

I / we nominate the following person to whom in the event of my / our / minor's death the amount of the deposit / in the account may be returned by DCB Bank Limited

Nominee Name: _____

Address: _____

Relationship with Applicant, if any _____ Age: _____ Years Date of Birth:

* As the nominee is a minor on this date, I / we appoint (Name & Address) _____

to receive the amount of the deposit / in the account on behalf of the nominee in the event of my /our death during the minority of the nominee.

In case you have specified a nominee above, please indicate if you wish to make mention of the nominee name on the passbook, statement & DCA issued in respect of your account and / or the passbook issued to you Yes No

I / We do hereby declare that what is stated above is true to the best of my / our knowledge and belief.

Witness(es):

Name : _____

Signature : _____

Address : _____

Place : _____ Date: _____

Signature(s) / Thumb Impression(s) of Applicant

Name : _____

Signature : _____

Address : _____

Place : _____ Date: _____

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.

Thumb impression is required to be attested by 2 witnesses. In case of signature, no witness is required.

Fixed Deposit Details (* Fields are Mandatory)

ONLY Simple Interest payable for deposits of less than 6 months tenor

Type of Deposit	<input type="checkbox"/> Fixed Deposit (FD) <input type="checkbox"/> Non-callable FD <input type="checkbox"/> Declaration of Non-callable FD I/we agree that the non-callable deposit/s cannot be closed by me/us before expiry of the term of such deposit/s. _____ Authorised Signatory 1 Authorised Signatory 2 Authorised Signatory 3 Authorised Signatory 4
Interest Payout Frequency	<input type="checkbox"/> Monthly Interest Payout (MIC) <input type="checkbox"/> Half Yearly Interest Payout (only applicable for FD) <input type="checkbox"/> Quarterly Interest Payout (QIC) <input type="checkbox"/> Simple Interest (for deposits less than 6 months) <input type="checkbox"/> On Maturity
Amount of Deposit	Please issue Fixed Deposit in the name(s) of _____ by Cash / Debit to Account No.: _____ Amount ₹ _____ (Rupees _____ only)
Deposit Period	_____ Days _____ Months _____ Years (Minimum 7 days maximum 10 years) Senior Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Interest Rate _____ . _____ % per annum
Interest Payment Instructions	<input type="checkbox"/> Transfer to DCB Bank A/c. No.: _____ <input type="checkbox"/> Through NEFT <input type="checkbox"/> Issue Demand Draft Payable at _____
*Maturity Instructions (Tick any one)	<input type="checkbox"/> Auto Renew Principal and Interest <input type="checkbox"/> Auto Renew Principal and Pay Interest <input type="checkbox"/> Repay Principal and Interest
Mode of Operation	<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Jointly <input type="checkbox"/> Guardian <input type="checkbox"/> By anyone or Survivor
*Payment Instructions (upon closure)	<input type="checkbox"/> Transfer to DCB Bank A/c. No.: _____ <input type="checkbox"/> Through NEFT <input type="checkbox"/> Issue Demand Draft Payable at _____
<input type="checkbox"/> Please tick if you wish to receive hard copy of the Deposit Confirmation Advice (DCA) otherwise the DCA will be sent at your registered email ID with the Bank.	

Date of Birth (DOB) proof required to avail benefits for Senior Citizens.

Instructions for payment of interest & maturity proceeds for Term Deposit through NEFT

- Mandatory to attach a cancelled cheque of the bank account mentioned below
- Beneficiary Name (As per Beneficiary's Bank record - should be same as applicant name):

_____	_____
Bank Name: _____	Branch Name: _____
Account Number: _____	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current
IFS Code: _____	<input type="checkbox"/> Overdraft <input type="checkbox"/> Others (please specify) _____

This facility is not available for fixed deposits with maturity instruction as "Auto Renew Principal & Pay Interest"

Terms and conditions:

I/We abide by the following terms and conditions: 1. It is being understood that the remittance is to be sent at my/our own risk and responsibility and on the distinct understanding that no liability whatsoever is to be attached to the Bank for any loss or damages arising or resulting from delay in transmission, delivery or non-delivery of the message or for any mistake, exchange or error in transmission or delivery thereof or in deciphering the message for whatsoever cause or from its misinterpretation when received or the action of the destination Bank or due to RBI (Reserve Bank of India) RTGS / NEFT system not being available or failure of internal communication system at the recipient bank/branch or incorrect information provided by me/us or any incorrect credit accorded by the recipient bank/branch due to information provided by me/us or any act or event beyond control or from failure to properly identify the person's name. 2. I/We understand that the RTGS / NEFT request is subject to the RBI regulations and guidelines governing the same. 3. I / We agree that the credit will be effected solely on the beneficiary account number information and beneficiary name particulars will not be used for the same.

DCB Pragati Deposit Details

Monthly Instalment Amount	₹ _____
Deposit Period	_____ Days _____ Months _____ Years (Deposit period is minimum 14 days and maximum 10 years) Senior Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Interest Rate _____ . _____ %
Monthly Instalments to be collected through	<input type="checkbox"/> Debit to Account No. _____ on _____ of every month
Maturity Instructions	<input type="checkbox"/> Transfer to DCB A/c No.: _____

Customer Information & Due Diligence (CIDD) for Firm / Company

Information Type	Details	
Countries where business associates located		
Expected Annual Turnover		
Country where the Individual / Entity based		
Nature of business / Line of activity (in detail)		
Expected number of transactions in a month	<input type="checkbox"/> Up to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> More than 50	
Financial Status (Net Worth)	<input type="checkbox"/> Upto ₹10 Lakh <input type="checkbox"/> More than ₹10 Lakh upto ₹25 Lakh <input type="checkbox"/> More than ₹25 Lakh upto ₹50 Lakh <input type="checkbox"/> More than ₹50 Lakh upto ₹2 Crore <input type="checkbox"/> More than ₹2 Crore	
Source of Funds for Credits in the Account	<input type="checkbox"/> Savings <input type="checkbox"/> Salary <input type="checkbox"/> Business Proceeds <input type="checkbox"/> Sale of Property <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Professional fee <input type="checkbox"/> Other (please specify) <input style="width: 100px; height: 15px;" type="text"/>	
Wire Transfers Expected	Into the Account <input type="checkbox"/> Yes <input type="checkbox"/> No Value ₹ <input style="width: 100px; height: 15px;" type="text"/> From the Account <input type="checkbox"/> Yes <input type="checkbox"/> No Value ₹ <input style="width: 100px; height: 15px;" type="text"/>	
Foreign Inward Remittances Expected	<input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value ₹ <input style="width: 100px; height: 15px;" type="text"/>	
Foreign Outward Remittances Expected in a Year	<input type="checkbox"/> Yes <input type="checkbox"/> No Approximate Value ₹ <input style="width: 100px; height: 15px;" type="text"/>	
Details of Other Group Accounts Held		
Account Holder's Name	Constitution of the Account	Beneficial Owners
Signature with Rubber Stamp		

For Bank Use Only

Any of the Signatories / Beneficial Owners of the entity a Political / Public Figure or related to a Political / Public Figure Yes No if yes, please give position

Does it seem that the initial Deposit and/or the declared transaction profile is in line with the status/occupation declared? Yes No

I authorise opening of account as per details specified in the account opening form.

Approved Elite Account Number:

by: _____
BCSOM / Branch Head

Signed in my presence with seal
Name & Signatures of the Officer along with Signature Code Number

Risk Classification

*Kindly fill the following details.

Risk Category: Low Medium High

Basis of Categorisation: Politically Exposed Person (PEP) / Related to PEP Domiciled in Risk Country Trust
 Sleeping Partner High Risk Profession / Activity

Others (Please specify): _____

Information: Politically Exposed Person due to position / status as: _____
 If Domiciled in Risk Country - Country Name: _____
 Nature of Business / Occupation: _____

Registration / Application Form for DCB Business Internet Banking

Branch: _____ Sol ID: _____ Customer (Cust.) ID: _____

Account Name: _____

1. User details and access levels to be provided in Business Internet Banking (BIB) (✓) wherever applicable

Note: Transaction limits will be in multiple of Rs. 5 Lakh only (e.g.: 5 Lakh, 10 Lakh, 15 Lakh up to a maximum of 100 Lakh). These limits will be absolute and will be applicable for all relationships with the DCB Bank Limited ('Bank') and across payment methods.

Maker-Checker Facility

Tick below if Single User Facility is required

We understand that Maker-Checker facility in BIB is a risk control mechanism of the Bank. However, due to our business / process compulsions, we are consciously opting for transaction facility with single user at our own risk, responsibility and liability. We hereby agree and undertake that the Bank will not be held liable and responsible under any circumstances, in case of any losses incurred by me / us as a result of using the transaction facility with single user.

We confirm that the Mode of Operation for our above mentioned Customer ID is single user. We hereby agree and undertake that the same will remain unchanged till our written notice of revocation of the said authorisation to the Bank.

User Name 1: _____

User ID: _____ Email ID: _____

(User ID shall be alpha or alphanumeric word / phrase of customer's choice, consisting Min. 6 to Max. 10 characters. No special characters are allowed. For example: ABCDE123)

Each user should have separate email id & mobile number.

Mobile No.: _____

View Access: Rights / Role to be provided for transaction access, if required: Initiator (Maker) Authorizer (Checker)

Maximum Transaction (Txn) limit (Amount in Lakh): _____ Per Txn _____ Per Day _____
Per transaction limit cannot be greater than per day limit.

Payment Gateway (PG) limit _____ Access to be provided to the Accounts under this Cust. ID: All

(PG limit should not exceed 25 lakh, PG limit cannot be greater than per day limit)

Selective
 (Please mention the relevant Account number for which access is to be provided.)

Account No. 1 _____

Account No. 2 _____

Account No. 4 _____

Account No. 3 _____

Signature of User _____

User Name 2: _____

User ID: _____ Email ID: _____

(User ID shall be alpha or alphanumeric word / phrase of customer's choice, consisting Min. 6 to Max. 10 characters. No special characters are allowed. For example: ABCDE123)

Each user should have separate email id & mobile number.

Mobile No.: _____

View Access: Rights / Role to be provided for transaction access, if required: Initiator (Maker) Authorizer (Checker)

Maximum Transaction (Txn) limit (Amount in Lakh): _____ Per Txn _____ Per Day _____
Per transaction limit cannot be greater than per day limit.

Payment Gateway (PG) limit _____ Access to be provided to the Accounts under this Cust. ID: All

(PG limit should not exceed 25 lakh, PG limit cannot be greater than per day limit)

Selective
 (Please mention the relevant Account number for which access is to be provided.)

Account No. 1 _____

Account No. 2 _____

Account No. 4 _____

Account No. 3 _____

Signature of User _____

User Name 3: _____

User ID: _____ Email ID: _____

(User ID shall be alpha or alphanumeric word / phrase of customer's choice, consisting Min. 6 to Max. 10 characters. No special characters are allowed. For example: ABCDE123)

Each user should have separate email id & mobile number.

Mobile No.: _____

View Access: Rights / Role to be provided for transaction access, if required: Initiator (Maker) Authorizer (Checker)

Maximum Transaction (Txn) limit (Amount in Lakh): _____ Per Txn _____ Per Day _____
Per transaction limit cannot be greater than per day limit.

Payment Gateway (PG) limit _____ Access to be provided to the Accounts under this Cust. ID: All

(PG limit should not exceed 25 lakh, PG limit cannot be greater than per day limit)

Selective
 (Please mention the relevant Account number for which access is to be provided.)

Account No. 1 _____

Account No. 2 _____

Account No. 4 _____

Account No. 3 _____

Signature of User _____

User Name 4: _____

Declaration

For Authorised Signatories / Power of Attorney:

I / We have read, understood and hereby agree to the terms and conditions as applicable to my / our account set forth on DCB Bank Limited (the "Bank" / "DCB Bank") website at www.dcbbank.com. I / We understand that access to any changes / updates in terms and conditions applicable to this relationship shall be available on the Bank's website only. I / We do hereby declare that data/information furnished in this Form is true and correct to the best of my / our knowledge and belief. I/We am/are not related to any director / official of the Bank. I / We, hereby agree and give consent for the disclosure by the Bank of all or any such;

(a) Information and data relating to me / us, (b) Information or data relating to any credit facility availed of / to be availed by me / us, and (c) Default, if any, committed by me / us, in discharge of my / our obligation as the Bank may deem appropriate and necessary, to disclose and furnish information to Credit Information Bureau (India) Ltd., and other agency authorised in this behalf by the Reserve Bank of India.

I/We hereby understand that among all other things, minimum average balance requirement for variants of Current account under various scheme codes would be applicable and is in line with such updated information as available on the Bank's website. In the absence of maturity instructions, the deposit will be auto-renewed with the same tenure at the prevailing interest rates with the applicable terms and conditions. I/ We understand that the conduct of RERA account will be governed by applicable statutory / regulatory guidelines including but not limited to release of funds in linked current account being subject to submission of prescribed documents / certificates, and any other statutory / regulatory guideline as may be applicable for the opening, operations and conduct of RERA accounts from time to time.

I / We hereby authorize issuance of ATM / Debit Card and provision of Statement, Email Statement, Phone Banking, Mobile Banking Services, Internet Banking as requested in the form. I / We am/are aware of charges applicable for various services offered and I / we affirm, confirm and undertake that I / we have read and understood the "Terms and Conditions" for usage of the Phone Banking, Mobile Banking Services, Internet Banking Services of the Bank as set forth in the Bank's website www.dcbbank.com and I / we will adhere to all the terms / conditions as applicable from time to time. I / We further authorise the Bank to debit my / our account(s) towards any applicable charges for any / various service / services provided as applicable from time to time. I / We authorizes the Bank to enable provisions of internet banking, phone banking, mobile banking, bill repayment and SMS & email alerts services as per the terms and conditions available/ set forth on the Website for these banking services and facilities. The Bank shall not be responsible and liable for any consequences which may arise owing to change in name/s, address, mobile number of individual, authorised signatory / ies or partners or directors or trustees or members of the Firm / Company / Trust / Association / Society.

I / We agree that the non-callable deposit/s cannot be closed by me/us before expiry of the term of such deposit/s.

I / We declare, confirm and agree:

a) That all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I / we have not withheld any information. I / We understand certain particulars given by me / us are required by the operational guidelines governing banking companies. I / We agree and undertake to provide any further information as and when the Bank may require. (b) That I / we have had no insolvency proceedings initiated against me / us nor I / we have ever been adjudicated insolvent. (c) That I / we have read the application form and brochures and am / are aware of all the terms and conditions of availing finance or service or products from the Bank. (d) That I / We agree and understand that the Bank reserves the right to reject any application without providing any reason and reference to me / us. I / We agree and understand that the Bank reserves the right to retain the application forms, and the documents provided therewith, including photographs, and shall not return the same to me / us. (e) To inform the Bank regarding change in my / our constitution / business / residence / employment and to provide any further information as and when the Bank may require from time to time. (f) and, undertake that: (i) the Credit Information Bureau (India) Ltd. and any other agency so authorised may use, process the said information and data disclosed by the Bank in the manner as deemed fit by them (ii) the Credit Information Bureau (India) Ltd. and any agency so authorised may furnish for consideration, the processed information and data or products to other credit grantors or registered users, as may be specified by the Reserve Bank of India in this behalf. (g) That I / We shall not hold the Bank liable for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Providers / Users registered as above. (h) and understand that I / we have to complete further application for specific liability products / services from the Bank as prescribed from time to time, and that such further applications shall be regarded as an integral part of this application (and vice versa), and that unless otherwise disclosed in such further forms as prescribed, the particulars and information set forth herein as well as the documents referred or provided herewith are true, correct, complete and up-to-date in all respects. (i) and understand that such further applications will require incorporation of the application form number, and / or such details as the Bank may prescribe, to facilitate data management. (j) and authorise the Bank to issue a Debit cum ATM Card to me / us (Authorised Signatory(ies)), (k) and acknowledge that the issue and usage of the Debit cum ATM Card is governed by the terms and conditions as in force from time to time and I / we agree to be bound by the same. (l) and accept that the terms and conditions of Debit cum ATM Card are liable to be amended by the Bank from time to time. (m) and further unconditionally and irrevocably authorise the Bank, to debit my / our account annually with an amount equivalent to the fee and charges for use of the Debit Card. (n) and, hereby authorise the eligible parties (mentioned in the form) to access the Internet Banking, Phone Banking and Mobile Banking channels as provided for viewing of and transaction from the account. (o) and, hereby state that if I / we wish to revoke the above (n) authorisation, I / We, shall duly issue a letter of revocation ("The Revocation Letter") to the Bank in this regard. I / We hereby agree that such authorisation as aforesaid shall come into effect after ten clear working days after receipt of such revocation letter by the Bank. (p) and, the joint holder(s), agree that in case of death of any one or more of the joint depositor(s), the proceeds may be paid to the survivor(s), on request before due date as per the mode of operations. The Bank can levy penal charges, if any, as may be permissible by either regulatory guidelines or provisions of BCSBI code or both, applicable as on the date of request. (q) and understand that continuation of the account with the Bank is at the sole discretion of the Bank and in case the Bank is dissatisfied with the conduct of the Account / account holder, the Bank has the right to close the account after giving me / us one month's notice or withdraw the concessions in to or any service granted to me / us or charge the Bank's applicable rates for such services. (r) and understand that the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me / us. (s) that on receipt of written application from any of the Authorised Signatory(ies) and / or survivor or survivors of us, the Bank at its sole discretion and subject to such terms and conditions, grant a loan / advance / renew / enhance

against the security / collateral issued in joint names. (t) and understand that DCB - On The Go facility will be offered to customers whose account is an individually operated resident account, in the case of joint Account(s) this facility will not be available. (u) to receive only e-mail statement in case of e-mail address is provided. (v) and understand that in case of HUF wishing to open an account with the Bank the first signatory to this form is the Karta of the HUF and other signatories are the adult coparceners of the HUF. (x) and understand that in case of HUF the business of the HUF is carried on mainly by the Karta as also by the other signatories / coparceners hereto in the interest and benefit of the entire body of coparceners of the HUF. (y) and I/we will/all undertake that claims due to the Bank from the HUF shall be recoverable personally from all or any of us and also from the entire properties of which the first signatory is the Karta/Coparcener, including share of minor coparceners. (z) and hereby undertake to inform the Bank of the death or birth of any coparceners or any change occurring at any time in the membership of HUF during the currency of the account. I/We confirm that, I/We will intimate / notify in writing to the Bank and update operating instructions and / or any other change(s) on Bank's record immediately in the event of any change in the operating instructions and/or any other change(s) with respect to the account/s held with the Bank. I/We hereby agree and authorize Bank to mark freeze to my account if I/We fail to submit the updated / refresh KYC documents as per Bank's KYC policy and / or operating instructions for my/our account periodically to the Bank. (aa) I/We agree that the DCB Bank shall deduct applicable TDS (Tax Deducted at Source) as per the Income Tax Provisions.

For Authorised Signatories/ Beneficial Owners/ Power of Attorney:

I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA (Foreign Account Tax Compliance Act) / CRS (Common Reporting Standards).

The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions.

I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT (Central Board of Direct Taxes) or close or suspend my / our account.

I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, up-to-date, and complete including the taxpayer identification number of the applicant.

I agree that my personal Know Your Customer (KYC) information may be shared with Central KYC (CKYC) registry or any other competent authority. I hereby give consent to receive information from the Bank/ CKYC registry/ the Government/ Reserve Bank of India or any authority through SMS/ email on my registered mobile number/ email address. I also agree that non receipt of any such SMS/ email shall not make the Bank liable for any nature of loss or damage.

I/We have read and understood that all signatories to the deposit must sign the premature closure instructions and the same shall be governed by RBI guidelines. For premature closure of a deposit, the interest rate (applicable rate) prevailing on the date of the deposit, for the period the deposit has remained with the Bank, shall be payable, subject to TDS, as applicable. Premature closure of DCB Tax Saver Deposit will be subject to application of the prescribed conditions. Premature closure of non-callable deposits is not allowed.

Premature closure of a deposit may be additionally subject to penal interest, deductible from the applicable rate, as prescribed by the Bank on the date of deposit.

Penal Interest for Premature Closure of INR Fixed Deposit	
Deposit Amount	Penal Interest
Less than INR 2 Crore	0.5%
INR 2 Crore and above	2.0%
No interest is payable on Deposits of less than INR 2 Crore if closed before completion of 14 days. No interest is payable on Deposits of INR 2 Crore and above if closed before completion of 30 days.	

Aadhaar Consent:

I have voluntarily submitted my Aadhaar number mentioned above and consent to:

- Seed my Aadhaar / UID Number issued by UIDAI, Government of India in my name with my aforesaid account.
- Map it at NPCI to enable me to receive Direct Benefit Transfer (DBT) from Government of India in my above mentioned account. I understand that if more than one Benefit Transfer is due to me, I will receive all Benefit Transfers in this account.
- Use my Aadhaar details to authenticate me from UIDAI.
- Use my mobile number mentioned in my account for sending SMS alerts to me.
- Consent for Authentication: I, the holder of the above stated Aadhaar number, hereby give my consent to DCB Bank Limited, to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. DCB Bank Limited has informed me that my identity information would only be used for demographic authentication / validation / e- KYC purpose and also informed that my biometrics will not be stored / shared and will be submitted to CIDR (Central Identities Data Repository) only for the purpose of authentication.

I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

Customer ID Merger: I/We understand and agree that all my/our Accounts will now be consolidated under a single DCB Bank Customer ID after merging the multiple Customer IDs. Post such merging, only one Customer ID will remain active. I/We, am/are aware that DCB Bank Personal Internet Banking or DCB Bank Business Internet Banking, if availed, will now be accessible only under the retained Customer ID and all the Accounts will be consolidated to this Customer ID. I/We am/are aware that Tax Deducted at Source (TDS) on interest earned on DCB Bank Fixed Deposit Account(s) under erstwhile Customer IDs will also stand consolidated and TDS shall now be applicable on the basis of the unique Customer ID in accordance with the provisions of the Income Tax Act, 1961 and the Bank will furnish one TDS Certificate for all my/our Accounts.

I/We confirm that all the details provided are correct and I/We agree to the terms and conditions of the Bank. I/We also understand that all my/our accounts can be accessed from the unique Customer ID post consolidation of multiple Customer ID's if any.

Authorised Signatory 1

Authorised Signatory 2

Authorised Signatory 3

Authorised Signatory 4

*Rubber Stamp of the Company / firm / concern required

Place:

Date:

Declaration for DCB Business Saver Account

- I hereby agree that in addition to the Current Account there will be a Savings Account opened in my individual name. Both these accounts will be linked for the purpose of a) accessing all the money in both accounts through the Current Account and b) calculation of interest on the funds lying in the Savings Account.
- I agree that the daily balances (minimum ₹1) in excess of ₹25,000/- in my Current Account will be transferred to the linked Savings Account automatically. This amount will be transferred to the Saving Accounts at the beginning of the next working day. There will be no customer induced transactions in the linked savings account.
- I hereby agree that I would be eligible to get cheque book, Debit/ATM card, etc for my Current Account and the same will not be issued on the Savings Account.
- I hereby agree that if there is any shortfall in my Current Account balance, the required amount will automatically get transferred from the linked Savings Account to the Current Account. The transfer entry will be reflected in the statement/system at the end of the same day.
- I hereby agree that in case the balance in the Current Account falls below ₹25,000/- a sum of money, equivalent to the extent of the amount required to fulfil the minimum threshold of ₹25,000/-, will be transferred from the linked Savings Account to the Current Account. The Bank's records of transfer (on account of sweep from Savings Account) posted to the Current Account are conclusive and binding on me.
- I hereby agree that the daily interest would accrue on the end of day balance of the linked Savings Account only. The interest would be credited to the Savings Account on a half yearly basis (i.e. in the months of September and March currently and subject to change at the sole discretion of the Bank). No interest will be paid on the balances lying in my Current Account.
- I agree that interest rates may be amended from time to time at the sole discretion of the Bank without any notice to me and that the rates would be made available at the Branch or on the Bank's website.
- I will not hold the Bank responsible for failure to execute the above sweep transactions between the Savings Account and Current Account and vice versa on account of circumstances beyond the control of the Bank.
- I agree that the request for closure of Current Account will entail closure of the linked Savings Account as well, failing which such closure requests shall be rejected by the Bank.
- I agree that the Bank may exercise its discretion to effect transfers of funds under hold in the event of a court order or Income Tax or any other statutory or regulatory authority freeze order or any such instructions or for any other reasons that the Bank deems fit.

Signature of the Applicant (sign without stamp)

Please fill in for a Hindu Undivided Family (HUF)

Re: Opening of a new account in the name of _____ (the "HUF")

We refer to the captioned account and declare as under:

We, the undersigned, state that the first signatory to this letter is the Karta of the HUF and other signatories are the adult co-parceners of the HUF.

We further confirm that the business of the HUF is carried on mainly by the said Karta as also by the other signatories hereto in the interest and benefit of the entire body of co-parceners of the HUF. We all undertake that claims due to the Bank from the HUF shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act, 1932, we have not got our said firm registered under the said Act. We hereby undertake to inform the Bank of the death or birth of any co-parcener or any change occurring at any time in the membership of our HUF during the currency of the account.

Yours faithfully,

Name and Signature of Karta (Signature without Stamp):

Names and Signature of all co-parceners:

1 _____

2 _____

3 _____

4 _____

Please fill in for a Sole Proprietorship Account

Re: Opening of a new account in the name of _____ (the "concern")

I refer to the captioned account and declare as under:

I, the undersigned, am the sole proprietor of the concern and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the concern and I will be liable to you for any obligation which may be standing in the concern's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Yours faithfully,

Name: _____

Signature (Please sign without Stamp) _____

In case of HUF as Proprietor, same to be signed in capacity of HUF (with Rubber Stamp)

Please fill in for a Partnership Firm

Re: Opening of a new account in the name of _____ (the "firm")

We refer to the captioned account and declare as under:

We, the undersigned, are the only partners in the firm and are jointly / severally responsible for the liabilities thereof. We shall advise you in writing of any change that takes place in the partnership and all the present partners shall be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations are liquidated.

Yours faithfully,

Name of Partners

Signature (without stamp) [To be signed by all partners]

1 _____

2 _____

3 _____

4 _____



If Debit Card Required

We, the undersigned, wish to individually hold the International Debit-cum-ATM Card separately in the individual name of each of the partners /all / few of us as per the below mentioned list and hereby grant our consent for the same. DCB Bank Limited (the "Bank") has, considering our request and relying on the representations made by us, agreed to issue individually to all/ one/ a few of us, the said International Debit-cum-ATM Cards ("Debit Cards") as partners in respect of the said account subject to our executing a declaration as under:

- a) That the said account will henceforth always be operated by us on the instructions "Any One of Us" and we shall not change the said operating instructions.
- b) In the event of any change in the operating instructions or any other change(s), all of us will notify the same to the Bank jointly. However, each of us shall own the responsibility and liability of any transaction being effected from the date of such notification till the date of modification in operating instructions or other change(s) actually effected in the Bank's records, through any/all of the Debit Cards issued in the said account.
- c) That in the event of any dispute(s) arising between the partners (current and/or erstwhile) inter se, regarding the issuance of the Debit Cards by the Bank to them and more particularly due to its usage thereof including but not limited to the cash withdrawals and/or purchases made from the said account, effecting actual debits therein, it will be the sole responsibility and liability (jointly and severally) of all the partners (current and/or erstwhile, as applicable) and, under no circumstances, we shall hold the Bank responsible for the same. However, we agree and hereby authorise the Bank that at its sole discretion and without any reference to us, on coming to know of any such dispute(s) amongst us, the Bank shall be entitled to mark as 'hot' all the Debit Cards / delink the same from the account and stop operation in the account through Debit Cards till such dispute is finally resolved amongst us, or the operating instructions are modified by all of us together accordingly, as the case may be. However, if during the subsistence of such dispute(s) any transaction(s) is/are effected through the Debit Cards for any reason whatsoever then we hereby authorize the Bank to debit the above mentioned account for such transaction(s).
- d) We shall be solely liable and responsible (jointly and severally) for the Debit Cards and its usage and under no circumstances we shall hold the Bank responsible and liable for the same. The Bank shall merely carry out the instruction(s) received from us with respect to the Debit Cards. It shall not be the responsibility of the Bank to ascertain the authenticity of the instruction(s).
- e) We hereby declare to and shall jointly and severally reimburse the Bank and its directors and officers as well as their successors and assigns against all/any losses, claims, demands, actions, costs, charges and expenses including the legal cost/s which may be sustained or suffered or incurred by the Bank or made against it and/or its directors and officers as well as their successors and assigns howsoever, by any/a few/all of us or by any other person(s), in respect of the issue or use of the Debit Cards by any/a few/ all of the partners for any purpose whatsoever and for any other reason(s) in respect of the Debit Cards.
We request you to issue Debit Cards to the following partners:

- 1. _____ 2. _____
- 3. _____

f) That we all shall abide by the usual terms and conditions of the Bank as applicable to the Debit Cardholders.

Name of Partners

Signature (with stamp) [To be signed by all partners]

1		
2		
3		
4		

Confirmation "I confirm having met the Applicant/s in person."



I confirm having met Mr. / Ms. _____, in person at the Bank, _____ Branch, Office Address', Registered Address (anyone address as mentioned in the application form) and hereby confirm the identity and address as provided in this account opening form and also confirm having verified the copy of the documents (as applicable) against originals as produced by the applicant/s.

I also confirm that the form has been signed by the applicant(s)/Authorised Signatory(ies) in my presence.

How was the lead generated? _____

Reason for differing permanent and communication address? _____

How far is the branch from the customer's communication address? _____

Why does the customer wish to bank with DCB Bank? _____

KYC Verification carried out by

Name of Bank Official: Mr. Mrs. Ms.

Employee No.: _____ Employee Designation: _____

Branch: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Bank Official

Mode of Operation

Mandate / Proprietor
 Jointly
 Any one of the Authorised Signatories
 Others (please specify) _____

Please affix a recent photograph and sign across

Please affix a recent photograph and sign across

Please affix a recent photograph and sign across

Please affix a recent photograph and sign across

 Authorised Signatory 1 Authorised Signatory 2 Authorised Signatory 3 Authorised Signatory 4

*Rubber Stamp of the Company / firm / concern required

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ANNEXURE - R FATCA to be obtained for Beneficiary Owners

DETAILS OF THE BENEFICIAL OWNERS (BOs)

Name	DOB (DD/MM/YYYY)	Nationality	Occupation / Profession	Residential address (With email IDs & Landline / Mobile numbers)

For companies (Private and Public) -natural persons who exercise control to more than 10% of Shares/ Capital (whether acting alone or together or through one or more judicial person would be treated as BOs).

For trusts (Public/ Private), natural persons among owners, trustees, beneficiaries and settlor with more than 10% interest (capital/ profit) in the trust is a Beneficial Owner (BO).

For AOP/ unincorporated associations/ body of individuals, natural persons having ownership of/ entitlement to more than 15% of interest (property/ capital profit) is a Beneficial Owner (BO).

For partnership accounts, natural persons(s) who, whether acting alone or together, or through one or more juridical person, has/ have ownership of/ entitlement to more than 10% interest (capital/ profit) in the partnership.

For partnership firms, signatures of all the partners in the account have to be obtained.

For

Proprietor / Directors / Trustees / Authorised Signatories / AOPs
(Signature to be done under Rubber stamp of the entity)

Self-Certification for Entities - FATCA / CRS Declaration Form**Part I**

<p>A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange</p> <p>If “No”, then proceed to point B</p> <p>If “yes” please specify name of stock exchange, if you are listed company _____,</p> <p>and proceed to sign the declaration</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India</p> <p>If “yes”, then please fill in FATCA / CRS Self certification Form</p> <p>If “No”, proceed to point C</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>C. Is the account holder an Indian Financial Institution</p> <p>If “yes”, please provide your GIIN, if any, _____</p> <p>If “No”, proceed to point D</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>D. Are the substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen</p> <p>If “yes”, (then please fill in FATCA / CRS self-certification form)</p> <p>If “No”, proceed to sign the declaration</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Customer Declaration

- () Under penalty of perjury, I/we certify that:
- The applicant is:
 - An applicant taxable as a US person under the laws of the United States of America (“U.S.”) or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,
 - An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)
 - The applicant is an applicant taxable as a tax resident under the laws of country outside India.
 - I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA / CRS.
The Bank is not able to offer any tax advice on FATCA / CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
 - I/We agree to submit a new form within 30 days if any information or certification in this form becomes incorrect, incomplete or not up-to-date.
 - I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CDBT or close or suspend my / our account.
 - I/We certify that I/we have provided the information in this form and to the best of my/our knowledge and belief the information and certification is true, correct, up-to-date, and complete including the taxpayer identification number of the applicant.

Name of the Entity _____

Signature 1 _____ Signature 2 _____

Signature 3 _____ (As per Mode of operation)

Date: _____

DCB Customer Care

Call 022 68997777 ■ 040 68157777

Email customercare@dcbbank.comWeb www.dcbbank.com**DCB BANK**

Part II

Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards (CRS)

Section 1: Entity information

Name of the Entity	
Customer ID (if existing)	
Entity Constitution Type	
Entity Identification type	<input type="checkbox"/> Tax Identification Number (TIN) <input type="checkbox"/> U.S. GIIN <input type="checkbox"/> Company Identification Number <input type="checkbox"/> Global Entity Identification Number (EIN) <input type="checkbox"/> Other
Entity Identification No	
Entity Identification issuing Country	
Country of Residence for tax Purpose	

Section 2: Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is:	
a) An entity incorporated and taxable in US (Specified US person) If "Yes", please provide your U.S. Taxpayer Identification Number (TIN)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ TIN
b) An entity incorporated and taxable outside of India (other than US) If "Yes", please provide your TIN or its functional equivalent Provide your TIN issuing country _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ TIN
c) Please provide the following additional details if you are not a Specified US Person:	
FATCA / CRS classification for Non-financial entities (NFFE)	
<input type="checkbox"/> Active NFFE	
<input type="checkbox"/> Passive NFFE without any controlling Person	
<input type="checkbox"/> Passive NFFE with Controlling Person(s):	
<input type="checkbox"/> US <input type="checkbox"/> Others	
<input type="checkbox"/> Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus the Bank is not required to do the reporting)	
Please provide GIIN number: _____	

Acknowledgement

0159236

Please provide this number for future reference

Customer's / Applicant's Name: _____

Name of the Bank Official: _____

Branch: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Bank Official

Section 3: Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is : a. An entity is a U.S. financial institution If "Yes", (i) Please provide your Taxpayer Identification Number (TIN) (ii) Please provide GIIN, if any _____ If "No", please tick one of the following boxes below:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ TIN
FATCA Classification	Please provide the Global Intermediary Identification Number (GIIN) or other information
<input type="checkbox"/> Reporting Foreign Financial Institution (FFI) in a Model 1 Inter-Governmental Agreement ("IGA") Jurisdiction	
<input type="checkbox"/> Reporting Foreign Financial Institution in a Model 2 IGA Jurisdiction	
<input type="checkbox"/> Participating FFI in a Non-IGA Jurisdiction	
<input type="checkbox"/> Non-reporting Financial Institution (FI)	
<input type="checkbox"/> Non-Participating FI	
<input type="checkbox"/> Owner-Documented FI with specified US owners	

Section 4: Controlling person declaration

If you are classified as "Passive NFFE with Controlling Person(s)" or "Owner documented FFI" or "Specified US person", please provide the following details:					
Name of controlling person	Correspondence address	Country of residence for tax purpose	TIN	TIN issuing Country	Controlling person Type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

Section 5: Declaration

- (i) Under penalty of perjury, I/we certify that:
1. The number shown in this form is the correct taxpayer identification number of the applicant, and
 2. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
 3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
- (ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 (thirty) days if any information or certification in this form gets changed.
- (iv) I/ We agree as may be required by the regulatory / statutory authorities, the Bank shall be required to comply to report, reportable details to CDBT or close or suspend my / our account.
- (v) I/We certify that I/we have provided the information in this form and to the best of my / our knowledge and belief the information and certification is true, correct, complete and up-to-date including the tax payer identification number of the applicant.

_____ I/We hereby confirm that details provided are accurate, correct, complete and up-to-date

(S.V)

Authorized Signatories and Company Seal (if applicable)

Name _____

Date (DD/MM/YYYY) _____

