

Loan Application cum Account Opening Form

For SME Customers

DCB BANK

Customer ID:																							
Account No.:																							

*Segment Code

Confirmation of application and acceptance of fees:

I/We, confirm that I/we have applied for an SME loan (lead no _____) with DCB Bank Limited (“DCB Bank” or “Bank”) and DCB Bank representative has explained the terms and conditions and features of the product in detail to me/us.

I/We agree to pay relevant fees (plus tax as applicable from time to time) as mentioned below (non-refundable):

Processing Fee : Rs. _____

I/We undersigned declare confirm and agree that:

- 1. I/We are aware that the final sanctioned loan amount will be decided by DCB Bank at its sole discretion after verification and necessary due diligence and I/we hereby acknowledge that no commitment has been made to me/us in this regard.
- 2. I/We authorise _____, a representative of DCB Bank having ID no. _____, to enter the required details on my/our behalf and as per the instruction given by me/us in the electronic form for application of DCB Bank SME loan.
- 3. I/We have reviewed and verified the details entered in the electronic application form and declare and confirm that the same to be true, correct and updated and the reference number with respect to electronic application form has been generated by DCB Bank.
- 4. The electronic application form and physical confirmation form together shall constitute SME loan application documents (the “Form”) for the above referred SME loan.
- 5. I/We acknowledge and agree that SME loan product offered by DCB Bank, including its terms and conditions, are subject to regulatory and / or statutory guidelines, as may be stipulated from time to time.
- 6. I/We are aware that Bank can use collection agent for collection of overdue.

Primary Applicant		
Name ↓	Signature ↓	Photograph

Authorised Signatory / Guarantor / Co-applicant 1		
Name ↓	Signature ↓	Photograph

Authorised Signatory / Guarantor / Co-applicant 2		
Name ↓	Signature ↓	Photograph

Authorised Signatory / Guarantor / Co-applicant 3		
Name ↓	Signature ↓	Photograph

Nomination Details (Form DA1) for Individual / Sole Proprietor

Yes, I/we want to nominate the following person No, I /we do not want to nominate anyone on my /our behalf

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 / minor's 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 and Deposit Confirmation Advice (DCA) issued in respect of your account Yes No

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

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

Witness(es):

Name	:	_____
Signature	:	_____
Address	:	_____

Place	:	_____
Date	:	_____

Name	:	_____
Signature	:	_____
Address	:	_____

Place	:	_____
Date	:	_____

* Strike out if nominee is not a minor. ** Where deposit is made / account is held in the name of the minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Mode of Operation (MOP)

Anyone or Anyone of Survivors or Last Survivors Self / Proprietor Jointly Attorney / Mandatee

Anyone Partner Any one of the Authorised Signatory Jointly by Authorised Signatory

Others (Please Specify): _____

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: _____

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.



Annexure – R

Details of the Beneficial Owners (“BO”):

Name	DOB (MM/DD/YY) (if available)	Nationality	Occupation / Profession	Residential address (With Email IDs & Landline / Mobile Number)

For Companies (Private & Public)
Shareholders with more than 10% of shares / Capital (Whether acting alone or together or through one or more judicial person would be treated as Bos)
Partnership accounts/ Trusts (Public / Private)/Association of Persons (AOP) more than 10% interest (Capital/ Profit) in the partnership/Trust/AOP
For partnership firms, Signature of all the partners in the account to be obtained
For others, either all Authorized Signatories may sign OR those as per mandate in the account OR by the Directors / Trustees who gave signed on the Resolution

For

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

Specimen Signature

Names: _____ Signature: _____

1. _____

2. _____

3. _____

The Account will be operated by _____ Officer

Declaration

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") 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 the Form is true and correct to the best of my / our knowledge and belief. I/We are not related to any Director / officials of the Bank. I / We, understand that as a pre-condition, relating to grant of the loans/advances / other non-fund based credit facilities to me/us, the Bank, requires my/our consent for the disclosure by the Bank of, information and data relating to me/us, of the credit facility availed of / to be availed, by me/us, obligations assumed / to be assumed, by me/us, in relation thereto and default, if any, committed by me/us, in discharge thereof. 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) The 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 such obligation.

as the Bank may deem appropriate and necessary, to disclose and furnish to Credit Information Companies (CICs), and other agency duly authorized in this behalf by the Reserve Bank of India (RBI).

(d) I / We hereby authorise the Bank to ascertain from Credit Information Companies (CICs) / any other agency duly authorised by RBI, my/our credit score for the purpose of processing my/our loan application.

(e) I / We hereby understand that among all other things, minimum 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.

I / We hereby authorize issuance of provision of Statement, Email Statement, Phone Banking, Mobile Banking Services, Internet Banking and Bill Payment Services, as requested in the Form. I / We 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 and Bill Payment 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 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 / conditions of availing finance or service or product/s from the Bank. (d) I / We agree and understand that the Bank reserves the right to reject my/our 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 residence / employment and to provide any further information as and when the Bank may require from time to time. (f) I / We, undertake that: (i) the Credit Information Companies (CICs) and any other agency so authorized may use, process the said information and data disclosed by the Bank in the manner as deemed fit by them (ii) the Credit Information Companies (CICs) and any other agency so authorized 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 and responsible for sharing of information furnished by me/us with other Banks / Financial Institutions / Credit Providers / any other entities. (h) I / We agree and understand that I / we have to complete further application for availing 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 Form (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) I / We agree and understand that such further applications will require incorporation of the application form number, and / or such other details as the Bank may prescribe from time to time, to facilitate data management. (j) I / We, 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. (k) I / We, hereby state that if I / we wish to revoke the above (j) 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 revocation of authorisation as aforesaid shall come into effect within ten clear working days after receipt of such revocation letter by the Bank. (l) I / We, agree that in case of death of any or more of the joint applicant(s), the outstanding dues would be paid at the Bank's discretion, on request before due date (subject to penal clause for premature payment as may be stipulated from time to time) as per mode of operations indicated herein above. (m) I / We also 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. (n) I / We understand that the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me / us. (o) I / We agree 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. (p) I / We 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. (q) I / We understand that DCB Mobile Banking will also not be available to Non Resident Accounts. (r) I / We agree to receive only e-mail statement in case of e-mail address is provided. (s) I / We understand that Processing Fee and Administrative Fee are non-refundable and in the event of my / our this application being rejected by the Bank for any reason or same being withdrawn by me / us, I / we shall not be entitled for refund of the same. (t) I / we hereby declare and confirm that I am not a "PEP- Politically Exposed Person" nor related to any such party in any form, which is, or is deemed to be registered with the Election Commission of India as a political party under the Election Symbols (Reservation and Allotment) Order, 1968 as in force for the time being. (u) 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. (v) I hereby give consent to the Bank to retrieve my information from CKYC registry for the purpose of this loan processing or any other relationship with DCB Bank.

I / We understand that the Bank is relying on the information provided in the Form for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. 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 (thirty) days if any information or certification in the Form becomes incorrect or 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 CBDT or close or suspend my/our account.

I / We certify that I / we provide the information in the 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.

NeSL Consent:

I / We, hereby gives specific consent to the Bank for disclosing / submitting the 'financial information' as defined in Section 3 (13) of the Insolvency and Bankruptcy Code, 2016 ('Code') read with the relevant Regulations/ Rules framed under the Code, as amended and in force from time to time and as specified there under from time to time, in respect of facilities availed by me / us from the Bank, from time to time, to any 'Information Utility' ('IU' for brief) as defined in Section 3 (21) of the Code, in accordance with the relevant Regulations framed under the Code, and directions issued by Reserve Bank of India to the banks from time to time and hereby specifically agree to promptly authenticate the financial information submitted by the Bank, as and when requested by the IU concerned.

Aadhaar consent:

I / We have voluntarily submitted my/our Aadhaar/UID Number mentioned in the Form and consent to:

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

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

*Rubber Stamp of the Company / firm / concern required

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Authorised Signatory(ies)

Guarantor(s)

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 and except me nobody else has got any right, title or interest in the Concern. I shall advice you in writing of any change that takes place in the constitution of the Concern and I shall continue to 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 have been duly satisfied/discharged.

Yours faithfully,

Name: _____

Signature (Please sign without 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 advice 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.

The Bank may recover its claims from the estate of any or all of the partners of the firm and in case any partner is a member of a joint family, then from the estate of the joint family and every co-parcener of such joint family.

Yours faithfully,

Name of Partners

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

1 _____

2 _____

3 _____

4 _____

For Bank use only

Confirmation

I confirm having met Mr. / Ms. _____, in person at the Bank, _____ Branch, Communication Address, Office Address (anyone address as mentioned in the Form) and hereby confirm the identity and address as provided in the 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) / Guarantor(s) in my presence. I have also verified the Mobile number _____ by calling the number mentioned in the Form.

Is 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

KYC verification carried out by

Employee Name & Code: _____

Employee Designation: _____ Branch: _____

Name of Bank Official: Mr. Mrs. Ms.

HRMS No.: _____

Date:

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

Signed in my presence
Name & Signatures of the Officer along with HRMS Number

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 If “yes” please specify name of stock exchange, if you are listed company _____, and proceed to sign the declaration</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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 If “No”, proceed to point C</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>C. Is the account holder an Indian Financial Institution</p> <p>If “yes”, please provide your GIIN, if any, _____ If “No”, proceed to point D</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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). If “No”, proceed to sign the declaration</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Customer Declaration

- () Under penalty of perjury, I/we certify that:
1. 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 to 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. (This clause is applicable only if the account is identified as a US person)
 2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.
 - (i) 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.
 - (iii) I/We agree to submit a new form within 30 days if any information or certification in the Form becomes incorrect, incomplete or not up-to-date.
 - (iv) 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.
 - (v) I/We certify that I/we provide the information in the 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.

Name of the Entity _____	
Signature 1 _____	Signature 2 _____
Signature 3 _____	(As per MOP)
Date: _____	

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ TIN
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: _____	

Section 3: Classification of financial institutions (including Banks)

I/We (on behalf of the entity) certify that the entity is :	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ TIN
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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ TIN
If "No", please tick one of the following boxes below:	
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	

Letter of Authorization

(To be obtained separately from Borrower and each Guarantor)

(Signature to be obtained marking property as appropriate in case of non-Individual as Borrower/Guarantor)

Place: _____

Date: _____

To

(Name of the Bank)

Dear Sir,

Borrower's / Guarantor's Name _____ (**"the Borrower / Guarantor"**)

I/We acknowledge that the Borrower has applied for from you/been granted by you certain credit facility/ies wherein I am/we are the Borrower / Guarantor.

In this regard I/We hereby expressly authorize you to approach the Income Tax Department as also any other Government Department/Authority/Agency to access the information (including without limitation, Balance Sheet, Profit & Loss Account, Income Statement and Returns) about me/us and about our business or activity submitted by me/us to such authority or entity, for the purpose of verification of the same with the information submitted by me/us to you in relation to the credit facility/ies applied for / availed of from you by the Borrower.

This authorization shall continue to be valid, continuing and in force until all amounts due to you under the credit facility/ies granted/to be granted by you to the Borrower are not fully repaid to you and received by you.

Yours faithfully,

Signature of Borrower/Guarantor:

Name of Borrower / Guarantor: _____

Address of the Borrower/Guarantor:

Registration / Application Form for DCB Business Internet Banking

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 lakhs only (e.g.: 5 lakhs, 10 lakhs, 15 lakhs up to a maximum of 100 lakhs). 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 lakhs): 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. 3

Account No. 4

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 lakhs): 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. 3

Account No. 4

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 lakhs): 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. 3

Account No. 4

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 lakhs): 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. 3

Account No. 4

Signature of User

2. Account Holder's Declaration, Request and Authorization:

- a) We maintain an account with DCB Bank Limited in the name of our firm / company as above.
- b) We have read and understood Bank's Terms and Conditions in relation to the DCB Business Internet Banking facility (copy of which was provided to us) and agree to abide by them and to the amendments thereto from time to time made at the sole discretion of the Bank.
- c) We hereby request you to grant us DCB Business Internet Banking facility subject to the Bank's Terms and Conditions for DCB Business Internet Banking facility to be operated by us (as per list of users mentioned herein above) in terms of our DCB Business Internet Banking mandate stated herein above.
- d) We hereby authorize the Bank to recover / debit from our account/s all charges and costs in relation to DCB Business Internet Banking facility as and when due and not reimbursed by us to the Bank forthwith.
- e) We further request you to provide transaction access to the designated users as per the terms of our DCB Business Internet Banking mandate stated herein above.
- f) We enclose herewith a copy of the resolution passed in a duly convened meeting of our Board of Directors / Members of the Managing Committee / Board of Trustees in the prescribed format, in terms of which this application is made or We enclose herewith a copy of the partnership declaration letter, in the prescribed format, in terms of which this application is made.
- g) We understand that notwithstanding this mandate, the aforesaid Maker - Checker authorization shall not be applicable for Payment Gateway transactions and the same shall be processed through single user authorization only.
- l) Payment Gateway transactions does not require any authorization and they are executed immediately after initiation.

All fields are mandatory

For and on behalf of Applicant by the hand(s) of:

Name(s) of Authorizer

Designation

Signature with rubber stamp

Name(s) of Authorizer

Designation

Signature with rubber stamp

(As per declaration letter / Board resolution)

Refer to on our website <http://www.dcbbank.com/cms/showpage/page/forms-business-internet-banking> for the below appearing supporting documents, to be enclosed along with this Application Form for DCB Business Internet Banking

Constitution	Supporting Documents
Public Limited Company	Format I
Private Limited Company	Format I
Partnership Firm	Format II
Limited Liability Partnership Firm	Format III
Society	Format IV
Trust	Format V

For Office Use - Branch

Application for DCB Business Internet Banking approved

(Branch Head / BSOM / CMS PSM)

Name:

Designation:

Mobile No.:

Date:

Signature:

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M056 / Aug 23 / 1.8

DCB Customer Care

Call 022 68997777 ■ 040 68157777

Email customercare@dcbbank.com

Web www.dcbbank.com

DCB BANK

Please call DCB Customer Care to enquire about your account application status

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Acknowledgement

To be filled by a Bank official. Acknowledgement slip to be handed over to applicant/s.

Nomination Form Received: Yes No

Please provide this number for future reference

Borrower's Name: _____

Name of the Firm / Company: _____

Total Amount Required by Applicant (₹): _____ Lakh Nature of Facility: _____

Name of the Bank Official: _____

Branch: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Bank Official

Request for account opening will be disposed off and notification of acceptance/rejection thereof will be communicated within 3 weeks from the date of receipt of the duly completed application form and documents as required by DCB Bank. DCB Bank has the right to demand additional documents / information if required from time to time.

DCB BANK

DCB Business Saver Account

Current Account has never
been so rewarding

Earn income from surplus
funds in your account



Terms and conditions apply. No interest is paid in the Current Account.

DCB Bank Limited