Micro Enterprise Loan Cum Account Opening Form

DCB BANK

Please fill the form in "**BLOCK LETTERS**" only.

Application No.: IND

For Bank Use Only (* Fields are Mandatory)

Customer ID:

Account No.:

*Segment Code Occupation Code:

Branch: _____ **SOL Code:** **Date:** D D M M Y Y Y Y

Account Statement Delivery Mode: Printed Statement on Quarterly Basis

Savings

☐ Classic ☐ Premium ☐ Value Saver ☐ Kisan Mitra A/c ☐ Others (please specify)

Applicant Details (* Fields are Mandatory)

PLEASE FILL IN BLOCK LETTERS ONLY

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

***Existing Customer ID:** **CKYC Number:**

***Name:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Capt. ☐ Others

(First Name) (Middle Name) (Last Name)

***Date of Birth:** D D M M Y Y Y Y **Marital Status:** ☐ Single ☐ Married ***Gender:** ☐ Male ☐ Female ☐ Third Gender

***Nationality:** ☐ Indian ☐ Other (pl. specify) **Religion:**

Category: ☐ General ☐ OBC ☐ SC ☐ ST ☐ Others (Pl. specify)

***Country of Birth:** ***Place of Birth:**

***Citizenship:** ***Residence for Tax Purposes:**

U.S. Person: ☐ Yes ☐ No ***Mother's Maiden Name:**

***Mother's Full Name:**

***Father's Full Name:**

***Spouse's Full Name:**

Please fill FATCA Declaration Form if you are a U.S. or citizen / resident of a foreign country.

(If Form 60 is provided Father's name is mandatory)

***Residential Status:** ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

***Permanent Account Number (PAN):** ☐ Form 60

If PAN is not available please fill Form 60

Passport Number: **Expiry Date:** D D M M Y Y Y Y

Driving Licence: **Expiry Date:** D D M M Y Y Y Y

Voter Identity Card: **NREGA Job Card:**

Others: (any document notified by the central government) **Identification Number:**

Reference Number: **Reference Key:**

Udyam Registration Number:

***Proof of Address:** ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card Simplified Measures Account (Document Type Code)

☐ NREGA Job Card ☐ Others

Current Residential Address:

City: PIN:

Landmark:

State: Country:

No. of Years at Current Address: Current Residence is ☐ Self Owned ☐ Family ☐ Rented ☐ Company's

Rent Per Month (If Rented): No. of Dependent/s

Permanent Address:

City: PIN:

Landmark:

State: Country:

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

Email ID:

Qualification: Graduate Post-Graduate Other:

All alerts will be sent to the preferred Mobile Number & E-mail ID. Mobile Number will be used for SMS alerts registration

Business / Employment Details

*Occupation: Salaried Self Employed Self Employed Professional

*Salaried: Public Ltd. Private Ltd. PSU State / Central Government MNC Others

Current Annual Turnover ₹: Less than 20 Lakh 20 Lakh - 50 Lakh 50 Lakh - 1 Crore 1 Crore - 3 Crore More than 3 Crore

Designation:

Name of the Concern / Employment:

Business / Employment Address:

City: PIN:

Landmark:

State: Country:

Email ID:

Telephone: (with STD Code) Fax (with STD Code):

No. of Years in Current Business / Employment: Date of Commencement: D D M M Y Y Y Y Total No. of Years in Business / Employment:

Details of Previous Business / Employment:

Co-Applicant Details

(* Fields are Mandatory) **PLEASE FILL IN BLOCK LETTERS ONLY**

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

***Existing Customer ID:** **CKYC Number:**

***Name:** Mr. Mrs. Ms. Dr. Prof. Capt. Others

(First Name) (Middle Name) (Last Name)

***Date of Birth:** D D M M Y Y Y Y **Marital Status:** Single Married ***Gender:** Male Female Third Gender

***Nationality:** Indian Other (pl. specify) **Religion:**

Category: General OBC SC ST Others (Pl. specify)

***Country of Birth:** ***Place of Birth:**

***Citizenship:** ***Residence for Tax Purposes:**

Please fill FATCA Declaration Form if you are U.S.A. or other country citizen / resident.

U.S. Person: Yes No ***Mother's Maiden Name:**

***Mother's Full Name:**

***Father's Full Name:**

(If Form 60 is provided Father name is mandatory)

***Spouse's Full Name:**

***Residential Status:** Resident Individual Non Resident Indian Foreign National Person of Indian Origin

***Permanent Account Number (PAN):** Form 60

If PAN is not available please fill Form 60

Passport Number: **Expiry Date:** D D M M Y Y Y Y

Driving Licence: **Expiry Date:** D D M M Y Y Y Y

Voter Identity Card: **NREGA Job Card:**

Others:
(any document notified by the central government)

Identification Number:

***Proof of Address:** ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card Simplified Measures Account (Document Type Code)

☐ NREGA Job Card ☐ Others

Current Residential Address:

City: PIN:

Landmark:

State: Country:

No. of Years at Current Address: Current Residence is ☐ Self Owned ☐ Family ☐ Rented ☐ Company's

Rent Per Month (If Rented): No. of Dependent/s

References (Fields are Mandatory)

Reference 1

Name:

Relationship:

Address:

Phone: Mobile:

Reference 2

Name:

Relationship:

Address:

Phone: Mobile:

Bank Account Details

Account 1: Name of Account Holder | Name of the Bank | Branch

Account Operated Since (M M Y Y Y Y) | Account No. | Type ☐ Savings ☐ Current ☐ Over Draft

Account 2: Name of Account Holder | Name of the Bank | Branch

Account Operated Since (M M Y Y Y Y) | Account No. | Type ☐ Savings ☐ Current ☐ Over Draft

Existing Relationship with DCB Bank Limited

Loan Account No. | Bank Account No. | Others | Customer ID

Income / Assets / Liabilities Details

Gross Monthly Income: Average Monthly Expenses:

Net Monthly Take Home: Monthly Instalments You Pay:

Other Income (specify sources):

Loan Details

Loan Amount: Interest Rate: Fixed / Variable Processing Fee (₹): Loan Tenure: months

Purpose of Loan: ☐ Business ☐ Home Repair ☐ Education ☐ Others

Nature of Business / Employment: ☐ Manufacturing ☐ Service GST Number:

Original Cost of Plant & Machinery / Equipment: ₹ Processing Fee (Non-refundable): ₹

Priority Sector Categories: ☐ Micro Service Enterprise ☐ Small Service Enterprise ☐ Medium Service Enterprise ☐ Micro Manufacturing Enterprise ☐ Small Manufacturing Enterprise ☐ Medium Manufacturing Enterprise ☐ Non Priority Sector

Do you want to take insurance? Yes ☐ No ☐ **Do you want to take insurance for spouse/family member?** Yes ☐ No ☐

Mode of Operation

☐ Self ☐ Jointly ☐ Either or Survivor ☐ Former or Survivor ☐ Guardian ☐ Anyone or Survivor

Others:
(Please Specify)

Initial Payment Details

Payment By ☐ Cash (To be deposited by the Applicant at teller counter only) Cash Deposited on: D D M M Y Y Y Y

☐ Cheque, then Cheque No.: Cheque Dated: D D M M Y Y Y Y

Drawn on: (Bank) **Amount ₹:**

Amount in Words:

☐ Debit to Applicant's DCB Bank A/c No.:

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

Services

SMS Banking and Alert Facility:

Alerts facility enables you to receive alerts on your preferred email ID and / or your preferred mobile number for large debit, large credit, Standing Instruction failure, balance below Average Quarterly Balance and balance update. New alerts may be added from time to time.

☐ I / We don't wish to receive any Bank related promotional calls, SMS alerts or emails.

☐ I / We don't wish to link my/our Aadhaar Number to this account. (**Please Note:** Any 1 Aadhaar Number is linked to 1 Account Number to receive subsidy on the account)

☐ Email Account Statement ☐ Utility Bills

☐ Phone Banking Preferred Language Options: ☐ English ☐ Hindi ☐ Marathi ☐ Gujarati ☐ Tamil ☐ Telugu ☐ Kannada

☐ **Passbook** **Investment:** ☐ Life Insurance ☐ Mutual Fund ☐ Wealth Management ☐ General Insurance

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

Please fill a separate Mobile Banking Registration Form for Joint Account Holder

Please Note: Reverse Sweep to Fixed Deposit account shall happen only, if the balance in the account exceeds threshold limit and sweep shall happen if the balance in the 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. Authorised signatory/ies of the Firm / Company / Trust / Association / Society are eligible for free Mobile alert facility subject to compliance of terms and conditions as stipulated by the Bank from time to time.

Authorised Signatory / Guarantor

Existing Customer ID: ☐ Yes ☐ No (Please fill the below details)

***Name:** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof.

(First Name) (Middle Name) (Last Name)

Please affix a recent photograph

Sign across the photo

***Date of Birth:** D D M M Y Y Y Y ***Gender:** ☐ Male ☐ Female ☐ Third Gender

***Permanent Account Number (PAN):** ☐ Form 60

Aadhaar Number: Your 12 digit unique identification number **Designation:**

Communication Address:

City: PIN:

State:

Country:

Mobile No.:

Signature and Stamp of the Authorised Signatory / Guarantor
(Stamp of the Organisation to be affixed)

Authorised Signatories are by default eligible for free SMS facility, if mobile no. is mentioned

Form 60 for Applicant (See second provision to rule 114B)

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

Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Capt. ☐ Others **Date of Birth / Incorporation of Declarant:** D D M M Y Y Y Y

(First Name) (Middle Name) (Last Name)

Father's Name (in case of individual)

(First Name) (Middle Name) (Last Name)

Current Address:

City: PIN:

Landmark:

State: Country:

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

Amount of Transaction (₹): **Date of Transaction:** D D M M Y Y Y Y

In case of Transaction in joint names, number of persons involved in the Transaction:

Mode of Transaction: Cash Cheque Card Draft / Banker's Cheque Online Transfer Other

Aadhaar Number issued by UIDAI (if available)**:**

If applied for PAN and it is not yet generated enter date of application and acknowledgement number D D M M Y Y Y Y

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held

Agricultural income (₹): **Other than agricultural income (₹)**

Details of document being produced in support of identitfy in Column 1

Document code	Document identification number	Name and address of the authority issuing the document

Details of document being produced in support of address

Document code	Document identification number	Name and address of the authority issuing the document

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, on this _____ day of _____ 20____

Place: _____ (Signature of Declarant)

Note: 1. Before signing the declaration, the Declarant should satisfy himself / herself / itself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable:
(i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
(ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

Form 60 for Co-Applicant (See second provision to rule 114B)

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

Name: Mr. Mrs. Ms. Dr. Prof. Capt. Others **Date of Birth / Incorporation of Declarant:** D D M M Y Y Y Y

(First Name) (Middle Name) (Last Name)

Father's Name (in case of individual)

(First Name) (Middle Name) (Last Name)

Current Address:

City: PIN:

Landmark:

State: Country:

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

Amount of Transaction (₹): **Date of Transaction:** D D M M Y Y Y Y

In case of Transaction in joint names, number of persons involved in the Transaction:

Mode of Transaction: Cash Cheque Card Draft / Banker's Cheque Online Transfer Other

Aadhaar Number issued by UIDAI (if available)**:**

If applied for PAN and it is not yet generated enter date of application and acknowledgement number D D M M Y Y Y Y

If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held

Agricultural Income (₹): **Other than Agricultural Income (₹)**

Details of document being produced in support of identity

Document Code	Document Identification Number	Name and Address of the Authority Issuing the Document

Details of document being produced in support of address

Document Code	Document Identification Number	Name and Address of the Authority Issuing the Document

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, on this _____ day of _____ 20____

Place: _____ (Signature of Declarant)

Note: 1. Before signing the declaration, the Declarant should satisfy himself / herself / itself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable:
(i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
(ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

Nomination Details (Form DA 1)

Preferable for Single and Joint Account holders

☐ **Yes, I/we want to nominate the following person** ☐ **No, I/we do not want to nominate anyone on my 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: D D M M Y Y Y Y

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

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.

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 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.

_____

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

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

Witness(es):

Name : _____	Name : _____
Signature : _____	Signature : _____
Address : _____	Address : _____
_____	_____
_____	_____
Place : _____ Date: _____	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.

Customer Information & Due Diligence (CIDD) Form - For Applicant

Information Type	Details
Countries where business associates located (for Businessmen, only)	
Country where the individual / entity is based	
Nature of business / line of activity (in detail)	
Expected number of transactions in a month	☐ Up to 20 ☐ 21 to 50 ☐ More than 50
Financial Status (Net Worth)	☐ Upto ₹10 lakh ☐ More than ₹10 lakh upto ₹25 lakh ☐ More than ₹25 lakh upto ₹50 lakh ☐ More than ₹50 lakh upto ₹2 crore ☐ More than ₹2 crore
Source of Funds for Credits in the Account	☐ Savings ☐ Salary ☐ Business Proceeds ☐ Sale of Property ☐ Investments ☐ Inheritance ☐ Professional fee ☐ Other (please specify)
Wire Transfers Expected	Into the Account ☐ Yes ☐ No Value ₹ From the Account ☐ Yes ☐ No Value ₹
Foreign Inward Remittances Expected	☐ Yes ☐ No Approximate Value ₹
Signature of Applicant	

Customer Information & Due Diligence (CIDD) Form - For Co-Applicant

Information Type	Details
Countries where business associates located (for Businessmen, only)	
Country where the individual / entity is based	
Nature of business / line of activity (in detail)	
Expected number of transactions in a month	☐ Up to 20 ☐ 21 to 50 ☐ More than 50
Financial Status (Net Worth)	☐ Upto ₹10 lakh ☐ More than ₹10 lakh upto ₹25 lakh ☐ More than ₹25 lakh upto ₹50 lakh ☐ More than ₹50 lakh upto ₹2 crore ☐ More than ₹2 crore
Source of Funds for Credits in the Account	☐ Savings ☐ Salary ☐ Business Proceeds ☐ Sale of Property ☐ Investments ☐ Inheritance ☐ Professional fee ☐ Other (please specify)
Wire Transfers Expected	Into the Account ☐ Yes ☐ No Value ₹ From the Account ☐ Yes ☐ No Value ₹
Foreign Inward Remittances Expected	☐ Yes ☐ No Approximate Value ₹
Signature of Co-Applicant	

Risk Classification for Applicant

* Kindly fill the following details:

Expected Annual Turnover (₹): ☐ Upto ₹ 1 Lakh ☐ Upto ₹ 10 Lakh ☐ Upto ₹ 50 Lakh ☐ Upto ₹ 1 Crore
☐ Upto ₹ 5 Crore ☐ Upto ₹ 10 Crore ☐ Upto ₹ 25 Crore ☐ More than ₹ 25 Crore

Basis of Categorisation: ☐ Politically Exposed Person ☐ Domiciled in Risk Country ☐ Trust ☐ Sleeping Partner
☐ High Risk Profession Others (Please specify):

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

***Details of Customer's Source of Funds & Estimated Net Worth:**

☐ Income from Employment ☐ Income from Business ☐ Income from Investments ☐ Inherited Funds
Others (Please specify):

Risk Classification of Account (L / M / H):

Risk Classification for Co-Applicant

* Kindly fill the following details:

Expected Annual Turnover (₹): ☐ Upto ₹ 1 Lakh ☐ Upto ₹ 10 Lakh ☐ Upto ₹ 50 Lakh ☐ Upto ₹ 1 Crore
☐ Upto ₹ 5 Crore ☐ Upto ₹ 10 Crore ☐ Upto ₹ 25 Crore ☐ More than ₹ 25 Crore

Basis of Categorisation: ☐ Politically Exposed Person ☐ Domiciled in Risk Country ☐ Trust ☐ Sleeping Partner
☐ High Risk Profession Others (Please specify):

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

***Details of Customer's Source of Funds & Estimated Net Worth:**

☐ Income from Employment ☐ Income from Business ☐ Income from Investments ☐ Inherited Funds
Others (Please specify):

Risk Classification of Account (L / M / H):

Signatures and Photographs

Applicant

Please affix
a recent photograph
of Applicant

Sign across the photo

Thumb Impression

Signature

Date: D D M M Y Y Y Y

Please affix
a recent
photograph.

Co-Applicant

Please affix
a recent photograph
of Co-Applicant

Sign across the photo

Thumb Impression

Signature

Date: D D M M Y Y Y Y

Please sign
with **"Black Ink"**
within
the box.
"Signature
shall be
considered
for all cheque
clearances
and
any future
communication
with the Bank"

Guarantor

Please affix
a recent photograph
of Guarantor

Sign across the photo

Thumb Impression

Signature

Date: D D M M Y Y Y Y

Please affix
a recent
photograph.

Declaration

I / We agree to open a Savings Account with DCB Bank Limited ☐ Yes ☐ No

DCB Savings Accounts come with a host of benefits such as Free RTGS / NEFT, Payable at Par Cheque Book, Free Phone / Internet / Mobile Banking, Free access to VISA ATMs, Any Branch Banking and much more.

1. I / We declare that all the particulars and information and details given / filled in this application form are true, correct and complete and up to date in all respects and that I / we have not withheld any information whatsoever. DCB Bank Limited (the "Bank") has the right to reject the application in case any of the information provided in this application form is found to be false / incorrect / misleading / incomplete.
2. I / We confirm that no insolvency proceeding or suit for recovery of outstanding dues or monies whatsoever or for attachment of my / our assets or properties and / or proceeding have been initiated and / or are pending against me / us and that I / we have never been adjudicated insolvent by any Court or other authority.
3. Neither any action nor other steps have been taken or legal proceedings started by or against me / us in any Court of law / other authorities for winding up, dissolution, administration or re organization or for the appointment of a receiver, trustee or similar officer or for my / our assets.
4. I / We understand and acknowledge that the Bank shall have the absolute discretion without assigning any reason (unless required by applicable law), to reject my / our application and that the Bank shall not be responsible and/or liable in any manner whatsoever to me / us for such rejection and/or any delay in notifying me / us of such rejection and/or any costs, losses, damages or expenses, or other consequences, caused by reason of such rejection, and/or any delay in notifying me / us of such rejection, of my / our application.
5. The Bank reserves the right to retain the photographs and documents submitted and will not return the same to the applicant/s/guarantor/s.
6. I am / We are neither related to any of the directors of the Bank nor I / we are his / her relatives as defined under the provisions of the Companies Act.
7. I / We hereby represent, warrant and confirm that the purpose is a valid purpose and also agree and undertake to utilize the loan only for this purpose and that the loan shall not be used for any illegal and / or antisocial and / or speculative purpose including but not limited to participating in stock market / IPOs.
8. I / We have been explained the product features I / we have applied for. I / We have read and understood the terms and conditions of the loan product of the Bank and I / we agree to abide by them at all times.
9. I / We further authorise the Bank, its associates / subsidiaries / affiliates and have NO OBJECTION, to verify any information of or at my/our office / residence and/or contact me/us and / or my/our family members and / or my/our employer / Banker / Credit Bureau and also to conduct any checks for all my/our submitted documents and other information pertaining to the policies of the Bank.
10. I / We confirm my / our understanding that the Processing Fee paid by me / us is non-refundable under any circumstances whatsoever including but not limited to decline / part disbursement / disbursement of the loan.
11. From time to time, the Bank communicates various features / products / promotional offers which offer significant benefits to its customer and may use the services of third party agencies to do so. Do you wish to be informed about such benefits ?

    ☐ I / We expressly authorize the Bank to use information or data relating to me / us, for communicating marketing offers as outlined above. *(Please tick)*

    ☐ I / We do not wish to receive offers as outlined above. *(Please tick)*

12. 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, and complete including the taxpayer identification number of the applicant.
13. **Aadhaar Consent:**

    I/We have voluntarily submitted my/our Aadhaar number mentioned above 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 the 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/s of the above stated Aadhaar number/s, hereby give my/our consent to DCB Bank Limited, to obtain my/our Aadhaar number, Name and Fingerprint / Iris for authentication with UIDAI. DCB Bank Limited has informed me 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.
14. I/We agree and acknowledge that the Bank has appointed _____ (BC Name) as its Business Correspondent (BC) to handle and manage the loans and related transactions (collection of KYC documents, execution of loan documents, disbursal of loan, collection of repayment instalment, etc.) with me/us on behalf of the Bank. I/We hereby authorize the Bank to furnish any kind of information about me/us to the BC. Further, I/we agree to pay through the BC, the instalment and interest due to the Bank as per the terms of sanction. I/We hereby confirm that the concerned BC official has read and translated accurately the aforesaid terms and conditions and other documents in vernacular language known to me/us and I/we have completely understood the same.
15. Recommended for approval by Business Correspondent.
16. 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 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.

*Kindly visit https://www.dcbbank.com/micro-finance-loans-credit-to-end-customers for loan details

Name of Authorised Business Correspondent Official: ☐ Mr. ☐ Mrs. ☐ Ms.

Date: D D M M Y Y Y Y

Signature of Authorised
Business Correspondent Official

Consent Letter

In connection with submission of the application for my credit information offered by Credit Bureau ("Consumer Credit Information") through [DCB Bank Limited] and delivery of the Consumer Credit Information to DCB BANK, I hereby acknowledge and agree to the following:

A. I hereby authorize DCB BANK to receive my credit information from Credit Bureau. I hereby unconditionally consent to and instruct credit bureau to provide my credit information to DCB BANK.

B. Further I authorize DCB BANK or any person/entity/third party appointed by DCB BANK to directly contact on my shared email id and mobile no, for all matters pertaining to loan facilities/ancilaary products..

C. I hereby expressly grant unconditional consent to, and direct, Credit Bureau to deliver and / or transfer my Consumer Credit Information to DCB BANK..

D. By submitting this consent form, I understand that I am providing express written instructions/consent to DCB BANK to request and receive information about me from consumer credit report and score from consumer reporting agencies, at any time for so long as I maintain any kind of account with DCB BANK whether casa / any other account or any type of loan account. I further authorize DCB BANK to retain a copy of my information for use in accordance with [DCB Bank] Terms of Use and PrivacyPolicy.

Sl.No.	Name	Aadhaar No	Mobile No.	Address	Signature

Borrower:

Self-declaration of Household Income form

Date: BC Name:

BC Branch Name: Group Name:

I Mrs./Miss. _____ W/o/D/o _____

Resident of (Full Address) _____ do hereby solemnly affirm and declare as under:-

a) that I am citizen of India

b) that the annual income of my family from all sources is Rs. _____ (in words also) _____.

c) I declare that my _____ & _____ is/are earning Members in my family.

d) I certify that the above information given by me is true

Borrower Signature/Thumb Impression

Received by (BC Representative)

Name:

Employee Code:

Signature:

Date:

DCB Customer Care

Call 022 68997777 ■ 040 68157777

Email customercare@dcbbank.com

Web www.dcbbank.com

DCB BANK

Income Assessment

Name of Customer : _____

Age : _____

Aadhar Ref No. : _____

Mobile No. : _____

Total Number of Members	
No. of Earning Member	
No. of Non-Earning Member	
Migrant member	

Household Profile	**Answer**
Type of Accommodation	Rented/Owned
Availability of other assets (Land, Livestock, Vehicle, furniture, smartphone, electronic item etc)	
Condition of House	Kuccha/Pucca

Type of shop (if Applicable)	Rented/Owned
Basic Amenities available (Electricity, LPG, Water, Toilet, Sewage etc.,)	
Children Education level	
Neighbour Reference (Positive/Negative)	

Household Income Assessment	**Member 1**	**Member 2**	**Member 3**	**Member 4**
Name				
Relationship with Applicant				
Sector of Work (Agriculture & Allied activities, Trading, Manufacturing, Services etc.)				
Working since				
Months / Days of employment over the last one year				
Frequency of Income (Daily/Weekly/Monthly)				
Nature of work				
Educational Qualification				
Self-Declared yearly Household Income/ Income from proofs (bank statement/ITR)				
Other Income				
1. Rent (Rent Agreement)				
2. Tuitions				
3. Remittance				
4. Pension				
4. Gov. Transfer				
5. Scholarship				
6. Others				
Average Monthly Household income				
Yearly household Income				

Yearly Household Expense Assessment

Regular Expenses	**Amount in Rs.**
Food and Utility	
Clothing	
Rent (House)	
Rent (Shop)	
Fees School	
Medical Fees	
Other Expenses	

Irregular Expenses	**Amount in Rs.**
Medical	
Asset Purchase	
House Renovation expenses	
Other Expenses	
Average Monthly Household Expense	
Yearly Household Expense	

Received by (BC Representative)

Customer Name: _____

Name: _____

Place: _____

Employee Code: _____

Date: _____ Signature: _____

CUSTOMER COPY **Application No.**

ACKNOWLEDGMENT

Loan application received on _____. We note to advise you of the acceptance / rejection of your application within 7 (seven) working days of receipt of the completed application

Date: D D M M Y Y Y Y

_____

Authorised Signatory