


SHIVALIK SMALL FINANCE BANK
CUSTOMER IDENTIFICATION CUM ACCOUNT OPENING FORM
 (for Non - Individuals)

CIF - NON IND

Branch Address : Cust ID : Canvas ID / Emp. No. Account No. : Date : The Branch Manager,
Branch : _____

Sir/Madam,

Please open an account as per details given below :

Name /Title of Account **ACCOUNT TYPE** (Please tick the required account type and mention variant required) Current Account Saving Account Term Deposit Others

Account Variant _____ Scheme Code _____ (for office use)

Please enter Initial amount Cheque No. Bank Branch **Registered Office****Communication / Mailing**

Address	<input type="text"/>	Address	<input type="text"/>
State	<input type="text"/>	State	<input type="text"/>
PIN	<input type="text"/>	PIN	<input type="text"/>
Tel No.	<input type="text"/>	Tel No.	<input type="text"/>
Fax	<input type="text"/>	Fax	<input type="text"/>
Mobile No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail ID	<input type="text"/>	E-mail ID	<input type="text"/>

Date of Incorporation Date of Commencement of Business

Purpose of Opening the account

 Business Remittance Collection Any Other, please Specify PAN Number of the Firm / Company / TASC / PROP. etc. (if an assessee) or FORM 60

Constitution	Sole Proprietorship	Partnership Firm	Joint Hindu Family	Any Other. Please specify
	Private Limited Company	Public Limited Company	Club / Association / Society	
	Trust	Executors & Administrators	Liquidators	
	Central/State Govt. Org./Deptt.	Govt. owned Company/ Corporation	Public Sector Undertaking	

Nature of Business
 Industry - Manufacturing Sector Service Sector Business - Wholesale Trade Social/Philanthropic Activities
 Retail Trade Any other

Brief details of the nature of Business:

Mandatory DetailsNo. of Employees: 0 to 20 21 to 50 51 to 100 Above 100 Salary Account required: Yes No *Fields are mandatoryIE Code: Date of Registration: Annual Turnover (in lakhs/crores) < 5 5 to 50 50 & above Place of Registration: Annual Projected Cash Transactions: (in lakhs) PAN:

Mode of Operation : Singly / Jointly / Any one / Other (Please specify) : _____

Covered under MSME Segment: <input type="checkbox"/> Yes <input type="checkbox"/> No Listed on Stock Exchanges: <input type="checkbox"/> Yes <input type="checkbox"/> No GSTN: <input style="width: 100%;" type="text"/> Existing Credit Facilities with other Bank(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name: <input style="width: 100%;" type="text"/> Branch: <input style="width: 100%;" type="text"/> Type of Facility: <input style="width: 100%;" type="text"/> Amount of Facility(₹): <input style="width: 100%;" type="text"/>
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AUTHORISED SIGNATORIES: (Customer information inputted below will be further updated across Bank records and will be referred to for KYC purposes)

Existing Customer of SSFB: Customer ID <input style="width: 100%;" type="text"/> or Account No. <input style="width: 100%;" type="text"/> Name <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <div style="border: 1px solid black; height: 150px; margin: 10px 0; text-align: center;">Self attested Photo</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Signature with Stamp</div>	Existing Customer of SSFB: Customer ID <input style="width: 100%;" type="text"/> or Account No. <input style="width: 100%;" type="text"/> Name <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <div style="border: 1px solid black; height: 150px; margin: 10px 0; text-align: center;">Self attested Photo</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Signature with Stamp</div>	Existing Customer of SSFB: Customer ID <input style="width: 100%;" type="text"/> or Account No. <input style="width: 100%;" type="text"/> Name <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <div style="border: 1px solid black; height: 150px; margin: 10px 0; text-align: center;">Self attested Photo</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Signature with Stamp</div>	Existing Customer of SSFB: Customer ID <input style="width: 100%;" type="text"/> or Account No. <input style="width: 100%;" type="text"/> Name <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <div style="border: 1px solid black; height: 150px; margin: 10px 0; text-align: center;">Self attested Photo</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Signature with Stamp</div>
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Persons to be identified individually and documents obtained for compliance of KYC/ AML guidelines:
 Partnership Firm: Each Partner; Pvt Ltd. Co.: Each Director of the Co. Public Ltd. Co. : Directors who have authority to operate the account. Corporations: Those who have authority to operate the account. Thrift Societies/ Friendly Societies, Co-operative Societies etc.: Persons exercising control or significant influence over the organisation's assets. This would often include Board members plus executives and' account signatories. Charities, Clubs and Associations: At least two signatories and the Principals who exercise control or significant influence over the Organisation's assets. This would often include members of the Governing Body or Committee, the President, Board Members, the treasurer and all signatories. Trusts and Foundations: The trustees, the settlers of the trust any protectors, beneficiary(ies) and signatories. Beneficiaries shall also be identified when they are defined. In case of Foundation, the founder, the managers/ directors and the beneficiaries also. HUF : Karta

*** Agent / Representative/Attorney opening account on behalf of a firm; Controller entities i.e. where a Company is effectively controlled by another Company, individuals or a Trust.**

DEALINGS WITH OTHER BANKS/FI/BRANCHES OF SSFB IF ANY : No Yes If yes. Please give following details (Rs. In lac)
 (Attach separate sheet, if required)

S. No.	Name of Bank / FI / Branch of Shivalik Bank	Activity	Nature of Facility & A/c No.	Aggregate Sanc. Limit	Date of Sanction	Balance outstanding (as on)	Asset Classification with Bank / FI / Branch
1.							
2.							
3.							

I/We am/are not enjoying any credit facility with other bank/any other branch of your bank and I/we undertake to inform you in writing, as soon as any credit facility is availed by me/us from any other bank/any other branch of this Bank.

DEBIT CARD FACILITY(To apply for Debit cards, please tick your choice)

IF YES

Signature (Only for YES)

Authorised Signatory 1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Classic	<input type="checkbox"/> Platinum*	_____
Authorised Signatory 2	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Classic	<input type="checkbox"/> Platinum*	_____
Authorised Signatory 3	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Classic	<input type="checkbox"/> Platinum*	_____
Authorised Signatory 4	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Classic	<input type="checkbox"/> Platinum*	_____

- Note:**
- *The Rupay Platinum cards are available for select product variants only.
 - Debit Cards will not be issued for accounts with Joint mode of operation.
 - Debit Cards shall be delivered to the communication/ mailing address as updated in Bank records.
 - Charges will be applicable based on card type and product variant in which account is being opened
 - By opting for a Debit Card, one agrees to the applicable T&Cs as available on the Bank's website.

OTHER SERVICES

Please tick for availing the other banking Services :

1. Cheque Book 2. SMS Banking 3. E-Statement
4. Net Banking

Statement of Account Frequency : Weekly / Fortnightly / Monthly

Address where required : Regd. Office / Factory / Workplace

Business profile - Major Clients and their addresses

Buyers / Customers	Address	Tel. No. & E-mail ID
Sellers / Suppliers	Address	Tel. No. & E-mail ID
Others	Address	Tel. No. & E-mail ID

Offices / Operations / Business Abroad : No Yes If yes, Please give following details

Office Address	Exports - Details & Countries	Imports - Details & Countries	Funds / Donation Provider Details & Countries	Principal Contacts Abroad/ Major Foreign Donors / Fund Providers - Details & Countries

Do you expect fund / remittances from Abroad In this Account - NO YES If yes, give brief details

(Rs. In lac)

Annual Business Turnover	Annual Inflow of funds from Other Sources (i.e. other than business), if any		Expected Turnover in Account Current Financial Year		Expected Turnover in Account Next Financial Year	
	Domestic Sources	Foreign Sources	Domestic	Foreign	Domestic	Foreign

Assets owned (Rs. In lac)

Immovable Assets	Movable Assets	Total Liabilities	Net Owned funds (Capital + Reserves)

DECLARATIONS/UNDERTAKINGS BY APPLICANTS

I/We have read and understood and accepted the terms & conditions governing the use of Internet Banking, ATM facility, SMS Alerts and Tele banking Services. I/We hereby agree to abide by the said terms & conditions as in force from time to time.

I/We confirm having read and understood the Rules pertaining to various Accounts/Services. I/We confirm that the Citizen Charter/BCSBI Code have been provided to me/us. I/We do hereby agree to abide by the terms & conditions outlined in these rules which govern the account(s) which I/We am/are opening/to be opened by me/us from time to time with the Bank and amendments there to made from time to time and those relating to various services/products including but not limited to ATM Card/Debit Card/Tele-banking/Internet Banking/SMS Alerts/Mobile Banking. etc. I/We agree that changes from time to time in the Bank's rules relating to my/our different accounts and/or other services would be made available to me/us on Bank's website and that I/We would be bound by such changes in terms & conditions pertaining to the different accounts/services.

I/We understand that If I/We do not make any debit/credit transaction in my/our account continuously for two years, the account would be classified as Inoperative. Though credits/deposits in such account would be accepted by Bank, no cheques / debit instructions issued by me/us would be honoured without my/our making specific request for converting the account to Operative.

I/We agree to abide by the Bank's rules relating to the conduct of the above Accounts / Services / Products. I/We undertake to inform the Bank in writing of any change in my/our constitution/partner/ directors/Article of Association Contact detail etc.

I/We declare that I am not recipient of contribution/donation/receipts from any banned organisation.

I/We hereby authorise you to honour all cheques / orders / bills / notes drawn on this account whether such account be for the time being in credit or overdrawn, The necessary declarations/resolutions/documents as applicable are hereby attached and shall form part of this application/A.O.F.

I/We give my/our consent to download my/our KYC Records from the Central KYC Registry (CKYCR). only for the purpose of verification of my identity and address from the database of CKYC Registry.

I/We understand that my KYC Record includes my/our KYC Records / Personal information such as my/our name, address, date of birth / date of incorporation, PAN number etc.

I/We agree that my / our personal KYC details may be shared with Central KYC Registry or any other competent authority.

I/We have read Bank's rules and I/We agree to be bound by the Bank's rules for conduct of such accounts as amended from time to time. I/We hereby confirm that the information furnished above by me/us is true and correct

Witness (In case of Thumb Impression)
Signature of Witness

Yours faithfully

1st Applicant

2nd Applicant

3rd Applicant

4th Applicant

Name :

Address :

Signature/Thumb Impression
(Male : LTI & Female : RTI)

INTERNET BANKING APPLICATION FORM

REQUEST FOR ACTIVATION OF INTERNET BANKING

FULL NAME

CUSTOMER ID

RELATIONSHIPS WITH BANK :

S.No.	Name of other account signatories in CA/OD Accounts (if account type is not single)	Account Type (Sole Proprietorship / Firm HUF / Company / Trust / Other	Account No. (12 Digit)	Access Type Required (Yes/No)	
				Full Access	View Only

TERMS & CONDITIONS

If the customer id of above accounts have mode of operation Self / Either or Survivor, you may do the following.

1. All non-financial transactions like statement download, card block etc.
2. You may request for any financial transaction like RTGS / NEFT online in a secured manner, it is only a request which will be treated manually from our backend team and further will have many validation like make checker and calling to the customer to check his/her authenticity. It is same like you can request through email but it is faster and secure comparatively.

If the customer id of above accounts have mode of operation Jointly, you cannot request for any financial transaction.

I/We request you to activate net banking facility for me so that I may initiate self-registration process. I confirm having read terms and conditions of the Bank for providing Internet Banking facility as published on bank's website and which are subject to changes from time to time.

I/We submit the following information (this is mandatory):

- a) My registered Mobile no. is for communicating to me One-Time-Passwords (OTPs) / other alerts.
 b) My email id is already registered with you.
 c) I/We confirm that I/We have Shivalik Bank ATM -cum-Debit card No. Which is active.
 I/We have read & understood all the Terms & Conditions for Internet Banking Activation and agreed for the same.

Your faithfully,

S.No.	Full Name	Relationship in account	Specimen Signature
1st applicant			
2 nd applicant (if mode of operation is not single)			
3 rd applicant (if mode of operation is not single)			

FOR OFFICE USE ONLY

I hereby confirm that I have checked/updated and verified the following:

- Date of Birth Mobile No. ATM-cum-Debit Card Signature verification with bank records KYC is completed
 In CBS title of name does not contain PA/LA / Guarantor and does not have any extra account as per mentioned above(Corrected by me).
 I have checked the mode of operation and account type as per declared by customer.
 I have checked updated email id in CBS with customer id. I have checked ATM Card Expiry with the system & physical card.

Risk Category of the customer as per CBS

- Low Risk Medium Risk High Risk

I recommend initiation of internet banking facility to the applicant.

Checked By: (Signature Emp. code of Authorized Officer)

Signature _____
 Emp. Code
 Date: _____

Verified By: (Signature & Emp. code of Authorized Officer)

Signature _____
 Emp. Code
 Date: _____

FOR OFFICE USE ONLY

1. Threshold Limit Rs. How verified/Accepted
 2. Classification of Account as High Risk Medium Risk Low Risk
 3. Particulars of Identifications obtained and verified from Original :
 a. c.
 b. d.
 (Strike whichever is not applicable)

Credit Report has been obtained from the existing banks of the Party/The Party is not maintaining accounts with other banks.

Letter of Authority for operation of Account has been obtained as the account is to be operated by a person other than the account holder/Partners of the firm / Sole Proprietor etc.

All KYC documents checked and found complete Yes No

Open the Account(s) **Reject (Give Reasons)**

Signature of the Authorized Official _____
 Emp. Code

Signature of the Branch Head _____
 Emp. Code

NOMINATION Yes No. I declare that I do not wish to make nomination in my account.

Nomination Form DA-1 : Nomination under sec. 45ZA of the Banking Regulation Act, 1949 and rule2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

I / We nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account may be returned Shivalik Small Finance Bank Ltd. Branch

Display Nominee Name on Statement Yes No

Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor his/her date of birth

As nominee is minor on this date, I / We appoint Mr. / Ms.

(Name, Address & Age)

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

Name, Signature, Addresses of two witnesses, if thumb impressions obtained

Signature(s) Thumb Impressions of Depositor(s)

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FATCA- CRS DECLARATION Please tick the applicable tax resident declaration (Any one)

ENTITY TYPE: FINANCIAL NON-FINANCIAL

I am a tax resident of India and not resident of any other country OR I am a tax resident of the country/ies mentioned in the table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

City of Incorporation

Country of Incorporation

Address Type for Tax Purpose- Residential Business Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)%	Address for Tax Purpose		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Pin <input type="text"/>	State <input type="text"/>	Country <input type="text"/>

To also include USA, where the individual is a citizen/ green card holder of USA % In case Tax Identification Number is not available, kindly provide functional equivalent
FATCA- CRS Certification: I have understood the information requirements of this form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this form is true, correct, and complete and hereby accept the same.

Signature _____

GUIDANCE NOTES

For Limited Companies

Specimen of Resolution to be passed by the Board of Directors:-

Resolved that a Banking Account of the Company be opened with Shivalik Small Finance Bank Ltd. and that the Bank be and hereby authorized to honour all cheques, bills of exchange, promissory notes and other orders accepted, endorsed or made on behalf of the Company by _____

and to act on any instructions so given relating to the account whether the account be in credit or overdrawn.

Signatures of Authorised Signatory(ies)

Proprietorship Concern

I, the undersigned, declare that I am the sole proprietor, of the firm M/s _____ and am solely responsible for the firm. I request and authorize you to honour all cheques, bills of exchange, promissory notes and other orders drawn, accepted or made by me, in the name of my firm on said account, whether the account be for the time being in credit or overdrawn. I agree that the bank may recover its claims from my personal assets as from the assets of my said firm, I further undertake to inform the bank in writing whenever any change occurs in constitution of the firm. I shall, however, continue to be personally liable to bank for all dues of my said firm until I receive from the bank an acknowledgment of my letter and all my liabilities to the bank as on the date of receipt of such notice by the bank are fully satisfied.

Signature of the Sole Proprietor

Partnership Firm

We, the partners in the firm M/s _____ request and authorize you until a notice in writing to the contrary is given to you by either/any of us to honour all cheques, bills of exchange, promissory notes and other orders drawn, accepted or made on behalf and in the name of the said firm by _____ and to act on any instruction so given relating to the account whether the account be in credit or overdrawn. In the event of any such notice, the account will be operated by both/all the partners jointly.

As far as endorsements on cheques, bills, notes and other orders are concerned, the same will be made by either/any one of us on behalf and in the name of the said firm.

Signatures of all Partners**Joint Hindu Family:-**

Declaration by the Karta / Manager :-

I hereby declare that I am Karta / Manager of the Joint Hindu Family trading concern M/s _____ . All dealings and transactions are being entered to by me as Karta and Manager of the Joint Hindu Family comprised of the persons mentioned below. I am fully entitled as Manager to deal with you, as all the dealings are for the benefit of the Joint Family business.

Signature of the Karta/Manager

Declaration by all co-parceners

We, the co-parceners of M/s _____ request and authorize you until a notice in writing to the contrary is given to you by either/any of us to honour all cheques, bills of exchange, promissory notes and other orders drawn, accepted or made on behalf and in the name of the said firm by _____ (Name of Karta / Manager) and to act on any instruction so given relating to the account whether the account be in credit or overdrawn. In the event of any such notice, the account will be operated by all the co-parceners jointly.

1. _____
2. _____
3. _____
4. _____
5. _____

Signatures of all adult Members of the family:

KNOW YOUR CUSTOMER (KYC) CHECKLIST

Constitution	Document Type
Common to All	<input type="checkbox"/> Completed account opening form duly filled with photograph (signed across) of authorised signatory/ies. <input type="checkbox"/> Copy of all KYC documents of individuals/ authorised signatories as per KYC guidelines for an entity should be self-attested. <input type="checkbox"/> Copy of all entity documents submitted should be attested as indicated in below categories.
Sole Proprietor	<input type="checkbox"/> 1. Copy of proprietor's PAN Card and Aadhaar Card is mandatory. Other acceptable documents: Passport, Voter's ID, Driving Licence, etc. <input type="checkbox"/> 2. Proof of existence (two) in the name of the Proprietary Firm. Documents accepted as 1st existence proof: GST certificate, Licence issued by the municipal authorities under Shop and Establishment Act, IEC certificate. Documents accepted as 2nd existence proof: Utility bills - power, water, landline (not more than 2 months old from the date of application), last 3 month's bank statement of the firm.
Partnership	<input type="checkbox"/> 1. Copy of PAN Card of the firm (proof of existence) <input type="checkbox"/> 2. Copy of Registration Certificate (if registered firm, issued by Registrar of Firms) <input type="checkbox"/> 3. Copy of Registered Partnership Deed. (existence and address proof if duly authenticated by Registrar of Firms) or copy of un-registered not notarised partnership deed duly signed by all the partners. <input type="checkbox"/> 4. Address proof in the name of firm. Acceptable documents: GST certificate, Licence issued by the municipal authorities under Shop and Establishment Act, IEC certificate, latest IT assessment order, last 3 month's bank statement of existing firm, etc. <input type="checkbox"/> 5. Present list of Partners with name and address duly signed by all partners. <input type="checkbox"/> 6. Letter signed by all the partners in respect of the person authorised to transact on its behalf/ authorised signatory. <input type="checkbox"/> 7. Beneficial Ownership Declaration (to be signed as per instructions given in prescribed format). <input type="checkbox"/> 8. Copy of PAN Card/ Form 60 (as applicable) and Aadhaar Card is mandatory for all eligible authorised signatories including Partners. Document 5, 6 & 7 to be taken on company letterhead. All above documents to be signed as per mode of operation with firm's rubber stamp. Note: If partnership firm is unregistered, all Partners are required to sign the account opening form irrespective of mode of operation in the account.

ACKNOWLEDGMENT OF NOMINATION (Applicable only for Individual's or Proprietorship Account)

Nomination received & registered on : _____ Registration No. _____

Account Name _____

Account Number _____

Customer ID _____

For Shivalik Small Finance Bank

Authorised Signatory

<p>Limited Liability Partnership</p>	<p><input type="checkbox"/> 1. Copy of PAN Card of LLP (proof of existence).</p> <p><input type="checkbox"/> 2. Copy of Certificate of Incorporation issued by Ministry of Corporate Affairs (proof of existence and address).</p> <p><input type="checkbox"/> 3. Copy of LLP Agreement.</p> <p><input type="checkbox"/> 4. Board Resolution signed by all designated partners.</p> <p><input type="checkbox"/> 5. Form 3 (information with regard to LLP agreement and changes, if any made therein).</p> <p><input type="checkbox"/> 6. Proof of address of the LLP (in case it varies from certificate of incorporation).</p> <p>Acceptable documents: GST certificate, Licence issued by the municipal authorities under Shop and Establishment Act, IEC certificate, Latest IT assessment order, last 3 month's bank statement of existing firm, etc.</p> <p><input type="checkbox"/> 7. Beneficial Ownership Declaration (to be signed as per instructions given in prescribed format)</p> <p><input type="checkbox"/> 8. Copy of PAN Card/ Form 60 (as applicable) and Aadhar Card is mandatory for all eligible Authorised Signatories/ Partners/ Directors.</p> <p>Document 4 & 7 to be taken on company letterhead.</p> <p>All above documents to be signed as per mode of operation with firm's rubber stamp.</p>
<p>Private / Public Limited Company</p>	<p><input type="checkbox"/> 1. Copy of PAN Card of the Company (proof of existence).</p> <p><input type="checkbox"/> 2. Copy of certificate of Incorporation (proof of existence and address).</p> <p><input type="checkbox"/> 3. Certified copy of latest Memorandum & Articles of Association (first & last page should be self-attested).</p> <p><input type="checkbox"/> 4. For Public Limited Company - Copy of Certificate of Commencement of Business issued under Companies Act 1956. (i.e. If incorporated before April 1, 2014 under Companies Act 1956).</p> <p><input type="checkbox"/> 5. Certified copy of Board Resolution to open & operate an account, signed by two Directors or Company Secretary (CS).</p> <p><input type="checkbox"/> 6. List of present Directors and their addresses and telephone numbers, DoB, Nationality or List of Directors copy downloaded from MCA website. (Any one Director can sign list of Director's taken from MCA website with firm's rubber stamp).</p> <p><input type="checkbox"/> 7. Proof of Address of the Company (in case it varies from certificate of incorporation).</p> <p>Acceptable documents: GST certificate, Licence issued by the municipal authorities under Shop and Establishment Act, IEC certificate, Latest IT assessment order, Professional Tax certificate, Trade Licence issued by State/ Central Government, last 3 month's bank statement of existing firm, etc.</p> <p><input type="checkbox"/> 8. Beneficial Ownership Declaration (to be signed as per instructions given in prescribed format).</p> <p><input type="checkbox"/> 9. Copy of PAN Card/ Form 60 (as applicable) and Aadhaar Card is mandatory for all eligible Authorised Signatories/ Partners/ Directors/ Company Secretary (in case Board Resolution is certified by Company Secretary)</p> <p>Document 5, 6 & 8 to be taken on company letterhead.</p> <p>All above documents to be signed as per mode of operation with firm's rubber stamp.</p>
<p>HUF</p>	<p><input type="checkbox"/> 1. HUF PAN Card.</p> <p><input type="checkbox"/> 2. Identity and address proof of the Karta (Aadhaar and PAN Card mandatory). Other acceptable documents: Passport, Voter's ID, Driving Licence.</p> <p><input type="checkbox"/> 3. Declaration by Karta along with name, address and signatures of adult co-parceners and member/s.</p> <p><input type="checkbox"/> 4. HUF declaration in the prescribed format.</p>
<p>Club, Society, Association</p>	<p><input type="checkbox"/> 1. Copy of PAN Card of the Society / Club / Association (existence proof).</p> <p><input type="checkbox"/> 2. Copy of Rules / Regulations, Bye-Laws / Memorandum of Association (as the case may be).</p> <p><input type="checkbox"/> 3. Copy of Certificate of Registration issued by State / Central Government or Local / Statutory Bodies (address proof).</p> <p><input type="checkbox"/> 4. Certified copy of Board Resolution authorising to open and operate the account. (as per banking clause available in copy of Bye-Laws / Rule Book).</p> <p><input type="checkbox"/> 5. For Savings Account: Copy of certificate of tax exemption issued under Section 11 / 12 / 12A of the Income Tax Act (not applicable for Societies/ entity registered under Societies Registration Act 1860 or any other corresponding law in force in State or Union Territory and have received the Registration Certificate except Societies registered under the State Co-operative Societies Acts and specific state enactment creating Land Mortgage Banks).</p> <p><input type="checkbox"/> 6. Proof of address (in case it varies from Certificate of Registration).</p> <p>Acceptable documents: GST registration, Professional Tax certificate, latest IT assessment order, latest Municipal Tax receipt, PAN intimation letter for newly established entities (issued within 3 months of date of incorporation), etc.</p> <p><input type="checkbox"/> 7. Names and addresses of all members of the Managing Committee.</p> <p><input type="checkbox"/> 8. Beneficial Ownership Declaration (to be signed as per instructions given in prescribed format).</p> <p><input type="checkbox"/> 9. Copy of PAN Card/ Form 60 (as applicable) and Aadhar Card is mandatory for all eligible authorised signatories / Partners / Directors</p> <p>Document 4, 7 & 8 to be taken on company letterhead.</p> <p>All above documents to be signed as per mode of operation with firm's rubber stamp.</p>
<p>Trusts and Foundation</p>	<p><input type="checkbox"/> 1. Copy of PAN Card of the Trust/ Foundation (existence proof).</p> <p><input type="checkbox"/> 2. Copy of Certificate of Registration issued by State/ Central Government or Local/ Statutory Bodies (address proof).</p> <p><input type="checkbox"/> 3. Board Resolution authorising to open and operate the account.</p> <p><input type="checkbox"/> 4. Trust Deed - For Charitable Trust, Trust Deed needs to be registered/ for Private Trust (family/ beneficiary) registration is not mandatory.</p> <p><input type="checkbox"/> 5. Name and address of all the trustees.</p> <p><input type="checkbox"/> 6. For Savings Account: Certificate of tax exemption issued under Section 11/ 12/ 12A of the Income Tax Act.</p> <p><input type="checkbox"/> 7. Proof of address (in case it varies from Certificate of Registration). Acceptable documents - GST registration, Professional Tax certificate, latest IT assessment order, latest Municipal Tax receipt, PAN intimation letter for newly established entities (issued within 3 months of date of incorporation), etc.</p> <p><input type="checkbox"/> 8. Beneficial Ownership Declaration (to be signed as per instructions given in prescribed format).</p> <p><input type="checkbox"/> 9. Copy of PAN Card/ Form 60 (as applicable) and Aadhar Card is mandatory for all eligible Authorised Signatories / Partners/ Directors</p> <p>Document 3, 5 & 8 to be taken on company letterhead.</p> <p>All above documents to be signed as per mode of operation with firm's rubber stamp.</p>

CUSTOMER ACKNOWLEDGMENT & RULES (CUSTOMER COPY)

- Nomination facility is available for all types of individual's or proprietorship accounts.
- Customer should carefully examine the entry made in their statement of accounts / passbook and draw bank's attention to any error / omission / discrepancies that may be discovered within 30 days from the date of entries falling which the same shall be deemed to be correct and accepted by the customer and the customer shall not be entitled to questions that the correctness / accuracy there of.
- The account would be treated as dormant if there are no transactions in the account for a period of two years. A request for activation of account has to be made by the customer in writing by visiting a nearest branch with his original identity proof documents acceptable to the bank. Accounts which are not operated for ten years will be marked as 'Unclaimed'.
- Satisfactory conduct of the account entries maintaining stipulated average monthly balance (whenever applicable) as well as sufficient balance to honour cheques issued to third parties. If there are high incidences to the contrary, the bank reserves the right to close the account under intimation to the customer. Any non-maintenance of stipulated minimum balance will attract service charges as per banks general schedule of features and charges which available with our branch and on the bank's website www.shivajibank.com.
- The bank reserves the right to close any account which is not operated satisfactorily dormant with prior notice.
- The customer needs to intimate bank in writing of any change in the contact details/address. Customers need to submit documentary proof wherever applicable..
- The age considered for minors is below 18 and for senior citizen is 60 years and above.
- The bank may disclose information about customers account if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purpose of preventing fraud, without any specific consent of the customer.
- The bank reserves the right to make any changes, alteration, cancellations in the above rules at any time without notice. Any person opening the account shall be bound by the rules governing the account.