

ACCOUNT OPENING FORM FOR NON - INDIVIDUAL ENTITIES

(For Sole Proprietor / Partnership Firm / Corporate / TASC / HUF)

(Please fill up all the details in BLOCK Letters)

Application Date Branch Branch Code

Lead Generator Code Lead Converter Code SO/USB Code

(For Branch Use)

Account Number

CIF ID

Pre Generated Kit ☐ Personalized Kit ☐

I/We hereby request you to open a Bank account, as below, in my/our name in the books of the Bank

<input type="checkbox"/> Savings [only for TASC A/c (s)]	<input type="checkbox"/> Current Account <input type="checkbox"/> BASIC <input type="checkbox"/> Classic <input type="checkbox"/> Premium <input type="checkbox"/> Diamond
<input type="checkbox"/> Recurring Deposit	<input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Others (Specify)

Details of the Entity / Person in whose name account to be opened[illegible]

Constitution

☐ Sole Proprietorship
 ☐ Partnership.

☐ Limited Liability Partnership
 ☐ Private Limited Company

☐ Public Limited Company
 ☐ Trust

☐ Association/Club
 ☐ HUF

☐ Others (Specify)

Tel Number

Mobile Number

E-Mail ID

		-							(Mob No. of Proprietor or Contact Person. SMS Alert will be sent to this Registered Mobile No.)
--	--	---	--	--	--	--	--	--	--

(Mandatory for Internet Banking and E-statement)

ACCOUNT RELATED DETAILS

Initial deposit Details

☐ By Cash Rs. (Rupees.....
.....Only)

[illegible]

☐ Cheque No.

--	--	--	--	--

 Dated

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

Bank

**Please register Me / Us
for the services**

☐ ATM Card ☐ Cheque Book ☐ Pass Book ☐ Internet Banking

☐ Mobile Banking ☐ SMS and Missed Call Banking

☐ SMS Alert ☐ e-Statement Quarterly ☐ e-Statement Monthly

Fixed Deposit

Amount: Rs. (Rupees.....Only)

Period:YearsMonths ☐ Basic ☐ Cumulative

Interest Payout ☐ Monthly ☐ Quarterly ☐ At Maturity

Recurring Deposit Standing Instruction for RD	Instalment Amonut: Rs. Period:YearsMonths I/We hereby authorize the Bank to debit A/c No. Rs. (Rupees.....)Only) towards the installment of RD, on (date) of every month.
Interest & Maturity Payment Instruction for FD/RD	<input type="checkbox"/> Credit to A/c No. <input type="text"/> <input type="checkbox"/> Auto Renewal - Principal and Interest. <input type="checkbox"/> Auto Renewal-Principal only. Credit interest to A/c No. <input type="text"/> <input type="checkbox"/> Credit through RTGS/NEFT to A/c No. <input type="text"/> Bank: Branch: IFS Code: <input type="text"/>

Debit Card Requierd	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name to be printed on the Debit Card	<input type="text"/>

Mode of Operation of the Account	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> All Partners Jointly <input type="checkbox"/> Partners Severally <input type="checkbox"/> Any Two partners Jointly <input type="checkbox"/> Partner and Jointly <input type="checkbox"/> Authorized Signatories (as per the Board Resolution / Minutes of Meeting) <input type="checkbox"/> Others (Specify)
---	--

Details of the Authorized Signatories:

	Signatory No I	Signatory No II	Signatory No III
Recent Photograph with Signature Across	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name			
CIF ID Number			
ID Proof Type & Number			
Address Proof Type & Number			
Designation (Propreitor/ Partner/Director/Manager/ Authorized Signatory/ Trustee etc.)			
Specimen Signature with Rubber Stamp			

I/ We have read and understood the Terms & Conditions of the account and agree to abide by the Bank's Rules relating to the conduct of the accounts /Services/products/Fees & Charges which are displayed on the Bank's website www.esafbank.com and OR contained in the brochures of the Bank from time to time.

I / we agree to maintain the minimum / average quarterly balance which the Bank may prescribe as the minimum /average quarterly balance to be maintained to avail the facilities and agree to pay the charges if minimum /average quarterly balance is not maintained and any other charges stipulated by the Bank. I/We understand that any change in this respect will be notified by the Bank on its website www.esafbank.com and also will be displayed on the notice board of the branches one month in advance.

I/We understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.

I/We authorize ESAF Small Finance Bank / its Group Companies or its/their agents to make references and enquiries as may be deemed necessary in their discretion with regard to the information furnished to this application/s. ESAF Small Finance Bank and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.

I/ We authorize ESAF Small Finance Bank Limited to share, disclose, exchange, or use in any manner whatsoever, without any further specific consent or authorization from me/ us, the information/ data provided by/ related to me/ us to any person with whom ESAF Small Finance Bank Limited has entered/ proposes to enter into contracts for provision of services/ products for the purpose of marketing/ offering/ selling any product/ services and/ or availing support services of any nature by ESAF Small Finance Bank Limited

I/We confirm that the above furnished information are correct.

Yours faithfully,

Name	**Signature

Place:

Date:

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

[**To be signed by Proprietor / All Partners / Authorized Directors / Persons authorized to operate the account. (With Rubber stamp)]

1. Details of Beneficial Owners

I / We declare that the following persons ultimately own and/or control the Entity: (Please tick the appropriate box)

- ☐ Sole proprietorship - the sole proprietor .
- ☐ Partnership - All the partners.
- ☐ (Associations/Clubs/Societies) all the members of the association/club/society (individuals/entities having ownership of more than 15% of the share capital/profits).
- ☐ (Companies) the shareholders of the Company, having ownership of more than 25% of the share Capital / profits.
- ☐ (Trusts), Individuals / Entities with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust.
- ☐ Not applicable as this entity is a registered charity (Please furnish copies of their Identity documents)

No.	Name of Beneficial Owner/s, with Address	CIF ID	E Mail ID	Mobile Number	Percentage of	
					Share	Voting rights

Note: **Beneficial Owner/s**- definition - the natural person/s who ultimately owns and controls a client and/or the person/s on whose behalf the transaction is being conducted and includes a person who exercises **ultimate and effective control over a judicial person**. Where the client is a person other than an Individual or Trust, the bank shall identify the beneficial owner/s as follows. Where,

- The customer is a **corporate**, individuals/entities having ownership of more than 25% of the share Capital / profits.
- The customer is an entity other than a corporate, individuals/entities having ownership of more than 15% of the share capital/profits.
- The effective and ultimate control may be through voting rights, agreement, arrangements etc.
- The effective and ultimate control is not through a "Natural person"/"entity", the relevant natural person who holds the position of Senior Management official to be identified.
- The juridical person is a trust, the settler of the trust, the trustee, the protector or the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust.

Declaration For Sole Proprietorship Firm

Referring to the opening of an account with you, I, the undersigned declare that, I am the Sole Proprietor of the Firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the Firm and I will be liable to you for 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 obligation shall have been liquidated.

Name of Proprietor

Signature (Without stamp)

Declaration of all Partners

We, the undersigned (full name of each partner to be filled in here). request you to take notice that we are trading in partnership under the style of and that at the present time we are the only partners. Please take note that the signature of either or any of us on all cheques is to be honoured by you on behalf of our firm and this applies whether our account is in funds or overdrawn. Kindly also note that the signature of any one partner on any document whatsoever will be binding on all of us individually or on the partnership. In the event of any change occurring in the firm by the introduction of any new partner or the retirement, death, expulsion or insolvency of any partner or the dissolution of the firm, notice shall forthwith be given in writing to the Bank at your branch.

The present partners will be liable to you for any obligation which may be standing in the Firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated.

Yours Faithfully,

No	Name of the Partner	**Signature

(**All Partners should affix signature without Rubber Stamp)

Declaration in Case of Limited Company:

We produce the following papers for your files;

- Copy of the Memorandum and Articles of Association,
- Certificate of incorporation and its photo copy (Original produced returned to us),
- Certificate of commencement of business and its photocopy (Original produced returned to us),
- Extract of the Resolution of the Board of Directors permitting and regulating the conduct of the account "Resolution No.passed on..... resolved that a banking account for the company be opened with the ESAF Small Finance Bank and that the said Bank be and is hereby authorized to honour cheques, bill of exchange and promissory notes drawn, accepted, endorsed or made on behalf of the company and to act on any instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Company"
- Specimen signature of the authorized signatories. The company undertakes to inform the bank whenever any change occurs in the authorized signatories or in the Articles of association from time to time and to pay all such cheques/ drafts/ bills sent for collection/ discount/ purchase and returned unpaid for want of funds, or otherwise.

	Name	Signature (with rubber stamp)
Authorized Signatory		
Authorized Signatory		
Authorized Signatory		

Declaration in case of Hindu Undivided Family

I hereby declare that

- (1) I am the Karta of the Hindu Undivided Family (HUF) viz., composed of myself, my sons/daughters, my brothers/sisters, their sons/daughters, etc. and that all dealings and transactions are being entered into by me as Karta and Manager of the said HUF composed of the persons mentioned below.
- (2) That although I am fully entitled as such Manager to deal with the bank, as all the dealings are for the benefit of the HUF and all monies are required for the purpose of the HUF necessities and it is unnecessary to have any authority from the members of the family, I have for your satisfaction got this letter duly signed by the other adult members of the family.
- (3) The said HUF is not having any trading or commercial activities and hence the HUF is eligible to open an SB account in its name or As the HUF is having trading and commercial activities, as detailed here below, the HUF is not eligible to open an SB account in its name and hence please open a Current account in the name of the HUF.* (* strike off if not applicable).

Name and address of the trading/commercial concerns under the ownership of the HUF	
Adult members of HUF with name and address:	
Name and age of minor co - parceners :	

(Signature of Kartha)

Declaration in case of Trusts

The account will be operated by..... who has been authorised by the Trust Deed and Resolution No.....dated..... of the Trustees /Authorised signatories. A certified copy of the resolution signed by all Trustees/ Authorised signatories is attached herewith.

A copy of Trust Deed dated duly certified is sent herewith. In future if any change is required in the name of the operators of the account, it will be effected by a resolution of the Board of Trustees and you will be informed accordingly in writing by all the trustees and you will allow such persons to operate upon the account.

We agree to comply with and be bound by Bank's rules now and from time to time in force for the conduct of such accounts. We have received the.....deposit rules annexed to this account opening form and agree to abide by the same.

***(For SB FCRA A/c)* :We shall submit prior permission/ communication from Ministry of Finance for accepting foreign contribution within 3 months and you may not accept any foreign contribution till such time we submit the communication.

We certify that this is the only FCRA Account opened and held by the Trust and that the foreign contributions received by the Trust will be strictly in accordance with FCRA Act and Rules

No	Name of Trustees	Signature with Seal

Declaration in Case of Clubs, Associations, Societies

We are sending herewith (i) A copy of the byelaws or rules and regulations governing the activities of the organization, (ii) a list of the office bearers of the organization with their names, address and signature and (iii) A resolution for opening the account with operational instructions. We undertake to inform the bank whenever any change in the constitution or office bearers of the organization takes place from time to time.

	Name	Signature
President		
Secretary		

*Savings Bank account can be opened only by permitted organisations/ bodies

NOMINATION DETAILS (Applicable in case of sole proprietorship accounts only)

☐ YES . DA1 form attached ☐ NOMINATION NOT REQUIRED

Declaration to be signed, If Nomination is NOT OPTED:

I / We hereby declare that the advantages / benefits of Nomination has been explained to me/us by Bank officials and I/ We am / are well aware of the same. However, I / We do not want to avail the Nomination facility in this account.

Signature of Proprietor.

FORM DA - 1 NOMINATION DETAILS

(Applicable in accounts of sole proprietorship concerns only)

Nomination Under Section 45ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank deposits.

I/We, 1. 2.
and 3. residing at nominate the
following person to whom in the event of my/our death, the amount of deposit in the account, particulars where of are given below,
may be returned by ESAF Small Finance Bank Limited, Branch.

Deposit Details	Name and age of Nominee	Address of Nominee	Relationship with Depositor	Date of Birth (If nominee is Minor)

*As the Nominee is a Minor, I/We appoint Mr. residing at
..... to receive the
amount of the Deposit in the account on behalf of the Nominee in the event of my death during the minority of the Nominee.

Signature/Thumb Impression of Proprietor.

**In case of thumb impression, Two Witnesses

1. Name and Address

.....
.....
.....

2. Name and Address

.....
.....
.....

Place:

Date:

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

Note:

1. *Strike out if the nominee is not a minor.
2. Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
3. **If the party is affixing thumb impression, it should be attested by two witnesses and Manager/Asst. Manager.
4. NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON