

| | |
|--|---|
| Recurring Deposit | Installment Amount: Rs. Period:YearsMonths |
| Standing Instruction for RD | I/We hereby authorize the Bank to debit Rs. (Rupees..... only) towards the installment of RD, on(date) of every month from my / our Savings Bank A/c No. |
| Payment Instruction for FD/RD | <input type="checkbox"/> Auto Renewal, (Principal Only) <input type="checkbox"/> Auto Renewal, (Principal along with interest) <input type="checkbox"/> Credit to SB |
| Capture Aadhar Number on the ATM cum Debit Card. (Single Individual) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For Current Accounts | <input type="checkbox"/> I am not enjoying any credit facilities from the banking system <input type="checkbox"/> I am enjoying creditfacilities from M/s Bank and NOC from the lender is enclosed here with |

DECLARATION:

- I/We have read and understood the Terms and Conditions governing the opening and conduct of the account with ESAF Small Finance Bank Limited ,which are displayed on the website www.esafsb.com and those relating to various services including but not limited to ATM/Debit Card /Internet Banking.
- I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting the Bank's liability.
- I/We understand that the Bank may, at its discretion , discontinue any of the services completely or partly without any notice to me/us .
- I/We agree that Bank may debit my/our account for service charges as applicable from time to time.
- I/We agree to maintain prescribed average balance as applicable from time to time in my/our account.
- 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 understand that in the unfortunate event of death of the depositor(s), premature termination of deposit would be allowed to the nominee(s) OR legal heir(s) of the depositor/s(if there is no nominee) ,without levying any penalty.
- I/We declare that the information furnished above are true and correct to the best my/our knowledge and belief.

Date:

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

Place:

Signature of Applicant I

Signature of Applicant II

Signature of Applicant III

| | |
|--|--|
| NOMINATION | <input type="checkbox"/> YES. DA1 form attached <input type="checkbox"/> 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 Applicant I

Signature of Applicant II

Signature of Applicant III

FORM DA-1 NOMINATION DETAILS

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/Mrs..... 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 the Depositors

**In case of thumb impression, Two Witnesses 1. 2.

1. Name

 Address

Date:

2. Name

 Address

Date:

Note:

- * Strike out if the nominee if the nominee is not a minor.
- 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.
- ** If the party is affixing thumb impression, it should be attested by two witnesses and Manager/Asst. Manager.
- NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON

Welcome Kit Acknowledgement

| | |
|--|--|
| <p>Recived the Welcome Kit with following details:</p> <p>PGK Number <input type="text"/></p> <p>CIF ID <input type="text"/></p> <p>Account Number <input type="text"/></p> <p style="text-align: center;">OR</p> <p>Please affix the acknowledgement for welcome kit recevid from the applicant/s</p> | <p>Account Opening Form Scrutinized by: Name & Employee ID</p> <p>Signature</p> <p>Account Opening by: Name & Employee ID</p> <p>Signature</p> <p>Account Opening Verified by: Name & Employee ID</p> <p>Signature</p> |
|--|--|

KYC Certification (To Be Filled By The Bank Official)

I, EMP ID Confirm that I have met Mr/Mrsand.....
at their Residence/Office /(specify) and verified the copies of the Identity and Address documents against the originals produced by the applicants and they have signed the application in my presence.

Date:

Place:

FOR OFFICE USE :

- ☐ I hereby certify that the account opening form is complete in all respect.
- ☐ All KYC checks have been completed and relevant documents have been obtained.
- ☐ The Account SB/FD/RD ,may please be setup in the Core Banking System of the Bank.

Date:

Place:

(Signature of the Branch Head with Emp Number)