

ACCOUNT OPENING FORM FOR DEPOSIT ACCOUNTS INDIVIDUALS

	Place:														
To,	Date: DDMMYYYYY														
The Manager,															
ESAF Small Finan	Ice Bank Limited Account No.														
Branch: (For Office Use Only)															
Branch Code Channel ID Channel ID															
ead Generator Code Lead Convertor Code															
LONG Landa Company															
I/We hereby request you to open a Bank account, as below, in my/our name in the books of the Bank															
Savings Account Re Savings NRO Regula															
Fixed Deposit NRE	Fixed Deposit NRO Recurring Deposit Recurring Deposit NRE Recurring Deposit NRO														
Others (Specify)	Current Account Individual														
PERSONAL DETAILS	PERSONAL DETAILS APPLICANT I APPLICANT II APPLICANT III														
CIF ID	7 2.2														
First Name Middle Name															
Last Name															
For Account Opene	ed for Minor Under Natural Guardianship / Court appointed Guardianship														
Date of Birth of the Mir															
CIF ID of Natural / Cour Name of Natural / Cou															
Relationship with Mino															
	he minor is my(copy enclosed). I shall represent the said minor in all future transactions of any description in														
the above account unti	I the said minor attains the age of majority. I indemnify the bank against the claim of the above minor for my withdrawals/														
transactions made by r	ne in his/ her account .														
ACCOUNT RELA	ATED DETAILS														
	Rs. (RupeesOnly)														
	By Cash														
Initial Deposit Details	nsfer from SB														
Cheque No. Dated D D M M Y Y Y Y Bank															
Jointly Either or Survivor Former or Survivor Anyone or Survivor															
Mode Of Operation	Others (specify) Self														
Savings / Current	ATM Card Cheque Book Pass Book SMS and Missed Call Banking Internet Banking														
Account Services Required	☐ Mobile Banking ☐ SMS Alert ☐ e-Statement Quarterly ☐ e -Statement Monthly														
	Period:YearsMonths Basic Cumulative														
Fixed Deposit	Fixed Deposit Interest Payout: Monthly Quarterly At Maturity														
Deposit amount: Interest Payout SB Account Number															

Recurring Deposit	Installment Amount: Rs	Period:	YearsMonths												
Standing Instruction for RD	I/We hereby authorize the Bank to debit Rs only of every month from my / our Savings Bank A/c No	towards the installment of RD, on	(date)												
	or every monar mon my real sum go sum rection in														
Payment Instruction for FD/RD	Auto Renewal, (Principal Only) Credit to SB	Auto Renewal, (Principal alor	ng with interest)												
Capture Aadhar Number on the ATM cum Debit Card. (Single Individual)	Yes No														
	I am not enjoying any credit facilities from the bar	iking system													
For Current Accounts	I am enjoying creditfacilities from M/s		Bank and NOC from												
	the lender is enclosed here with														
are displayed on the value of the life and agree of the life agree that Bank life agree to mainta life authorization from mathematical proposes to enter into support services of an life authorist and that heir(s) of the depositor	nderstood the Terms and Conditions governing the opening a website www.esafsfb.com and those relating to various service to be bound by the said terms and conditions including those tithe Bank may, at its discretion, discontinue any of the service may debit my/our account for service charges as applicable ain prescribed average balance as applicable from time to time Small Finance Bank Limited to share, disclose, exchange, or use/us, the information/data provided by/related to me/us to contracts for provision of services/products for the purposity nature by ESAF Small Finance Bank Limited. In the unfortunate event of death of the depositor(s), premation/s(if there is no nominee), without levying any penalty. Information furnished above are true and correct to the best	es including but not limited to ATM/Debise excluding/limiting the Bank's liability. The session of the session of the Bank's liability. The session of the session of the Bank's liability. The session of the session of the Bank's liability. The session of the session of the Bank's liability. The session of the session of the session of the Bank's liability. The session of the session of the session of the Bank's liability. The session of the session of the session of the Bank's liability. The session of the session of the Bank's liability. The session of the Ba	it Card /Internet Banking. ce to me/us . any further specific consent or ance Bank Limited has entered/ oduct/ services and/ or availing												
NOMINATION	YES. DA1 form attached	Nomination not required													
I / We hereby declare t	gned, If Nomination is NOT OPTED: that the advantages / benefits of Nomination has been ex We do not want to avail the Nomination facility in this ac		nd I/We am/are well aware of												

FORM DA-1 NOMINATION DETAILS

of Bank dep	osit	s.																																					
I/We, 1																																							
2																																							
and 3																																							
residing	g at .																																						
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be retur	rned	by	ESA	ιF Sι	mall	Fin	ance	e Ba	ank I	_imi	ited	,																		E	Bran	ch.							
Deposit Details Name and age of Nominee										Address of Nominee														٧	Rela vith	ntior Dep	nshi	ip tor		Date of Birth (If nominee is Minor)									
* AS the Nom	inee	is a																																					
 Nominee in th	he ev																•••••		••••		to	o re	cei	ve t	he a	amo	oun	t of t	he [Dep	osit	in t	he a	icco	unt d	n b	eha	f of	the
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Nomination Under Section 45ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect

Note:

- 1. * Strike out if the nominee 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

Welcome Kit Acknowledgement

Recived the Welcome Kit with following details:										
PGK Number CIF ID Account Number	Account Opening Form Scrutinized by: Name & Employee ID									
OR	Account Opening by: Name & Employee ID Signature									
Please affix the acknowledgement for welcome kit recevid from the applicant/s	Account Opening Verified by: Name & Employee ID Signature									
KYC Certification (To Be Filled By The Bank Official)										
I, EM										
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: D D M M Y Y Y Y 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: D D M M Y Y Y Y Place:	(Signatue of the Branch Head with Emp Number)									