

क्रमांक Sr.No

Branch Code

Branch Name

निवासी गैर व्यक्तिगत खाता खोलने का फॉर्म

RESIDENT NON-INDIVIDUAL ACCOUNT OPENING FORM

करंट/सी सी/ओ डी/सेविंग —कार्पोरेट (Current/CC/OD/Saving-Corporate)

Please fill in Block Letters eg

C A P I T A L

ग्राहक आईडी Customer ID		खाता संख्या Account Number		R E F N O	
सी के वाई सी नंबर CKYC No.	☐ नया New	☐ मौजूदा कोई बदलाव नहीं Existing No change	☐ मौजूदा अद्यतन परिवर्तन Existing Update Change	सी के वाई सी नंबर CKYC No.	
उद्योग कोड Industry Code		कृपया उद्योग कोड सूची देखें (Please refer industry code list)	जोखिम वर्गीकरण Risk Categorisation	कम Low	मध्यम Medium
				उच्च High	

करंट CURRENT	सी सी/ओडी/के सी सी CC / OD / KCC	बचत SAVINGS	टर्म डिपॉजिट TERM DEPOSIT
☐ करंट सामान्य Current General	☐ नकद क्रेडिट Cash Credit	☐ सामान्य बचत Saving General	☐ संचमी जमा Cumulative Deposit
☐ कैपिटल करंट Capital Current	☐ ओवर ड्राफ्ट Over Draft	☐ कैपिटल बचत Capital Saving	☐ अल्प अवधि जमा SHORT TERM DEPOSIT
☐ कैपिटल प्लस Capital Plus	☐ के सी सी KCC	☐ कैपिटल सेवर Capital Saver	☐ क्यू आई डी एस QIDS
☐ कैपिटल प्रीमियम Capital Premium	☐ अन्य OTHERS	☐ कैपिटल सुपर सेवर Capital Super Saver	☐ अम आई डी एस MIDS
☐ कैपिटल प्लस फ्लेक्सी Capital Plus Flexi			☐ आवर्ती जमा Recurring Deposit
टर्म डिपॉजिट की अवधि PERIOD OF TERM DEPOSIT	दर Rate	राशि Amount	☐ कर बचत कर्ता TAX SAVER
मास/दिन(months/days)	%		

दस्तावेज की सूची LIST OF DOCUMENTS

एकल स्वामित्व खाता Sole Proprietorship Account

- ☐ सरकारी अधिकारियों द्वारा फर्म के नाम पर जारी किया गया पंजीकरण प्रमाण पत्र। Registration Certificate issued in the name of the firm by Government Authorities.
- ☐ दुकान और प्रतिष्ठान आवंटन के तहत नगर निगम के अधिकारियों द्वारा जारी प्रमाण पत्र लाइसेंस। Certificate/Licence issued by the Municipal Authorities under shop and Establishment Act.
- ☐ जीएसटी प्रमाणपत्र/रिटर्न (अस्थायी/अंतिम), सीएसटी/वैट प्रमाणपत्र रिटर्न जहां जीएसटी लागू नहीं है। GST Certificate/Return (Provisional/Final), CST/VAT certificate/return where GST is not applicable.
- ☐ बिक्री कर/सेवा कर/पंजीकरण कर अधिकारियों द्वारा जारी प्रमाणपत्र पंजीकरण दस्तावेज। Certificate/Registration document issued by Sales Tax/Service Tax/Professional Tax authorities.
- ☐ आईसीसी महत्वपूर्ण नियंत्रक कोड, डीजीएफटी के कार्यालय द्वारा मालिकाना प्रतिष्ठान को जारी किया गया अभ्यास का लाइसेंस प्रमाण पत्र, स्टैट्यू के तहत निगमित व्यावसायिक निकाय द्वारा मालिकाना के नाम पर जारी किया गया है। यानी आईसीआईआई इंस्टीट्यूट ऑफ कंस्ट्रक्टेड एंटरप्राइजिस आईसीआईआई इंस्टीट्यूट ऑफ इंपोर्टर एक्सपोर्टर कोड (IEC) issued to the proprietary concern by the office of DGFT/licence/Certificate of practice issued in the name of the proprietary concern by any professional body incorporated under statute (i.e. by ICAI, Institute of Cost Accountants of India, ICSI, Indian Medical Council, Food & Drug Control Authorities, Market Committee etc.)
- ☐ पूर्ण आयकर विवरणी (न केवल) एकमात्र मालिक के नाम की पावती जहां प्रपत्र आय परिलक्षित होती है, आयकर अधिकारियों द्वारा स्वीकृत विधिवत प्रमाणित है। Complete Income Tax Return (not just) the Acknowledged by the Income tax authorities.
- ☐ उपभोगिता बिल जैसे बिजली पानी और लैंडलाइन टेलीफोन बिल। Utility bills such as electricity, water and Landline telephone bills
- ☐ प्रोपराइटर की ओ वीडो। OVD of Proprietor
- ☐ संपर्क बिंदु सत्यापन (सीपीवी)। Contact Point Verification (CPV)

कंपनी निकाय कार्पोरेट खाते Company/Body Corporate Accounts

- ☐ कंपनियों के रजिस्ट्रार आरओसी द्वारा जारी निगमन का प्रमाण पत्र। Certificate of incorporation issued by registrar of Companies (ROC)
- ☐ पब्लिक लिमिटेड कंपनी के मामले में व्यवसाय शुरू करने का प्रमाण पत्र। (Certificate of Commencement of business in the case of public limited co.)
- ☐ ज्ञापन एवं संस्था के अंतर्निष्ठ। Memorandum and Article of Association;
- ☐ कंपनी का स्थायी खाता संख्या पैन। Permanent Account Number (PAN) of the Company;
- ☐ मंडल प्रस्ताव। Board resolution
- ☐ कंपनी सचिव या दो निदेशकों द्वारा विधिवत हस्ताक्षरित निदेशकों की सूची। List of directors duly signed by Company Secretary or by two directors;
- ☐ अधिकृत हस्ताक्षरकर्ताओं का ओवीडी। OVD of Authorized Signatories
- ☐ कंपनी का पता प्रमाण। Address proof of the company

सीमित देयता भागीदारी एलएलपी Limited Liability Partnership (LLP)

- ☐ पंजीकरण प्रमाण पत्र। Registration Certificate
- ☐ साझेदारी फर्म का स्थायी खाता संख्या Permanent Account Number of the Partnership Firm
- ☐ पार्टनरशिप डीड नोटरी पब्लिक द्वारा विधिवत सत्यापित। Partnership deed duly attested by Notary Public
- ☐ अधिकृत हस्ताक्षरकर्ताओं का ओवीडी। OVD of Authorized Signatories
- ☐ कंपनी का पता प्रमाण। Address proof of the company
- ☐ एलएलपी के रूप में निगमन का प्रमाण पत्र। Certificate of incorporation as LLP

साझेदारी फर्म खाते Partnership Firm Accounts

- ☐ पंजीकरण प्रमाण पत्र। (अगर उपलब्ध हो) Registration Certificate (If available)
- ☐ साझेदारी फर्म की स्थायी खाता संख्या Permanent Account Number of the Partnership Firm
- ☐ पार्टनरशिप डीड नोटरी पब्लिक द्वारा विधिवत सत्यापित। Partnership deed duly attested by Notary Public
- ☐ अधिकृत हस्ताक्षरकर्ताओं का ओवीडी। OVD of Authorized Signatories
- ☐ कंपनी का पता प्रमाण। Address proof of the company

पंजीकृत सोसायटी ट्रस्ट क्लब खाते Registered Society / Trust / Club Accounts

- ☐ सोसायटियों के मामले में रजिस्ट्रार द्वारा जारी पंजीकरण प्रमाण पत्र ट्रस्ट डीड की प्रति Registration Certificate issued by the Registrar in case of Societies./Copy of Trust deed.
- ☐ शासी निकाय के सदस्यों की सूची सचिव, अध्यक्ष, अध्यक्ष द्वारा गणपूर्ति के अनुसार विधिवत हस्ताक्षरित। List of Governing Body Members duly signed by Secretary, Chairman, President (As per quorum).
- ☐ सोसायटी क्लब के उपनियमों की प्रति। Copy of Bye Laws of Society / Club.
- ☐ स्थायी खाता संख्या या फॉर्म 60। Permanent Account Number or Form 60.
- ☐ शासी निकाय का संकल्प। Resolution of the Governing Body.
- ☐ सोसायटी ट्रस्ट क्लब का पता प्रमाण। Address proof of the Society/Trust/Club.
- ☐ अधिकृत हस्ताक्षरकर्ताओं का ओवीडी। OVD of Authorized Signatories

हिंदू अविभाजित परिवार (एचयूएफ) Hindu Undivided Family (HUF):

- ☐ एचयूएफ कोई व्यावसायिक संगठन नहीं चला रहा है। HUF not running any business organization
- ☐ कर्ता का केवाईसी। KYC of the Karta
- ☐ एचयूएफ के नाम से जारी पैन। PAN issued in the name of HUF.
- ☐ एचयूएफ चलाने वाला व्यावसायिक संगठन। HUF running business organization
- ☐ फर्म की व्यावसायिक गतिविधि की पहचान उसी तरह की जानी चाहिए जैसा कि एकमात्र स्वामित्व वाली संस्था के मामले में लागू होता है। List of the Cor-parcenes. The identification of Business/Activity of the firm should be done as is applicable in case of Sole Proprietary Concern.

सरकारी खाता Government account

- ☐ घोषणा पत्र Declaration form
- ☐ अधिकृत हस्ताक्षरकर्ताओं का ओवीडी। OVD of Authorized Signatories

Annexure

- ☐ Annexure 1(2) For Proprietorship (If required)
- ☐ Annexure 1(8) For HUF (Saving)
- ☐ Annexure 1(3) For Corporate
- ☐ Annexure 1 (9) For HUF (Business)
- ☐ Annexure 1(4) For Societies/Trust
- ☐ Annexure 1 (12) Government account

बैंक उपयोग के लिये FOR BANK USE

Sourced By	Permitted to open Account KYC Compliance Officer	Back Office Inputter
Signature	Signature	Signature
Emp.Name	Emp.Name	Emp.Name
E.Code	E.Code	E.Code
I hereby declare that I have personally met the customer at his/her communication address (In case communication/mailling address is different from permanent address)	Branch Head	Authorizer
Signature	Signature	Signature
Emp.Name	Emp.Name	Emp.Name
E.Code	E.Code	E.Code

संस्था/ संगठन का नाम DETAILS OF ORGANISATION

संस्था/संगठन का नाम Entity Name

पैन नम्बर PAN NO फार्म 60 FORM 60 ☐ संस्थापन की तारीख Date of Incorporation

रजिस्ट्रेशन नम्बर Regd. No. जी एस टी GST

☐ मैं/ हम सी एस एफ बी से मेरी/ हमारी ग्राहक आई डी में जी एस टी अपडेट करने का अनुरोध करता हूँ। मैंने/ हमने जी एस टी नेटवर्क पर जीएस टी के लेखांकन की कार्य प्रणाली को पढ़ एवं समझ लिया है और मुझे/ हमें इसमें कोई आपत्ति नहीं है। I/We request CSFB to update GST in my/our Cust ID. I/We have read & understood the methodology of accounting of GST on GST Network & do not have any objection to it.

निवास पता ADDRESS

*स्थायी निवास पता Registered Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

मेल का पता Mailing Address

L A N D M A R K

C I T Y P I N C O D E S T A T E C O U N T R Y M O B I L E N O

व्यवस्था CONSTITUTION

☐ एक स्वामित्व Sole Proprietorship ☐ साझेदारी कर्म Partnership Firm ☐ प्राइवेट लिमिटेड कंपनी Private Ltd Co. ☐ सीमित लोक कंपनी Public Ltd.Co. ☐ एच यू एफ HUF

☐ समाज/समाजिक Society ☐ ट्रस्ट Trust ☐ बैंक Bank ☐ सीमित दायित्व भागेदारी Limited Liability Partnership

☐ लाभार्थी कंपनी Beneficiary Company ☐ व्यक्ति विशेष द्वारा बनाई गई व्यावसायिक इकाई Business Entity created by Statue ☐ सरकारी Government ☐ अन्य Others

व्यावसाय की प्रकृति NATURE OF BUSINESS

☐ कमीशन एजेंट Commission Agent ☐ फुटकल विक्रेता Retailer ☐ थोक विक्रेता Wholesaler ☐ उत्पादक Manufacturer ☐ सर्विस प्रदाता Service Providers

☐ होटल/ रेस्टोरेट Hotel / Restaurant ☐ अस्पताल/ क्लिनिक Hospital /Clinic ☐ शैक्षिक संस्था Educational Institution ☐ निर्यात/ आयात Export / Import ☐ एन बी एफ सी/म्युचुअल फंड NBFC/Mutual Fund

☐ गैर सरकारी संगठन NGO ☐ बीमा Insurance ☐ शेयर और स्टॉक ब्रोकर Share and stock brokers ☐ किसान Agriculturist ☐ अन्य Others

उद्योग विवरण Industry Description कार्यालयों की संख्या No.of Offices कर्मचारियों की संख्या No. of employees व्यवसाय का वर्ष Year of Business

कुल मूल्य Net Worth कुल बिक्री Gross Turnover < 2 Cr ☐ 2 Cr and < 5 Cr ☐ >= 5 Cr and <25 Cr ☐ >=25 Cr and <50 Cr ☐ >=50 Cr and < 250 Cr ☐ >=250 Cr ☐

संचालन का तरीका MODE OF OPERATION

☐ एकल स्वामी Sole Proprietor ☐ कोई भी भागीदार/निर्देशक Anyone Partner(s) Director(s) ☐ अधिकृत हस्ताक्षरकर्ता Authorized Signatory ☐ संयुक्त रूप से Jointly

अन्य निर्दिष्ट करें Other Specify

ऋण सुविधाओं के संबंध में घोषणा DECLARATION REGARDING CREDIT FACILITIES

मैं/हम एतद् द्वारा निम्नानुसार घोषणा करते हैं और वचन देता हूँ/ देते हैं: I/We hereby declare and undertake as under:
 (1) फर्म ने किसी अन्य बैंक से कोई सी सी/ ओ डी सीमा प्राप्त नहीं की हुई है। The firm is not availing any CC/OD limit from any other bank .
 (2) फर्म अन्य बैंकों से सी सी/ ओ डी के अतिरिक्त अन्य ऋण सुविधाओं का लाभ उठा रही है The firm is availing credit facilities (other than C C / O D) from other banks and the total sanctioned exposure from the banking system including Credit facilities with Capital Small Finance Bank Limited is:

- a) 5 करोड़ रुपए से कम Less than Rs. 5 crore ☐
- b) 5 करोड़ रुपए या अधिक लेकिन 50 करोड़ रुपए से कम 5 Crore or more but less than Rs. 50 Crore ☐
- c) रुपए 50 करोड़ या अधिक Rs. 50 Crore or more ☐

- (3) उपरोक्त बिन्दु 2 के तहत मेरे/हमारे द्वारा उल्लेखित स्वीकृत एक्सपोजर के अनुसार, मैं/हम कैपिटल स्माल फाइनेंस बैंक लिमिटेड को सूचित करेंगे कि जब और किसी बैंकिंग सिस्टम से फर्म द्वारा प्राप्त स्वीकृत क्रेडिट सुविधाएं (कैपिटल स्माल फाइनेंस बैंक लिमिटेड के साथ क्रेडिट सुविधाओं सहित) किन अन्य मानदंड के तहत योग्य हो जाती हैं और उनके खाते में संचालन के बाद लागू नियम शर्तों और कानून के प्राधान्यों और कैपिटल स्माल फाइनेंस बैंक लिमिटेड के आंतरिक दिशानिर्देशों के अधीन होंगे और मैं/हम इसके लिए बाध्य रहेंगे। As per the sanctioned expousure mentioned by me/us under Point 2 above, I/We shall inform Capital Small Finance Bank Limited as and when the sanctioned credit facilities availed by the Firm from the banking system (including credit facilities with Capital Small Finance Bank Limited) falls/becomes eligible under any other criteria and thereafter the operations in the account shall be subject to the applicable terms/conditions and provisions of law and internal guidelines of Capital Small Finance Bank Limited and I/we shall be bound by the same;
- (4) मैंने/हमने बैंक को समय-समय पर उपरोक्त के लिए फर्म के व्यूरो रिपोर्ट जनरेट करने के लिए उद्देश्य किया है। I/We further authorize the bank to generate bureau reports of the firm for the above purpose from time to time .

Signature(s) with stamp

Signature(s) with stamp

Signature(s) with stamp

(प्रोपराइटर/ पार्टनर्स/ डायरेक्टर्स आदि द्वारा हस्ताक्षरित एवं मुहर लगाई जाए To be Stamped & signed by the Proprietor / Partners / Directors etc.)

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FATCA/CRS DECLARATION FORM-(INDIVIDUAL)

Undertaking:

Recent Passport Size Photo

कंपनी में 10% से अधिक शेयर पूंजी रखने वाले और पार्टनरशिप में 10% से अधिक रखने वाले सभी शेयरधारकों की पहचान और पते के दस्तावेजों की अनिवार्य रूप से आवश्यकता होगी।
Identity & Address documents of all shareholders holding more than 10% share capital in the company and more than 10% in a partnership will be mandatorily required

	भाग A PART A	हा Yes	ना No
a.	क्या आप भारत के अलावा किसी अन्य देश के नागरिक हैं, जिसमें ग्रीन कार्ड भी शामिल है? Are you Citizen of any country other than India (dual/multiple) (including Green Card)?	☐	☐
b.	क्या आपका जन्म देश भारत के अलावा कोई देश है? Is your Country of birth is any country other than India?	☐	☐
c.	क्या आप भारत के अलावा किसी अन्य देश के कर निवासी हैं? Are you Tax resident of ANY country/ies other than India?	☐	☐
d.	क्या आपके पास पीओए या मैंडेट धारक हैं जिसका पता भारत से बाहर है? Do you have POA or a mandate holder who has an address outside India?	☐	☐
e.	क्या आपका भारत के बाहर का पता या टेलीफोन नंबर है। Is Your address or telephone number outside India	☐	☐

यदि उपरोक्त किसी भी प्रश्न का उत्तर हाँ है तो कृपया भाग ख भरें।
If your answer to any of the above questions is a "YES" please fill Part B

कर निवास के लिए पता / Address for Tax Residence		
		शहर City
देश Country	जन्म स्थान place of birth	
जन्म का देश Country of Birth		धन का स्रोत /
Source of Wealth		राष्ट्रीयता Nationality
कर निवास का देश Country of Tax residency	कर पहचान संख्या Tax identification number*	कर पहचान दस्तावेज Tax identification Document

1. मैं _____ प्रमाणित करता हूँ कि मैंने भारत सरकार के केंद्रीय प्रत्यक्ष कर बोर्ड सीबीडीटी भारतीय रिजर्व बैंक आरबीआई द्वारा इस संबंध में अधिसूचित भारत में लागू एफटीसीए सीआरएस नियमों के अनुसार अपनी स्थिति घोषित की है / I _____ certify that I have declared my status as per applicable FATCA/CRS rules in India as notified by Government of India/Central board of Direct Taxes (CBDT)/Reserve Bank of India (RBI) in this regard.
2. मैं प्रमाणित करता हूँ कि खाता खोलने के फॉर्म में दी गई जानकारी और मेरे द्वारा प्रदान किए गए समर्थन दस्तावेज साक्ष्य मेरे सर्वोत्तम ज्ञान और विश्वास के अनुसार, सत्य, सही और पूर्ण है और मैंने ऐसी कोई भी महत्वपूर्ण जानकारी/दस्तावेज नहीं छिपाया है जिससे यूएस रिपोर्ट करने योग्य खाते/अन्य रिपोर्ट पर खाते का मूल्यांकन/वर्गीकरण प्रभावित हो / I certify that the information stated in the account opening form and supporting documentary evidence provided by me is to the best of my Knowledge and belief true, correct and complete and that I have not withheld any material information/document that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
3. मैं समझता/समझती हूँ कि मैं स्वीकार करता हूँ और अधिकृत करता हूँ कि इस के तहत बनाए गए आयकर अधिनियम के नियमों और सरकार द्वारा जारी दिशानिर्देशों के अनुसार आवासीय स्थिति और/या उसमें निर्धारित अन्य मानदंडों के आधार पर मेरे खाते के संबंध में केंद्रीय प्रत्यक्ष कर बोर्ड सीबीडीटी या अन्य सरकारी एजेंसियों को विदेशी खाता कर अनुपालन अधिनियम एफटीसीए और सामान्य रिपोर्टिंग मानकों सीआरएस और /या इसी तरह की कोई अन्य व्यवस्था के अधीन बैंक को विवरण की रिपोर्ट करनी पड़ सकती है I understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account (s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and common Reporting Standards (CRS) and /or any other similar arrangements.
4. मैं खाता खोलने के फॉर्म में प्रदान की गई और मेरे द्वारा हस्ताक्षरित जानकारी के साथ-साथ मेरे द्वारा प्रदान किए गए दस्तावेज साक्ष्य में या कोई प्रमाण पत्र गलत होने पर 30 दिनों के भीतर फाइल को प्रकट करने और रीसेट करने की जिम्मेदारी लेता हूँ। I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certificate becomes incorrect.
5. इस बात से भी सहमत हूँ कि मेरे आवेदन और कैपिटल स्मॉल फाइनेंस बैंक को मान्य करने में अभी या भविष्य में मुझे ज्ञात किसी भी भौतिक तथ्य का खुलासा करने में विफलता मेरे खाते के संचालन में प्रतिबंध लगाने या उचित कार्रवाई करने के अधिकार के तहत होगी। I also agree that my failure to disclose any material fact known to me now or in future, may invalidate my application and Capital Small Finance Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
6. मैं किसी भी विशेष जानकारी को प्रस्तुत करने के लिए सहमत हूँ जो कि कैपिटल स्मॉल फाइनेंस बैंक द्वारा भारत या विदेश में कानून में किसी भी बदलाव के कारण यहां विषय वस्तु में मुझे बुलाया गया है I /I agree to furnish any particulars/information that is called upon me by Capital Small Finance Bank on account of any change in law either in India or abroad in the subject matter herein.
7. यदि मेरी ओर से मैं-प्रकटीकरण/सूचना/दस्तावेज के गलत प्रकटीकरण के कारण ब्याज सहित कोई कर मांग होती है, तो मैं मांग का भुगतान करने का वचन देता हूँ और बैंक को सभी आवश्यक जानकारी/दस्तावेज प्रदान करने का वचन देता हूँ भारत सरकार/RBI आयकर अधिकारियों के समक्ष भी कार्यवाही के लिए। In the event there is any tax demand {including interest (if any) raised due to nondisclosure/inaccurate disclosure of information/documents on my part, I undertake to pay the demand forthwith and provide the bank with all information/documents that may be necessary for any proceeding before GOI/RBI/Income Tax Authorities.

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AUTHORISED SIGNATORY-3 Y | N *लामार्थी स्वामी Beneficiary Owner | % नियुक्ति Designation

अनिवार्य फ़ील्ड *Fields are Mandatory

ग्राहक ID Customer Id	जन्म स्थल Place of Birth		जोखिम वर्गीकरण Risk Categorisation
*नाम Name			
*जन्म तिथि DOB		*वैवाहिक स्थिति Marital Status	
*लिंग Gender		*राष्ट्रीयता Nationality	
*जातीय श्रेणी Caste category		*सामान्य General	
वोटर ID Voter ID		पासपोर्ट नं. Passport No.	
ड्राइविंग लाइसेंस Driving Licence		आधार AADHAAR	
फार्म 60 Form 60		*धर्म *Religion	
*पिता का नाम *Father's Name		*शैक्षणिक योग्यता *Qualification	
*माता का नाम *Mother's Name		रोजगार Occupation	
*जीवन साथी का नाम *Spouse Name			
*स्थायी निवास पता *Permanent Address			
CITY		PIN CODE	
STATE		COUNTRY	
MOBILE NO			
मेल का पता Mailing Address			
CITY		PIN CODE	
STATE		COUNTRY	
MOBILE NO			
ई मेल आई डी Email ID			
*आय चरम Income Slab:		Do not call - Registration	
*आय के साधन *Source of Funds		कृपया लिखें..... Please Specify	
*कुल आय *Net Worth		रु. 500 लाख से उपर Above Rs. 500 Lac	
*सी के वाई सी *CKYC		सी के वाई सी नंबर CKYC No.	

कंपनी में 10% से अधिक शेयर पूंजी रखने वाले और पार्टनरशिप में 10% से अधिक रखने वाले सभी शेयरधारकों की पहचान और पते के दस्तावेजों की अनिवार्य रूप से आवश्यकता होगी। Identity & Address documents of all shareholders holding more than 10% share capital in the company and more than 10% in a partnership will be mandatorily required

FATCA/CRS DECLARATION FORM-(INDIVIDUAL)

भाग A PART A		हां Yes	ना No
a.	क्या आप भारत के अलावा किसी अन्य देश के नागरिक हैं, जिसमें ग्रीन कार्ड भी शामिल है? Are you Citizen of any country other than India (dual/multiple) (including Green Card)?		
b.	क्या आपका जन्म देश भारत के अलावा कोई देश है? Is your Country of birth is any country other than India?		
c.	क्या आप भारत के अलावा किसी अन्य देश के कर निवासी हैं? Are you Tax resident of ANY country/lies other than India?		
d.	क्या आपके पास पीओए या मैण्डेट धारक है जिसका पता भारत से बाहर है? Do you have POA or a mandate holder who has an address outside India?		
e.	क्या आपका भारत के बाहर का पता या टेलीफोन नंबर है। Is Your address or telephone number outside India		

यदि उपरोक्त किसी भी प्रश्न का उत्तर हाँ है तो कृपया भाग ख भरें।
If your answer to any of the above questions is a 'YES' please fill Part B

Undertaking:

- मैं प्रमाणित करता हूँ कि मैंने भारत सरकार केंद्रीय प्रत्यक्ष कर बोर्ड सीबीडीटी भारतीय रिजर्व बैंक आरबीआई द्वारा इस संबंध में अधिसूचित भारत में लागू एफएटीसीए सीआरएस नियमों के अनुसार अपनी स्थिति घोषित की है / I certify that I have declared my status as per applicable FATCA/CRS rules in India as notified by Government of India/Central board of Direct Taxes (CBDT)/Reserve Bank of India (RBI) in this regard.
- मैं प्रमाणित करता हूँ कि खाता खोलने के फॉर्म में दी गई जानकारी और मेरे द्वारा प्रदान किए गए समर्थन दस्तावेज साक्ष्य मेरे सर्वोत्तम ज्ञान और विश्वास के अनुसार, सत्य, सही और पूर्ण है और मैंने ऐसी कोई भी महत्वपूर्ण जानकारी/दस्तावेज नहीं छिपाया है जिससे यूएस रिपोर्ट करने योग्य खाते/अन्य रिपोर्ट पर खाते का मूल्यांकन/वर्गीकरण प्रभावित हो / I certify that the information stated in the account opening form and supporting documentary evidence provided by me is to the best of my Knowledge and belief true, correct and complete and that I have not withheld any material information/document that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
- मैं समझता/समझती हूँ कि मैं स्वीकार करता हूँ और अधिकृत करता हूँ कि इसके तहत बनाए गए आयकर अधिनियम के नियमों और सरकार द्वारा जारी दिशानिर्देशों के अनुसार आवासीय स्थिति और/या उसमें निर्धारित अन्य मानदंडों के आधार पर मेरे खाते के संबंध में केंद्रीय प्रत्यक्ष कर बोर्ड सीबीडीटी या अन्य सरकारी एजेंसियों को विदेशी खाता कर अनुपालन अधिनियम एफएटीसीए और सामान्य रिपोर्टिंग मानकों सीआरएस और /या इसी तरह की कोई अन्य व्यवस्था के अधीन बैंक को विवरण की रिपोर्ट करनी पड़ सकती है। I understand, acknowledge and authorize that as per the provisions of income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account (s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and common Reporting Standards (CRS) and/ or any other similar arrangements.
- मैं खाता खोलने के फॉर्म में प्रदान की गई और मेरे द्वारा हस्ताक्षरित जानकारी के साथ-साथ मेरे द्वारा प्रदान किए गए दस्तावेज साक्ष्य में या कोई प्रमाण पत्र गलत होने पर 30 दिनों के भीतर फाइल को प्रकट करने और रीसेट करने की जिम्मेदारी लेता हूँ। I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form and signed by me as well as in the documentary evidence provided by me or if any certificate becomes incorrect.
- इस बात से भी सहमत हूँ कि मेरे आवेदन और कैपिटल स्मॉल फाइनेंस बैंक को मान्य करने में अभी या भविष्य में मुझे ज्ञात किसी भी मौक्तिक तथ्य का खुलासा करने में विफलता मेरे खाते के संचालन में प्रतिबंध लगाने या उचित कार्रवाई करने के अधिकार के तहत होगी। I also agree that my failure to disclose any material fact known to me now or in future, may invalidate my application and Capital Small Finance Bank would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
- मैं किसी भी विशेष जानकारी को प्रस्तुत करने के लिए सहमत हूँ जो कि कैपिटल स्मॉल फाइनेंस बैंक द्वारा भारत या विदेश में कानून में किसी भी बदलाव के कारण यहाँ विषय वस्तु में मुझे बुलाया गया है। I agree to furnish any particulars/information that is called upon me by Capital Small Finance Bank on account of any change in law either in India or abroad in the subject matter herein.
- यदि मेरी ओर से गैर-प्रकटीकरण/सूचना/दस्तावेज के गलत प्रकटीकरण के कारण ब्याज सहित कोई कर मांग होती है, तो मैं मांग का भुगतान करने का वचन देता हूँ और बैंक को सभी आवश्यक जानकारी/दस्तावेज प्रदान करने का वचन देता हूँ भारत सरकार/ RBI आयकर अधिकारियों के समक्ष भी कार्यवाही के लिए। In the event there is any tax demand (including interest (if any) raised due to nondisclosure/inaccurate disclosure of information/documents on my part, I undertake to pay the demand forthwith and provide the bank with all information/documents that may be necessary for any proceeding before GOI/RBI/ Income Tax Authorities.

Signature without stamp

सामान्य घोषणा और उपकृत GENERAL DECLARATION & UNDERTAKING

1. साझेदारी के मामले में इस फार्म के साथ लिमिटेड कंपनियाँ, ट्रस्टों, सोसाइटियों, एसोसिएशनों के बोर्ड / प्रबंधक समिति के संकेतक पत्र तथा साझेदारी पत्र संचालित होने चाहिए। प्रत्येक जमा फार्म के साथ बोर्ड / प्रबंधक समिति द्वारा अलग संचालन पत्र और साझेदारी पत्र जैसा लागू हो प्रदान किया जाना चाहिए। This form should be accompanied by the Resolution of the Board/Managing Committee in case of Limited Companies, Trusts, Societies, Associations and Clubs, partnership letter in case of partnerships. Distinct Board/managing Committee Resolution and Partnership Letter is to be provided for each Deposit, as applicable. 2 भागीदारियों के मामले में जैसा लागू हो सौमित्र कंपनियों, ट्रस्टों, सोसाइटियों, और खर्चों के संगठनों के सभी हस्ताक्षरों के साथ संगठन की मोहर होनी चाहिए। In case of Partnerships, Limited Companies, Trusts, Societies, Associations, and Clubs all signatures should be accompanied by stamp of the organization, as applicable. 3 निवेश खाते / खातों के लिए नेट बैंकिंग चैनल का उपयोग बैंकिंग को देने और लेने-देने के अधिकार तक सीमित है। The Channel Access for Investment Account(s) is restricted to equity rights on Phone Banking and view and transaction rights Net Banking. 4 इन खातों पर लेने-देने के अधिकार के लिए बैंक के पक्ष में विशेष मुस्तानाज्जा विधिवत निष्पादित किया जाना चाहिए और अधिकृत व्यक्ति के पास बिना शर्त संचालन प्राधिकरण होना चाहिए। For transaction rights on these account(s), a Special Power of Attorney in favour of Bank has to be duly executed and authorized person should have an unconditional operating authority. 5 पात्र खातों के लिए एसएमएस बैंकिंग पंजीकरण के लिए मोबाइल नंबर का उपयोग किया जाएगा। इसमें निहित विवरण मेरे / हमारे द्वारा खोले गए सभी खातों के लिए मान्य होंगे। इसके बाद मेरे / हमारे द्वारा या तो अकेले या अन्य लोगों के साथ और या मेरे / हमारे द्वारा बैंक के साथ किसी भी प्रतिनिधि क्षमता में खाते खोले जाने के लिए मान्य होंगे जब तक कि आपको अन्यथा सूचित न किया जाए। Mobile Number will be used for SMS Banking registration for eligible accounts. The particulars contained herein shall be valid for all accounts opened by me/us or to be opened by me/us. Hereafter Mobile Number will be used for SMS Banking registration for eligible accounts. The particulars contained herein shall be valid for all accounts opened by me/us or to be opened by me/us. here after either single or with other(s) and/or by me/us in any representative capacity with the Bank unless informed to you otherwise. 6 मैंने / हमने कैपिटल स्मॉल फाइनेंस बैंक लिमिटेड के साथ खाता खोलने के नियम और शर्तों और नागरिक चार्टर को पढ़ लिया है और समझ लिया है (ए) जो एटीएम सहित विभिन्न सेवाओं से संबंधित हैं लेकिन इन्हीं तक सीमित नहीं हैं (बी) फोन बैंकिंग (सी) डेबिट कार्ड (डी) नेट बैंकिंग (ई) मोबाइल बैंकिंग (एफ) अलर्ट सेवा। I/We have read/obtained/understood and agree to the terms and condition and citizen charter governing the opening of an account with Capital Small Finance Bank Ltd. (the Bank) and those relating to various Services including but not limited to (a) ATMs (b) Phone Banking (c) Debit Card (d) Net Banking (e) Mobile Banking (f) Alerts Service. 7 मैं / हम समझते हैं कि बैंक अपने पूर्ण विवेक से मुझे / हमें बिना किसी सूचना के किसी भी सेवा को पूरी तरह या आंशिक रूप से बंद कर सकता है। मैं / हम समझते हैं / है कि बैंक समय-समय पर लागू सेवा शुल्क के लिए हमारे खाते से डेबिट कर सकता है। मैं / हम समझते हैं कि कैपिटल स्मॉल फाइनेंस बैंक लिमिटेड या उनके सहयोगियों द्वारा गारंटी कृत बीमा के लिए निवेश उत्पाद बैंक के उद्देश्य या अन्य दायित्व नहीं हैं। वे मूलधन के जोखिम और समाविष्ट नुकसान के अधीन हैं। पिछला प्रदर्शन भविष्य के प्रदर्शन का संकेत नहीं है। मैं / हम एतद द्वारा घोषित करता हूँ / करते हैं कि उपरोक्त जानकारी मेरी / हमारी जानकारी के अनुसार सत्य और सही है। मेरे / हमारे द्वारा दिए गए उपरोक्त विवरण और जानकारी में किसी प्रकार के परिवर्तन के मामले में मैं / हम बैंक को तुरंत मेरी / हमारे द्वारा सहमति के अनुसार और बैंक को स्वीकार्य तरीके से सूचित करूंगा / करेगी हमने / मैंने इसे पढ़ और समझ लिया है। मैंने / हमने बैंक की वेबसाइट www.capitalbank.co.in पर उपलब्ध नियमों और शर्तों को पढ़ और समझ लिया है। I/We understand that the Bank may at its absolute discretion, discontinue any of the Services completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for service charges as applicable from time to time. I/We understand that investment products are not Bank objects or other obligations of or guaranteed or insured by Capital Small Finance Bank Ltd. or their affiliates. They are subject to risk and possible loss of principal. Past Performance is not indicative of future performance. I/We hereby declare the above information is true and correct to my/our knowledge. I/We shall advise the Bank immediately in the manner as agreed by me/us and acceptable to the Bank, in case of any change in the above details and information given by me/us. I/We have read and understood the terms and conditions available at Bank's web-site www.capitalbank.co.in. 8 ग्राहक दोहराता है कि वह बैंक के नियमों और शर्तों द्वारा शामिल होता रहेगा। फोटोकॉपी को आवेदन द्वारा स्प्रमाणित किया जाना आवश्यक है। सभी अलर्ट संचार पत्र और प्रचार मेल पंजीकृत मोबाइल नंबर पर भेजे जाएंगे। The customer reiterates that he/she shall be continued to be governed by the terms and conditions of the Bank. Photo copies need to be self-attested by the applicant. All alerts, e-newsletter and promotional mails will be sent to the registered mobile number.

- कैपिटल स्मॉल फाइनेंस लिमिटेड के खाताधारक जेलिफ्रेड सेल फोन नंबर पर मोबाइल बैंकिंग के पंजीकरण के लिए जिम्मेदार हैं। मोबाइल बैंकिंग के माध्यम से कोई अतिरिक्त विशेष सुविधा प्राप्त करने की स्थिति में खाताधारक निर्दिष्ट मोबाइल नंबरों के निशानों पर खाते से डेबिट होने के लिए पूरी तरह से जिम्मेदार होगा। इन सेवाओं से संबंधित शुल्क एवं करणार लागू होंगे। इन सेवाओं के संबंध में खाताधारक की ओर से मोबाइल सेवा प्रदाता की गलती के मामले में बैंक जिम्मेदार नहीं होगा और खाताधारक सबमट है कि बैंक के खिलाफ कोई दावा नहीं किया जाएगा। The account holders of Capital Small Finance Bank Limited are responsible for the registration of Mobile Banking at the cell phone Number mentioned. In the event of availing any additional/specialized facility through Mobile Banking the account holder shall be fully responsible for the account being debited on instructions from the specified mobile numbers. The fees, duties or other charges associated with these services will be as applicable. In case of mistake on part of the account holder or mobile service provider in respect of the services, the bank will not be responsible and the account holders agree that no claim will be made against the Bank.
- मैं / हम उन दिशानिर्देशों का पालन करेंगे जो भारतीय रिजर्व बैंक द्वारा विदेशी मुद्रा के उपयोग के संबंध में जारी किए गए हैं। मैंने / हमने उन नियमों और शर्तों को पढ़ और समझ लिया है जो (एकप्रतिमेरेपास) बैंक में खाता खोलने के लिए संचालित हैं कि एटीएम / डेबिटकार्ड / फोनबैंकिंग / मोबाइलबैंकिंग / इंटरनेट बैंकिंग सहित विभिन्न सेवाओं तक सीमित नहीं हैं। व शर्तों को बैंक के उत्तरदायित्व और सीमितताओं सहित स्वीकार करने के लिए बाध्य हूँ मैं / हम समझते हैं कि बैंक अपने पूर्ण विवेक से मुझे / हमें बिना सूचित किए किसी भी सेवा को पूरी तरह या आंशिक रूप से बंद कर सकता है। मैं / हम समझते हैं कि बैंक समय-समय पर लागू सेवा शुल्क के लिए मेरे खाते से डेबिट कर सकता है। I/We will adhere to guidelines, which are issued by the Reserve Bank of India concerning the use of foreign exchange. I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening of an account with bank and those relating to various services including but not limited to Debit Cards/Phone Banking/Mobile Banking/Internet Banking. I 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 absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the bank may debit my account for service charge applicable from time to time.
- मैं / हम घोषणा करते हैं कि खातों की नियंत्रित करने वाले बैंकों के नियम और विनियम मेरे / हमारे द्वारा पढ़ गए हैं। मैं / हम इसका समय-समय पर किए गए किसी भी परिवर्तन का पालन करने के लिए सहमत हूँ। I/We declare that Bank's Rules and Regulations now in force Governing the accounts are read by me/us. I/We agree to abide by the same and also any changes made from time to time.
- मैं हम हर समय निष्पक्ष न्यूनतम औसत शेष राशि बनाए रखने का वचन देते हैं। बैंक मेरी या हमारे द्वारा दायें किए गए चेक / चेकों को वापिस करने के लिए स्वतंत्र है जो न्यूनतम शेष राशि से कम हैं। I/We undertake to maintain stipulated minimum /average balance at all times. Bank is at liberty to return cheque(s) issued by me/us falling short of minimum balance.
- मैं / हम यह भी वचन देते हैं कि अपायदायि स्थिति के कारण हमारे किसी भी चेक के अनदारदित होने की गुंजाइश नहीं होगी। बैंक इस तरह के अनदार के मामले में बिना किसी नोटिस के मेरा / हमारा खाता बंद करने के लिए स्वतंत्र है। I/We also undertake not to give scope for dishonour of any of our cheques on account of insufficiency of funds. Bank is at liberty to close my/our A/c without any notice in case of such dishonour.
- मैं / हम समझते हैं कि बैंक में प्रत्येक जमाकर्ता का उसके द्वारा धारित मूलधन और ब्याज राशि दोनों के लिए न्यूनतम 5 लाख रुपये तक का बीमा, बैंक लाइसेंस व दृढ़ करने / परिसमापन की तारीख अथवा उचित समामेलन और विलय की पुनर्रचना की योजना होने तक किया जाता है। I/We understand that each depositor in a bank is insured upto a maximum of Rs 5 lac for both Principal and Interest amount held by/in her in the same right and same capacity as on the date of liquidation/cancellation of bank licence or the date on which the scheme of amalgamation/merger/reconstruction comes into force.
- मैं / हम इस खाते पर आपको दिए जाने वाले किसी भी पैके के लिए, आपके कमीशन, ब्याज और अन्य शुल्कों और किसी भी कारण से खाते में उत्पन्न होने वाले किसी भी डेबिट शेष के लिए संयुक्त रूप से और गंभीर रूप से उत्तरदायी होने का वचन देते हैं। I/We undertake to be jointly and severally liable to you for any money(ies) owing to you on this account, including your commission, interest and other charges and for any debit balances arising in the account for what so ever reason.
- मैं / हम एतदद्वारा अपनी / हमारी व्यक्तिगत जानकारी और संवेदनशील व्यक्तिगत डेटा के प्रसंस्करण के लिए स्वेच्छा से बैंक को प्रदान करने की सहमति देते हैं। मैं / हम मानते हैं कि सांझा / व्यक्तिगत जानकारी और संवेदनशील व्यक्तिगत डेटा या जानकारी सूचना प्राचीनगी की अधिनियम 2000 की धारा 43ए और सूचना प्राचीनगी की धारा 3 (उचित सुरक्षा अभास और प्रक्रिया और संवेदनशील व्यक्तिगत डेटा) नियम 2011 (डेटा) अनुसार सुरक्षित रखा जाएगा। मैं / हम यहां प्रस्तुत करते हैं कि हमें इस सत्य के विश्वास में सूचित किया गया है कि मेरा / हमारा बायोमेट्रिक डेटा संसाधित किया जाएगा और मैं / हम यहां अपनी / हमारी स्वीच्छा, स्पष्ट और सूचित सहमति देते हैं। मैं / हम मेरे / हमारे डेटा को तीसरे पक्ष / विक्रेताओं को प्रकट करने के लिए अपनी सहमति देते हैं और बैंक इस तरह के डेटा या जानकारी को स्थानांतरित करने का हकदार होगा। विशेष रूप से प्राप्तकर्ताओं की निम्नलिखित श्रेणियों-बैंक प्रदाताओं, बैंक कार्यकर्ताओं, बैंक की विपणन और विज्ञापन सेवाओं के प्रदाताओं और बैंक के साथ अन्य संविदात्मक संबंधों में अन्य पार्टियों प्रकट करने की सहमति देते हैं। मैं / हम कंप्यूटर के प्रसार के लिए, घुसपैठ की रोकथाम के लिए, पहचान के सत्यापन के उद्देश्य से जानकारी प्राप्त करने के लिए आवश्यक होने पर कानून के तहत अनिवार्य सरकारी एजेंसियों के नियामक वैधानिक निकायों के साथ अपना डेटा सांझा करने के लिए बैंक को अपनी सहमति देते हैं। मैं / हम सहमत हैं साइबर घटनाओं सुरक्षा, ई अभियोजन और उससे संबंधित अपराधों की सजा सहित संशुद्धि का पूर्ण लागू की जांच विलेखन हेतु डेटा प्रकट करने की। मुझे / हमें इस बात पर कोई आपत्ति नहीं है कि बैंक मुझे बिना किसी सीमा के टेलीफोन कॉल, एसएमएस, ई मेल के माध्यम से बैंक द्वारा प्रदान की जाने वाली विभिन्न उत्पादों की पेशकश और सेवाओं के बारे में ई सूचना प्रदान करता है और उपर्युक्त उद्देश्य के लिए बैंक को अपनी समूह कंपनी के एजेंटों के प्रतिनिधियों को अधिकृत करता है। मैं / हम बैंक और उन व्यक्तियों या संस्थाओं जिनके साथ यह मेरे डेटा का खुलासा या सत्यापन कर सकता है, के उपयोग से उत्पन्न होने वाली किसी भी देयता से मुक्त और हानि रहित रखता हूँ / है। मैं / हम समझते हैं कि जहां तक ग्राहक के हित में किए गए परिवर्तन हैं, बैंक किसी भी समय भविष्य के प्रभाव से इस सहमति में संशोधन या पुनर्रचना के अधिकार/सुरक्षित रखता है मुझे एतदद्वारा कोई आपत्ति नहीं है और मैं प्रकट करने के लिए अपनी सहमति देता हूँ। मुझे / हमें इस सहमति फॉर्म के प्रमाणिकरण के उद्देश्य से मेरे पंजीकृत मोबाइल नंबर पर ओटीपी वन टाइम पासवर्ड प्राप्त करने के लिए कोई आपत्ति नहीं है और मैं अपनी सहमति देता हूँ। I/We hereby give my/our consent to the processing of my/our Personal Information and Sensitive Personal Data or Information which I/we hereby voluntarily provide to the Bank and acknowledge that the shared Personal Information and Sensitive Personal Data or Information represents sensitive personal data or information within the meaning of Section 43A of Information Technology Act, 2000 and Section 3 of Information Technology (Reasonable Security Practice and Procedure and Sensitive Personal Data or Information) Rules, 2011 ("Data"). I/we hereby represent that I/we have been informed of the fact that my/our Bio metrics and Data, will be processed and I/we hereby give my voluntary, unequivocal and informed consent hereto. I/we hereby give my consent to the Bank to disclose my/our Data to third parties/vendors and that the Bank shall be entitled to transfer such data or information in particular to the following categories of recipients not limited to the Bank's suppliers, the Bank's employees, providers of marketing and advertising services to the Bank, and other parties in other contractual relationship with the Bank. I/we further give my consent to the Bank to share my Data with Government Agencies/regulatory/statutory bodies mandated under the law as and when required to obtain information for the purpose of verification of identity, or for prevention of intrusion or spread of computer contaminant, detection, investigation, analysis, including cyber incidents/security, prosecution and punishment of offences related thereto. I/we have no objection to the Bank providing me information on various products, offers and services rendered by the Bank through any mode (including without limitation through telephone calls /SMS/ E-mail) and authorize the Bank/ its group companies, its agents/ its representatives for the above purpose. I/we agree to indemnify and keep indemnified the Bank and the persons or entities from whom it may obtain, or with whom it may disclose or verify my/our Data free and harmless from any liability arising from the use of any such Data. I/we understand that the Bank reserves the right to amend or supplement this consent form with future effect at any time, as far as the changes made are in the interest of the Customer. I/we hereby have no objection and give my consent for receiving OTP (One Time Password) on my registered mobile number for the purpose of authentication of this consent form.
- मैं / हम फर्म / कंपनी के गठन में किसी भी परिवर्तन और खाते के संचालन को प्रभावित करने वाले किसी भी अन्य परिवर्तन के बारे में बैंक को सूचित करने का वचन देते हैं। I/We Undertake to notify the Bank of any changes in the constitution of the firm/company and any other changes effecting the conduct of the account.
- चालू खाता सभी संस्थाओं के लिए एक सक्रिय बैंकिंग खाता है जो बैंक खाता खोलने और संचालित करने के लिए पात्र है। चालू खाते में रखी गई शेष राशि पर कोई ब्याज नहीं दिया जाता जो कि आर बी आई द्वारा निर्धारित है। Current Account is an operative banking account for all entities eligible to open and operate a bank account. No Interest is paid on the balances held in Current Account which is as prescribed by RBI.
- चालू खाते व्यक्तियों / साझेदारी फर्मों / निजी और सार्वजनिक लिमिटेड कंपनियों / हिंदू अविभाजित परिवार(एच यू एफ) / निर्दिष्ट संघों / सोसाइटियों आदि द्वारा खोले जा सकते हैं। Current Accounts can be opened by Individuals / Partnership firms / Private and Public Limited Companies / Hindu Undivided Family (HUF) / Specified Associations / Societies / Trusts, etc.
- नामनिर्देशन की सुविधा केवल एकल स्वामित्व खातों के लिए उपलब्ध है। Nomination facility is available for Sole Proprietorship accounts only.
- ग्राहक को अपने खाते के विवरण में की गई प्रविष्टियों की सावधानी पूर्वक जांच करनी चाहिए। और किसी भी त्रुटि एवं विवरणों को और बैंक का ध्यान आकषित करना चाहिए जो प्रविष्टियों की तारीख से 30 दिनों के भीतर पाई जा सकती हैं। ऐसा न करने पर उसे सही माना जाएगा और उसके द्वारा स्वीकार किया माना जाएगा। ग्राहक उसकी शुद्धता और सटीकता पर भरोसा करने के हकदार नहीं होंगे। Customer should carefully examine the entries made in their Statement of Account/s and draw Bank's attention to any errors /missions / 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 question the correctness/accuracy thereof.
- यदि खाते में दो साल की अवधि के लिए कोई लेन-देन नहीं होता है तो खाते को 'माया' जाएगा। खाते को सक्रिय करने हेतु बैंक को सूचित करने पर, पहचान प्रमाण पत्र सरवाइजरी के साथ निकटतम शाखा में जाकर लिखित रूप में अनुरोध करना होगा। I जो खाते 10 वर्ष से संचालित नहीं होते उस दावा रहित के रूप में 'निर्धारित' किया जाएगा। 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 in writing by visiting a nearest branch with his/her original identity documents acceptable to the bank. 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 in writing by visiting a nearest branch with his/her original identity documents acceptable to the bank. The account would be treated as dormant if there are no transactions in the account for a period of two years. 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NON INDIVIDUAL FATCA

नाम Name _____

एक इनपुट अनिवार्य है *One input is mandatory

(ए) क्या खाताधारक एक सरकारी निकाय/अंतर्राष्ट्रीय संगठन/सूचीबद्ध है किसी भी मान्यता प्राप्त स्टॉक एक्सचेंज पर।

(a) Is the account holder a Government Body / International Organization / listed on any recognised stock exchange.

(यदि हाँ और आप सूचीबद्ध हैं तो कृपया स्टॉक एक्सचेंज का नाम निर्दिष्ट करें,

_____, यदि कोई बिंदु (बी) पर आगे नहीं बढ़ता है),

If Yes and you are listed please specify the name of the stock exchange,

_____, if no proceed to point

(बी) क्या खाताधारक (इकाई/वित्तीय संस्थान) किसी देश का कर निवासी है भारत के अलावा

(b) Is the account holder (Entity/Financial Institution) tax resident of any country other than india

(यदि हाँ, तो कृपया Fatca@crs स्व-प्रमाणन करें), यदि नहीं, तो बिंदु (ब) पर आगे बढ़ें),

Being an AD-2 category, the Bank is presently not opening accounts of foreign entities, If 'No' proceed to point

(सी) क्या खाताधारक एक भारतीय वित्तीय संस्थान है

(c) is the account holder an Indian Financial Institution

(यदि हाँ, तो कृपया अपना GIIN _____, यदि कोई हो, प्रदान करें,

(if yes please provide your GIIN _____, if any,

नहीं बिंदु पर आगे बढ़ें (डी) If no proceed to point

(डी) स्वामित्व की इकाई या श्रृंखला में पर्याप्त मालिक या नियंत्रित व्यक्ति हैं भारत के बाहर किसी भी देश में कर उद्देश्य के लिए निवासी या भारतीय नागरिक नहीं।

(यदि हाँ, तो कृपया FATCA@CRS स्व-प्रमाणन करें), यदि नहीं, तो कृपया घोषणा पर हस्ताक्षर करें।

(d) Are Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside india or not an indian Citizen.

Being an AD-2 category, the Bank is presently not opening accounts of foreign entities, If 'No' proceed to point

ग्राहक घोषणा Customer Declaration:-

जोटी गवाही के दंड के तहत, मैं/हम प्रमाणित करते हैं कि

1. आवेदक (ए) संयुक्त राज्य अमेरिका ("यू.एस.") या उसके किसी भी राज्य या राजनीतिक उपखंड के कानूनों के तहत एक अमेरिकी व्यक्ति के रूप में कर योग्य है, जिसमें कोलंबिया जिला या कोई अन्य राज्य शामिल है। यू.एस., (ii) एक संपत्ति, जिसकी आय यू.एस. संघीय आयकर के अधीन है,

चाहे उसका स्रोत कुछ भी हो, या (यह खंड केवल तभी लागू होता है जब खाता धारक को यू.एस. व्यक्ति के रूप में पहचाना जाता है)

ग्राहक घोषणा Customer Declaration:-

(I) Under penalty of perjury, I/We certify that:

1. The applicant is (i) an applicant taxable as a person under the law of the United States of America ("US" or any state or political subdivision thereof, or (this clause is applicable only if the account holder is identified as a U.S. Person)

(ii) an estate, the income of which is subject to U.S. Federal Income Tax regardless of the source thereof, or (this clause is applicable only if the account holder is identified as a U.S. Person)

2. आवेदक भारत के बाहर देश के कानूनों के तहत कर निवासी के रूप में कर योग्य है (यह खंड केवल तभी लागू होता है जब खाता धारक भारत के बाहर कर निवासी हो)

(द्वितीय) मैं/हम समझते हैं कि बैंक इस जानकारी के अनुपालन में आवेदक की स्थिति का निर्धारण करने के उद्देश्य से इस जानकारी पर भरोसा कर रहा है।

एफएटीसी/सीआरएस। बैंक FATCA या CRS या आवेदक पर इसका प्रभाव पर कोई कर सलाह देने में सक्षम नहीं है। मुझे/हमें किसी भी कर संबंधी प्रश्न के लिए पेशेवर कर सलाहकार से सलाह लेनी चाहिए

मैं/हम 30 दिनों के भीतर एक नया फॉर्म जमा करने के लिए सहमत हैं यदि इस फॉर्म पर कोई जानकारी या प्रमाणीकरण गलत हो जाता है।

(2) मैं/हम प्रमाणित करता हूँ/करते हैं कि मैं/हम इस फॉर्म पर और मेरी/हमारी सर्वोत्तम जानकारी और विश्वास के अनुसार आवेदक की करदाता पहचान संख्या सहित प्रमाणीकरण सही, सही और पूर्ण है।

The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India.)

(II) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant in compliance with FATCA/CRS. The Bank is not able to offer any tax advice of

FATCA or CRS or its impact on the applicant

I we should seek advice from professional tax advisor for any questions

(iii) I we agree to submit a new form within 30 days if any information or certification on this form becomes incorrect

(IV) I/We agree that as may be required by regulatory authorities, the Bank may also be required to report reportable details to CBDT or close or suspend my account

(V) I / We certify that I/we provide the information on this form and to the best of my/our knowledge and belief certification is true, correct, and complete including the tax payer identification number of the applicant.

Signature(s) with stamp

Signature(s) with stamp

Signature(s) with stamp

इ-बैंकिंग सेवाएं E-BANKING SERVICES

कृपया इच्छित पर (✓) तथा अन इच्छित पर (X) लगाओ। कोई भी बलॉक खाली न छोड़ें।
Please tick the desired (✓) Cross the undesired (X) Do not leave any field BLANK

☐ मोबाइल पर सूचनाएं
Mobile Alerts

☐ इंटरनेट बैंकिंग Internet Banking
(Please fill separate form for I-Banking services-Retail)

☐ ई-स्टेटमेंट E-Statement

☐ कैपिटल ए टी एम/डेबिट कार्ड
Capital ATM cum/ Debit Card

ई मेल आई डी (ई स्टेटमेंट)
Email ID (e-statement)

☐ दैनिक Daily ☐ साप्ताहिक Weekly ☐ पाक्षिक Fortnightly ☐ मासिक Monthly ☐ त्रै मासिक Quarterly ☐ छमाही Half yearly

*मोबाइल नम्बर
*Mobile No.

मोबाइल सेवा प्रदाता
Mobile Service Provider

* (केवल भारत में जारी मोबाइल न. के लिए) * (Applicable only for numbers issued in India)

- डिजिटल बैंकिंग के लिए मोबाइल अलर्ट के लिए पंजीकरण अनिवार्य है। Registration for Mobile Alerts is mandatory for Digital Banking
- अलर्ट जो आवश्यकता है द्वारा अनिवार्य किया गया है और बैंक द्वारा उपयुक्त समझा जाने वाला अलर्ट भेजा जाएगा, भले ही आपने सुविधा के लिए सदस्यता ना ली हो।
Alert that have been mandated by RBI and such alert as deemed appropriate by the bank will be sent even if you have not subscribed for the facility.
- बिना किसी शुल्क के बैंक द्वारा डिफॉल्ट रूप से विनियामक और जोखिम अलर्ट भेजे जाएंगे। Regulatory & Risk alerts will be sent by the bank by default without any charges.

Signature(s) with stamp

Signature(s) with stamp

Signature(s) with stamp

अनुरोध दर्ज करने की तिथि Request Lodgement Date _____

पल्स संदर्भ संख्या Pulse Unique Ref. No. _____

के द्वारा दर्ज Entered by _____

के द्वारा सत्यापित Verified by _____

Most Important Document

Date: _____ Customer's Copy

- You have subscribed for the product _____ with applicable Average Quarterly/Monthly Balance Rs _____
- The Bank official has explained you the Terms & Conditions of Account opening, Features and Charges of Product.
- The Bank official has explained you the Most Important Document as set out in the Bank's Account opening form including consent and declaration and you have signed the same after understanding and accepting the terms contained therein.
- The account shall be opened subject to verification of document, clearance of Initial Payment cheque & Bank may reject/cancel your request in case of any discrepancies.

Signature of bank official with seal