

CUSTOMER INFORMATION FORM FOR INDIVIDUALS

(All fields marked with * are mandatory) and to be filled in CAPITAL LETTERS only.

Application Date

D	D	M	M	Y	Y	Y	Y
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PERSONAL INFORMATION

Title Mr. Ms. Dr. Prof. Gender* Male Female Not Applicable

Name

FIRST NAME	MIDDLE NAME	LAST NAME
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Maiden Name (*If any)

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Father's/ Spouse Name*

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Mother's Name

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Date of Birth*

D	D	M	M	Y	Y	Y	Y
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 Category* General SC ST OBC Others

Minor* Yes No Senior Citizen* Yes No (If yes provide age proof)

Marital Status* Single never married Married Separated Divorced Widow/Widower

Nationality*

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 No of dependents Adults Children

Religion Hindu Muslim Christian Sikh Others

 Residential status* Resident Non-Resident

Aadhar No.

--

 Voter ID No.

--

PAN No.*

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 Form 60 Form 61

Passport No

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 Passport Expiry Date

D	D	M	M	Y	Y	Y	Y
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Driving license No

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 Driving license Expiry Date

D	D	M	M	Y	Y	Y	Y
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Parents Passport No.

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 Proof of Address Proof of Identity

COMMUNICATION DETAILS* (All communications will be sent on below mentioned mobile number, email address and mailing address)

Mobile No.*

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 Residence No.

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 Office No.

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Email address

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Communication Address Same as Permanent Address Same as Residence Address Same as Office Address

RESIDENCE ADDRESS

Address Line-1*

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Address Line-2*

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Address Line-3*

--

City*

--

 District

--

 Pincode*

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Country*

--

 State/UT*

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Census Village Code

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Supporting KYC* Aadhar Voter ID Passport Driving license

Residence Type Rented Owned Legally occupied Hostel/Paying Guest Government Quarters Company Quarters

Period of stay 0-1 Yr >1-2 Yr >2-3 Yr >3-5 Yr >5-10 Yr >10-20 Yr >20-50 Yr >50Yr

PERMANENT ADDRESS Tick if same as Residence Address

Address Line-1*

--

Address Line-2*

--

Address Line-3*

--

City*

--

 District

--

 Pincode*

--

Country*

--

 State/UT*

--

Census Village Code

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Supporting KYC* Aadhar Voter ID Passport Driving license

Residence Type Rented Owned Legally occupied Hostel/Paying Guest Government Quarters Company Quarters

Period of stay 0-1 Yr >1-2 Yr >2-3 Yr >3-5 Yr >5-10 Yr >10-20 Yr >20-50 Yr >50Yr

OFFICE ADDRESS

Address Line-1*

--

Address Line-2*

--

City*

--

 District

--

 Pincode*

--

Country*

--

 State/UT*

--

Census Village Code

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Supporting KYC* Company ID card Others : _____

ADDITIONAL INFORMATION

Education Primary Up to Class 8 Secondary Class 9-10 Senior Secondary Class 11-12 Graduate Diploma
 Post Graduate Professional Research Scholar Uneducated

Occupation Public Sector Service Government Sector Private Sector Service Retired Housewife Student Self Employed
 Agriculture Manufacturing CA Doctor Company Secretary Engineer Lawyer/Solicitor
 Consultant Trader Professor Self Help groups Other (Occupation code)

Annual Income (INR) < 60,000 60,000 < 1,00,000 1,00,000 < 1,60,000 1,60,000 < 3,00,000 3,00,000 < 5,00,000
 5,00,000 < 10,00,000 10,00,000 < 20,00,000 20,00,000 < 50,00,000 > = 50,00,000

Name of the Company **Designation**

Fincare Bank Staff Account Yes No **Employee ID**
Do not call registration Yes No

GUARDIAN DETAILS (In case of Minor)

Name of Parent / Guardian*
Relationship with Minor Father Mother By Court order Others, please specify

By Guardian in case of Minor Account:

I, hereby declare that the minor is my (Relationship) and I am his/her natural guardian and/or legal guardian appointed by the Court vide order dated (Copy enclosed).
 I shall represent the said minor in all future transactions (Deposit/Withdrawal/Transfer etc.) of any description in the account until the said minor attains majority. All the transactions done in the above account will be for the benefit of the minor and I shall abide by all the terms and conditions governing the account.

Guardian CUST No. **Guardian's Signature**

Declaration /Undertaking by Applicant(S) to Fincare Small Finance Bank Limited

I/We have read and understood the Terms & Conditions governing the opening of the account with Fincare Small Finance Bank Limited and those relating to various services but not limited to ATMs/Debit Card/Mobile & Internet Banking.

I/We accept and agree to be bound by the said Terms & 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 partially, without any notice to me/us.

"I/We confirm that I/we am/are residents of India. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge & belief."

(A copy of the acknowledgement has been made available to me by the mode of a tear off)

For Illiterates:

The content of this form has been explained to me in local language and has been understood by me.

I/We agree to comply with all the Terms and Conditions as applicable to the account from time to time.

Please sign across the photograph

Place..... Date : **Customer's Signature / Thumb Impression (in the above box)**

FOR BANK USE ONLY

Customer Due Diligence -

- Has the customer been evaluated earlier ? If yes, the risk rating assigned Not Applicable Low High Unacceptable
- Does the customer appear on the freeze list Not on list High Risk Unacceptable list
- Is the background of the UBO (Ultimate Beneficiary Owner) Satisfactory- Not Applicable Yes NO
- Is the nature of activity falling under High Risk Category Yes No
- Is the rationale for opening account satisfactory Yes No
- Is the customer reluctant to part with personal information Yes No

Customer Risk Rating Low Risk High Risk High Risk Approved

CUST ID: **Branch Code:**

All the KYC checks Completed & Received Documents: Yes

Customer signed in my presence: Yes

CUST ID may please be setup in Core Banking system of Bank: Yes

Employee Name:

Employee Code:

Employee Signature:

Customer Ref By:

Document verification done by:

Employee Name:

Employee Code:

Branch Stamp with date BM Signature & Date

CPU stamp with date CPU officer signature & date