

### **Fincare Small Finance Bank Limited**

Form Number	
FOITH NUMBER	

# **Account Opening form for Non-Individual Entities**

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

(All fields marked with * are manda	atory)	and	to b	e fille	ed in	n CAI	PITA	L LE	ETTE	ERS	onl	y.																									
Please open my/our account at	your																						bı	rancl	n												
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## DETAILS OF PARTNERS / DIRECTORS / TRUSTEES / MANAGEMENT COMMITTEE / KARTA / PROPRIETOR Telephone No. Designation Address Name Mobile Residence **MODE OF OPERATIONS** Proprietor **HUF KARTA Any Authorized Signatory** Power Holder **All Jointly** As per Notes /Resolution provided **Executor /Administrator** Jointly or Severally **ACCOUNT OPTIONS** TASC SA Smart Business CA Priority Business CA Others (please specify) CHANNEL REGISTRATION FORM / I-NET BANKING REGISTRATION SOLE PROPRIERTORSHIPS ONLY\* Email Debit Card Mobile Banking SMS Statement by Email Internet Banking Phone Banking \*Other please use separate detailed application. **INITIAL PAYMENT DETAILS** For Current Account/TASC SA Rupees (in words) Cheque/DD/PO no. Bank & branch Cash Dated (cheque should be crossed a/c payee and drawn payable to 'account - customer name') **INTRODUCTION DETAILS** Introduction by existing Fincare SFB account holder Name Customer ID Account no. I confirm that I am an account holder with Fincare SFB for over six months. I confirm that I personally know the applicant's detailed herein for more than six months and confirm his/her idenitity and address. Signature verified Signature

(for bank use)

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A. For HUE		B. For Sole Proprietorship	
Re: Opening of a new account in the name of		Re: Opening of a new account in the name of	
We refer to the captioned account and declare as under	r:	I refer to the captioned account and declare as under:	
We, the undersigned, state that the first signatory to thi and other signatories are the adult co-parceners of the I		I, the undersigned, am the sole proprietor of the conce for the liabilities thereof. I shall advise you in writing of a	any change that takes place in
We further confirm that the business of the HUF is carri as also by the other signatories hereto in the interest ar co-parceners of the HUF. We all undertake that claims shall be recoverable personally from all or any of us a properties of which the first signatory is the Karta, inc parceners.	nd benefit of the entire body of due to the Bank from the HUF and also from the entire family	the constitution of the concern and I will be liable to you be standing in the concern's name in your books on t notice and until all such obligations shall have been lique.  Yours faithfully,	he date of the receipt of such
In view of the fact that ours is not a firm governed by the	Indian Partnershin Act 1932		
we have not got our said firm registered under the said inform the Bank of the death or birth of any co-parcen any time in the membership of our HUF during the curre	Act. We hereby undertake to er or any change occurring at	Name	Signature
Yours faithfully,		1.	
Name of Karta	Signature	B. For Partnership Firm	
		Re: Opening of a new account in the name of	
1.		We refer to the captioned account and declare as under	
	_	We, the undersigned, are the only partners in the fi	
Name & Signature of Adult Co- F	Parceners	responsible for the liabilities thereof. We shall advise yo	
Name	Signature	takes place in the partnership and all the present partne obligation which may be standing in the firm's name in receipt of such notice and until all such obligations are li	your books on the date of the
1.			
		Yours faithfully,	
2.			a
		Name of all Partners	Signature
3.		1.	
4.		2.	
Name & Date of Birth of Co-Pa	rceners	3.	
Name of Karta	DOB	4.	
		5.	
1.		6.	
2.		7.	
3.		8.	
Fincare RuPay Card			
Primary Card			
1st Applicant			
		(Name to be Embossed on the card)	
2nd Applicant		Alexandra Fathara i ii ii	
3rd Applicant		(Name to be Embossed on the card)	
Please Note:		(Name to be Embossed on the card)	
This facility is not available if the operating instructions are Whenever you make a purchase at a Merchant Establishm	nent or make a Cash Withdrawal at anot	her bank's ATM the Primary Account (as specified by you) will	
-			
Succession Signature of			

#### **Declaration for Fincare Rupay Card**

I/We authorize Bank to issue a Debit cum ATM Card to me/us. I/We acknowledge that the issue and usage of the card is governed by the terms and conditions as in force from time to time and agree to be bound by the same. I/We accept that the terms and conditions are liable to be amended by from time to time. I/We further unconditionally and irrevocably authorize to debit my/our account with an amount equivalent to the annual fee and charges for use of the Debit cum ATM. I/We hereby confirm that this account will be operated singly and in case of Joint Accounts the operating instructions will not be jointly by all.

(Authorised Sig	gnatory) (Authorised Signatory)	(Author	rised Signatory)	(Authorised Signatory)
NOMINATION DETA	ILS (FORM DA 1) (Applicable only for Sole Pro	prietorship)		
	Nomination under section 45ZA of the banking in respect of bank deposit.	g regulation act 1949, and t	he rule 2(1) of the banking o	companies (Nomination) rules 1985,
	I/we		Address(es)	
		Nomii	nate the following person to w	hom in the event of my/our/minor's death
	the amount of deposit in the above opened accou	unt may be returned by Finca	re Small Finance Bank Limite	d Branch.
Nominee Name				
Address	FIRST NAME Same as Sole Proprietor's Differen	MIDDLE N	IAME ess (If different, fill the addre	LAST NAME
Address Line-1*	Jame as cole i rophetors	III II OIII Gole I Tophletol Addre	ss (ii different, fill the addre	iss below)
Address Line-2*				
Address Line-3*				
City*		District		Pincode*
Country*		State/UT*		
	Relationship with the depositor (if any)		Da	te of Birth
	As the nominee is a minor on this date, I/We appoint	oint*		residing at
	Relationship with Minor Nominee			Age:
	to receive the amount of the deposit in the account	nt on behalf of the nominee ir	n the event of my/Minor's dea	th during the minority of the nominee.
	Signature of 1st Witness	Signature of 2nd Witness	**Signature/	****Thumb Impression of depositor
	1st Witness Name			
	Address		Si	gnature of Joint Holders
	2nd Witness Name		Date: D D M	M Y Y Y Y
	Address			
	*Leave out if nominee is not a minor *Where depote to act on behalf of minor. *** Thumb Impression s			be signed by a person lawfully entitled

FOR BANK USE ONLY	
Product Code	CUST ID-1
Branch Name	CUST ID-2
Branch Code	CUST ID-3
Sourcing Officer code	Account Number
Lead Generator code	Tran ID
FD Value Date	Tran Date
Customer Signed in my presence: Yes	
FD A/c may please be setup in Core Banking System of bank: Yes	
Employee Name:	Document verification done by:
Employee Code:	Employee Name:
Employee Signature:	Employee Code:
Branch Stamp with Date BM Signature & Date	CPU Stamp with Date CPU officer signature & Date
Acknov	vledgement
	vledgement inance Bank Limited
Fincare Small F	
We have received deposit of	inance Bank Limited(Ack No)
We have received deposit of	inance Bank Limited (Ack No)  //RTGS(Subject to realization) Bank,



## **Account Opening form for Non-Individual Entities**

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

## Non Individuals KYC Checklist

## **Proprietary Firm**

S.No	Name of the Document	Mandatory	Additional
1	PAN Card of the proprietor (In case PAN card is not available then Form 49 A along with Form 60 if applied for PAN)	✓	
2	Registration Certificate	✓	
3	Certificate/licence issued by the municipal authorities under Shop and Establishment Act		✓
4	Sales Tax Returns		✓
5	Income Tax Returns		✓
6	CST / VAT certificate		✓
7	Certificate/registration document issued by Sales Tax/Service Tax/ Professional Tax authorities		✓
8	Licence/certificate of practice issued in the name of the proprietary concern by any professional body incorporated under a statute		✓
9	Complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where the firm's income is reflected, duly authenticated/ acknowledged by the Income Tax authorities		✓
10	Utility bills such as electricity, water, and landline telephone bills. (not older than 3 months)		✓
11	Identification and address proof of the proprietor		✓

Documents required for opening an account	Partnership	Pvt/Ltd Co	Society / Club / Trust	Association	HUF
For Introduction (any one of the following) For partners/authorised signatories/trustees/karta/members: Passport copy Voter ID card copy PAN card copy Photo credit card copy Driving license (laminated card) copy or Introduction by existing account holder > 6 months old or Bankers verification		* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * *	* * * * * *
Entity proof Copy of certificate of incorporation Copy of partnership/trust deed Copy of shops & establishment certificate Resolution of trustees/members meeting Copy of bye laws Letter of consent signed by all partners Certified true copy of board resolution Certified true copy of Memorandum of Association Certified true copy of Articles of Association Certifitied copy of commencemnt of business	- - - - - - -	- - - - - - - - - - - - - - - - - - -	- - - - - -	- - - - - - -	- - - - - - -
Other documents Proof of PAN/GIR No./Form 60 Passport photograph (s) Name & address of partners / directors / trustees/ Managing committee / HUF Customers Profile	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<i>* * *</i>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·