



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

Please sign across the photograph

Please sign across the photograph

Signature of Authorized Signatory-1

Signature of Authorized Signatory-2

Signature of Authorized Signatory-3

**FOR BANK USE ONLY :**

**Customer Due Diligence -**

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

**Customer Risk rating-**  Low Risk  High Risk  High Risk Approved

<b>CUST ID:</b>		<b>Branch Code:</b>	
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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

Customer Ref By:

Employee Name:

Document verification done by:

Employee Code:

Employee Name:

Employee Signature:

Employee Code:

Branch Stamp with date	BM Signature & Date
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CPU stamp with date	CPU officer signature & date
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