

Fincare Small Finance Bank Limited

Form Number	
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CUSTOMER INFORMATION FORM FOR INDIVIDUALS

(All fields marked with * are man	datory) and to	be filled	in CAPITA	AL LETT	ERS on	ly.										Appl	icatio	on D	ate	D	D	M	M	ΥΥ	/ Y	Υ
PERSONAL INFORMATION	ON																									
Title	Mr.	Ms.	Dı	:	Prof.					Gende	er*	Ма	le	F	emal	le		Othe	rs/T	hird	Ger	nder				
Name																				L						
Maiden Name (*If any)		FIRST N	AME						MI	DDLE I	NAME									LA	ST	NAN	ΛE			
Father's/ Spouse Name*							+	$\pm \pm$						\pm			+	Ť	÷	$^{+}$			\Box	\pm	\pm	Ħ
Mother's Name							+	$\pm \pm$						\pm			+	÷	÷	$^+$			\Box	\pm	\pm	Ħ
Date of Birth*	D D M	M Y	YYY		Cat	egory	*		Gen	eral	sc	;	S	гГ		OBC		Otl	hers							\dashv
Minor*	Yes	No		1		ior Ci		ı* 🔚	Yes		=	(If yes														
Marital Status*	Single	never m	arried	Mai	ried	Se	epara	ated	, [Divorce		Wido				,										
Nationality*					∟ No of d				_	dults		CI	hildre	en												
Religion	Hindu	Mu	slim	Christ		Sikl		Othe							side	ential	stat	us*		Re	eside	ent		Non	-Res	ident
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PAN No.*						Forr	m 60	Ħ,	Form (61			YCF	No.				$^{+}$	$^{+}$						\pm	П
If not available, please attach form 60/61 Passport No								Н		Pass	port E				D	M N	ΙΥ	Υ	Υ	Υ						
Driving license No								$\overline{\Box}$	Drivi	ing lice	nse E	xpiry	Date	D	D	M N	ı Y	Υ	Υ	Υ						
Parents Passport No.								$\overline{\Box}$							Pro	oof o	f Add	dres	s		Pro	oof	of Id	entit	v	
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COMMUNICATION DETA	ILS* (All co	mmunicat	ions will b	e sent c	n below	menti	oned	mobile	numb	er, ema	il addre	ess an	d ma	iling a	addre	ess)	_									
Mobile No.*					Resid	dence	No.		Щ					Щ	Off	ice N	lo.	Ļ								Щ
Email address																										
PERMANENT ADDRESS																										
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Census Village Code																										
Supporting KYC*	Aadha	ar	Voter II	D	Pass	port	_	Г	D	riving l	icens	9														
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Period of stay	0-1 Yr		>1- 2 Y		>2-3	-		>3-5 \			5-10 Y				-20 Y)-50				_	50Yr	
														_												
CURRENT (RESIDENT) A	NDDRESS		Tick if	same	as Per	man	ent /	Adare	955						_											
Address Line-1*							$\frac{1}{1}$					+	+		+	$\frac{1}{1}$	+	+	$\frac{\perp}{}$		_	+			+	\mathbb{H}
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Census Village Code				T			Ī										'		•				-		aa 1	

ADDITIONAL INFORMAT	TON		
Education	Primary Up to Class 8 Secondary Class 9-1	0 Senior Secondary Class 11-12 Gradu	ate Diploma
	Post Graduate Professional	Research Scholar Unedu	
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 Profe	essor 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	00 20,00,000 < 50,00,000 > = 50,00,	000
Name of the Company			Designation
PEP	Yes No		
(Politically Exposed Person)	Yes No Employee ID		Do not call registration Yes No
Fincare Bank Staff Account			Do not call registration Yes No
GUARDIAN DETAILS (n d	case of Minor)		
Name of Parent / Guardian*			
Relationship with Minor	Father Mother By	Court order Others, please specify	
By Guardian in case of Mi	inor Account:		
I, hereby declare that the m dated		ionship) and I am his/her natural guardian and/o	r legal guardian appointed by the Court vide order
I shall represent the said mi	inor in all future transactions (Deposit/Withdrawal/		
transactions done in the abo	ove account will be for the benefit of the minor and	a i shall ablue by all the terms and conditions go	overning the account.
Guardian CUST No.		Guardian's Signature	
		5 111 %	
Declaration /Undertaking	g by Applicant(S) to Fincare Small Financ	ce Bank Limited	
I/We have read and understood	the Terms & Conditions governing the opening of the account	nt with Fincare Small Finance Bank Limited and those rela	ting to various
	/Debit Card/Mobile & Internet Banking.		
	und by the said Terms & Conditions including those excluding e services completely or partially, without any notice to me/u:		c may, at its
"I/we confirm that I/we am/are re	esidents of India. I/we hereby declare that the information fur		
belief.".	ant has been made available to me by the made of a too	**************************************	photograph
For Illiterates:	ent has been made available to me by the mode of a tear	ony	
	en explained to me in local language and has been understoo	od by me.	
I/We agree to comply with all the	e Terms and Conditions as applicable to the account from time	ne to time.	
Place	Date :	Customer's	Signature / Thumb Impression (in the above box)
FOR BANK USE ONLY			
Customer Due Diligence - 1. Has the customer been eva	aluated earlier? If yes, the risk rating assigned	Not Applicable Low High	Unacceptable
2. Does the customer appear			
3. Is the background of the UE4. Is the nature of activity fallir	BO (Ultimate Beneficiary Owner) Satisfactory- ng under High Risk Category Yes No	Not Applicable Yes NO	
5. Is the rationale for opening		,	
		No	
Customer Risk Rating	Low Risk High Risk High Ri	sk Approved	
CUST ID:		Branch Code:	
		,	
	pleted & Received Documents: Yes	Contamon Bof Bon	
CUST ID may please be	presence: Yes setup in Core Banking system of Bank:	Customer Ref By: Yes Document verification don	o bu:
Employee Name:	Setup iii Oore Dalikiiig systelli Or Dalik:	Employee Name:	c ω y .
Employee Code:		Employee Code:	
		,,	
Employee Signature:			