fincare Small Finance Bank

Fincare Small Finance Bank Limited

Family Banking Program

Form Number .....

SIGN-UP/ MODIFICATION FORM - FAMILY BANKING PROGRAM

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

Application Date D D M M Y Y Y Y

(V1_31_01_2022)

FAMILY PROGRAM APPLICABLE*

Prime Family ☐ Priority Plus Family ☐ Imperial Family ☐

PRIMARY FAMILY MEMBER DETAILS

Customer Name: PREFIX FIRST NAME MIDDLE NAME LAST NAME

CIF ID Product Code /Variant Mobile No

Account Number Email ID

Creation of Family ☐ Addition of Family member ☐ Exit / Delete from Family ☐

Note: The Primary Family member's should be of the highest order among all the other family member accounts.

ADD ON- FAMILY MEMBER DETAILS*

Family Member 1:

Addition ☐ Deletion ☐ (Tick the option applicable)

CIF ID Account Number

Customer Name: PREFIX FIRST NAME MIDDLE NAME LAST NAME

Relationship with Primary Customer

Mobile No Email ID

Family Member 2:

Addition ☐ Deletion ☐ (Tick the option applicable)

CIF ID Account Number

Customer Name: PREFIX FIRST NAME MIDDLE NAME LAST NAME

Relationship with Primary Customer

Mobile No Email ID

Family Member 3:

Addition ☐ Deletion ☐ (Tick the option applicable)

CIF ID Account Number

Customer Name: PREFIX FIRST NAME MIDDLE NAME LAST NAME

Relationship with Primary Customer

Mobile No Email ID

Family Member 4:

Addition ☐ Deletion ☐ (Tick the option applicable)

CIF ID Account Number

Customer Name: PREFIX FIRST NAME MIDDLE NAME LAST NAME

Relationship with Primary Customer

Mobile No Email ID

TERMS & CONDITIONS

1. Under the Family Banking Program, I/We agree to collectively maintain the requisite Average Monthly Balances as per below.

Family Type	Collectively Average Monthly Balance	Family Type	Collectively Average Monthly Balance
☐ PRIME FAMILY	Rs. 50,000	☐ PRIORITY PLUS FAMILY	Rs. 1,00,000
☐ IMPERIAL FAMILY	Rs. 5,00,000		

2. In Case AMB of Family is not met ,AMB charges will be applicable as per the product variant of Primary Family account holder and non-maintenance charges will be debited from Primary account holder.
3. Family type will be determined basis the Product code provided by the Primary Family member on this form.
4. I/We here by confirm that relationship with the Primary family member as mentioned in the form are true to the best of knowledge
5. Primary account holder exit will ungroup all the Add-On Family accounts from the group and will migrate to regular saving accounts as applicable
6. Add-On members account will be converted to account variant of primary member to Join the family group
7. All the benefits extended under Family program are at the sole description of Fincare small Finance Bank . Bank reserve the right to modify /withdraw or change any of benefits offered under this program

Note:Primary Family member signature is mandatory every time while adding/ deleting secondary family member.Respective family member also has to agree and sign in case of addition/ deletion in group.

Signature of Primary Family	Signature of Family Member 1	Signature of Family Member 2	Signature of Family Member 3	Signature of Family Member 4

FOR OFFICE USE

Customer signed in my presence

Employee Name :

Employee Code :

I here by confirm that I have explained T&C to customer in my presence.

Signature :

Branch Stamp with Date :

Documents verification Done by

Employee Name :

Employee Code :

Signature :

Funding checked by

Employee Name :

Employee Code :

Signature :

BM Signature & Date :