| SHIVALIK SMALL FINANCE BANK SAVING ACCOUNT OPENING FORM FOR INDIVIDUALS ACCT-DEP. | | | | | | |
|--|------------------------------------|--|--|--|--|--|
| Branch : Account No. Customer ID | 1. Activity ID/Ref No | | | | | |
| Date : | (Mandatory for KYC update request) | | | | | |
| PLEASE OPEN AN ACCOUNT AS PER DETAILS GIVEN BELOW: | | | | | | |
| SAVINGS NORMAL (1001) SAVINGS GOLD (1012) CORPORATE SALARY ACCOUNT (1026) Please enter initial amount Cash/Cheque Cash/Cheque APPLICANT DETAILS: | SAVINGS STAFF (1003) Branch | | | | | |
| 1st Applicant : Cust. ID : | | | | | | |
| 2nd Applicant : Cust. ID : | | | | | | |
| Self Either or Survivor Power of Attorney Minor Self Oper Anyone or Survivor Former or Survivor Jointly by All Minor Guardian | | | | | | |
| AADHAR CARD LINKAGE (Please link my Aadhar card to SB account) | | | | | | |
| Cust ID 1 : Aadhar card No. : | linked with A/c | | | | | |
| Cust ID 2 : Aadhar card No. : | linked with A/c | | | | | |
| Cust ID 3 : Aadhar card No. : | linked with A/c | | | | | |
| I/We confirm that I do not have any existing customer ID apart from mentioned above. In case found otherwise, Bank reserves the rig customer ID's as it may decide, without any prior notice to me. | | | | | | |
| CARD FACILITY ATM cum Debit Card | | | | | | |
| Card Required Debit Card Number/Ref. Number (Office Use Only) Primary A/c Holder Norma | al Platinum | | | | | |
| Add on card 1 Normal | | | | | | |
| Add on card 2 Norma | | | | | | |
| | | | | | | |
| Dispatch Mode Hold at Branch/ Hand Delivery By Post OTHER SERVICES | | | | | | |
| Please tick for availing the other banking Services : | | | | | | |
| At Par/ Multicity Cheque Book SMS Banking Passbook/e-statement Internet Back (Please fill for | anking orm on page 4) | | | | | |
| Name of 1st Applicant Signature of 1st Applicant | | | | | | |
| Applicant (e) must sign and the presence of panks of and Applicant (for a panks) and A | | | | | | |
| Name of 3rd Applicant Signature of 3rd Applicant | | | | | | |

| NOMINATIO | N Yes N | lo. I declare that I do not wish to mak | e nomination in my account. | | | | |
|--|--|--|---------------------------------------|-------------|--|--|--|
| Nomination Form DA-1: Nomination under sec. 45ZA of the Banking Regulation Act, 1949 and rule2(1) of the Banking Companies | | | | | | | |
| (Nomination) Rules, 1985 in respect of bank deposit. | | | | | | | |
| I / We nomin | nate the following persor | to whom in the event of my / our / m | inor's death the amount of d | eposit i | n the above account may be | | |
| returned by S | Shivalik Small Finance E | Bank | Branch | | | | |
| | | | | | | | |
| | | | Relationship with | | If Nominee is a minor, his/her | | |
| | Name | Address | Depositor, if any | Age | date of birth | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ' ' (1.' 1 10.4 | | | | | | |
| As nominee i | is minor on this date, I/V | ve appoint Mr. / Ms. | | | | | |
| | | | | | | | |
| | | (Name, Addres | | | | | |
| | | in the account on behalf of the nominee in | · · · · · · · · · · · · · · · · · · · | | • | | |
| Na Na | ame, Signature, Addresses (| of two witnesses, if thumb impressions obt | ained | Signature (| (s)/ Thumb Impressions of Depositor(s) | | |
| | | | | | | | |
| | | | | | | | |
| DETAILS OF RI | ELATED PERSON (In case of | of additional related persons, Please fill CIF form) | | | | | |
| | f Related Person | | umber (if available) : | | | | |
| | | | , ` ' | 1_ | | | |
| Related Persor | n Type : Guardian of | Minor Nominee Assignee | Authorized Representative | Bene | ficial Owner Beneficiary | | |
| Name* P R | E F I X F | I R S T N A M E I | M I D D L E N | A M | E L A S T N A M E | | |
| PAN | | UID | (Aadhar) : | | | | |
| Voter ID C | ard : | | GA Job Card : | | | | |
| Passport I | | | rt Expiry Date : D D | MA | | | |
| Driving Lie | | | License Expiry Date : D D | NA N | | | |
| | ny document notified by the cer | | | 101 10 | | | |
| | <u> </u> | | | | | | |
| FATCA- CRS D | DECLARATION Please tic | k the applicable tax resident declaration | (Any one) | | | | |
| I am a tax | resident of India and not | resident of any other country OR | am a tax resident of the count | ry/ies m | nentioned in the table below: | | |
| Please indicate | e the country/ies in which | the entity is a resident for tax purposes | and the associated Tax ID Nun | nber bel | low: | | |
| City of Birth* | | Country of Birth* | | | | | |
| | | | | | | | |
| Address Type | e for Tax Purpose- | Residential Business Reg | gistered Office | | | | |
| Country# | Tax Identification Number% | Identification Type | Addre | ss for Ta | x Purpose | | |
| Country, | Tax lacitification Number 70 | (TIN or Other, please specify)% | Communication Address Perr | manent A | ddress Please note the address below | | |
| | | | | | | | |
| | | | | Landma | ark | | |
| | | Pir | State | | Country | | |
| # To also includ | le LISA where the individual | is a citizen/ green card holder of USA % In c | | ot availa | | | |
| | | the information requirements of this form (read | | | | | |
| | | is true, correct, and complete and hereby accep | - | | , | | |
| | | | | | | | |
| | | | \$ | Signature | | | |
| CANTING DANIE | (A 0.00 LINE DI II E0 | | | | | | |
| | (ACCOUNT RULES | | | | | | |
| | G DEPOSIT ACCOUNT Bank Account will be opened | d with full KYC. There will not be any relax | ration in KYC norms. | | | | |
| The features and | d service charges are as fol | lows:- | | | | | |
| | | provided. It can be converted to normal SB a | | er. | | | |
| 2)An individual is eligible to have only one 'Basic Savings Bank Deposit Account' in one bank. 3)Holders of 'Basic Savings Bank Deposit Account' will not be eligible for opening any other savings bank account in that bank. If a customer has any other existing savings bank | | | | | | | |
| account in that bank, he / she will be required to close it within 30 days from the date of opening a 'Basic Savings Bank Deposit Account'. 4)The 'Basic Savings Bank Deposit Account' should be considered as a normal banking service available to all customers, through branches. | | | | | | | |
| i,ino Basis Saii | ingo Barin Boposity toodani o | | | oug., o.u | | | |
| GENERAL RUL | | mnany/Corporations cannot onen a cavings | account Trusta/Societios/Charitable | o/Educat | ional Institutions may onen a savings | | |
| 1)Business/Trading/Partnership/Proprietary/Company/Corporations cannot open a savings account. Trusts/Societies/Charitable/Educational Institutions may open a savings account subject to conditions. The bank reserves the right to close the account incase the savings account is used for business purposes as evinced by the transaction behaviour. | | | | | | | |
| 2)Adequate balance should be maintained in the account before issuing a cheque. | | | | | | | |
| 3)Details of charges on funds transfer, inter branch banking and other services are available in the Service Charges & Fees Brochure. 4)The bank reserves the right to close the account in case of unsatisfactory conduct of the account. | | | | | | | |
| 4)The bank reserves the right to close the account in case of unsatisfactory conduct of the account. 5)For availing passbook facility, please visit your home branch. | | | | | | | |
| 6)Cheques and other instruments drawn in favour of the account holder are only accepted for collection. Third party cheques and instruments are not collected as a general rule. | | | | | | | |
| Customers should check such cheques before depositing these in the bank. 7) Customer are required to maintain requisite minimum balance in the account, failing which charges as applicable are levied. | | | | | | | |
| 8) For compliance of RBI guidelines, KYC (Including photographs) is updated periodically after the account is opened. Customers are required to submit the desired papers/ | | | | | | | |
| photograph(s) as requested by the branch. | | | | | | | |
| | b) Interest is calculated on daily balance available in the account as per guidelines of Reserve Bank of India. Interest is credited to account in every quarter or at the time an | | | | | | |

| | TON IN CASE OF | | | me by pers | onally calling at the cour | nter and tha | t the Bank will | not be liable to | o pay, except as above". | | |
|---|---|--|--|--|---|---|--|---|---|--|--|
| Contents of t | | n clearly ex | cplained t | to me in the | language I understand. | | | | | | |
| DECLARATI | ION IN CASE OF | STAFF | I | Emp. Code | | | | | | | |
| | | | | | amount deposited in the hall be first in case of joir | | | he account is b | peing maintained in joint | | |
| DECLARATI | IONS/UNDERTAR | INGS BY A | APPLICA | ANTS | | | | | | | |
| which I/we am/are of its notice board or on banking and other fac www.shivalikbank.com any of the services of | pening with Shivalik its website and those cilities listed in this fulter site maintained bompletely or partially actions in the accoun | Small Finan relating to va orm. I/we am y Shivalik bar without any t will be made | nce Bank arious servare awarenk and I/we notice to reference from legi | and amendme vices offered by e that the usage have reviewed me/us. I/we ag | y agree to be bound by the tents there to made from tir y the bank including but not loge of these facilities is gove d the contents of the same. It ree that the bank may debit s only the account will not be | me to time wi imited to debi erned by the t We understar t my account | III be binding or it card/Internet b erms and cond id that the bank for service char | n me/us when d panking/SMS ban itions which are may at its absolu ges as applicab | isplayed by the bank on king/Mobile banking/Teledisplayed on te discretion discontinue le from time to time. I/we | | |
| I/We agree to | abide by the Ban | k's rules re | lating to | the conduct | of the above Accounts / | Services / F | Products. | | | | |
| | | | | | eipts from any banned o | | | | | | |
| I/We hereby a or orders to n | authorize you to ho ny account so long | onour all che g the amour | eques / o nt is in cr | orders / bills / redit or other | noted drawn on this acc wise. | count, which | may be draw | n by me/us, ar | nd to debit such cheques | | |
| My/Our perso | onal KYC details m | nay be share | ed with C | Central KYC F | Registry. | | | | | | |
| I/We hereby of | consent to receivir | ng information | on from c | central KYC F | Registry through SMS, E | mail on my/ | , and the second | d number or/an | nd email address. | | |
| Yours faithfully | / | | | | | | Name: | | | | |
| | | | | | | | Address: | | | | |
| 1ct An | unligant | 2nd | l Annlies | nnt . | 2rd Applican | .+ | | | | | |
| | | | | | 1st Applicant 2nd Applicant 3rd Applicant Signature/Thumb Impression(Male : LTI & Female : RTI) Witness (In case of Thumb Impression) | | | | | | |
| Witness (In case of Thumb Impression) Signature of Witness | | | | | | | | | | | |
| | | | | | | | | | | | |
| FAMILY BANKING | | | A 2.2 | OIF | | 1 1 | ED with | S | ignature of Witness | | |
| FAMILY BANKING Family Member | Name | | Age | CIF | SB account with us/ A/c no. | Locker with | us FD with | | | | |
| | | | Age | CIF | SB account with us/ A/c no. | YES | NO | S | ignature of Witness | | |
| Family Member | | | Age | CIF | SB account with us/ A/c no. | | NO | S | ignature of Witness | | |
| Family Member Self | | | Age | CIF | SB account with us/ A/c no. | YES | NO NO | S | ignature of Witness | | |
| Family Member Self Father | | | Age | CIF | SB account with us/ A/c no. | YES YES | NO NO | S | ignature of Witness | | |
| Family Member Self Father Mother | | | Age | CIF | SB account with us/ A/c no. | YES YES | NO NO NO | S | ignature of Witness | | |
| Family Member Self Father Mother Spouse | | | Age | CIF | SB account with us/ A/c no. | YES YES YES | NO NO NO NO | S | ignature of Witness | | |
| Family Member Self Father Mother Spouse Children 1 | | | Age | CIF | SB account with us/ A/c no. | YES YES YES YES | NO NO NO NO | S | ignature of Witness | | |
| Family Member Self Father Mother Spouse Children 1 Children 2 | | cial | Age | CIF | SB account with us/ A/c no. | YES YES YES YES | NO NO NO NO NO | S | RF with us / A/c No. | | |
| Family Member Self Father Mother Spouse Children 1 Children 2 | Name | | | | | YES YES YES YES YES | NO NO NO Si Emp. Cod | ignature of the | RF with us / A/c No. Branch Head | | |
| Family Member Self Father Mother Spouse Children 1 Children 2 | Name | | | | SB account with us/ A/c no. | YES YES YES YES YES | NO NO NO Si Emp. Cod | ignature of the | RF with us / A/c No. Branch Head | | |
| Family Member Self Father Mother Spouse Children 1 Children 2 | Name | OMINATIO | | | | YES YES YES YES YES | NO NO NO Si Emp. Cod | ignature of the | RF with us / A/c No. Branch Head | | |
| Family Member Self Father Mother Spouse Children 1 Children 2 | Name | OMINATIO | | | | YES YES YES YES YES | NO NO NO Si Emp. Cod | ignature of the | RF with us / A/c No. Branch Head For Shivalik Small | | |
| Family Member Self Father Mother Spouse Children 1 Children 2 Signature of t Emp. Code ACKNOWLED Nomination receiv | Name | OMINATIO | | | | YES YES YES YES YES | NO NO NO Si Emp. Cod | ignature of the | RF with us / A/c No. Branch Head For Shivalik Small | | |

| | INTERNET RANKIN | IG APPLICATION FORM | | | | | | |
|--|---|---|--|--|--|--|--|--|
| INTERNET BANKING APPLICATION FORM REQUEST FOR ACTIVATION OF INTERNET BANKING (Registration of mobile no. and valid SSFB ATM Card is must to avail this service) | | | | | | | | |
| | | | | | | | | |
| FULL NAME | | DA | TE D D M M Y Y Y Y | | | | | |
| DOB D D M M Y | / Y Y Y | CUSTOME | RID | | | | | |
| RELATIONSHIPS WITH BANK | : | | | | | | | |
| Name of other A/c sign | A/c Type | 1/0.110 | Access Type Required (Y/N) | | | | | |
| S.No. Name of other A/C sign | (Single/Joint) | A/C NO. | | | | | | |
| | | | Full Access No Access View Only | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TERMS & CONDITIONS | | | | | | | | |
| | ounts have mode of operation Self/Either | r or Survivor, you may do the follow | ving. | | | | | |
| | s like statement download, card block et | | Ŭ | | | | | |
| | | | request which will be treated manually from | | | | | |
| | is faster and secure comparatively. | cker and calling to the customer to | check his/her authenticity. It is same like you | | | | | |
| | unts have mode of operation Jointy, you | | | | | | | |
| | banking facility for me so that I may init t Banking facility as published on bank's | | | | | | | |
| I/We submit the following inform | | s website and willon are subject to | changes nor time to time. | | | | | |
| a) My registered Mobile no. is | | for communicating to me One-Tim | ne-Passwords (OTPs) / other alerts. | | | | | |
| b) My email id | | is already registered with | , vou. | | | | | |
| , , | Shivalik Bank ATM-cum-Debit Card No./I | | which is active. | | | | | |
| | I the Terms & Conditions for Internet Ba | | | | | | | |
| | The ferms & Conditions for internet ba | Tiking Activation and agreed for the | Same. | | | | | |
| Yours faithfully, | | | | | | | | |
| S.No. | Full Name | Relationship in account | Specimen Signature | | | | | |
| 1st applicant | | | | | | | | |
| | | | | | | | | |
| 2 nd applicant | | | | | | | | |
| | | | | | | | | |
| 3 rd applicant | | | | | | | | |
| | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | |
| | d/updated and verified the following: -cum-Debit Card Signature with bank record | ds KYC is completed. | | | | | | |
| I/we have done the necessary dedupli | | | | | | | | |
| I have checked the mode of operation I have checked/Updated email id in CE | and account type as per declared by customer. | | | | | | | |
| | | | | | | | | |
| Risk Category of the customer as per CBS | | | | | | | | |
| Low Risk Medium Risk High Risk | | | | | | | | |
| I recommend initiation of internet ba | anking facility to the applicant. | | | | | | | |
| Checked By: (Signature Emp. Code of Authorized Officer) Verified By: (Signature & Emp. Code of Authorized Officer) | | | | | | | | |
| | | | | | | | | |
| Signature | | Signature | | | | | | |
| Emp. Code | | Emp. Code | | | | | | |
| Date : | Date : | | | | | | | |
| CUSTOMER ACKNOWLEDGMENT & RULES (CUSTOMER COPY) | | | | | | | | |
| 2. Nomination facility is available for all types individual's | rized by RBI. The rates may vary from time to time and will be deposit accounts. Bank extends pass book facility on savings | s bank account. | | | | | | |
| 3. The savings bank account should be used to route transactions of only non-business/ non-commercial nature. In the event of occurrence of such transaction or any such transaction that may be constructed as commercial/ business/ dubious or undesirable, the bank reserves the right to unilaterally freeze transactions in any such account and/or close the account. | | | | | | | | |
| 4.Customer should carefully examine the entry made in their statement of account/s/ passbook and draw bank's attention to any error/ onission/ discrepancies that may be discovered within 30 days from the date of entries failing which the same shall be deemed to be correct and accepted by the customer and the customer and the customer shall not be entitled to questions that the correctness/accuracy there of. 5.The account would be treated as dormant if there are no transactions in the account for a period of two years. A request for activation of account has to be made by the customer in writing by visiting a nearest branch with his original identity | | | | | | | | |
| proof documents acceptable to the bank. Accounts whice 6.Satisfactory conduct of the account entrails maintaining | ch are not operated for ten years will be marked as 'Unclaimeng stipulated average monthly balance (wherever applicable) a | d'. as well as sufficient balance to honour cheques issued | t to third parties. If there are high incidences to the contrary, the bank | | | | | |
| reserves the right to close the account under intimation to the customer. Any non-maintenance of stipulated minimum balance will attract service charges as per banks general schedule of features and charges which available with our branch and on the bank's website www.shivalikbank.com. 7. The bank reserves the ight to close any account which is not operated satisfactorily dormant with prior notice. | | | | | | | | |

- 7. The bank reserves the right to close any account which is not operated satisfactorily dormant with prior notice.

 8. The customer needs to intimate bank in writing of any change in the contact details/address. Customers need to submit documentary proof wherever applicable.

 9. The age considered for minors is below 18 and for senior citizen is 60 years and above.

 10. The bank may disclose information about customers account if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purpose of preventing fraud, without any specific consent of the customer.

 11. The bank reserves the right to make any changes, alteration, cancellations in the above rules at any time without notice. Any person opening the account shall be bound by the rules governing the account.