



Account Opening Form for Electronically Sourced Current Account

Declarations

Consent for CKYC Services

I/we am/are providing my/our CKYC reference No.
I/we hereby provide my/our consent and authorization to Ujjivan Small Finance Bank as follows:
CKYC services (Tick as applicable)

- ☐ Consider the downloaded document from Central KYC Registry (CKYC) as my/our Proof of Identity and Proof of Address.
- ☐ I/we confirm there is no change in my/our details from that had been captured in CKYC.
- ☐ I/we permit Bank to upload my/our details to Central KYC Registry (CKYC) for sharing with other regulated entities as per RBI guidelines.

I/we, hereby, confirm that the information shared is true and complete to the best of my/our knowledge. I/we indemnify Ujjivan Small Finance Bank from any losses, liabilities or claims arising from incorrect or incomplete information shared by me/us.

1) I/We wish to avail the banking facilities/products from Ujjivan Small Finance Bank Ltd ("Bank"/"Ujjivan"). I/We am/are aware and acknowledge that the Banking facilities/products shall be governed by the terms and conditions governing the opening and operations of Current Accounts as provided in the website of the bank. (www.ujjivansfb.bank.in) and copies available at the branch. I/We am/are also aware and acknowledge that I/we shall be provided a copy of such terms and conditions free of cost if I/we make a request therefore. I/we further confirm that I/we have been explained the major TnCs and the TnCs relating to other services, including phone banking, ATMs and Debit cards. I/We agree that the Bank shall have the right to modify/amend the above referred TnCs from time to time, at Bank's own discretion, which may be hosted and noticed on Bank's website (www.ujjivansfb.bank.in) and the same shall be sufficient notice, to me/us regarding such modifications/amendments and I/we shall be bound by such modifications/amendments. I/we understand that the any changes to the above referred TnCs would be made available to me/us on request at the branch.

2) The data/information for opening Current Bank Account in my/our name with the Bank are entered in the Hand Held Device ("HHD") of the official of the Bank, by him/her, in my/our presence and based on the inputs instructed by me/us, and I/we confirm correctness of each and single data/information inputted in the HHD by him/her.

3) I/We authorize the Bank to exchange, share, disclose or part with, from time to time, any or all of the information and data pertaining to my/our account(s) (including personal sensitive data/information and/or any other information that requires a consent under the Information Technology Act, 2000 and the Information Technology (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules, 2011 and/or any other statute), whether provided by me or otherwise, with any statutory/regulatory bodies or financial institutions or Credit Bureaus/Agencies or parent/subsidiary/affiliate/associate of the Bank or any other third parties engaged by the Bank, as may be required/ permitted by any law, rule or regulations or as required by the Bank and I/we shall not hold the Bank or its agents/representatives liable for using/sharing such information.

4) I/We confirm that I/we am/are resident(s) of India and hereby declare and confirm that the information provided herein as well as in the documentary evidence provided by me/us to the Bank (the "Customer Information") is true, correct and complete in all aspects and that I have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I/We further agree that any false/misleading Customer Information given by me or suppression of any material fact will render my account liable for closure and the Bank shall have the right to discontinue any or all services and also to initiate any action, under law or otherwise.

5) I/we agree to abide by and be bound by all applicable rules/regulations/instruction/guidelines issued by the Reserve Bank of India, the Common Reporting Standards (CRS), and any other governmental or regulatory authority, in force from time to time. I/we have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961, as notified by Central Board of Direct Taxes (CBDT) in this regard.

6) I/We hereby authorize issuance of ATM card and provision of Tele-banking services in my/our account. I/We undertake that I/we will be wholly liable/ responsible for all types of transactions done on my/our above said account through Debit/ATM card(s) issued by the Bank to me/us. I/We undertake to ratify and confirm all that the user(s) do(es) or cause(s) to do through ATM Card or Tele banking. This authority shall continue to be in force until I/We revoke it by a notice in writing delivered to the bank. I/We hereby also agree to indemnify and keep indemnified the bank, its affiliated and their successor or assignees from and against all actions/demands/losses caused and expenses whatsoever which the Bank may add anytime incur or sustain as a consequences of any negligence/mistake on my/our part or my/our known compliance of any of the TnCs contained herein or because of providing any incorrect/incomplete information by me/us. In case I/We have requested the bank to mention on the ATM/Debit card a preferred name which is different from the name specified by me/us in the AOF, I/We shall submit the bank required OVD confirming to such name and the Bank need to mention a different name on the ATM/Debit card only if I/We comply with this. I/We undertake and agree to pay any debit balance/overdraw allowed either at my/our request or by compulsions of circumstances or oversight or mistake.

7) I/We declare that I/we have no insolvency proceedings initiated against me/us nor I/We ever been adjudicated insolvent.

8) I/We confirm that I/we have received a copy of the Code of Bank's Commitment to customers. I/We also authorize the Bank to post my Secured Stationary/Communication of the Bank to the Communication Address.

9) I/We undertake and agree to pay any debit balance/overdraw allowed either at my/our request or by compulsions of the circumstances or oversight/mistake.

10) I hereby expressly consent the Bank to upload/share with Central KYC Registry my KYC data provided to the Bank through the Customer Profile Form/Account Opening Form. I also hereby consent to receive information from Central KYC Registry through SMS/e-mail on the said mobile number/e-mail id.

11) I/We authorize the Bank for de-registering my/our contact number in the Do Not Call Registries and also to deactivate/de-register DND status of my/our contact number. I/We am/are aware that post de-registration of DND/NDNC, I/we may receive a call to verify correctness of the request. I/We am/are also aware that I/we have the right and option to re-register for DND/NDNC any time at my/our discretion, after the Bank deactivating/de-registering the DND/NDNC status.

12) Aadhar Consent: I voluntarily give my consent to Ujjivan Small Finance Bank Ltd. ("Bank") to use my Aadhaar number and biometric information for doing authentication with Unique Identification Authority of India for establishing my identity, in the manner acceptable as per UIDAI guidelines or under any Act or Law in force from time to time, for the purpose of opening account or processing instructions with the Bank. The Bank has informed me that my Aadhaar number and biometric information will not be stored/shared/used by the Bank for any other purpose, unless the same is required or permitted by law. I am aware about other modes available for establishing my identity, i.e. Offline verification of Aadhaar, use of passport or any other Officially Valid Document. I further confirm that the information which is submitted by me through the Aadhaar is true and correct and I will not hold the Bank responsible in case any incorrect information is provided by me.

13) The Applicant(s) hereby confirm(s) that he/she/they have read (or have been read over in the language known to each one of them), understood, accepted and agreed to be bound by the Terms and Conditions governing the Account, including all service charges, fees, codes of conduct and other terms applicable to the Account. The Applicant(s) acknowledge(s) having been informed that the said Terms and Conditions are available on the Bank's website (www.ujjivansfb.bank.in) and at the Bank's branches, and that by opening, maintaining or availing the Account and related services, the Applicant(s) irrevocably accept(s) and agree(s) to be bound by such Terms and Conditions, including any amendments, modifications, variations, cancellations or novations thereto as may be notified by the Bank from time to time through its website or in such manner as permitted by law. Continued operation of the Account after such notification shall constitute the Applicant(s)' acceptance and acknowledgment of the revised Terms and Conditions.

Nomination Form Details

Do you want nomination: ☐ No, I/We [] here by confirm that I/we do not require any nomination facility

☐ *Yes (If Yes, Please fill the Nomination Form)

Signature/Thumb Impression

NOMINATION FORM

☐ Simultaneous ☐ Successive

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) or the contents of the locker in respect of the particulars above mentioned in the event of my/our death:

Sr. No	Name of Nominee	Address	Email/Mobile number, if any.	Relationship with bank customer, if any	Age	Order of priority in case of successive nomination	Proportion of amount of deposit in percentage in case of bank deposit	DOB
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1						First Name		
2						Second Name		
3						Third Name		
4						Fourth Name		

Nomination Acknowledgement Slip: I/We acknowledge the receipt of nomination made by you in favour of:

Application Form No.

Nominee Name:

Nominee Relationship:

Nominee Address:

Date of Birth (in case nominee in minor):

Guardian's Name & Relationship (in case nominee in minor):

Signature of Bank Official: _____

Your Account Lead Number is: _____

Employee ID: _____



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Instructions for Bank Customer:

1. You may nominate **more than one individual**, with clearly defined share percentages.
2. You may appoint successive nominees. In case of successive nomination, nomination shall be effective **only in favour of one individual in order of priority** in which their name appears in above table of nomination details. It may be noted that nomination of any nominee lower in the order of nomination shall become effective only after the death of all the nominees whose names are higher in the order of nomination.
3. Nomination is applicable to **all bank accounts/lockers** above unless otherwise specified.
4. This form or the details in this form, as circumstances may admit, can be submitted electronically where the bank enables **e-nomination**.
5. If deposit is made in the name of minor in the name of minor or locker is solely hired in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor.

Note:

- (i) Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.
- (ii) Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.
- (iii) Column (H) above is not applicable in case of nomination in respect of the lockers.
- (iv) In respect of the deposits, out of column (G) and (H), only one column is to be filled.
- (v) Total percentage across all nominees in column (H) must equal 100%.
- (vi) If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in column (B)

Guardian Details (if any nominee is a minor)

Sr. No	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email/Mobile number of guardian
1					
2					
3					
4					

Declaration & Signature

I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above-mentioned accounts(s).

Place:

Date: | D | M | Y | Y | Y | Y |

.....
Name of Depositor(s)

.....
@Signature/E-authentication

@In case of individual who cannot read and /or write, the signature means thumb-impression of such individual, which should be attested by two witnesses.

Witnesses: ***

1. Signature Name: Address: Place: Date:	2. Signature Name: Address: Place: Date:
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Annexure
OTHER DECLARATIONS

To
Branch Manager
Ujjivan Small Finance Bank Limited
.....Branch

Date: _____

Dear Sir/ Madam,

☐ **Declaration of Date of Birth**

With reference to the request submitted by me for opening _____ account at your Bank, I have submitted true copies of my _____ & _____ as KYC documents. My Date of birth as per _____ is _____ and date of birth as per _____ is _____. I hereby confirm that my correct Date of birth is _____ (DD/MM/YYYY) and I request you to rely upon the _____ document submitted by me in this regard.

I hereby request you to therefore permit opening of the account in the aforesaid representation as per the form duly filled by me by virtue of the document(s) i.e., _____ submitted by me in support thereof.

☐ **New Account Name Mismatch Declaration**

I desire to open a current account with you under the name _____ although the documents submitted by me bear my name as _____. I hereby request you to therefore open the account in the aforesaid representation as per the form duly filled by me by virtue of documents i.e.; _____ (OVD document) submitted by me in support thereof.

☐ **Communication Address Declaration**

I desire to open a current account with the communication address as _____ (mention address here). I am unable to submit requisite documentary proof in support of the said address. I hereby solemnly declare that the said address is my present communication address and the same is correct to the best of my knowledge and I work/reside (strike off not applicable one) there. I hereby authorise the Bank to send cheque book, debit card, PIN and all other deliverables and correspondences related to the account to the said address. I shall not dispute or cause to be disputed such action by the Bank, and I shall not hold the Bank liable for any issues associated therewith. I also authorise the Bank to verify the said address through any means as deemed fit by the Bank to its satisfaction, and if the Bank is of the opinion that the said address is not correct the Bank may at its discretion refuse to open/activate the account or close the account (if already opened or activated). As part of account opening process I have electronically submitted my Aadhaar details (which contains my permanent address) through e-KYC.

☐ **Signature in Capital Letter**

I confirm that I have signed in capital letters on the account opening form and the account opening documents. I confirm that I have understood the risk associated with signing in Capital letters as explained to me by Bank official.

☐ **Signature Mismatch Declaration/ No Signature Proof Declaration**

My signature as per _____ (document) is my old signature, while the signature which is affixed in the Account Opening form is my present signature. I hereby request you to therefore open the account in the aforesaid representation as per the form duly signed by me in the presence of bank official _____ (employee ID of the Sourcing Staff).

*I state that without prejudice to the Bank's right under law or under the terms and conditions or otherwise to take any action against me and/or my estate as deemed fit, if my above representations are found to be false/untrue, I shall be liable to pay damages/compensation to the Bank which may be incurred or suffered by the Bank or its officials upon the Bank permitting me to open the account by relying on my aforesaid representation.

- I hereby solemnly declare and state that:

- ☐ The particulars furnished by me in Date of Birth Declaration are true and correct.
- ☐ The particulars furnished by me in Signature Mismatch Declaration/No Signature Proof Declaration are true and correct.
- ☐ The particulars furnished by me in Name Mismatch Declaration are true and correct.
- ☐ The particulars furnished by me in Signature in capital letter Declaration are true and correct.
- ☐ The particulars furnished by me in Communication Address Declaration are true and correct.

Name and Signature of Applicant

Note: Please strike off whichever is not applicable



Account Opening Form for Electronically Sourced Current Account

Annexure-3

**APPLICATION FOR LINKING/SEEDING AADHAR NUMBER AND RECEIVING DBT BENEFITS INTO BANK
ACCOUNT - (NPCI MAPPING)***

To
Branch Manager
Ujjivan Small Finance Bank Limited
.....Branch

Date: _____

Dear Sir/ Madam,

Linking/Seeding of Aadhaar in NPCI-Mapping for Receiving Direct Benefits

1. I am maintaining a Bank account No. _____ with your Branch.
2. I submit my Aadhaar number and voluntarily give my consent to:
- ☐ Use my Aadhaar Details to authenticate me from UIDAI
 - ☐ Use my Mobile Number mentioned below for sending SMS Alerts to me.
 - ☐ Link the Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your Bank.

(Signature)

OPTION FOR RECEIVING DBT BENEFITS (TICK ONE)

- ☐ I wish to seed my account no. _____ with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt. of India (G01) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account for customer who have not so far seeded account with NPCI Mapper).
- ☐ I already have an account with _____ (name of Bank) having IIN Number* _____ and seeded with NPCI Mapper for receiving DBT from GOI. I request you to change my NPCI mapping (DBT Benefit Account) to my account with your Bank.
- ☐ I already have an account with _____ (name of Bank) having IIN Number* _____ and seeded with NPCI Mapper for receiving DBT from GOI. I request you to change my NPCI mapping (DBT Benefit Account) from the existing Bank.
- ☐ I do not wish to seed my accounts from your Bank with NPCI Mapper (I will not be getting DBT).
3. I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.
4. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Yours faithfully

.....
(Signature)

Name:
Mobile No.:
Email:

.....
[if consent sent through BC/BDO/V0]
I hereby authorize the Banking Correspondent /
I hereby authorize the Sarpanch/V.O./B.D.O.
To submit the above consent letter to the bank.

(Signature)

*NPCI mapping: Mapping is a process of associating a Bank with Aadhaar number which is facilitated by NPCI for Direct Benefit Transfer to the respective Bank who have linked the Aadhaar Number to a specific Bank account for receiving Direct Benefits to which customer has given the consent

** IIN number will be provided by Bank receiving the consent Application.