

FOR BRANCH USE ONLY

Account Type: Current Account Savings Account Fixed Deposit Branch Code: Application Date

Branch Name: Lead No: Product Code: Product Name: Account Opening Date A/C No. CRN No. Lead Generation Code: Lead Converter Code: C-KYC Id:

Entity Information

Name of the Entity: Date of incorporation LEI/Legal Entity Identifier Country of incorporation IEC Code. City of incorporation Entity PAN No. Form 60 Exempt GST/CIN/Reg. No. NPO Reg. No.

\*REGISTERED OFFICE ADDRESS

\*Flat No. & Bldg Name \*Road No./Name Landmark/Area \*City/Town \*PIN Code \*State Country INDIA Registered address type Owned Rented/Leased

\*MAILING ADDRESS

\*Flat No. & Bldg Name \*Road No./Name Landmark/Area \*City/Town \*PIN Code \*State Country INDIA

\*CONTACT DETAILS

Tel STD NUMBER Mobile No. E-mail ID

\*SERVICES REQUIRED

Debit Card RuPay Platinum RuPay Select Cheque Book Y N

Constitution of Entity

Proprietorship Partnership Limited Liability Partnership Public Limited Company Private Limited Company Government Bank Societies Self Help Group HUF Embassy/Consulate/High Commission Non Government Organizations Section 25/8 Company Association Clubs Trust Others To be specified

Nature of Business

Manufacturer Service Provider Retail Trader Wholesale Trading Others To be specified

Nature of Industry

Automobile Gems & Jewellery Fisheries/Poultry Transportation/Logistics Textiles/Garments FMCG Furniture/Timber Cement/Paints IT/Software/BPO Printing/Publishing Petrol Pump NBFC Contractors Intermediaries Engineering Goods Media/Entertainment Travel/Tour Agency Chit Funds Housing Finance Advt Agencies Pharmaceuticals Construction/Real Estate Marble/Granite Money Lender Consultancy Restaurants Hotels/Resorts Steel/Hardware Agricultural Commodities Shroff Professionals Forex Dealer/Bullion Consumer Durables Dairy/Food Processing Leasing & Hire Purchase Oil Banking Securities Insurance Other Financial Institution Education/University/College Chemicals Hospital/Clinics Electronics Auto Finance Multi Level Marketing VASP/Crypto Trading (Virtual Asset Service Provider) Others To be specified

# CASA TD ACCOUNT OPENING FORM FOR NON-INDIVIDUALS

# JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

## \*ENTITY DETAILS

Annual Turnover  Up to ₹ 20 Lakhs  ₹ 20 Lakhs - ₹ 50 Lakhs  ₹ 50 Lakhs - ₹ 2 Cr  ₹ 2 Cr - ₹ 10 Cr  ₹ 10 Cr - ₹ 25 Cr  Above ₹ 25 Cr  
MCC Code (for QR)

## Mode of Operation

Prop/Auth Sign/Singly  Any One  Any Two Jointly  Jointly By All  As per Document attached (Resolution, Partnership Letter, Mandate etc.)

## Credit Facilities

We do not enjoy any credit facilities with other bank/s  We enjoy the following "credit facilities" with other bank/s

S.No	Bank Name & Branch	Type of Facility	Amount (Rs.Lacs)	Authorised Signatories Signature
1				
2				

(Note: If borrowings >= Rs. 5 Crores, account cannot be opened)

If applicable, I / We hereby undertake to inform the Bank, as and when the total credit facilities availed by me / us from the banking system is equal to or is greater than INR 5 Crores

## \*INITIAL PAYMENT/DEPOSIT DETAILS

Amount: Rs \_\_\_\_\_ Mode of Payment: Cash  Cheque   
Cheque No \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

If Direct Debit, Debit Account No \_\_\_\_\_ Debit Account Name \_\_\_\_\_

## If NEFT/ RTGS

Payment Bank \_\_\_\_\_ Branch \_\_\_\_\_

Debit Account No                      Debit Account Name \_\_\_\_\_

UTR No. \_\_\_\_\_ Transaction Date \_\_\_\_\_

## DECLARATION

### Applicable for Sole Proprietorship Account

I, on behalf of \_\_\_\_\_ ("Sole Proprietorship Firm") intend to open \_\_\_\_\_ account with the Bank. The said account may be opened in the name of \_\_\_\_\_  
I confirm that am the proprietor of the Sole Proprietorship Firm. I understand that I am solely and personally responsible for liabilities of the Sole Proprietorship Firm. I undertake to intimate the Bank in writing of any change that may take place in the Sole Proprietorship Firm's name. I authorize the Bank to honour instructions from me in relation to the operation of the account. I agree and accept that I shall be liable to the Bank in relation to any obligation which may be outstanding in the Sole Proprietorship Firm's name in the Bank's books until all such obligations shall have been liquidated.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Applicable for Partnership Firm

We, on behalf of \_\_\_\_\_ ("Partnership Firm") intend to open \_\_\_\_\_ account with the Bank. The said account may be opened in the name of \_\_\_\_\_  
We confirm and declare that we are the only partners in the Partnership Firm and are jointly and severally responsible for liabilities of the Partnership Firm. We authorize the Bank to honour instructions of the signatories herein below in relation to the operation of the account in line with the mode of operation laid down in this AOF. We undertake to intimate the Bank in writing of any change that takes place in the constitution of the Partnership Firm. We agree and accept that all the existing partners shall be liable to the Bank in relation to any obligation which may be outstanding in the Partnership Firm's name in the Bank's books until all such obligations shall have been liquidated.

### Name & signature of Partners

1 \_\_\_\_\_ Sign \_\_\_\_\_ 2 \_\_\_\_\_ Sign \_\_\_\_\_

3 \_\_\_\_\_ Sign \_\_\_\_\_



Authorized Signatory Details

1. Authorized signatory details

Male  Female  Third Gender  CRN No.

Prefix \_\_\_\_\_ Name \_\_\_\_\_

\*Flat No. & Bldg Name \_\_\_\_\_

\*Road No./Name \_\_\_\_\_ Landmark/Area \_\_\_\_\_

\*City/Town \_\_\_\_\_ \*PIN Code \_\_\_\_\_

\*State \_\_\_\_\_ Nationality \_\_\_\_\_

Father's/Husband's Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth           Mobile No.         Mothers Maiden Name \_\_\_\_\_

E-mail ID \_\_\_\_\_ DIN

Aadhaar No.                      Aadhaar Enrolment No.

PAN No.           Form 60  PAN Acknowledgement Number & Date \_\_\_\_\_

**FATCA:** Please tick the applicable tax resident declaration (Any one)\*  
I am a tax resident of India and not a tax resident of any other country Yes  No  (If No, separate FATCA declaration form needs to be filled)

Please tick if mailing address is same as of the Entity Designation of Authorized Signatory \_\_\_\_\_

2. Authorized signatory details

Male  Female  Third Gender  CRN No.

Prefix \_\_\_\_\_ Name \_\_\_\_\_

\*Flat No. & Bldg Name \_\_\_\_\_

\*Road No./Name \_\_\_\_\_ Landmark/Area \_\_\_\_\_

\*City/Town \_\_\_\_\_ \*PIN Code \_\_\_\_\_

\*State \_\_\_\_\_ Nationality \_\_\_\_\_

Father's/Husband's Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth           Mobile No.         Mothers Maiden Name \_\_\_\_\_

E-mail ID \_\_\_\_\_ DIN

Aadhaar No.                      Aadhaar Enrolment No.

PAN No.           Form 60  PAN Acknowledgement Number & Date \_\_\_\_\_

**FATCA:** Please tick the applicable tax resident declaration (Any one)\*  
I am a tax resident of India and not a tax resident of any other country Yes  No  (If No, separate FATCA declaration form needs to be filled)

Please tick if mailing address is same as of the Entity Designation of Authorized Signatory \_\_\_\_\_

3. Authorized signatory details

Male  Female  Third Gender  CRN No.

Prefix \_\_\_\_\_ Name \_\_\_\_\_

\*Flat No. & Bldg Name \_\_\_\_\_

\*Road No./Name \_\_\_\_\_ Landmark/Area \_\_\_\_\_

\*City/Town \_\_\_\_\_ \*PIN Code \_\_\_\_\_

\*State \_\_\_\_\_ Nationality \_\_\_\_\_

Father's/Husband's Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth           Mobile No.         Mothers Maiden Name \_\_\_\_\_

E-mail ID \_\_\_\_\_ DIN

Aadhaar No.                      Aadhaar Enrolment No.

PAN No.           Form 60  PAN Acknowledgement Number & Date \_\_\_\_\_

**FATCA:** Please tick the applicable tax resident declaration (Any one)\*  
I am a tax resident of India and not a tax resident of any other country Yes  No  (If No, separate FATCA declaration form needs to be filled)

Please tick if mailing address is same as of the Entity Designation of Authorized Signatory \_\_\_\_\_

**Nomination Form (DA1) - Applicable only for Sole Proprietorship**

I wish to nominate  I do not wish to nominate\*\*\*

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I/We (Name) ..... (Address) .....

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by JANA SMALL FINANCE BANK.

Name ..... Address:  Same as Primary Applicant

If different from Primary Applicant .....

Relationship with depositor, If any ..... Age    Years Date of Birth of nominee

\*As nominee is minor I/We appoint (name)# ..... Relationship with minor\* .....

Address:  Same as Primary Applicant  If different .....

to receive the amount of deposit on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee

Nominee Mobile Number:

Signature / Thumb impression\*\* .....

Personal Details of the Witnesses (Thumb impression shall be attested by 2 witnesses)

**Witness (only in case of thumb impression)**

1. Signature :
Name :
Address :
Place : Date:

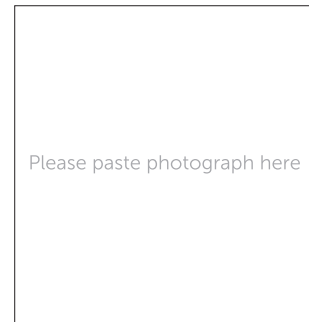
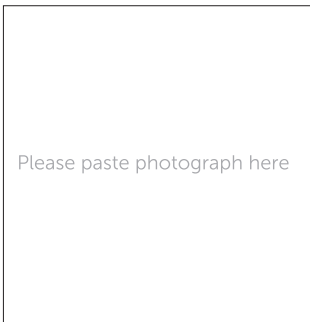
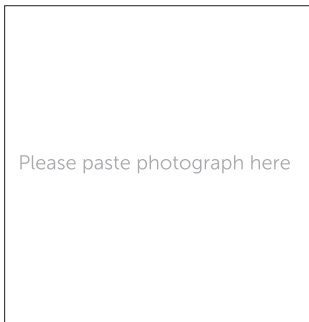
2. Signature :
Name :
Address :
Place : Date:

# In case of a court appointed guardian, please furnish a copy of the court order

\*Strike out if nominee is not a minor \*\*Where account is opened in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

\*\*\* I have understood the benefits of nomination and still do not wish to nominate

**Authorised Signatories Signature**



Signature of Authorized Signatory 1

Signature of Authorized Signatory 2

Signature of Authorized Signatory 3

Name: .....

Name: .....

Name: .....

**FATCA-CRS Certification**

Please tick the applicable tax resident declaration (Any one)

Entity is a tax resident of India and not resident of any other country or,

Entity is a tax resident of the country/ies mentioned in the table below (please fill the separate FATCA CRS declaration form)

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Identification Number*	Identification Type (TIN or other, please specify)

\*In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity's exemption code here: .....

Signature

Signature

Signature

CIB Channel Access (for Non-Individuals)

*User Profile	User 1	User 2	User 3	User 4
*User Name				
*Official Email ID				
*Mobile Number				
*User Role (V/M/C/B/A)				
*Per transaction Limit (In Numbers/Unlimited)				

Workflow for Transactions

Maker Name	1 <sup>st</sup> Level Authoriser (Checker) Name	2 <sup>nd</sup> Level Authoriser (Checker) Name

Role – V: Viewer, M: Maker, C: Checker, B: Both, A: Administrator: Mobile Number & Email ID needs to be unique for every user.  
\*\*If Admin module is opted, the Corporate can add/Modify the users and workflow through the corporate admin portal.

For Branch Use Only

Certification by Sourcing Staff

- a) Is the source of the funds of the customer identifiable?  Y  N      b) Background of the customer       Satisfactory       Unsatisfactory
- c) Is the customer a Politically Exposed Person?       Y  N      If yes, brief details .....
- d) Is the account opened face to face?       Y  N      e) Nomination form enclosed       Y  N
- f) CRILC Check (Applicable for CPC only)       Y  N      g) Customer address visited and verified on
- h) I confirm that the customer has signed in my presence. (KYC Document submitted by customer are verified with original and found correct)

Name of the Employee	Employee No.	Signature	Date

Certification by Branch Manager / Branch Operations Manager

I certify that the account opening form is complete in all respects and relevant documents have been obtained and verified.

\_\_\_\_\_

Date

\_\_\_\_\_

Authorised Signatory

Emp. Code: .....

Controlling Ownership & Beneficiary Details

I. Exempt Category (If not applicable, please fill the Non Exempt Category section below)

The details of beneficial owners are not required in case the Entity or its shareholder is:

- Listed on a stock exchange, or is a majority-owned subsidiary (i.e. 50% or more) of such listed company, or
- No Single shareholder holds more than 10% of total shareholding of the entity in case of company/Firm/Trust/ Societies/Clubs/LLP/Partnership, and no one holds more than 15% in case of Association.

II. Non Exempt Category

(A). Shareholding Pattern:

Name of Shareholders	% of share	Mention reason if belongs to exempt entity#

(B). Details of ultimate natural persons ultimately holding more than 10% of total share holding of the entity in case of Company/Firm/Trust/Societies/Clubs/LLP/Partnership and holds more than 15% in case of Association\*

Name	DOB	Nationality	Residential Address	DIN/PAN/Name & No. of other ID proof	% of share

-OR-

C). We hereby declare that no natural person is holding more than 10% of total share holding of the entity in case of Company/Firm/Trust/Societies/Clubs/LLP/Partnership and no one holds more than 15% in case of Association as per (B) above or information about the ultimate shareholders is not available with the company. The details of senior managing officials (e.g. Managing Director/Chief Executive Officer, etc) are as under:

Name	DOB	Nationality	Residential Address	DIN/PAN/Name & No. of other ID proof	Designation

(Managing Director/Company Secretary/Chairman/Two Directors/Authorised Signatory) Notes: In Table B, the details of natural person who exercises control over the entity needs to be furnished. The said natural person may act alone or together, or through one or more juridical person.

\* In case no such natural person is identifiable, indicate "Not Identified" in Table B and provide details required as per Table C.

In case Director Identification number (DIN)/Permanent Account Number (PAN) is not available, separate ID proof needs to be furnished.

Date \_\_\_\_\_

Signature of Authorized Signatory \_\_\_\_\_

**Declaration**

(Please read carefully and sign at the end of this section after you have filled in all the details in the form)

- I/We have read and understood the Terms and Conditions relating to various services that I/We have specifically requested from Jana Small Finance Bank Ltd. ("The Bank").
- I/We understand and agree that my/our submission of this Application Form ("AOF") and its receipt by the Bank acts as an instruction to the Bank but does not mean that the Bank has approved this AOF or is bound to abide by my/our instruction(s).
- I/We understand and agree that the approval of my/our AOF is at the Bank's discretion and that the Bank is entitled to decline my/our instructions, if any, or otherwise reject and/or cancel my/our AOF without furnishing any reason whatsoever.
- I/We understand and agree that the Bank may contact me/us and request for further information or documents for the purpose of this AOF- and for verification of any and all information provided/ furnished by me/us.
- I/We have read and understood the terms & conditions & Schedule of Charges governing the opening of the account with the Bank and those relating to various services including, but not limited to ATMs/Debit card/SMS/Net banking/Phone banking/Jana Cash Wallet mentioned at www.janabank.com ("Website") and agree to abide by the same. I/We acknowledge that it is my/our responsibility to obtain a copy of the latest Terms and Conditions and read and understand the same.
- I/We hereby give my/our consent to the Bank to share my/our personal/KYC or any other details with Central KYC Registry/Credit Bureaus/any agencies as required by law, and receive information from these agencies. Any agencies so authorised may furnish for consideration, the processed information and data or products thereof prepared by them, to banks/financial institutions and other credit grantors or registered users, as may be specified by the regulators in this behalf.
- I/We agree that I/we have been provided various options by the Bank for establishing my/our identity/address proof for the purpose of account opening and I/we have voluntarily submitted my/our Aadhaar to the Bank.
- I/We hereby declare that the information furnished by me/us in this AOF is true & correct.
- I/We agree that the Bank may send communications to me/us, through courier/messages/mail or through any other mode at its discretion and the Bank shall not be liable for any delay arising there from.
- I/We hereby further confirm having read and understood the applicable rules/regulations/instruction/guidelines as framed by the Reserve Bank of India, including the FEMA regulations 2000 governing EEFC Accounts, and the Foreign Exchange Management Act, 1999, In force from time to time and agree to abide by and to be bound by all such applicable Law, rules, regulations and guide lines in force from time to time.
- The Bank, its agents, representative, affiliates and any other person/entity authorized by it may contact me/us regarding the services and other products of the Bank. This consent will override any registration for NC/NDNC (National Do Not Call Registry). I/We hereby give my/our consent to receive such information through Phone Calls: Y  N  SMS: Y  N  Email: Y  N  WhatsApp: Y  N
- I/We hereby declare to avail Jana Small Finance Bank QR code. If not, please tick No
- I/We agree and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Bengaluru.
- I/We understand that the registered mobile number with the Bank will be used for sending any communication, as well as transaction advises. I/We confirm that the mobile number provided by me/us is not in use by any other third party and I/we undertake that I/We shall duly and promptly inform the Bank if and when my/our mobile number changes.

Name: \_\_\_\_\_

Signature of Authorized Signatory 1

Name: \_\_\_\_\_

Signature of Authorized Signatory 2

Name: \_\_\_\_\_

Signature of Authorized Signatory 3

**Acknowledgement**

1. We Acknowledge Your Nomination Form DA1 Relating to:

Nature of Account	Account No.	Nomination registration no and date

In the name of..... held with us. Please quote the above Nomination Number in all your future correspondence with us in this regard.

2. We Acknowledge Your Initial Funding Details for amount: ..... having Cash/Cheque No. (Date & Bank details) .....

For Jana Small Finance Bank (Authorized Signatory) \_\_\_\_\_