

(For Sole Proprietorship/Partnership/Company/TASC/PSU/Govt. Entity)

(For Office use only)

Sourcing Date Branch Receipt Date

A/c opening Date

Branch Branch Code No.

CRN Account No.

Lead Generator Code : Lead Converter Code :

Campaign Code : SBU Code :

A. Customer Information

Please fill up the form in BLOCK LETTERS ONLY.

1. **Name of the Entity:**

Title of the account

LEI/Legal Entity Identifier (if any)

2. If, the individual/firm has an existing account with Jana Small Finance Bank, please quote the

CRN

3. **Constitution**

- Family Office Sole-proprietorship Partnership Pvt. Ltd. Company Public Ltd. Company
- PSU - Central/State Section 8 Company Society Trust
- Club Association Financial Institution Embassy/ Consulate

Govt. Department/ Agency/ Board/ ULB/ Local Government (Taluk/ GP)/ Autonomous Body under administrative control of

- Central/State Govt (Govt Funded Academic/Professional/Research Instns etc..)
- Others (Please specify

4. In case of a Financial Institution, select one of the following:

- NBFC Chit Fund Public Sector Bank/Private Sector Bank - Indian/Foreign Bank/Payment Bank
- Co-operative Bank AMC Brokerage Insurance Firm
- Others (Please specify)

5. **Nature of Industry (Please select from the list below. If not in the list, specify the industry)**

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Automobiles | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Cables | <input type="checkbox"/> Cement | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Construction/Real Estate | <input type="checkbox"/> Consumer Durables | <input type="checkbox"/> Education | <input type="checkbox"/> Engineering | <input type="checkbox"/> FMCG |
| <input type="checkbox"/> Fertilizers/Seeds/Pesticides | <input type="checkbox"/> Gems & Jewellery | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hotel | <input type="checkbox"/> IT/ITES |
| <input type="checkbox"/> Leather | <input type="checkbox"/> Logistics | <input type="checkbox"/> Metals | <input type="checkbox"/> Mining | <input type="checkbox"/> Media & Entertainment |
| <input type="checkbox"/> Oil & Gas | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Power | <input type="checkbox"/> Retail | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Telecom | <input type="checkbox"/> Textiles | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Travel & Tourism | <input type="checkbox"/> eCommerce |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> CA/CS/Lawyer | <input type="checkbox"/> Trade | <input type="checkbox"/> Pawnshop | <input type="checkbox"/> Electronics |
| <input type="checkbox"/> Money Service/Exchange | <input type="checkbox"/> Investment Management | <input type="checkbox"/> Money Management | <input type="checkbox"/> Transport | |
| <input type="checkbox"/> Central Government Department/Organizations/Bodies/Boards | | <input type="checkbox"/> Personal Investment Company | | |
| <input type="checkbox"/> Central / State PSU (Including JV/Public Private Partnerships/SPVs) | | <input type="checkbox"/> Central Government Scheme/Grant | | |
| <input type="checkbox"/> State Government Department/Organizations/Bodies/Boards | | <input type="checkbox"/> State Government Scheme / Grant | | |
| <input type="checkbox"/> Autonomous Bodies under administrative control of Central/State government | | | | |
| <input type="checkbox"/> Urban Local Bodies - Municipal Corporations/Urban Development Authorities | | | | |
| <input type="checkbox"/> Local Governments - Gram Panchayat/Taluk Panchayat | | | | |

6. Annual Turnover (Actual/Expected)

Up to ₹1 Cr ₹1 Cr-₹25 Cr Above ₹25 Cr

7. Date of Establishment/Incorporation

8. Country of Incorporation

9. City of Incorporation

10. PAN No. (If not available, attach form 60) 11. Form 60 attached (For association): Y N

12. TIN No. 13. GSTIN No.

14. Banking Relationships

i. Accounts with other Banks (applicable only for current accounts)

| Bank | Branch/Address | Account Type |
|------|----------------|--------------|
| | | |

ii. I/We have credit facilities from other Bank: Y N If Yes, fill in the following details (applicable only for current accounts)

| Bank & Branch | Facility | Amount |
|---------------|----------|--------|
| | | |

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

15. TDS Applicable Y N

If No, attach the following documents Form 15G/15H
 Income Tax Exemption Certificate/Letter from IT Department for the financial year

B. Product Details

1. Please open my/our Account as per details below

- FD Plus Cumulative (No WDL) - 411 FD Plus Non-Cumulative (No WDL) - 412 Digital Business Account - 271
- Bulk FD Cumulative - 431 Regular FD Cumulative - 409 Money Back Business Account - 274
- Bulk FD Non - Cumulative - 432 Regular FD Non - Cumulative - 402 SMART Money Business Account - 275
- Regular Business Account : 270 TASC Savings -141 Liquid Plus FD (Bulk): Cumulative - 426
- Premium Business Account : 273 TASC Business Account - 231 Liquid Plus FD (Bulk): Non-Cumulative - 427
- Liquid Plus FD (Retail): Non-Cumulative - 428 Liquid Plus FD (Retail): Cumulative - 429

2. In case of Fixed Deposit#

- FD Plus (No Premature withdrawal)
- a) Period Days
- b) Interest Payable Monthly Quarterly Half Yearly Yearly Cumulative
- c) Credit Interest to A/c No. with Jana Small Finance Bank/Other Bank.....Branch.....IFSC
- d) On Maturity,
 - i. Auto Renewal* Y N Renew Principal Only Renew Principal with Interest
 - *In case of no payout/renewal instruction, term deposits will be renewed with original tenor.
 - ii. Credit the proceeds to A/c No. with Jana Small Finance Bank/Other Bank.....Branch.....IFSC
- e) Enable additional facilities: Sweep out
Sweep out Account No.

3. In case of Recurring Deposit#

- a) Monthly Installment Rs.....
- b) Period Years Months
- c) Standing instruction for Monthly Installment, if any: Debit A/c No
- d) Date of Execution of Standing Instruction
- e) On Maturity, Credit proceeds to A/c no with Jana Small Finance Bank/Other Bank.....Branch.....IFSC

#Wherever customers hold standalone Term Deposits (Fixed Deposits & Recurring Deposits) and do not have Saving / Current Account with Jana Bank, in respect of Term Deposits maturing on a clearing holiday (when NEFT/RTGS are not available), the close proceeds will be credited to the designated bank account on the next available clearing day as per set maturity instruction. In such cases the bank will pay interest at the original intervening days.

4. Mode of Operation

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

C. Contact Details

1. Address for Correspondence

| | |
|----------------|--|
| City/Town | |
| District/State | |
| Pin Code | |
| Country | |
| Telephone No. | |
| Mobile | |
| Fax | |
| Email ID | |

(The above Email id would be used in case opted for email statements)

2. Registered Office Address (Please tick in case registered address is the same as mailing address)

| | |
|----------------|--|
| City/Town | |
| District/State | |
| Pin Code | |
| Country | |
| Telephone No. | |
| Mobile | |
| Fax | |
| Email ID | |
| CIN No. | |

3. Email Statement Required: Y N

4. Please register for SMS Alert: Y N If Yes, Mobile No

5. Cheque Book Required: Y N

6. Corporate Internet Banking Required: Y N If Yes, Access type View Transact (If transact, please fill flowchart in page 6 in AOF)

7. Debit Card Required (applicable only for sole proprietorship): Y N If Yes, Personalised Card Required: Y N

Name as desired on the Debit Card

D. KYC Document Details of the Firm

| Particulars | Document Name | Document No. | Issuing Authority | Expiry Date |
|-----------------------|---------------|--------------|-------------------|-------------|
| ID Proof | | | | |
| Address Proof | | | | |
| Legal Existence Proof | | | | |

E. Initial Funding Details

a) Amount: Rs..... Mode of Payment: Cash Cheque

b) Cheque No.....Date.....Bank.....Branch.....

c) If Direct Debit, Debit Account No..... Debit Account Name.....

d) If NEFT/ RTGS

Payment Bank..... Branch.....

Debit Account No Debit Account Name.....

UTR No. Transaction Date.....

F. Declaration (Applicable to all customers)

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

1. I/We have read and understood the terms and conditions and Schedule of Charges governing the opening of the account with Jana Small Finance Bank and those relating to various services including, but not limited to ATMs / Debit card / Net banking / Phone banking / Jana Cash Wallet mentioned here under and more in detail mentioned at www.janabank.com and agreed to abide by the same.
2. I/We agree to be bound by all terms and conditions including limiting / excluding Bank's liability, and the changes thereto in Terms and Conditions from time to time relating to my/our account as communicated and made available on the Bank's website.
3. I/We hereby give my/our express consent Jana Small Finance 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.
4. In the event of death of any one of the depositors, premature encashment of term deposits would be allowed to the surviving account holders at their joint request. Payment to survivors gives valid discharge to the bank. The survivor would be receiving the payment from the Bank as trustee of the legal heirs of the deceased depositor i.e.: such payment to survivors shall not affect the right or claim which any person may have against the survivor(s) to whom the payment is made. Such premature withdrawal shall not attract any penal charges as on date.
5. It is stated that any and all claims, matters and disputes are subject to the laws as prevalent in India and jurisdiction of the competent courts in Bengaluru only.
6. I/We hereby declare that the information furnished above is true & correct & to the best of my / our knowledge.
7. I/We agree that the Bank may send communications/letters etc. to me / us, through courier/messenger/mail or through any other mode at its discretion and the Bank shall not be liable for any delay arising there from.
8. **FCRA declaration:** Incase of the Entity accepting / receiving any Foreign Contributions, customer's need to comply to Foreign Exchange Management Act of 1999 (FEMA) and Foreign Exchange Contribution (Regulation) Act of 1976 (FCRA)
9. Charges/fees may be waived off/ discounted/ negotiated at the discretion of the manager in charge in cases where such charges/fees are charged in excess of the requirement or for any other reasons as may be appropriate.
10. In case of premature withdrawal of the deposit, the Interest rate applicable for premature closure will be lower of the rate for the original /contracted tenure for which the deposit has been booked OR the rate as prevailing on the date of deposit for the tenure for which the of deposit has been in force with the Bank, minus premature withdrawal penal rate as follows: (1) Recurring deposit - 0.5% (2) Fixed Deposit less than INR 200 Lakhs - 0.5% (3) Fixed Deposits greater than or equal to INR 200 Lakhs - 1%
11. Penal charges shall not be applicable for Liquid Plus Fixed Deposit.
12. I/We hereby declare that, I/We have fully understood the "No Premature Withdrawal Deposit" product and its features. I/We understand that (1) Auto Renewal facility is not available for this product and (2) Pre-mature withdrawal of the deposit is not allowed before the expiry of the term except in case of death of the account holder or on order from statutory and/or regulatory authority.
13. Partial withdrawal of Term Deposit is not allowed.
14. For delayed and/or missed monthly payment of recurring deposit: (1) Penalty of Rs. 1.5 per Rs. 100 on the instalment amount will be levied (2) This penalty will be levied on actual basis i.e. on the number of days of delay (3) Grace period of 5 days will be provided to the customer to make the instalment payment to avoid the penal charges.
15. Bank reserves the right to close the recurring deposit in case the customer misses 5 consecutive recurring deposit instalments.
16. TDS will be applicable as per under Sec 194 N.
17. I/We hereby declare/undertake to inform the Bank, as and when the total credit facilities availed by me/us from the banking system reaches >=Rs. 5 Crores.
18. I hereby agree to Jana Small Finance Bank / Subsidiaries / Affiliates / Agents / Third Parties contacting me for various other product/offering updates, marketing promotions, special offers or any such information from time to time.
I do hereby give my consent to receive such information through Phone Calls Y N SMS Y N Email Y N
19. 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.

| | | |
|--|--|--|
| Signature | Signature | Signature |
| | | |
| _____ Authorised Signatory (Name & Desig) | _____ Authorised Signatory (Name & Desig) | _____ Authorised Signatory (Name & Desig) |
| Signature | Signature | Signature |
| | | |
| _____ Authorised Signatory (Name & Desig) | _____ Authorised Signatory (Name & Desig) | _____ Authorised Signatory (Name & Desig) |

To be signed by signatories authorized to operate the account as per mode of operation. (With seal)

G. Declaration for Sole Proprietorship Firm

Referring to the opening of account with you, I (Name and Address) declare that I am the sole proprietor of (Name of the Firm) and am solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

_____ Date

_____ Signature (Without Seat)

H. Declaration of Partners (All)

Referring to our application for opening of an account, we declare that we, the undersigned, are the only partners in.....
..... (Name of the Firm) which is registered under the provisions of the Indian Partnership Act with Registrar of Firms at as No..... dated..... We confirm that we are jointly and severally responsible for liabilities thereof. We shall advise you in writing of any change that takes place in the partnership and all the present partners will be liable to you or any obligation which may be standing in the firm's name in your books on the date of receipt of such notices and until all such obligations shall have been liquidated.

Name:Date: Signature:Seal: Place:

Name:Date: Signature:Seal: Place:

Name:Date: Signature:Seal: Place:

Name:Date: Signature:Seal: Place:

(To be signed by all the partners in individual capacity.) (In case of more Partners please use a separate form.)

I. Draft of Board Resolution to be submitted by Limited Companies (in the letter Head of the Company)

"We hereby certify that the following resolution of the Board of Directors of the
..... (Company), was passed at a meeting of the Board held on the(date) at (Place) and has been duly recorded in the Minutes Book of the..... company. "Resolved that a Saving/Current/Fixed Deposit account for the company be opened with Jana Small Finance Bank, and that the said Bank be and is hereby authorized to honour Cheques, Bills of exchange and Promissory notes drawn accepted or made on behalf of the company by and to act on any instructions so given relating to the account, whether the same be over drawn or not, or relating to the transactions of the company. Further the following officials as authorized by the Board shall operate the account (Jointly /severally etc.)

Signature & Seal

Signature & Seal

Signature & Seal

J. Draft Specimen for Resolution for TASC/Sec 8 Company (on the letterhead)

Resolution passed by the Trustees/management committee of the.....at their Meeting held on the.....day of20..... at(place)

- a. A current / savings account / fixed deposit to be opened in the name of..... with Jana Small Finance Bank.
- b. The account to be operated upon and cheques thereon be signed and all instruction regarding the Account be given by all/any (insert the number as authorized by the Entity Documents or permitted by Head Office) of the following authorized signatories.
- c. As and when any change takes place in authorized signatories, the bank be advised about such changes and a fresh resolution regarding the operations of the account will be forwarded to the Bank forthwith.
- d. This resolution be forwarded to the bank along with the specimen signature of the Authorised signatories and will remain in force until the receipt by the bank of the advice about the change in authorized signatories.

Authorised signatories (for the Entity)

Signature & Seal

Signature & Seal

Signature & Seal

K. Draft Specimen Resolution/Authorization/Mandate Letter to be issued by Government Dept/Board/ULB/Local Government (Taluk /GP)/Autonomous Body under administrative control of Central/State Govts

(to be taken on the letter head / sheet under seal and signature of competent authority)
It has been resolved / decided by the competent authority / governing board in its meeting held on the.....day of 20..... at (place)

- a. A current / savings account / fixed deposit be opened for (entity name) in the name of "....." (account title) with Jana Small Finance Bank.
- b. The account to be operated upon and cheques thereon be signed and all instruction regarding the Account be given by the undersigned / authorized signatories (list of authorized officials with name, designation and signature to be furnished)
- c. As and when any change takes place in authorized signatories, the bank be advised about such changes and a fresh resolution/authorization/mandate letter regarding the operations of the account will be forwarded to the Bank forthwith.
- d. This resolution/authorization/mandate letter be forwarded to the bank along with the specimen signature of the Authorized signatories and will remain in force until the receipt by the bank of the advice about the change in authorized signatories.

L. Draft Board Resolution to be submitted for availing Corporate Internet Banking Facility (in the letter head of the company).

Certified true copy of the resolution passed at the meeting of the Board of directors/Board of Trustees/Co-operative Society/ Associations of Persons/Club held on.....(Date) at(Place). The Chairman explained the Board / Board of Trustees/ Committee the benefits of availing internet banking facility provided by Jana Small Finance Bank in respect of the Current Account of the Company/Trust/Society/ Association of Persons/Club Account No.....with its branch at..... The Board / Board of Trustees / Committee after discussion decided to apply for the internet banking facility and passed the following Resolution "Resolved the consent of the Board / Board of Trustees / Committee be and is hereby given for availing the internet banking facility in respect of a Current Account No.....of the Company/Trust/Society/Association of Persons/Club maintained with Jana Small Finance Bank at its.....branch for only viewing of all bank accounts/viewing and transaction of all bank accounts" (strike whichever is not applicable).

The following Officials/Employees are authorised to operate the accounts. We request you to allot them User IDs to avail Jana Small Finance Bank's Internet Banking services. We understand and agree that all the transactions/actions done by such Users shall be binding on us.

Corporate User Details

| S.No | Name | Designation | View Only/Maker/Authoriser | Approving Limit (Rs.) |
|------|------|-------------|----------------------------|-----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Please activate internet banking facilities as above for the following accounts.

A/C No. :

A/C No. :

A/C No. :

A/C No. :

"Resolved further that Mr./Ms....., are hereby authorised to apply to Jana Small Finance Bank for and on behalf of the Company/Trust/Society/Association/Club and to operate the aforesaid account through internet banking."

Signature & Seal

Signature & Seal

Signature & Seal

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 Y N
- g) Customer address visited and verified on
- h) I confirm that the customer has signed in my presence.

| Name of the Employee | Employee No. | Signature | Date |
|----------------------|--------------|-----------|------|
| | | | |

Certification by 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
S.S. No:

Signatory 1

Name

Existing Jana Small Finance Bank customer Yes No

CRN No. (If yes)

Gender M F T

DOB

Nationality

Designation

PAN

Form 60 Y N

Aadhaar No.

Aadhaar Enrolment No.

DIN

Mother's Maiden Name:

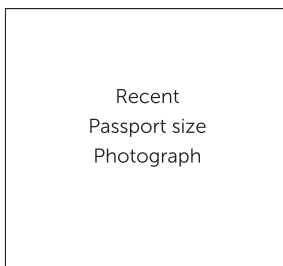
Mobile No.

Address

Pin Code

Email

| Particulars | Address Proof | ID Proof |
|----------------|---------------|----------|
| Document Name | | |
| Document No. | | |
| Date of Expiry | | |



Signature

Signatory 2

Name

Existing Jana Small Finance Bank customer Yes No

CRN No. (If yes)

Gender M F T

DOB

Nationality

Designation

PAN

Form 60 Y N

Aadhaar No.

Aadhaar Enrolment No.

DIN

Mother's Maiden Name:

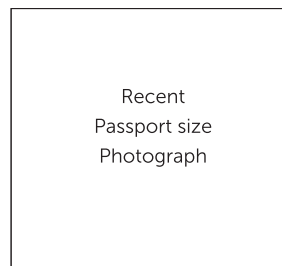
Mobile No.

Address

Pin Code

Email

| Particulars | Address Proof | ID Proof |
|----------------|---------------|----------|
| Document Name | | |
| Document No. | | |
| Date of Expiry | | |



Signature

Signatory 3

Name

Existing Jana Small Finance Bank customer Yes No

CRN No. (If yes)

Gender M F T

DOB

Nationality

Designation

PAN

Form 60 Y N

Aadhaar No.

Aadhaar Enrolment No.

DIN

Mother's Maiden Name:

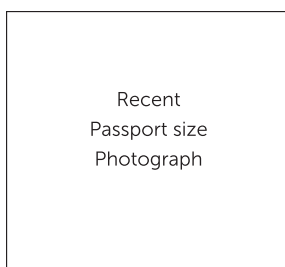
Mobile No.

Address

Pin Code

Email

| Particulars | Address Proof | ID Proof |
|----------------|---------------|----------|
| Document Name | | |
| Document No. | | |
| Date of Expiry | | |



Signature

Signatory 4

Name

Existing Jana Small Finance Bank customer Yes No

CRN No. (If yes)

Gender M F T

DOB

Nationality

Designation

PAN

Form 60 Y N

Aadhaar No.

Aadhaar Enrolment No.

DIN

Mother's Maiden Name:

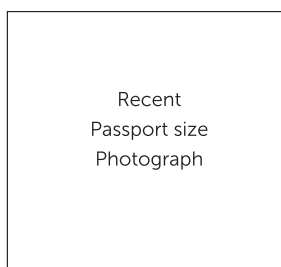
Mobile No.

Address

Pin Code

Email

| Particulars | Address Proof | ID Proof |
|----------------|---------------|----------|
| Document Name | | |
| Document No. | | |
| Date of Expiry | | |



Signature

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 25% of total shareholding of the entity in case of company/ firm, and no one holds more than 15% in case of Trust/ Association/ Societies/ Clubs

II. Non Exempt Category

(A). Shareholding Pattern:

| Sr. NO. | Name of Shareholders | % of share | Mention reason if belongs to exempt entity# |
|---------|----------------------|------------|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

(B). Details of ultimate natural persons ultimately holding 25 % or more shares or exercising ultimate control over the company*

| Sr. NO. | Name | DOB | Nationality | Residential Address | DIN/ PAN/ Name & No. of other ID proof | % of share |
|---------|------|-----|-------------|---------------------|--|------------|
| 1. | | | | | | |
| 2. | | | | | | |

-OR-

C). We hereby declare that no natural person is holding 25 % or more shares/exercise control in the company 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:

| Sr. NO. | Name | Designation | DOB | Nationality | Residential Address | DIN/ PAN/ Name & No. of other ID proof |
|---------|------|-------------|-----|-------------|---------------------|--|
| 1. | | | | | | |
| 2. | | | | | | |

_____ Date

_____ Signature

(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.

Acknowledgement

We acknowledge the following:

1. 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. Initial Funding Details:

| Amount | Cash/cheque no.(Date and Bank details to be provided) |
|--------|---|
| | |

For Jana Small Finance Bank
Authorized Signatory

These documents may vary in case of any changes in the existing regulations. Please refer the latest KYC policy for any clarification. (All individuals who are authorized to operate the account (Proprietor, Partners, Directors, Authorised Signatories etc. MUST provide separate identity and address proof in conformity with the details furnished in the application form.)

| Constitution | Document | Tick the appropriate box |
|-------------------------------|--|--|
| Proprietorship | 1. PAN Card / Form 60 / AND 2. Any two of the following: a. Sales Tax / GST / Professional Tax certificate / Shops & Establishments Registration Certificate /Registration certificate by any statutory or regulatory authority b. Acknowledged IT return with Firm's address c. Importer Exporter Code (IEC) issued by the Directorate General of Foreign Trade (DGFT) d. Latest telephone bill / Electricity bill / gas bill in the name of the firm | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Partnership | 1. PAN Card / PAN Intimation Letter / GIR No / Form 49. AND 2. Partnership Deed AND 3. Any one of the following: a. Shops & Establishments Registration Certificate b. Certificate of enlistment / licence/ GST/ CST certificate/ shop allotment letter by local authorities c. Importer Exporter Code (IEC) issued by the Directorate General of Foreign Trade (DGFT) d. Latest telephone bill/Electricity Bill in the name of the firm e. Latest Bank account statement from Existing Current Account held with Nationalized / Pvt. Sector or Foreign Bank along with initial pay Cheque from same account f. Latest available Income Tax assessment order / Wealth Tax Assessment Order in the name of Entity along with printout from PAN website / Acknowledged IT return with Firm's address g. Sales Tax/Service Tax/Professional Tax Registration Certificate | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Limited Liability Partnership | 1. PAN Card / PAN Intimation Letter / GIR No/ Form 49. AND 2. LLP Deed AND 3. Any one of the following: a. Shops & Establishments Registration Certificate b. Certificate of enlistment / license GST/CST certificate/ shop allotment letter by local authorities c. Importer Exporter Code (IEC) issued by the Directorate General of Foreign Trade (DGFT) d. Latest telephone bill/Electricity Bill in the name of the firm e. Latest Bank account statement from Existing Current Account held with Nationalized / Pvt. Sector or Foreign Bank along with initial pay Cheque from same account f. Latest available Income Tax assessment order / Wealth Tax Assessment Order in the name of Entity along with printout from PAN website / Acknowledged IT return with Firm's address g. Sales Tax/Service Tax/Professional Tax Registration Certificate | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Trusts | 1. Certified true copy of Trust Deed 2. List of names of all Trustees and Office Bearers and their KYC 3. Resolution signed by the Managing Trustee /any two trustees/person authorized by trustees 4. PAN Card / GIR No /Form 49 5. Proof of address of the Trust (only if the address varies from that in the trust deed, like latest Telephone/Electricity bill /Registered Rent Agreement/Latest Bank account statement/ Affiliation letter from AICTE/CBSE/ICSC/Any relevant Board/ Letter from the Mother Trust/Pan intimation letter) 6. Certificate of Registration, if registered and subject to state laws applicable to Trusts 7. 12 AA along with nil IT return (only for SB account) 8. Any communication from Local bodies/any Govt authority | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| Constitution | Document | Tick the appropriate box |
|--------------------------|--|--|
| Association/club/Society | 1. Certified true copy of Bye-Laws 2. Certified true copy of Registration Certificate (if registered) 3. List of names of office bearers 4. PAN Card / GIR No /Form 49 5. Resolution signed by the Chairman / President /secretary/any two governing body members 6. Proof of address of the association/ club/ society only if the address is other than registered address (like latest telephone/electricity bill /Registered Rent Agreement/Latest Bank account statement/ Affiliation letter from AICTE/CBSE/ICSC/Any relevant Board/Letter from the Mother entity /Pan intimation letter / Latest available Income Tax assessment order / Wealth Tax Assessment Order)/ Bank account statement(Stamped and signed by respective bank in all the pages | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Limited Company | 1. Certified true copy of Certificate of Incorporation 2. Certified true copy of Memorandum & Articles of Association 3. List of directors and copy of Form 32 (if directors are different from AOA) 4. Board Resolution to open and operate the account 5. PAN Card / GIR No/TAN allotment letter (of entity) 6. Proof of address of the firm (like latest telephone/electricity bill/PAN intimation Letter/Sales Tax/Service Tax/Professional Tax Registration Certificate/Form 18) 7. Certified true copy of Certificate of commencement of business (public limited company) 8. List of shareholders holding more than 25%in the Company (on letterhead) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Financial Institution | 1. Copy of RBI Licence/ SEBI registration certificate/IRDA registration/PFRDA registration 2. Resolution Signed by MD / Company secretary /any two directors or Copy of extract of resolution attested by any two signatories 3. Copy of Bye Laws/ AOA/MOA/trust deed as applicable 4. PAN Card / GIR No/TAN allotment letter (of entity) 5. List of directors/ beneficial owners /share holding pattern (as applicable) 6. Address proof (like latest telephone/electricity bill /Registered Rent Agreement/Latest Bank account statement) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Government Department / Organization/ Corporation /Agency / Board / ULB / Local Government (Taluk / GP) / Autonomous Body & Others

(All the following documents to be collected)

- Resolution or Authorization Letter or Mandate Letter by competent authority to open account and list of authorized signatories to operate the account.
Competent authority is an official/ drawing authority/ department head who is empowered to open account through delegation of powers. If the competent authority and account opening/operating authority is one and same, the same needs to be mentioned in the Resolution or Authorization or Mandate Letter. The Resolution or Authorization or Mandate is to be obtained on letter head or sheet with signature and seal.
- Identity proof of authorized signatories - PAN/ Aadhar/ DL/ Passport/ Voter ID Card/ Ration Card or the employee identity card issued by organization/department.
Identification of authorized signatories should be based on photographs and signature as attested by competent authority in the AOF or Resolution or Authorization Letter or Mandate Letter. For cases where authorized signatory and competent authority is one and same, the identification of the said official is to be done by obtaining copy of extract from the government website or gazette notification or posting order.
- Certificate of Incorporation / Registration, Byelaws (if applicable).
- PAN Card of the department/corporation/body/agency/board/local authority. In case of non-taxable entity/authority, a self-declaration on not having PAN to be obtained.
- Address proof of the department/corporation/body/agency/board/local authority – Latest Telephone Bill/Electricity Bill/Property Tax Bill (not more than 3 months old) or any government issued document showing address of the unit / Bank account statement(Stamped and signed by respective bank in all the pages

Public Sector Enterprises (all the following documents to be collected)

- Certificate of incorporation
- Memorandum & Articles of Association
- Resolution of the Board of Directors to open an account and list of officials authorized to operate the account
- Identification of authorized signatories should be based on photographs and signature cards duly attested by the company
- Power of Attorney, if granted, to its managers, officers of employees to transact business on its behalf
- Copy of PAN/TAN/TIN allotment letter or /card / any government issued document showing address of the unit.
- List of directors and copy of Form 32 (if directors are different from AOA)
- Certified true copy of Certificate of commencement of business (public limited company)
- Address proof - Latest Telephone Bill/Electricity Bill/Property Tax Bill (not more than 3 months old) or any government issued document showing address of the unit /Declaration by Senior Govt. official on letterhead / Bank account statement(Stamped and signed by respective bank in all the pages