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Aadhaar Consent

1) I intend to open______account/s with your Bank. As part of the account opening process and KYC documents, 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 • We are submitting Aadhaar number as part of KYC but not authenticating with UIDAI and necessary KYC documents are submitted by me. 2) 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 requirement of law. 3) I hereby declare that all the above information voluntarily furnished by me is true, correct, and complete.

CKYC Consent

I hereby authorize you to retrieve the KYC records online from the CKYCR using the KYC Identifier and the customer shall not be required to submit the same KYC records or information or any other additional identification documents or details, unless – i. there is a change in the information of the customer as existing in the records of CKYCR; ii. the current address of the customer is required to be verified; iii. the RE considers it necessary in order to verify the identity or address of the customer, or to perform enhanced due diligence or to build an appropriate risk profile of the client.

PEP Consent

Are you a Politically Exposed Person

Yes

No (If Yes, please provide details .

Signature(s)/Thumb impression(s) of Applicant

_)

FATCA - CRS Declaration Please tick the applicable tax resident declaration (Any one)*

I am a tax resident of India and not resident of any other country OR I am a tax resident of the country(ies) mentioned in the table below: Please indicate the country(ies) in which the entity is a resident for tax purposes and the associated Tax ID Number below:

City of Birth*	ne country(les) in which the en		ry of Birth		Address Type for Tax Pi	urpose: Residential Business Registered Office
Country [#]	Tax Identification Number [%]		tification Type er, please specify) [%]	Address for T	· _	rmanent Address Please note the address below
				Landmark		
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kindly provide fu along with the F	nctional equivalent ^S FATCA - (ATCA - CRS Instructions and ⁻ correct, and complete and he	CRS Certification: Terms & Condition	I have understood the in ns) and hereby confirm t	formation requ	irements of this Form ((read
Place:						Signature(s)/Thumb impression(s) of Applicant
Date:						
 Origin (State w 2. Date of arrival 3. Particulars of a (An attested cc 4. Do you continu 5. Foreign Currer 6. Type of Accour I hereby declare 	ion EFC Account in my name. The r whether you are of Indian origin in India to become a resident residence outside India: Count opy of the relevant pages of th use to have any employment or have (ies) in which RFC Account(it desired (Savings Account, Ci e that I have gone through the correct and I am eligible to op	in): in India: ry: e Passport must to business or vocat s) is/are to be ope urrent Account, Fi the provisions of	Period From: pe enclosed.) cion outside India?: If so p ened:USDGBP xed Deposit)	please give full	CAD AUD	
RFC Account und	ler the Scheme as applied. I o	agree that the RF	C Account shall be gover	ned by the RF	C Accounts Scheme and	d the
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2. Account will no 3. Application for The Passport shou 4. Furnishing any 5. Applicant shou person and the fu	vised to read carefully the RFC ot be opened unless full partic m duly filled in and signed mu uld be submitted along with th false information in the applic	ulars are furnished st be accompanie ne application for cation amounts to ars or documents, o the RFC Account	d in the application form d by copies of the relevan verification. a contravention of the Fo as may be required by th are eligible for the purp	nt pages of the oreign Exchang le Bank for the ose.	je Regulation Managen	by the applicant as true copies. nent Act 1999. f that the applicant is an eligible
Mode of Ope	eration					
Self Power of At		er/Anyone or Su er of Authority		mer or Survi nor by Guard	vor ian (Guardian's KYC	Jointly (Debit Card to Primary Holder)
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Deposit Type PAN (1 st Applicar Amount		Recurring	Deposit Period	n) 🔲 (Attach	Citizen Deposit* 15G/15H Form)	Deposit Period Years Months Currency
ähl. •• •• •			Auto-renewal:	Yes No		Auto-renewal: Yes No
*Not applicable for Standing Inst	NRE/NRO Deposits	eposit: T/W/e a				nandatory to fill in payment instructions, if auto-renewal not opted for.
(Rupees	action for Recurring D	eposit. 1/ We do			ny/our operative acc	count no.
· ·	it Interest Payment					
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Monthly			it my Account with SB	M Bank	Account No.:	
Quarterly		Issue	DD/PO		Bank Name & B	Branch
On Maturit	cy (Principal & Interest)	Credi	t my account with oth	ier bank	IFS Code:	

I/We have read and understood the terms, conditions, rules and regulations of the product(s)/service(s) opted for from SBM Bank (India) Limited ("Bank") including the 'Terms of Service' document displayed on the Bank's website www.sbmbank.co.in and I/We accept and agree to abide by the same. The Bank is entitled to amend the 'Terms of Service' document displayed on their website from time to time and the same shall be binding on me/us. I/We declare, confirm and agree that all particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, accurate, complete and up-to-date in all respects and no relevant information has been withheld/suppressed. I/We undertake to provide all updated KYC documents or such other information that the Bank may require from time to time including any change in my/our occupation/postal address and I/We authorise the Bank to conduct such credit checks, references and make enquiries in respect of the application as it may consider necessary in its sole discretion and also authorise the Bank, without any notice to me/us, to share or disclose or exchange or part with all the information, data or documents including any sensitive personal data relating to me/us or my/our application, to other banks/financial institutions/credit bureaus/agencies/statutory bodies/enforcement agencies/such other persons including Bank's affiliates, service providers, counter parties, regulators, authorities as the Bank may deem necessary or appropriate including for use or processing of the said information/data/products by such person(s) or furnishing of the processed information/data/products thereof to other banks/financial institutions/credit providers/users registered/ sister concerns/ its associated group companies/agents/advisers or with such other persons as the Bank deems fit and that I/We shall not hold any person liable for use of this information. I/We hereby give my consent to the Bank to carry out my/our Aadhaar EKYC authentication and to fetch EKYC data from Aadhaar data base. I/We agree to indemnify and keep the Bank indemnified and harmless from and against all and any fraud, loss, costs, demands, claims, damages, expenses (including attorney fees), litigations, proceedings, suits etc. which the Bank may have to suffer, incur or face due to my/our providing any incorrect or incomplete information or failure to communicate any change in such particulars/information or provide true, correct and updated documents. I/We agree and understand that the Bank reserves the right to reject any application without providing any reason. I/We agree and understand that the Bank reserves the right to retain the application forms, and the documents and information provided therewith, including photographs and will not return the same to me/us. I/We authorise the Bank to use my/our contact number mentioned in the form for transactional/promotional/service calls/telemarketing calls/messages by itself or through any appointed agency. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on our registered number/E-mail address. I/We hereby provide our consent to SBM to obtain the Applicant(s) information from Credit Information Company and/or information utility and/or such institution set up under the provisions of law from time to time as and when required.

I/We confirm that I/We have read and understood the above Declaration, and that the details provided on the form are correct.

I/We also confirm that my/our account has been opened by Bank Officer Mr./Ms. ______

____ and I/We have signed in his/her presence.

Note: Do not sign this form if it is BLANK, please ensure all relevant sections and columns are completely filled to your satisfaction and then only sign the form.

Name :			Name :		
	Please paste latest Passport Size photo of the	1 st Applicant Signature		Please paste latest Passport Size photo of the	2 nd Applicant Signature
	1 st Applicant.			2 nd Applicant.	
	Photo to be signed across			Photo to be signed across	
Date :			Date :		

Name :			Name :		
	Please paste latest Passport Size photo of the 3 rd Applicant.	3 rd Applicant Signature		Please paste latest Passport Size photo of the 4 th Applicant.	4 th Applicant Signature
	Photo to be signed across			Photo to be signed across	
Date :			Date :		

Nomination (DA1)/Change of Nomination

Yes, I/We wish to nominate (as per details below)

No, I/We declare that I/We do not wish to make a nomination in my/our account.

Nomination under Sectior nominate the following pe SBM Bank by the account o	rson to w	hom in	the e	vent c	of my	/our/	mino	r's de	eath,	the	amo	ount	of tl	he at	oove	opei	ned /	Acco	unt/F	ixed	Dep	osits	/Rec	urri	ng Ď	epos				[ad	ldres	s is s	if me same ant.	e as c	
Nominee Name*																																				Т

Nominee Address																								\square
DOB of Nominee*				*Re	lati	ons	hip	with	De	posit	tor,	if an	y											

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum._

(name, address and age) 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.

Date: D D M M Y Y Y Y

Place:

Signature(s)/Thumb impression(s) of 1st Applicant

Signature(s)/Thumb impression(s) of 2nd Applicant

Signature(s)/Thumb impression(s) of 3rd Applicant

Signature(s)/Thumb impression(s) of $4^{\mbox{\tiny th}}$ Applicant

Signature(s)/ I numb impression of 1 witness

Signature(s)/Thumb impression of 2 witness

For Bank use	only																																		
CASA A/c Reimbursement / FD/RD/PPF/SSA	A/c/KGC	CA		Proc	luct (Code			Accou	nt Nu	ımbe]					Pr RC		o Co +		ianc	:e		.=N]	I] -]		
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UDF 1													UD)F 2				T]						
CUSTOMER SIGNED IN MY PRESENCE Declaration by th		e I her																							otain	ed c			• KYC	gui	delir	nes d	of the	e Ba	nk and
RBI (as amended fr	rom time to	time		-			e dilig Date		to veril	y the	genu	uinene	ess of	the c	ustom	er.T	he ac	cou	int m	ay p				-	n Fir										
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a citizen of Ir				-			•		,	e Cit	izen	iship	Act,	195	5 (57	of 1	.955))					Sig	nat	ure										
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- The attention of the customer is invited to the "Savings Bank Account" Rules as applicable.
- Customer is expected to adhere to and subscribe uniform signature as per the specimen signature recorded with the bank, while operating the account or addressing any
 correspondence to the bank.
- Customer should mention distinctive account number in each transaction with the bank.
- The customer must provide Permanent Account Number (PAN) which is mandatory as per the Income Tax Act from the person(s) opening the account.
- Fresh proof of identity/address has to be furnished to the bank whenever called for.
- The account holder is required to maintain a certain minimum balance in the account, as specified by the bank from time to time depending on classification of account. Non-maintenance of this would attract charges.
- Details with regard to minimum balance to be maintained and the penalty to be levied for non-maintenance are available in the bank's branch notice board and on the bank's website
 www.sbmbank.co.in
- Interest rates are subject to change from time to time.
- Cheque, Dividend warrants, etc. drawn in the name of account holder(s) will only be collected through this account. Instruments endorsed in favour of the account holder(s) will not be
 collected through Savings Bank Account.
- Customer should not route his/her Business transactions through Savings Bank Account. If routed, the bank reserves the right to take requisite action. The bank has the right to close
 any undesirable/un-remunerative account after giving due notice.
- Customer should keep the cheque book in a safe place to avoid any misuse.
- The Customer cannot have any other Savings Bank Account, If he/she has a Basic Savings Bank Deposit Account (BSBDA). If the customer is holding a regular Savings Bank Account, the same needs to be closed within 30 days of opening a Basic Savings Bank Deposit Account.
- Detailed rules are available on the bank's Website www.sbmbank.co.in. The bank reserves the right to amend rules and service charges, which will be available in the bank's branch
 notice board and on the bank's website www.sbmbank.co.in

Term/Recurring Deposit Rules

In the event of the death of the depositor, premature termination of term deposits would be allowed to the joint account holder, nominee, legal heir(s) on production of the relevant documents. Such premature withdrawal would not attract any penal charge.

Mandatory Documents required for

Resident Individual: Photograph (latest), PAN Card or Form 60, Identity Proof (PAN Card, Driving Licence, Passport, Voter's ID Card, others _____ Address proof

HUF: HUF Letter, KYC of Karta and all Coparcener in the account

NRI: Photocopy of valid Passport (featuring Name, Date of Birth, Date & Place of issue, Expiry Date, Photograph & Signature), Passport size Colour Photo, Valid Visa and Work Permit/Contract Letter

PIO/OCI: Photocopy of Current Passport (featuring Name, Date of Birth, Date & Place of Issue, Expiry Date, Photograph & Signature), Copy of PIO or OCI Card. In absence of PIO/OCI Card, the applicant will have to prove that he is a person of Indian Origin and was not a citizen of Pakistan or Bangladesh and the applicant was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955); or The applicant belonged to a territory that became part of India after the 15th day of August, 1947; or The applicant is a child or a grandchild or a great grandchild of a citizen of India or The applicant is a spouse of foreign origin of a citizen of India or spouse of foreign origin of a person referred in the above clauses.

Acceptable Documents for Indian Address Proof: Valid Passport, Driving Licence issued by Regional Transport Authority, Voter ID Card, Job Card issued by NREGA duly signed by an officer of the State, Electricity Bill/Telephone Bill (not more than 3 months old), Government ID Card, Aadhaar Card.

Acceptable Documents for Overseas Address Proof: Address on the Passport, Utility bill (not older than 3 months) i.e. Electricity, Gas, Water, Land line Telephone bill, Overseas/Indian Bank Statement, Rent receipt along with duly stamped/registered lease deed, Letter from Existing banker (account should be minimum 3 months old), Visa/Resident permit/Work permit, Driving Licence, PIO/OCI Card, Letter from Government postal authorities, National ID Card.

Age

years

Nomination Acknowledgement

Date: D D M M Y Y Y Y

1. We acknowledge receipt of Nomination made by you in favour of (Name of Nominee)

With respect to your account number

Yours faithfully,

Signature of bank official with seal

2. No Nominee is registered for the account, since nomination facility is not availed by the account holder.

Account Opening Ackno	wle	dge	eme	ent																															
																						Ap	pl.	Reg	n. I	No.	(Wo	rkflo	ow)						
Primary A/c Holder Name																																			
1 st Joint A/c Holder Name																																			
2 nd Joint A/c Holder Name																																			
3 rd Joint A/c Holder Name		\square																																	
We acknowledge the receipt o	of app	olica	ition	n for	rope	enin	g a		Sa	vings	;		Fi	xed	l De	posi	it	Γ		Cum	ula	tive	De	pos	it			Re	cur	ring	g De	epos	it		
with initial deposit of							t	hro	ıgh		Cas	h	_	Ch	equ	ie			EFT,	/RTC	iS														

SBM private wealth

Annexure 2	2
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Joint Application/POA	
Cust. ID (in case of existing custome	r) I confirm that I do not have any existing Customer ID/Customer IDs apart from the one mentioned. In case found otherwise, Bank reserves the right to consolidate the Customer IDs as it may decide, without any prior notice to me.
Name (Same as ID proof)*	F i r s t N a m e N i d l e N a m e N
Father's Name*	F i r s t N a m e N i d d l e N a m e L a s t N a m e
Mother's Name*	F i r s t N a m e N a m e L a s t N a m e N a m e L a s t N a m e N a m e N a m e N a m e N a m e N a m e N a m e N a m e N a m e N a m e N a m e N a m e N a m a m e N a m a m a m a m a m a m a m a m a m a m a m a
Nationality	Citizenship Citizenship
Local/Overseas Address (for non-resident indians only)	
State	Country PIN
Landmark	
	All communications to be sent on this address (Address Proof Mandatory) Please mention a prominent landmark to ensure that the deliverables reach you.
Permanent Address	
C	
State	Country PIN
Landmark Please mention a prominent landmark	
to ensure that the deliverables reach you.	Same as above All communications to be sent on this address (Address Proof Mandatory)
Date of Birth	D D M M Y Y Y Y Marital Status: Married Single Other Gender: Male Female Trans Gender
Driving Licence No.	PAN PIC /OCT Card No Form 60
PIO/OCI Card Holder Passport No.	Y N PIO/OCI Card No. Addhaar Y N (if Yes, attach photocopy) Date of Issue D M Y Y Date of Expiry D M Y<
Place of Issue	Country of Residence
VISA Ref. No.	
Place of Issue	Type of VISA
Tel. (Res.)*	Tel. (O)* Ext.
E-mail ID*	
Mobile*	
TMP· All SMS alerts (if any) will be sent on t	(Country Code) (Number) Control and Free monthly account statements will be sent on this e-mail address.
Know Your Customer (KYC) I	Document Submitted
Identity Proof	Expiry Date (only for ID Proof, if applicable) D M M Y Y Y
Address Proof	
Joint Application/POA Pr	
Occupation	Salaried Self-employed Retired Politician Student Home Maker Others
If Salaried, Employed with	Proprietorship Partnership Pvt. Ltd. Pub. Ltd. Govt. Others
If Self-Employed since	Years Months Turnover
If Self Employed Professional	Doctor CA/CS Lawyer Architect IT Consultant Others
Source of Funds	Salary Business Investment Inheritance Pension Rent Others Others
Gross Annual Income	1 lac 1-3 lac 3-5 lac 5-7.5 lac 7.5-10 lac 10-15 lac 15-25 lac 25-50 lac 50 lac-1 cr >1 cr
Net Worth	
Education Qualification	Under Graduate Post Graduate Professional
Residential Type	Owned Rented/Leased Ancestral/Family Company Provided
Religion/Caste	
5	
Customer Type	Resident Indian/Non-Resident Indian Senior Citizen Minor Others

Consent & Additional Declarations (Resident Individual, Non Resident Individual)

Aadhaar Consent

1) I intend to open______account/s with your Bank. As part of the account opening process and KYC documents, 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 • We are submitting Aadhaar number as part of KYC but not authenticating with UIDAI and necessary KYC documents are submitted by me. 2) 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 requirement of law. 3) I hereby declare that all the above information voluntarily furnished by me is true, correct, and complete.

CKYC Consent

I hereby authorize you to retrieve the KYC records online from the CKYCR using the KYC Identifier and the customer shall not be required to submit the same KYC records or information or any other additional identification documents or details, unless – i. there is a change in the information of the customer as existing in the records of CKYCR; ii. the current address of the customer is required to be verified; iii. the RE considers it necessary in order to verify the identity or address of the customer, or to perform enhanced due diligence or to build an appropriate risk profile of the client.

PEP Consent

Are you a Politically Exposed Person	Yes	No No	(If Yes, please provide details	_)
Place:				
Date:				Signature(s)/Thumb impression(s) of Applicant

FATCA - CRS Declaration Please tick the applicable tax resident declaration (Any one)*

I am a tax resident of India and not resident of any other country OR I am a tax resident of the country(ies) mentioned in the table below:

Please indicate the country(ies) in which the entity is a resident for tax purposes and the associated Tax ID Number below:	Please indicate the country(ies) in which the entity	/ is a resident for tax pur	rposes and the associated Tax ID Number below:
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City of Birth*			
Country*	Tax Identification Number [™]	Identification Type (TIN or Other, please specify) [%]	Address for Tax Purpose* Communication Address Permanent Address Please note the address below
			Landmark
			PIN: State Country

"To also include USA, where the individual is a citizen/green card holder of USA[®] In case Tax Identification Number is not available, kindly provide functional equivalent ⁵FATCA - CRS Certification: I have understood the information requirements of this Form (read along with the FATCA - CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Place: _____

Date: _

Signature(s)/Thumb impression(s) of Applicant

