

ACCOUNT OPENING FORM : SOLE PROPRIETORSHIP / HUF

(To be filled by applicant only. Please fill the form in CAPITAL LETTERS & BLACK ink only)


 Request you to open Current Savings Term Deposit _____
 Date DDMMYYYY Branch Code _____ (For internal use)
DETAILS OF ENTITY

*FIELDS ARE MANDATORY

 *Entity Name _____
 *PAN No. _____ Form 60 (Please provide Form 49A if PAN applied) Existing Customer ID _____
 Registration No. _____ Valid Till DDMMYYYY (If applicable)
 Document Submitted GST Shop License GSTIN _____ For any exemption please submit relevant document
 IE Code _____ *Date of Incorporation DDMMYYYY Years of existence _____ Doorstep Banking Yes No
ADDRESS
 *Address Line 1 REGISTERED ADDRESS
 Address Line 2 _____ *District _____
 *City _____ *Country _____ *PIN Code _____
 *State _____ Phone No. _____ - _____

 Are you a related party to AU Small Finance Bank, as defined under GST** Yes No *Do you want this account to be seeded with Aadhaar Yes No
 Please tick if same as Registered Address

ADDRESS
 *Address Line 1 COMMUNICATION ADDRESS
 Address Line 2 _____ *District _____
 *City _____ *Country _____ *PIN Code _____
 *State _____ Phone No. _____ - _____

 *Key Contact Person PREFIX FIRST MIDDLE LAST NAME
 Email ID (In Capital Letters) _____
 Physical Statement* Yes No **NOTE** : Email statement, Bank Intimations, Trade advices will be sent by default on registered Email ID, on frequency as applicable. SMS alerts are sent by default (Frequency will be as determined by the Bank)
 For e-statement preference Daily Monthly (by default)
 *Mobile No. of Key Person _____ Passbook Yes No

 *Mode of Operation Single Karta Others _____
 *Line Of Business Manufacturer Service Provider Financial Services Retailer Export/Import E-commerce Infrastructure Trader

 *Entity Type Proprietorship HUF **NOTE** : I/We understand that email statement of account will be sent on a monthly frequency by default to all customers having a registered email ID with the bank, even if physical statement has been opted for.
PROPRIETOR / KARTA
 *Name PREFIX FIRST MIDDLE LAST NAME
 Existing Customer ID _____ *Gender M F T ^ ^Third Gender _____ *DOB DDMMYYYY
 *Marital Status Married Unmarried Others _____ *Citizenship _____
 Maiden Name (if any) * PREFIX FIRST MIDDLE LAST NAME
 *Mother's Name PREFIX FIRST MIDDLE LAST NAME
 *Father's OR Spouse's Name PREFIX FIRST MIDDLE LAST NAME
 Email ID (In Capital Letters) _____
ADDRESS
 *Address Line 1 _____
 Address Line 2 _____ *District _____
 *City _____ *Country _____ *PIN Code _____
 *State _____ Phone No. _____ - _____
 *Mobile No +91 _____ *PAN No. _____ **NOTE** : IF PAN number is not provided, then Father's name of the applicant is mandatory
 ^ The Short name will be printed on Debit Cards, if applicable
 *Aadhaar No. _____ *Short Name _____

 Debit Card Yes No
 (a) Debit Card access not available for joint mode of operation. (b) Visa Debit Cards are activated for international usage. Deactivation of the same can be done through our Customer Care or our branches.

 Internet Banking & Mobile Banking View only (non-financial) Transaction (financial)

 Phone Banking Yes No

 Specimen
 Signature
 without
 Stamp

 Please Paste the
 photograph here

 *Occupation Private Sector Service Public Sector Service Govt. sector Self employed Professional Business
 House wife Politician Others _____

 *Proof of Identity Passport Driving License Aadhaar PAN Voter ID NPR Letter
 Proof of Identification Number _____ Expiry Date DDMMYYYY (If applicable)

35mm x 45mm

AUTHORISED SIGNATORY 1

*Name	PREFIX	FIRST	MIDDLE	LAST	NAME	
Existing Customer ID				*Gender	M F T ^ ^Third Gender	
*Marital Status	Married	Unmarried	Others	*Citizenship		
Maiden Name (if any *)	PREFIX	FIRST	MIDDLE	LAST	NAME	
*Mother's Name	PREFIX	FIRST	MIDDLE	LAST	NAME	
Father's OR Spouse's Name	PREFIX	FIRST	MIDDLE	LAST	NAME	
Email ID (In Capital Letters)						
ADDRESS	*Address Line 1					
	Address Line 2					
	*City	*Country	*District	*PIN Code		
	*State	Phone No.		-		
*Mobile No +91	*PAN No.	NOTE : If PAN number is not provided, then Father's name of the applicant is mandatory ^ The Short name will be printed on Debit Cards, if applicable				
*Aadhaar No.	*^Short Name				Please Paste the photograph here 35mm x 45mm	
Debit Card	Yes	No	Specimen Signature without Stamp			
<small>(a) Debit Card access not available for joint mode of operation. (b) Visa Debit Cards are activated for international usage. Deactivation of the same can be done through our Customer Care or our branches.</small>						
Internet Banking & Mobile Banking	View only (non-financial)	Transaction (financial)				
Phone Banking	Yes	No				
*Occupation	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Govt. sector <input type="checkbox"/> Self employed <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> House wife <input type="checkbox"/> Politician <input type="checkbox"/> Others _____					
*Proof of Identity	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhaar <input type="checkbox"/> PAN <input type="checkbox"/> Voter ID <input type="checkbox"/> NPR Letter Proof of Identification Number _____ Expiry Date DDMMYYYY (If applicable)					

NOMINATION DETAILS –FORM DA 1

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 this Section 45 ZA of Banking Regulations Act 1949, and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in the respect of Bank Deposit. I/We nominate the following to whom in the event of my / our / minor's death the amount of the above opened Account/Fixed Deposit may be returned by AU Small Finance Bank Ltd. The nomination will be applicable for Savings Account Current Account Fixed Deposit

*Personal Details of Nominee *Staff OR *Related to Staff _____ No (if applicable)

*Name	PREFIX	FIRST	MIDDLE	LAST	NAME
ADDRESS	*Address Line 1				
	Address Line 2				
	*City	*Country	*District	*PIN Code	
	*State	Phone No.		-	
Email ID (In Capital Letters)					
Mobile No +91	DOB	DDMMYYYY (If minor)	*Age	PAN	
Aadhaar No.	Relationship with the Depositor, If any				
^As the nominee is a minor on this date, I appoint...					Nominee name to be printed on deliverables* <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	PREFIX	FIRST	MIDDLE	LAST	NAME
ADDRESS	*Address Line 1				
	Address Line 2				
	*City	*Country	*District	*PIN Code	
	*State	Phone No.		-	
Email ID (In Capital Letters)					
*Mobile No +91	Age	*Relationship with Nominee			

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

Deliverables include account statement, passbook etc.

Signatures of Proprietor

***NATURE OF INDUSTRY**

<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Fishing	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Cultural/ Sports	<input type="checkbox"/> Infrastructure/Constructions	<input type="checkbox"/> Food Products
<input type="checkbox"/> Petroleum Products	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Mining	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Medical/Healthcare	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Furniture/Rubber/Plastic	<input type="checkbox"/> Coal	<input type="checkbox"/> Telecom/Post	<input type="checkbox"/> Leather	<input type="checkbox"/> Financial Intermediation	<input type="checkbox"/> Commission/Trade
<input type="checkbox"/> Transportation	<input type="checkbox"/> Computer related	<input type="checkbox"/> Radio/Television	<input type="checkbox"/> Textile	<input type="checkbox"/> Beverages/Tobacco Products	<input type="checkbox"/> Tourism/Hotel/Restaurants
<input type="checkbox"/> NBFC	<input type="checkbox"/> Apparel/Footwear	<input type="checkbox"/> Gems, Jewelry, Precious/Semi-Precious Stones	<input type="checkbox"/> Others _____		

FIXED DEPOSIT

Attach relevant declaration

Pre-mature withdrawal facility required (applicable for Fixed Deposits >= INR 1 Crore only) Yes No **NOTE:** I/We further understand that Sweep-in Facility, if requested will be activated in the same account.

Amount (in INR)	TD Tenure		Rate of Interest %	Interest Payment			Maturity Instructions				
	Months	Days		Monthly	Quarterly	Maturity	Renew Principal & Interest	Renew Principal & Pay Interest	Do Not Renew	Sweep In	

Please Debit New A/c **OR** Existing A/c No. _____ for FD Booking

Maturity Payment Instructions Credit proceeds of the new Term Deposit to my AU Bank Current/Savings account number mentioned above
 Payment instrument to be mailed to registered address (for payable at maturity deposits only)

*Deposit will be reinvestment of interest with maturity instruction as Renew Principal and Interest **Nominee name to be printed on Deposit Advice** Yes No

*TDS Details for FD : Deduct TDS (if applicable) Yes No (If No, attach Income Tax Exemption Letter)

INITIAL PAYMENT DETAILS :

Deposit Amount (in INR) _____ Payment Mode Cash Cheque Internal Transfer Date
 Cheque No. _____ Internal Bank Account No. for Transfer _____
 Drawn on Bank _____ **NOTE :** Cheque should be A/C Payee and payable to "AU Small Finance Bank Ltd. A/c<Applicant Name>"

TERMS & CONDITIONS

I/ We, the undersigned, being customer of AU Small Finance Bank Ltd. (here in after referred to as the 'Bank') hereby confirm that I/We have read, understood and agree to abide and be bound by all the provisions of the Terms and Conditions as displayed on www.aubank.in (#here in after referred to as the 'T & C') which govern, all of my/our accounts, present, past and future, maintained/opened/ to be maintained/to be opened with the Bank from Time to time, and also provisions of the various services/facilities provided at present/that may be provided in future.

I/We understand that the Bank may, at its sole discretion subject to applicable regulatory /statutory / internal guidelines, at any time, and from time to time, add to, alter or modify any of the terms and conditions and that I/We hereby agree to abide and be bound by all such changes, as if they form part of the T & C as at present and that any transaction in my/ our account(s) with the Bank and / or usage of any services by me/us subsequent to such change shall be deemed and tantamount to my/our acceptance of all such changes

I/ We confirm that the authorized signatories as approved by me/ our Board/ partners/ members of the HUF/ Managing Committee, are authorised to operate the account, and any changes in regards to the same will be intimated in writing by me/us. I/ We understand that the above account will be opened on the basis of the declaration made by me/ us. I/ We further agree to indemnify AU Small Finance Bank Ltd. and their successors or assignees if any of the representation and declarations made hereunder by me / us is incorrect, false or misleading in any of its particulars. We further unconditionally and irrevocably authorise AU Small Finance Bank Ltd. to debit our account with an amount equivalent to the fees and charges applicable for the services enjoyed by us. I/ We declare, confirm, agree: a) That all particulars and information given in the application form are true, correct, complete and up-to-date in all respects and I/ We have not withheld any information. b) I/ We have had no insolvency initiated against me / us nor have I/ We ever been adjudicated insolvent. c) I/ We have not at any time defaulted under any loan taken by me / us from any other bank / institution. d) I/ We have read and understood that charges are applicable to the current account facility and hereby agree to bear the charges as revised from time to time by AU Small Finance Bank Ltd., at its sole discretion. I/ We have also gone through the schedule of charges and understood that to be eligible for the concessions, I/ We have to maintain the minimum average balance as indicated in the schedule of charges. In case the account remains overdrawn on account of unrecovered charges, if any, for a period of 3 months and above, the account will be closed and the Bank will not be responsible for giving any advance intimation thereof. I/ We also understand that the continuation of the account is at AU Small Finance Bank Ltd.'s sole discretion and in case AU Small Finance Bank Ltd. is dissatisfied with the conduct of the account, AU Small Finance Bank Ltd. has the right to close the account after giving me/ us 15 days notice or withdraw the concessions in all or any service charges granted to me / us or charge AU Small Finance Bank Ltd.'s applicable rates for such services. I/ We authorise the Bank or its agents to make references/ enquiries as may be necessary and to exchange/ share/ part with any/ all information with credit bureaus/ statutory bodies/ other agencies as may be deemed necessary or appropriate. I/ We hereby indemnify and keep indemnified the Bank from and against all and any costs, charges, claims, disputes and consequences howsoever and whatsoever arising out of issuance and use of the Debit card to the Company. We shall at no point of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid, binding transactions conducted by the firm/ company represented by all its Directors/ Authorised Signatories on the said account.

The Branch of the Bank where my/our account(s) is/are kept(Accountable Branch) is the sole branch of account for repayment of any credit balance in the account(s) and any interest accruing thereon which will only be made at the Accountable Branch and in the currency in which the credit balance is denominated. Accordingly the Bank shall not be required to repay any such credit balance or interest at its head office or any branch other than the Accountable Branch for so long as and to the extent that the Accountable Branch cannot repay the balance or interest due to (a) an act of war, insurrection or civil strife, or (b) an action by the government or any instrumentality preventing such repayment. The competent court within whose jurisdiction the accountable branch is situated shall have exclusive jurisdiction in respect of any claims against the Bank. However this will not affect the Bank's general lien and right of set-off over all my/our accounts at all branches of the Bank and for this purpose the Bank shall be entitled to combine and consolidate all or any of such accounts.

I/We undertake that the Bank can seek my/our latest information and collect the required KYC documents on periodical basis in compliance with applicable regulatory guidelines. I/We will update the Bank in case of any change in my/related party/Beneficial Owner details provided at the time of opening the account which includes address change, change in industry, change of employment, etc.. I/We hereby declare that the transactions relating to foreign exchange routed through your Bank do not involve and are not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made hereunder. I/We also hereby agree and undertake to give such information/documents as well reasonably satisfy you about the transactions in terms of the above declaration.

It is mandatory to maintain Average Monthly Balance (AMB) as prescribed for your savings / current account as prescribed by bank from time to time. Please note charges are applicable if AMB is not maintained. Please refer our website or approach any our branches or phone banking team for Schedule of charges. I/We declare that all the details furnished above are true and correct and I/We undertake to inform you of any changes, there in immediately. In case any of the information if found to be false or untrue or misleading or misrepresenting, I/we may be held liable for it. I/We also confirm that my/our preferred language of communication is English unless confirmed otherwise.

Aadhaar
 I/We hereby give my consent to AU Small Finance Bank Ltd. to obtain my Aadhaar Number, Name and Fingerprint /iris for authentication with UIDAI. Bank has informed me that my identity information would only be used for KYC and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for that purpose of authentication.

GST Guidelines
 a) State of GSTIN and state mentioned in communication address should be the same for correct invoicing. In case of a difference, the communication address is to be modified accordingly before submission of GSTIN details.
 b) The determination of the location of supplier of service is the sole responsibility of AU Small Finance Bank and would be determined basis applicable tax laws. c) **For definition of related party, please visit www.aubank.in/knowledge-center/gst-related-party

Insta Kit Acknowledgement (If applicable)

I/We confirm having received the Welcome Kit in an untampered / sealed condition and confirm that the below deliverable have been received by me. (\$- If applicable)

Welcome Letter 10 Non-personalized cheques Schedule of Charges MSE Booklet¹ Most Important Terms & Conditions

Credit Facility We do not enjoy credit facilities with other Bank/s. We enjoy the following 'credit facility' with other Bank/s (NOC to be provided by other banks)

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

FATCA/CRS Declaration

I/we declare that the entity is tax resident of any country other than India. Yes No The controlling person / ultimate beneficial owner/ proprietor is tax resident of any country other than India Yes No

- (If yes please fill separate FATCA/CRS Form)
- Under penalty of perjury, I certify that:
 - The number shown on the form is the correct identification number of the applicant, and
 - The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the A/c holder is identified as a US person) OR
 - The applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)
 - I/ We understand that the Bank is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.
 - I/ We agree to submit a new form within 30 days if any information or certification on this form gets changed.
 - I/ We agree that as may be required by regulatory authorities, Bank shall be required to report, reportable details to CBDT or close or suspend my account.
 - I / We certify that I/ We provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the applicant.

Certification
 I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA / CRS Terms and Conditions and hereby accept the same.

 Signatures _____
 Signatures _____
 Signatures

Date _____ Place _____ Tear Off

AU Small Finance Bank Ltd. (Acknowledgement / Customer Copy)

Customer Name _____ Amount of INR _____ in Cash /cheque No/Internal Transfer _____

drawn on _____ Minimum Average Balance requirement (Monthly) _____ (Please refer applicable schedule of charges document for charge details)

Variant Name _____ Name of bank official _____

Date _____ Nomination Received : Yes No Signature of bank official (with seal of Bank) _____

SOLE PROPRIETORSHIP FIRM DECLARATION

I refer to the account opened by you in the name of M/s. _____ and declare as under I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes 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 receipt of such notice and until all such obligations shall have been liquidated. I declare that I have an existing account with CA / SB No. _____ with _____ Bank in the name of _____ for the last _____ years. I agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the result of availing of services by me. I agree that all the information disclosed in this document is correct and agree to inform you of any change in the information provided in this form or in related documents. I have furnished to the Bank the Power of Attorney authorizing the person(s) as indicated hereinbefore for operating the account

 Signatures _____ Date _____ Place _____

HUF DECLARATION

I, _____ am the karta of the HUF and the other signatories are adult coparceners of the said HUF. We request the Bank to open an account in the name of HUF. In the event of the account being opened, we the undersigned with the intention of binding all present and future members of the family and also all persons entitled to a share therein in the joint family property as well as our separate estates, agree and undertake to give notice to the bank, at once in writing whenever.

- a) Any change occur in Karta or
- b) On death of a coparceners
- c) There is partition (partial or otherwise of the family) or
- d) If any minor member of the family attain majority

The liability of the joint family and our undertaking and liability as aforesaid shall continue notwithstanding. We all undertake that claims due to the bank from the said HUF shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatories is the Karta, including the share of minor coparceners. We request and authorize you to honor operations and instructions under the signatures (s) of the karta in respect of the operations of the said account including thru channels by the HUF with the bank and all cheques, guarantees or other orders, which may be drawn or bills accepted or notes or negotiable instruments passed on the HUF's behalf or receipts for money owing by bank to the HUF and debit such cheques, guarantee, orders, bills notes or negotiable instruments to the HUF's account with bank whether such accounts be for the time being in credit or overdrawn or may become overdrawn debit, in consideration of which we agree to be jointly and severally responsible for payment of the overdraft and interest.

Declaration : We confirm having read the Terms & Conditions application to Net Banking, Debit Card and other services & accept the same.

Name of Karta _____ Signature _____

ADULT COPARCENER NAME

SIGNATURES

1. _____
 2. _____
 3. _____
 4. _____

MINOR COPARCENERS

1. _____

FOR BANK'S INTERNAL USE ONLY

Risk Level of the applicant based on KYC-AML guidelines: Low Medium High

CA/SA Account Product Code Account No.
 Saving Account Package NA Value Maximum Premium Exclusive
 Current Account Package Basic Value Maximum Premium Exclusive

FD Product Code Account No.

Lead Number

*Whether any Beneficial Owner is a Politically Exposed Person or related to one? Yes No

Promo Code 1
 Promo Code 2
 Promo Code 3
 Promo Code 4

Customer ID Document Submitted
 1st Applicant Entity Proof Add Proof
 e-KYC Yes No Group ID
 LG Code LC Code RM Emp. ID

- No cheque book to be issued
- Insta kit issued
- Passbook
- CPV Initiated

ADDITIONAL BANK USE SECTION

To be filled by the sourcing staff

Customer signed in my presence

Emp. Name & Designation _____
 Emp. Code _____
 Emp. Branch Name _____
 Signature of Sourcing Staff _____

Signature of BSM/ABM/BM _____

To be filled by the ABM/BM, post below authorization

All information (incl. Name and/or signature variation), as specified in the AOF, have been verified & found to be correct. I authorize the mentioned account(s) to be opened

Emp. Name & Designation _____
 Emp. Code _____
 Emp. Branch Name _____
 Signature _____

RPC / CPC Sign, Emp. Code, stamp with date _____

No charges levied for account opening.

We thank you for banking with us and acknowledge receipt of your account opening form.

Form No. _____

The instructions for generating the PIN for your ATM/Debit Card, for carrying out transactions on the ATM, will be stated in the Debit Card Welcome Letter. We request you to maintain confidentiality of the PIN number and the bank would not be held liable for misuse of PIN number.