

SECOND APPLICANT Resident Foreign National #IF APPLICABLE, ATTACH PROOF OF AGE, IF MINOR, GUARDIAN TO FILL THE RESPECTIVE DECLARATION

*Name PREFIX FIRST MIDDLE LAST NAME

*Gender M F T ^ ^Third Gender *DOB DDMMYYYY Existing Customer ID New Customer

*Marital Status Married Unmarried Others #Minor #Senior Citizen *Staff OR *Related to Staff No(if applicable)

Maiden Name (if any *) PREFIX FIRST MIDDLE LAST NAME

*Mother's Name PREFIX FIRST MIDDLE LAST NAME

*Father's Name PREFIX FIRST MIDDLE LAST NAME

Spouse's Name PREFIX FIRST MIDDLE LAST NAME

*Mobile No +91 Telephone No. (R) STD CODE NUMBER Telephone No. (O) STD CODE NUMBER

Email ID (In Capital Letters)

*^Short Name **NOTE** : Email statement will be sent by default, automatically on registered Email ID, on monthly frequency, as applicable. ^ The Short name will be printed on the Debit Card, if applied.

*UID (Aadhaar) *PAN Card Form 60 (Please provide Form 49A if PAN applied)

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

Operating Instructions Single Either or Survivor Minor Under Guardian Anyone or Survivor Jointly Former or Survivor Others

ADDRESS *Address Line 1 PERMANENT ADDRESS Address Line 2 *District *City *State *PIN Code Country

*Address Type Residential Business Reg. Office Residential/Business Others

*Address Proof Passport Driving Licence UID (Aadhaar) NREGA Job Card Voter ID Card Others

Simplified Measure Account - Document Type Code (For internal use) Please tick in case the Communication Address is same as Permanent Address

ADDRESS *Address Line 1 COMMUNICATION ADDRESS Address Line 2 *District *City *State *PIN Code Country

*Address Type Residential Business Reg. Office Residential/Business Others

*Address Proof Passport Driving Licence UID (Aadhaar) NREGA Job Card Voter ID Card Others

Simplified Measure Account - Document Type Code (For internal use) *Citizenship (as per ISO 3166 Codes)

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

If Self Employed Nature of Business Construction Import/Export Agent Restaurant/Bar Gems & Jewellery Stock Broker Logistics / Transport Real Estate Retailer Others Since Years Months Date of Incorporation DDMMYYYY

Type of Company/Firm Sole Proprietorship Partnership Private Ltd. Public Ltd. Others

If Self Employed Professional Profession Doctor CA/CS Lawyer Architect Consultant Others

Education Below SSC SSC HSC Graduate Post Graduate Doctorate Professional degree (CA, CS, CMA etc.) Others

Source of Fund flow Salary Savings Parental Rental / Dividend Others

Annual Income range (in INR) 0 -15k >15 - 25k >25 - 50k >50k - 1 Lac >1 - 2.5 Lacs >2.5 - 5 Lacs >5 - 7.5 Lacs >7.5 - 10 Lacs >10 - 15 Lacs >15 - 20 Lacs >20 - 25 Lacs >25 - 50 Lacs >50 Lacs - 1 Cr. >1 Crore

*Are you a Politically Exposed Person or related to one? Yes No Are you physically challenged? Yes No

*Are you a tax resident in any other country other than India? (If Yes, please fill the FATCA/CRS declaration form separately) Yes No { If Yes, City/Place of Birth

***Proof of Identity (Second Applicant)** (Self-Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted) (\$ - If no PAN Card, please provide Father's Name)

Passport Driving Licence Aadhaar PAN Voter ID NREGA Job Card NPR Letter Others

Proof of Identification No. Expiry Date DDMMYYYY (If applicable)

INITIAL PAYMENT DETAILS **NOTE** : Cheque should be A/C Payee and payable to " AU Small Finance Bank Ltd. A/c-<Applicant Name>"

Deposit Amount (in INR) Payment Mode: Cash Cheque Internal Transfer NEFT/RTGS (from self a/c only)

Cheque No. Date DDMMYYYY REF./Txn./UTR No.

Drawn on Bank Branch

OTHER FACILITIES **ATM / Debit Card:** Do you need an ATM /Debit Card, as per the account variant opted for ? **1st Applicant:** Yes No **2nd Applicant:** Yes No

Please Note: (a) For Bachpan Account, the Debit Card will be offered at a default limit of INR 5,000/- (b) Facility is available only for accounts with operating instructions being Single and Either or Survivor. (c) Visa Debit Cards are activated for international usage. Deactivation of the same can be done through our Customer Care or our branches.

Internet Banking Yes No
(Internet Banking will be provided, by default, to all Debit Card holders)
Doorstep Banking Yes No

Mobile Banking Yes No
Passbook Yes No

Physical Statement Yes Not Required
(Frequency will be as determined by the Bank)
SMS Alert Yes No

NOTE: Internet banking/Debit Card limit will be set at default limit. Please contact our Customer Care or Branch for enhancing the internet banking limit / debit card limit. Internet banking access can be given to all individual customers except to accounts with Joint operations.
 - I/We understand that the facility of getting account statement has been discontinued for passbook registered customers.
 - I/We have read and agree to be bound by the terms and conditions of the Bank. Internet Banking access will only be given to Debit Card users.
 - Mobile Banking access will be available, by default, to all Internet Banking registered customers.
 - Charges for the facilities are applicable as specified in the Terms & Conditions of the respective schedule of charges.
 - 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.

FIXED DEPOSIT **RECURRING DEPOSIT (Please Select)**

Pre-mature withdrawal facility required (applicable for Fixed Deposits >= INR 1 Crore only) Yes No

Operating Instruction Jointly
 Single Either or Survivor
 Minor Under Guardian Former or Survivor

Holding Pattern for FD/RD
 1st Applicant Only 2nd Applicant Only
 1st & 2nd Applicant 2nd & 1st Applicant

In the event of death of depositor, premature liquidation of term deposit will be allowed. Such premature liquidation will not attract any penal charge. In the event of death of one of the joint account holder(s), the right to the deposit proceeds does not automatically devolve on the surviving joint deposit account holder(s), unless there is a survivor clause.
 I/We agree that in case of Joint Term Deposit, with survivorship clause, the Bank shall be discharged by paying the term deposit proceeds prematurely to survivors, on request.
 I/We further understand that Sweep-in Facility, if requested will be activated in the same account.
 Additional Terms & Conditions apply.

Amount (in INR)	FD/RD Tenure		Rate of Interest %	Not Applicable for Recurring Deposit						
	Months	Days		Interest Payment			Maturity Instruction			
				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 RD Installments / 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)

Renew the Fixed Deposit for the same tenure (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/RD: Deduct TDS (if applicable) Yes No (If No, attach Income Tax Exemption Letter Form 15 G/H)

1st Applicant / Thumb Impression Signature

2nd Applicant / Thumb Impression Signature

NOMINATION DETAILS - FORM DA 1 - MANDATORY IN CASE OF SINGLE NAME

**Fields are mandatory

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/Recurring Deposit may be returned by AU Small Finance Bank. The nomination will be applicable for Savings Account Current Account Fixed Deposit Recurring Deposit *Staff **OR** *Related to Staff No (if applicable)

***Personal Details of Nominee**

*Name PREFIX FIRST MIDDLE LAST NAME
 *Address Line 1
 Address Line 2
 *District *City
 *State *PIN Code *Country
 Email ID (In Capital Letters)
 Mobile No +91 DOB D D M M Y Y Y Y (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*** Yes No

Name PREFIX FIRST MIDDLE LAST NAME
 *Address Line 1
 Address Line 2
 *District *City
 *State *PIN Code *Country
 Email ID (In Capital Letters)
 *Mobile No +91 Age *Relationship with Nominee

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

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

Witness 1 Name _____
 Address _____
 Signature _____
 Place _____ Date _____

Witness 2 Name _____
 Address _____
 Signature _____
 Place _____ Date _____

^Leave out it if nominee is not a minor. **Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on the behalf of the minor.
 # Deliverables include account statement, passbook etc.

*Signature**Thumb impression of Depositor

INSTA KIT ACKNOWLEDGEMENT (IF APPLICABLE)

I/We confirm that I/We have received the Welcome Kit in an untampered / sealed condition and confirm that the below deliverables have been received by me/us.
 1) Chequebook with 5/10 Cheque Leaves 2) Debit Card 3) T&C Booklet 4) BCSBI Booklet 5) Welcome Letter (\$ - if applicable)

No charges levied for account opening.

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

Form No _____

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

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.

SIGNATURE MISMATCH DECLARATION

The signature on the ID Proof / Address Proof / Cheque provided is different from my signature on this Form. Please consider the signature on this Form as my updated signature in your Bank records.

Old Signature
as per documents

New Signature
as per Account
Opening Form

TERMS, CONDITIONS & DECLARATIONS

I/We, the undersigned, being customer(s) 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 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

Anti-Money Laundering Regulations

I/We am/are the beneficial owner of all assets run through my/our accounts(s) opened with AU Small Finance Bank Ltd. The beneficial owner of some/all assets run through the accounts is/are name and address of person for whom the accounts are maintained. The competent court, as decided by the Bank 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.

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.

FEMA Declaration

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.

Additional Declarations

I/We understand that it is mandatory to maintain Average Monthly Balance (AMB) as prescribed for your savings / current account as prescribed by bank from time to time. If applicable, the respective account package may be modified as per Bank's discretion and the Bank shall provide a 30 day notice, in advance, before carrying out the applicable changes in the schedule of charges as mentioned on AU Small Finance Bank's website www.aubank.in or available at any of the Bank's branches I/We declare that all the details provided on the above form are correct and I/We undertake to inform the Bank of any subsequent changes immediately.

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am aware that I/We may be held liable for it.

I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I/We also confirm that my/our preferred language of communication is English unless confirmed otherwise. I/We also give my/our consent for receiving product, service and other Bank-related information from AU Small Finance Bank Ltd. on the registered modes of correspondence.

For Salary Accounts

In the event the Employer instructs AU Small Finance Bank to reverse any deposit made by the Employer in the Salary Account within three (3) working days from the date of such deposit, AU Small Finance Bank shall act upon such instruction and the customer will not dispute or hold the bank responsible for any such debits in the customer's account. For this purpose the entity/organization from whom the last salary credit has been received shall be considered as the employer. AU Small Finance Bank shall however not be liable in any manner whatsoever for having acted upon the aforesaid instruction of the Employer.

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

Photo 1st Applicant	Signature/Thumb Impression 1st Applicant	Photo 2nd Applicant	Signature/Thumb Impression 2nd Applicant
Name : _____	Name : _____	Date : _____	Date : _____
Place : _____	Place : _____		

FOR BANK'S INTERNAL USE ONLY

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

Product Code	Account No.	Lead Number
CA/SA Account		Promo Code 1
FD/RD		Promo Code 2
Saving Account Package	NA <input type="checkbox"/> Value <input type="checkbox"/> Maximum <input type="checkbox"/> Premium <input type="checkbox"/> Exclusive	Promo Code 3
Current Account Package	Basic <input type="checkbox"/> Value <input type="checkbox"/> Maximum <input type="checkbox"/> Premium <input type="checkbox"/> Exclusive	Promo Code 4

Customer ID	Document Submitted	RM Emp. ID
1st Applicant	<input type="checkbox"/> ID Proof <input type="checkbox"/> Add Proof <input type="checkbox"/> Photo	<input type="checkbox"/> No cheque book to be issued <input type="checkbox"/> Insta-Kit issued
2nd Applicant	<input type="checkbox"/> ID Proof <input type="checkbox"/> Add Proof <input type="checkbox"/> Photo	<input type="checkbox"/> Passbook <input type="checkbox"/> CPV Initiated
e-KYC <input type="checkbox"/> Yes <input type="checkbox"/> No	LG Code	LC Code
Group ID		
For Salary Account (fill all details below*)	*Company Code	*Employee Code
*Company Name _____		

ADDITIONAL BANK USE SECTION

<p>To be filled by the sourcing staff</p> <p><input type="checkbox"/> Customer signed in my presence</p> <table border="1"> <tr><td>Emp. Name & Designation</td><td></td></tr> <tr><td>Emp. Code</td><td></td></tr> <tr><td>Emp. Branch Name</td><td></td></tr> </table> <p>Signature of Sourcing Staff _____</p> <p>Signature of BSM/ABM/BM _____</p>	Emp. Name & Designation		Emp. Code		Emp. Branch Name		<p>To be filled by the ABM/BM, post below authorization</p> <p>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</p> <table border="1"> <tr><td>Emp. Name & Designation</td><td></td></tr> <tr><td>Emp. Code</td><td></td></tr> <tr><td>Emp. Branch Name</td><td></td></tr> </table> <p>Signature _____</p> <p>RPC / CPC Sign, Emp. Code, stamp with date _____</p>	Emp. Name & Designation		Emp. Code		Emp. Branch Name	
Emp. Name & Designation													
Emp. Code													
Emp. Branch Name													
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Emp. Code													
Emp. Branch Name													

Tear Off

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

Customer Name _____ Amount of INR _____ in Cash /Cheque No/NEFT/RTGS/Internal Transfer _____

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

Variant Name _____

Date _____ Nomination Received : Yes No

Name of bank official _____

Signature of bank official (with seal of Bank) _____