

CUSTOMER INFORMATION FILE FOR NEW & EXISTING CUSTOMER

(Part A) (Please fill up all the details in BLOCK letters)

Space for BAR code

Branch: <input style="width: 100%;" type="text"/>	Branch Code <input style="width: 100%;" type="text"/>	Date: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; border: 1px solid black; text-align: center;">D</td><td style="width: 15px; border: 1px solid black; text-align: center;">D</td><td style="width: 15px; border: 1px solid black; text-align: center;">M</td><td style="width: 15px; border: 1px solid black; text-align: center;">M</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Pre-generated Welcome KIT <input type="checkbox"/>	Personalised Welcome KIT <input type="checkbox"/>	Lead Converter Code <input style="width: 100%;" type="text"/>	Lead Generator Code: <input style="width: 100%;" type="text"/>							
CIF ID <input style="width: 100%;" type="text"/>		A/c No.: <input style="width: 100%;" type="text"/>	Emp Code <input style="width: 100%;" type="text"/>							

Pass Port Size Photo

Please sign across photograph

(Signature /Thumb Impression of the 1st Applicant)

Citizenship : Indian <input type="checkbox"/>	Others <input type="checkbox"/>
Customer type: General <input type="checkbox"/>	Staff <input type="checkbox"/> Minor <input type="checkbox"/> Senior Citizen <input type="checkbox"/>
Residential Status : Resident Indian <input type="checkbox"/>	Foreign National <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/>
Gender : Male <input type="checkbox"/>	Female <input type="checkbox"/> Transgender <input type="checkbox"/>
Marital Status : Married <input type="checkbox"/>	Unmarried <input type="checkbox"/> Others <input type="text" value="Please Specify"/>
Category: General <input type="checkbox"/>	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Minority <input type="checkbox"/> Others <input type="text" value="Please Specify"/>
PAN Card <input style="width: 100%;" type="text"/>	
if PAN not available,attach form 60/61 <input type="checkbox"/>	

Personal Details

Prefix <input style="width: 30px;" type="text"/>	First Name <input style="width: 150px;" type="text"/>	Middle Name <input style="width: 150px;" type="text"/>	Surname <input style="width: 150px;" type="text"/>								
Father /Spouse Name <input style="width: 100%;" type="text"/>	Maiden Name <input style="width: 100%;" type="text"/>										
Guardian's Name (In case the Applicant is a minor): <input style="width: 100%;" type="text"/>		Mother Maiden name <input style="width: 100%;" type="text"/>									
Date of Birth <table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; border: 1px solid black; text-align: center;">D</td><td style="width: 15px; border: 1px solid black; text-align: center;">D</td><td style="width: 15px; border: 1px solid black; text-align: center;">M</td><td style="width: 15px; border: 1px solid black; text-align: center;">M</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Relationship with the minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> By Court Order (If yes please affix a copy)		
D	D	M	M	Y	Y	Y	Y				

Contact Details Correspondence

Residence Type : Owned Rented Family Owned Company Provided

Building /Road Name

Village/City/Town P O

District State

Police Station PIN Code

Mobile No + 9 1 Landline No (With STD Code)

Landmark E-mail ID:

Permanent (Same as above) Less then 5 years of occupancy : Yes No

Building /Road Name <input style="width: 100%;" type="text"/>	Village/City/Town <input style="width: 100%;" type="text"/>	P O <input style="width: 100%;" type="text"/>
District <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	
Police Station <input style="width: 100%;" type="text"/>		PIN Code <input style="width: 100%;" type="text"/>
Mobile No <input style="width: 100%;" type="text"/> + 9 1 <input style="width: 100%;" type="text"/>		Landline No (With STD Code) <input style="width: 100%;" type="text"/>

Other Personal Data

Qualification : School Under Graduate Graduate Post Graduate Others

Occupation : Business Self- Employed Retired Salaried Student Agri& Allied Others

If Salaried, employed for: Private Public Sector Govt Others

If Salaried, employed for : Year Month Monthly Income

Nature of the Business: Manufacturing Service Provider Agriculture Real Estate Trader Others

Self-employed Professional : Doctor CA/CS Lawyer Architect IT Consultant Others

KYC Documents :

Document Name	Document No	Expiry Date								
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<table style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; border: 1px solid black; text-align: center;">D</td><td style="width: 15px; border: 1px solid black; text-align: center;">D</td><td style="width: 15px; border: 1px solid black; text-align: center;">M</td><td style="width: 15px; border: 1px solid black; text-align: center;">M</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td><td style="width: 15px; border: 1px solid black; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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Simplified Documents:

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D	D	M	M	Y	Y	Y	Y			

Do not Call : Yes No

Marketing : In our endeavour to serve you better, North East Small Finance Bank communicates from time to time with relevant products and services or promotional offers, please tick on below mode (s) to receive such communication through . Email SMS Telephone None

I have no objection if North East Small Finance Bank may use any of the above information for its own business promotion with me.

Place : _____
Date : _____

Signature of Applicant

" FORM NO. 60 [See second proviso to rule 114B]

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name													2	Date of Birth/ Incorporation of declarant								
	Middle Name																						
	Surname																						
3	Father's Name (in case of individual)										First Name												
	Middle Name																						
	Surname																						
4	Flat/ Room No.								5	Floor No.													
6	Name of premises								7	Block Name/No.													
8	Road/ Street/ Lane								9	Area/ Locality													
10	Town/ City								11	District					12	State							
13	Pin code					14	Telephone Number (with STD code)							15	Mobile Number								
16	Amount of transaction (Rs.)							18	In case of transaction in joint names, number of persons involved in the transaction														
17	Date of transaction																						
19	Mode of transaction: <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other																						
20	Aadhaar Number issued by UIDAI (if available)																						
21	If applied for PAN and it is not yet generated enter date of application and acknowledgement number										D	D	M	M	Y	Y	Y	Y					
22											If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held												
	a) Agricultural income (Rs.)																						
	b) Other than agricultural income (Rs.)																						
23	Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf)								Docume nt code			Document identification number					Name and address of the authority issuing the document						
24	Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)								Docume nt code			Document identification number					Name and address of the authority issuing the document						

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the _____ day of _____ 20 _____

Place: _____

(Signature of declarant)

Note:

- Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable,-
 - in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
 - in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.



Account Opening Form For Resident Depositor/Individuals (Part B) (Please fill up all the details in Block letter)

Branch: _____ Branch Code: _____ Date: _____

Pre-generated Welcome KIT Personalised Welcome KIT A/c No: _____

1st Applicant _____ CIF ID _____
2nd Applicant _____ CIF ID _____

Please open the following A/c in my/our Name:

BSBDA Small BSBDA Regular Savings Salary Recurring Deposit Sanchay A/c
 Term Deposit Current Daily Deposit Premium Savings Special Term Deposit Flexi RD

*Mode of Operation:

Self Single Any two Jointly Jointly by all Either or Survivor Anyone or Survivor Later or Survivor
 Former or Survivor Minor A/c(Above 10 yrs.)operated by the Minor Minor's A/c operated by a Guardian

Facility required

Cheque Facility Required Debit Card Required Name to be printed on the Debit Card _____

Initial Deposit Details:

Amount ₹ _____ Mode of Payment: Cash Cheque Debit A/c _____

Cheque No. _____, Dated: _____ drawn on Bank. _____ Branch _____ Value date: _____

[All Cheques should be crossed A/c Payee and drawn payable to "North East Small Finance Bank Ltd" A/c (Customer's Name)]

Fixed Deposit/ Recurring Deposit Details :

Fixed Deposit/ RD Installment Amount Rs _____ Flexi Installment Amount ₹ _____

Period _____ Years _____ Months _____ Days

Interest Payment : Monthly Quarterly Maturity [Not applicable For Recurring Deposit]

Maturity Instruction : Renew Principal & Interest Renew Principal & Pay Interest Do not Renew [Not applicable For Recurring Deposit]

Payment of the Interest and principal on maturity Credit to NESF Bank A/c No _____

Credit to the Other Bank A/c No.: _____

Bank Name _____

Branch Name _____

Others (Please specify)

IFSC: _____

Services Required: Internet Banking Mobile Banking SMS Alerts# _____ Email Statement _____ # SMS Alert will be sent to the Registered Mobile No.

Email Statement frequency: _____ Daily _____ Weekly _____ Monthly _____ Quarterly _____ Annually _____

Declaration as per FATCA - Are you a Citizen of the US/Green Card Holder/Have Income Taxable in US: Yes No,

If yes, please fill FATCA - CRS Declaration

For Salary Accounts:

I/we confirm the Identity, Photo, Address and Signature of our Employee _____as mentioned in the form. The

Employee Code No. is _____

Name of organisation _____

Name of the Authorised signatory _____

Designation _____

Date _____

Signature of the Authorised Signatory with Company Stamp

Introduction Details :

Introducer Name : _____ Account Opening Date _____

CIF No _____

Residing at current Address Yes No

Introducer Relationship _____

Date _____

Introducer Signature

Nomination facility to be availed: Yes No Nomination if "Yes" fill form DA1, otherwise sign below.

If yes, nominee name to be printed Yes No

NOMINATION FORM DA1

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank Deposits.

I/we (Names) _____ residing at (Address) _____ nominate the

following person to whom in the event of my/our death, the amount of deposit in the account, particulars whereof are given below may be returned by
North East Small Finance Bank _____ Branch.

Details of the Deposit		Details of the Nominee		Relationship with the Depositor if any	Age	Date of Birth (In case of minor)
Nature of the Deposit	Name	Address				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

As the Nominee is a minor on this date, I/we appoint (Guardian's Name) _____ (Relationship with the minor)

, (Address) _____
(Age) _____ to receive the amount of the Deposit in the account on behalf of the Nominee in the event of my/our death during the minority of the Nominee

Ist Applicant Name.....Signature

2nd Applicant Name.....Signature

Witness 1st Name.....Signature.....

Address.....Place.....Date.....

Witness 2nd Name.....Signature.....

Address.....Place.....Date.....

Declaration.

I/we have read and understood the term and Conditions governing the opening of the account with North East Small Finance Bank and the those relating to various services including but not limited to ATMs/ Debit card/ Internet Banking .I/we accept and agree to be bound by the said Terms and Conditions including those excluding /limiting the Bank's liability. I/we understand that the Bank may at its's discretion, discontinue any of the services completely or partially, without any notice to me/us. I/we agree that Bank may debit my account for Service Charges as applicable from time to time.

I/we hereby consent to share my/our personal details with CKYC Record Registry.

"I/we confirm that I am/we are residents of India. I/we hereby declare that the information furnished above are true and correct to the best of my/our knowledge."

I/we also confirm that my account has been opened by Bank officer Mr./Ms.....and I/we have signed in his /her presence.

Purpose of Opening Account :

Signature/Thumb Impression of the 1st Applicant

NameDate.....

For Illiterates/ Blind

The contents of this form have been understood by me and the same has been explained to me in local language.

Signature of the Witness

Signature/Thumb Impression of the 2nd Applicant

NameDate.....

Thumb Impression of the Applicant

Name

Address.....

.....

For Office Use

I hereby certify that this Account Opening form is complete in all respect. All KYC checks have been completed and relevant documents have been obtained. The account may please be set up in Core Banking System

For North East Small Finance Bank.

Date :

Signature of the Branch Head/Asst. Branch Head with Emp. No./S.S. No.



North East Small Finance Bank
Savings Account – Most Important Terms & Conditions

I / We understand that as a Customer of NESFB, I am/ we are subject to the Terms and Conditions (T&C) and rules of the Bank in force, and the changes made thereto from time to time, as communicated and made available on the Bank’s website, and agree to abide by them. Any changes to the T&C will be available on the website www.nesfb.com only.

Account opening and maintenance: I/We understand and agree that all services, including opening and maintenance of the account with NESFB, are subject to extant guidelines of Reserve Bank of India as well as the Terms & Conditions and internal guidelines prescribed by NESFB from time to time.

I / We understand agree that the Bank before opening any account will carry out a due diligence as required under Know Your Customer Guidelines of the Bank and I / we would be required to submit duly filled and signed-in Account Opening Form along with necessary documents, proofs and information as sought by the Bank. Further, after the account is opened, in compliance with the extant regulatory guidelines, I agree to submit the necessary documents in respect of KYC again at periodic intervals, as may be required by the Bank.

I / We understand and agree that notwithstanding the documents and account opening form provided, the bank reserves the right to accept / reject my / our application and the Bank’s decision in this regard will be final. I / We understand and agree that in the event this account is not opened, and I / we have initially funded the account in cash for Rs.20,000/- or more, the amount will be refunded to me / us in the form of a DD/PO only.

Customer /Account Information: I/we agree that any change in my / our personal information, residential status, address, etc. will be immediately (not later than 2 weeks) informed to the Bank, along with documentary proofs as required.

I / We understand and agree that all information provided by me/us of any nature (including personal & sensitive information) will be used in the provision of services or facilities, facilitation of transactions, providing information and updates (including value-added services), research and analytics, credit scoring, verification, participating in telecommunication or electronic clearing network as may be required by law/customary practice by the bank.

I / We agree that all information provided by me/us of any nature (including personal & sensitive information) can be shared with agencies/service providers, who have an agreement with NESFB for business purpose, on need to know basis. NESFB shall remain committed to comply with the rules and regulations as applicable from time to time in this context in accordance with the bank’s Privacy policy. If at any time I/we intend to revoke my / our consent to the sharing of the data, the products / services available to me/ us, pursuant to the consent provided earlier, shall no longer be available to me/us, and I/we shall be required to initiate closure of such products / services.

I / We understand that NESFB or its officers will never seek sensitive information such as my /our Internet Banking Login ID, Password, Credit/Debit card numbers, Account number/ details etc. over phone or through email or SMS. In case I / we receive a message of this type or telephonic call that appears to be from NESFB, or related to an NESFB product or service, I/we will not respond and report the same to the nearest NESFB Branch or 24X7 Customer Care Number.

Services: I/We understand and agree that all services / facilities will be provided by NESFB on a best effort basis. The complete list of services available to me/ us will be available on Bank’s website www.nesfb.com .

I / We understand and agree that the Bank can at its sole discretion, amend any of the services / facilities given in my / our account either wholly or partially at any time by giving me at least 30 days’ notice and / or provide an option to me to switch to other services /facilities.

I / We understand and agree that the Bank shall not be liable for any damages, losses (direct or indirect) whatsoever, due to disruption or non-availability of any services / facilities due to technical fault / error or any failure in telecommunication network or any error in any software or hardware systems beyond the control of the Bank.

Fees & Charges: I/We understand and agree that I / we shall be liable to pay all charges, fees, interest, costs wherever applicable, which Bank may levy with respect to my account or any transaction or services rendered and the same maybe recovered by the Bank by a debit to my / our account. The Schedule of Charges will be made available on the Bank’s website www.nesfb.com .Service Taxes and other statutory imposts, as applicable from time to time will be levied on all fees.

Change in Fees & Charges: I/we understand and agree that any change/discontinuation of Fees & Charges, Services etc. will be intimated to me at least 30 days in advance through letter/SMS/website/email or other means of communication. However, if any change is made without prior notice, I would be notified of the same within 30 days. If I opine that the said change is not to my benefit, I may, within 60 days of the notice, close my account or switch to any other eligible account, without having to pay the revised charges/interest.

Recovery of Fees, etc.: If no funds are available in the account to pay fees/charges, I/we authorize NESFB to set off any available credit, including amounts flowing into the account from collection proceeds or any deposits held in my name.

Authorization to reverse erroneous entries: I/We understand that the Bank has the authority to debit my/our Account/s to recover any amount credited by the Bank erroneously. I/We declare that I/We will not utilized the amount or make the loss good to the bank in case of any wrongful gain/credit by any means in my account which I/We am/are not entitled to.

I / We understand that the Interest rates for Savings Account and various other deposit products will be available on the website www.nesfb.com . Transactions: I / We understand and agree that the Savings Bank Account is essentially an account to build up savings and should be used to route transactions of only non-business/ non-commercial nature. It should not be used as a Current Account. If the Bank at any stage finds that the Savings Bank Account is being used either for the purpose for which it is not allowed or for the purpose of routing transactions which are dubious or undesirable, the Bank reserves the right to close such Savings Bank Account, without any prior notice. Any transactions undertaken from this account, shall be in compliance with PML Act rules, regulations or notifications thereunder.

Signature :

Acknowledgement

We acknowledge your Nomination Form DA1 relating to:

Nature of the Account [Grid of 20 boxes]

Account No. [Grid of 20 boxes]

In the name of held with us.

For North East Small Finance Bank.

[Signature box]

Date : [Grid of 8 boxes labeled D, D, M, M, Y, Y, Y, Y]

Authorised Signatory

I / We understand and agree that all instructions, both financial and non-financial in nature (eg: Issuance of Cheque book/card, financial transactions, change in personal details etc.), relating to my / our account will have to be intimated to the Bank by me / us only through channels authorized/ approved by the Bank. Such channels will be specified by the bank, based on prevailing regulatory guidelines, etc. The Bank will not normally act on instructions that do not come in through the authorized channels, but reserves the right to act upon the same, at its sole discretion, under extraordinary circumstances.

Channel facilities: I/we understand that all channel facilities provided by NESFB including Debit Cards, ATM Cards, ATMs, Internet Banking, Mobile Banking, Transactions through Hand Held Device and other electronic mode etc. are subject to specific guidelines that are provided in the website and through other communication channel. I/We shall be solely responsible for the safe-keeping and the confidentiality of the statements of account, balance confirmation certificate, cheque books, Debit card and its PIN, user id and passwords relating to internet banking and such other items relevant or pertaining to the Account. NESFB is not liable for fraud in the event of disclosure of sensitive information such as passwords, PINs, or IDs by me/us to third party/s or unauthorized use thereof. I/we also undertake to inform the bank immediately in case of loss of Cheque leaf(s), Credit/Debit Card(s) linked to my/our account. Bank will record and accept instructions from the drawer for stopping payment requests against cheque/s that are lost, stolen, or not required to be paid against, only if such instructions are received from the drawer by the Bank, prior to presentment of such cheques at the Bank or in the case of e-cheques, only if the stop payment requests are logged prior to payment of moneys against the same, and Bank shall not be responsible in any manner whatsoever for any losses caused, or payments made, if the cheques are presented for payment to Bank prior to receipt of instructions, if any, from the drawer of the cheque/s or in the case of e-cheques, if the stop payment requests are logged after payment against such cheques has been initiated by Bank. Bank may charge Service charge for such countermanding instructions.

I/We shall issue cheques in the account only after making prior arrangement of funds in the account to avoid returns/dishonour. In case of large number of returns/dishonours in the account, the Bank reserves the right to take corrective action for the specific accounts as deemed fit.

If for whatever reasons the Account has a debit balance, I/We shall pay interest and other charges in accordance with Bank's prevalent rates and practice. Any temporary overdraft in the Account should be construed as a one time facility only and not a continuous arrangement.

Dispute Regarding Transaction: Unless I/We report a problem/unsatisfactory transaction/error within Seven (07) days of such transaction/occurrence, the same shall be deemed to be accepted by me/us.

Average Quarterly Balance: I/We understand that some of the Savings account schemes have a minimum Average Quarterly Balance requirement stipulated by the Bank. I / We agree that I / we will maintain the minimum balance in my / our account as prescribed by the Bank from time to time.

I/ We agree that if the prescribed AQB (Average Quarterly Balance) is not maintained or in case of Salary Account, if the salary is not credited for a period of 3 months into the Salary Account, the account will be converted to a lower savings account variant without any notice or intimation (with all applicable charges & fees) and appropriate KYC will apply, failing which there will be a credit freeze placed on the account.

Account Freeze: I/We authorize the bank to freeze my / our account in the following circumstances under intimation to me/us (a) Balance in the account remaining zero for 3 months or more. (b) No transactions induced by me/us in the account for a period of 2 years or more. (c) When a minor, who is the holder of the account, attains majority. (d) If it is suspected by the bank that transactions in my/our account are not initiated by me/us (the Bank will not assume any liability for the transactions already executed).

I/We understand and agree that the Bank may freeze transactions in my/our account without notice, if it is suspected that my account is being misused as a channel for unauthorized money pooling or a conduit for any illegal activity.

Account Closure: I / We agree that, under normal circumstances, the Bank has the liberty to close my account at any time by giving me at least 30 days' notice and remit to me / us the balance, lying in the account if any, net of all charges and out-of-pocket expenses, by means of a DD sent to my/our address as available in Bank's record. Without in any way limiting the right of the Bank to close my / our account for any reason it deems fit, I/we authorize the bank to close my/our account in the following circumstances, with intimation to me/us (a) High occurrences of dishonored payments from my/our account (b) If the bank is not able to verify my/our identity/obtain the necessary documentation either because I/we don't cooperate or if the data/information provided by me/us is not reliable and (c) **In the event of inappropriate behavior/ gross misconduct in Bank premises.**

Indemnity: I / We agree that I / we shall indemnify and hold the Bank harmless against all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which the Bank may at any time incur, sustain, suffer or be put to as a consequence of or by treason of or arising out of providing any of the services or due to any negligence / mistake / misconduct on my part or breach or non – compliance by me / us of any of the Terms & Conditions relating to any of the services or by reason of the Bank in good faith taking or refusing to take action on any instruction given by me.

Force Majeure: The Bank shall not be liable if any transaction does not fructify or may not be completed or for any failure on part of the Bank to perform any of its obligation under these Terms & Conditions or those applicable specifically to its services / facilities if performance is prevented, hindered or delayed by a Force Majeure event and in such case its obligations shall be suspended for so long as the Force Majeure event continues.

Signature/Seal:

Date & Place: