 <b>SURYODAY</b>
A BANK OF SMILES

## SURYODAY SMALL FINANCE BANK LIMITED

(All fields marked with * are mandatory), 1	o be filled in Black Ink and CAPITAL LETTERS	only
Date: DDMMYYYY		
I/we agree to open	account with the balance	requirement of Rs.
I/we fully understand the detailed charges (in	ncluding the balance non-maintenance charge) app	licable to this account as per the Schedule of Charges,
which is available on the Bank's Website / B	ranch notice board. This has also been explained to	o me/us by the Bank official.
I/we hereby provide initial deposit of Rs	by Cash / Cheque No	drawn on
Bank, Bra	nch, dated	
Applicant's Signature / Thumb Imp	pression	Co-Applicant's Signature / Thumb Impression
APPLICANT DETAILS *	211277	
	ing Customer CUST ID	New Customer (CUST form required)
PREFIX FIRST N	AME MIDDLE NAME	LAST NAME
Co-Applicant (if applicable) Exist	ing Customer CUST ID	New Customer (CUST form required)
Name PREFIX FIRST NA		LAST NAME
If more than one co-applicant then add a separate form	to provide details	
MODE OF OPERATION *		
Single (Self operated) Either or Su		Or Anyone or Survivor Other (Please specify)
PLEASE TICK ON THE SERVICES REQU		No. 1 Part
Debit Card Yes	No Cheque Book Yes	No Internet Banking## Yes No
Mobile Banking## Yes Sweep Facility needed# Yes	No SMS & E-Mail alerts Yes No Name on the card	No E-Statement ## Yes No
Free Services ## Applicable for select variants only #	Fourth line embossing	(Max. 20 characters including space)
Nomination Details (Form DA 1) (Only on	e individual nominee permitted and to be signed also i	n case of no nomination) **
Nomination under Section 45ZA of the Banking I	Regulation Act, 1949, and the Rule 2(1) of the Banking Co	mpanies (Nomination) Rules, 1985, in respect of bank deposit
I wish to nominate	I do not wish to nominate	Print Nominee Name Yes No
Same nomination for Debit Card insurance	e Yes No	
I / we	, residing at	
17.400		to whom in the event of my/our/minor's death the
amount of deposit in the account may h	e returned by Suryoday Small Finance Bank Ltd	
	o rotalino de sy caryonay cinali i manos baim Ete	,, siunon
Nominee Name FIRST N	AME MIDDLE NAME	LAST NAME
Address Same as Applicant D	ifferent from Applicant Address	
Relationship with Depositor (If any)		Date of Birth D D M M Y Y Y Y
As the nominee is a minor on this date, I	We appoint**	residing at
	relationship with minor n	ominee** age :
to receive the amount of the deposit in the acc	ount on behalf of the nominee in the event of my/our/m	ninor's death during the minority of the nominee.
		S-
Signatures /Thumb impressions***		
	Applicant's Signature / Thumb Impression	Co-Applicant's Signature / Thumb Impression
Date		
D D M M Y Y Y Y	WITNESS 1***	WITNESS 2***
	(Required only if applicants use thumb impressions) mb impression(s) needs to be attested by 2 witnesses*	(Required only if applicants use thumb impressions)
Note. Writere deposit is made in the name	of a minor the nomination should be signed by a perso	V-B.1.1
	Acknowledgement	
Walter	SURYODAY SMALL FINANCE BANK LIMITED	
We have received initial deposit of Rs Branch, Branch,		(subject to realization) drawn on
		uired is RsThe Bank official has
		ment as applicable to the product obtained by you. You will
be bound by and abide by Bank's General Term	or bank a conteasie of charges and the balance require	

Signature of bank official & Stamp

\_ Name of bank official and employee Code:

Applicable, if no nomination is provided		For Bank Use Only (In case of no nomination given)				
The Bank, through its authorised representative has explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and fully aware of the hardships my legal heirs would face in the event of my death with out nomination registered in your bank records.		and inspite of th	plained to the customer the advantages of nomination facility e same, he/she still does not want to nominate and he/she also de a specific letter to the effect that he/she does not want to ion			
Applicant's Signature	Co-Applicant's Signature		Employee Signature and Code			
FATCA - CRS Declaration*						
I/we am/are citizen / national / tax resident of any country other than India?						
Applicant Yes No  Social Security Schemes - Consen		(1. 100, pionos				
		Montri Curokoho E	Bima Yojana ("PMSBY")			
Pradhan Mantri Jeevan Jyoti Bima Yoja  I hereby give my consent to become a me			BY of ICICI Lombard General Insurance Co 's which will be			
administered by your Bank under a group M		THE AIND/ORT MO	DT OFFICION COMBAND GENERAL INSURANCE GO 3 WHICH WILL BE			
I hereby authorize you to debit my SB Ac with your Branch an amount of Rs. 20/- towards annual premium under PMSBY and or Rs, 436/- towards annual premium under PMJJBY for life cover under PMJJBY or a revised amount as applicable from time to time based on the actual date of enrolment. I further authorize you to deduct in future after 25th May and not later than on 1st of June every year until further instructions, renewal premium, as applicable from time to time for these wo policies.						
* Declaration/Undertaking by Applic	cant (s) to Suryoday Small Fir	nance Bank Ltd.				
debit my account for the service charges ap to accept / reject the application for account reason, I/we would intimate the new address linked accounts will be made from my/our leg day to day transaction to detect early frauds. Do Not Call Registry: I/We consent / do n bank/its agents. I/We agree and acknowledge	olicable from time to time. Notwiths opening. The Bank's decision in this to the bank within two weeks of spitimate sources only and the accoupif any. I/We hereby declare that the ot consent to receive the informations that only direct telephone number	tanding the docums regard would be fuch a change with nt will not be used information furnis n/service etc. for mrs (not board/genern, I/We may receive	cially without any notice to me/us. I/We agree that the Bank ma tentation and account opening form, the bank reserves the rightinal. In case of change of address due to relocation or any other a valid address proof. I/We declare that the transactions in the for any purpose contrary to law. I/We will also keep watch on the hed above is true and correct to the best of my/our knowledge. The transactions purpose through "Telephone/Mobile/SMS/Email by the rall telephone numbers of offices/corporates/employers) will be a a call from the Bank to verify the correctness of the request for the correctness of			
	WITNESS 1***  (Required only if applicants use thumb impressions)  Thumb impression(s) needs to be attested by 2 witnesses***					
For Bank Use only		T				
Product Code:		CUST ID 1:	CUST ID 1:			
Branch Code:		CUST ID 2:				
Sourcing Officer / BC code :		Tran ID:				
Promo Code:		Tran Date:				
Lead Id:		Account Number Issued :				
Lead Generator:		Issued Insta-kit no.:				
COCO (For Salary Account only)						
Customer Signed in my presence:		Document verification done by:				
Employee/BC Name:		Employee Name:				
Employee/BC Code:		Employee Cod	de:			
Employee/BC Signature:						
Branch Stamp with Date		BN	// / OPS Manager Signature & Date			

## Account Opening Rules

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts.
- All accounts should maintain the stipulated average balance based on the product/program and branch in which the account is opened.
- In case of non-maintenance of the stipulated average balance, charges as outlined in the Schedule of Charges from time to time will be applicable.
- Savings Accounts can be opened for non-business purposes only.
- In case of any query / suggestion /feedback / complaint relating to features of any of the products, you may contact the nearest Suryoday Small Finance Bank Branch.