

Please mention
AOF Barcode No.

(All fields marked with * are mandatory), To be filled in Black Ink and CAPITAL LETTERS only

CKYC Number (If available)

Existing CUST ID (if available)

Date:

PERSONAL DETAILS

Title* Mr. Ms. Mrs. Other Gender* Male Female Third Gender

Name*
FIRST NAME MIDDLE NAME LAST NAME

Maiden Name (*if any)

Father's / Spouse Name*

Mother's Name*

Date of Birth* DDMMYYYY Category* General SC ST OBC Others

Minor* Yes No Senior Citizen* Yes No (If yes, provide age proof) .

(In case of minor, please fill guardian section and provide Separate CUST)

Marital Status* Single Married Others Nationality* Indian

No of dependents Adults Children

Aadhar /Virtual No. Voter ID No

NREGA Job Card No (should be duly signed by an officer of State Govt) DIN No. (an official valid documents)

PAN No* (If not available, please attach Form No. 60/61) Form 60 Form 61

Passport No Passport Expiry Date DDMMYYYY
(Expiry dates mandatory if filling DL and/or Passport No.)

Driving Licence No Driving Licence Expiry Date DDMMYYYY

Others (please specify) (only document notified by Govt) Proof of Identity Proof of Address

Contact Details

Correspondence Details (All communications will be sent on below Email Address, Mobile Number and Address for Communication)

How would you like us to address you (shortname)

Mobile Number* Residence Number

Office Number

Email Address*

ADDRESS FOR COMMUNICATION

Residence Address Permanent Address Office Address

RESIDENCE ADDRESS

Address Line - 1 *

Address Line - 2 *

Address Line - 3 Landmark

Taluka District PIN CODE*

City* State / U.T.*

Country* Residence Type Owned Rented / Leased Ancestral / Family Others

PERMANENT ADDRESS Tick if same as Residence Address

Address Line - 1 *

Address Line - 2 *

Address Line - 3 Landmark

Taluka District PIN CODE*

City* State / U.T.*

Country* Residence Type Owned Rented / Leased Ancestral / Family Others

Preferred Language* English Hindi Marathi Telugu Tamil Kannada Oriya Gujarati Bengali

OFFICE ADDRESS (Leave blank if not applicable)

Address Line - 1 *

Address Line - 2 *

Address Line - 3 Landmark

Taluka District PIN CODE*

City* State / U.T.*

Country*

FATCA-CRS Declaration*

I am citizen/national/tax resident of any country other than India?
 Applicant Yes No (If yes, please fill the additional FATCA-CRS Declaration Form)

Additional Information (Fill the relevant information)

Education Illiterate Below SSC SSC HSC Graduate Post Graduate Professional (CA, CS, CMA, Others)

Occupation* Professional Public Sector Government Sector Business Private Sector Service
 Self Employed Retired Housewife Student Other *Occupation Code*

Self-employed/Professional : CA Engineer Doctor Trader Lawyer Consultant
 Public Limited

Business Type : Proprietorship Partnership Private Limited

Nature of Business: Manufacturer Trader / Stockist Service Provider Retailer
(If applicable) Consultant / Professional Exporter / Importer Others please specify

Gross Annual Income (INR) Upto Rs. 50,000 p.a. Rs. 50,001 to 1,00,000 p.a. Rs. 1,00,001 to 5,00,000 p.a.
 Rs. 5,00,001 to 10,00,000 p.a. Above Rs. 10,00,000 p.a.

Name of Company (For Salaried) **Designation:**

Suryoday Bank Staff Account : Yes No **Employee Id:**

Guardian Details (In case of Minor)

Name of Parent / Guardian*

Relationship with Minor Father Mother By Court Order# Others, please specify

#Copy of court order duly verified with the original.
I shall represent the minor in all transactions of any description in any account opened with Suryoday Small Finance bank till the said minor attains majority. I shall fully indemnify the Bank against any claim of the above minor for any withdrawal /transaction made by me in his/her account.

Guardian CUST No.

Declaration/Undertaking by Applicant(s): **Guardian's Signature**

I/We confirm that I/we am/are resident of India. I/We confirm having read, understood and hereby agree to be bound by the terms & conditions which govern the opening of account(s) with Suryoday Small Finance Bank Ltd. and various services including but not limited to ATMs, Phone Banking, Debit Cards, Mobile Banking, Net Banking, Email Statement etc. All amendments there to be made from time to time in the Terms and Conditions and those relating to various services offered by the bank as displayed on its notice board / website or as communicated to me including but not limited to the facilities listed in this form will be binding on me/us. I/We agree that Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my account for the service charges applicable from time to time. Notwithstanding the documentation and account opening form, the bank reserves the right to accept / reject the application for account opening. The Bank's decision in this regard would be final. In case of change of address due to relocation or any other reason, I/we would intimate the new address to the bank within two weeks of such a change with a valid address proof. I/We declare that the transactions in the linked accounts will be made from my/our legitimate sources only and the account will not be used for any purpose contrary to law. I/We will also keep watch on the day to day transaction to detect early frauds, if any. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge. I would like to share my personal / KYC details with Central KYC Registry.

Do Not Call Registry: I/We consent / do not consent to receive the information/service etc. for marketing purpose through "Telephone/Mobile/SMS/Email by the bank/its agents. I/We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporates/employers) will be accepted for registration of "Do Not Call". I/We am/are aware that post registration, I/We may receive a call from the Bank to verify the correctness of the request for registration.

Colour Passport size photo

Please sign across the photograph

Customer's Signature / Thumb Impression

Place :

Date :

WITNESS 1***
(Required only if applicants use thumb impressions)

WITNESS 2***
(Required only if applicants use thumb impressions)

Thumb impression(s) needs to be attested by 2 witnesses***

For Bank Use only

CUST ID 1:	<input type="text"/>	Branch Code:	<input type="text"/>
Account Number Issued :	<input type="text"/>	Issued Insta-kit no.:	<input type="text"/>

PEP :

Customer Ref. By:

Customer Signed in my presence:

Document verification done by:

Employee/BC Name:

Employee Name:

Employee/BC Code:

Employee Code:

Employee/BC Signature:

Branch Stamp with Date

BM / OPS Manager Signature & Date