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Date:

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**CONSOLIDATED ACCOUNT OPENING
ANNEXURE BOOKLET**

**For Non-Individual Entities
(Partnership / LLP / Public Ltd. / Pvt. Ltd.
Section 25/8 Companies)**

1. Complete booklet to be sent for opening of account
2. Partial pages will not be accepted.
3. For more than 2 BO/AUS, Separate standalone FATCA/BO annexures to be obtained.

TERMS & CONDITIONS FOR NETBANKING & FINANCIAL RIGHTS

1. Definitions and Interpretations:

"I, me and myself refers to all holders to the account/s in which the Third Party Funds Transfer facility is provided and shall include both singular and plural" "NetBanking/ Third Party Funds Transfer Terms and Conditions" shall mean the terms and conditions as modified from time to time applicable to TPT offered by the Bank and as displayed in the NetBanking module of the Bank's website. "Confidential Information" refers to information obtained by the customer, through the Bank, for the effective availment of Internet banking services. "Payment Instruction" or "Third Party Funds Transfer" or "the Services" shall mean an instruction given by me to transfer funds from the accounts held by me to accounts of other customers maintained with and approved by the Bank or of those customers who may or may not have an account with the Bank and / or request to issue Demand Drafts in the name of the beneficiary who may or may not have an account with the Bank. The Bank may at its sole and exclusive discretion restrict this facility only to certain permitted Customers or may extend it from time to time to be generally available to all Customers. "Visa CardPay" shall mean a facility wherein I can transfer funds from my account to any domestic Visa Credit card in India using HDFC Bank NetBanking Facility"

2. Additional NetBanking Services:

I acknowledge that these Terms and conditions are supplemental to and in addition to the NetBanking terms and conditions. Capitalised Words and Phrases used herein and not defined herein shall have the same meaning assigned to them in the NetBanking Terms and Conditions. I hereby agree to abide by the terms and conditions herein mentioned in addition to the NetBanking terms and conditions. I shall be free to utilize the Services herein through Net Banking for transfer of funds or request for DD for such purpose as I shall deem fit I however agree not to use or permit the use of the Payment Instruction Services or any related services for any illegal or improper purposes. Whilst utilizing the Services for making any payments for any products for any goods or any services obtained whether on-line or otherwise, I shall ensure that:

(a) I have the full right and /or authority to access and avail of the services obtained and the goods purchased

and I shall observe and comply with the applicable laws and regulations in each jurisdiction in applicable territories.

(b) I shall not involve the Bank as a party to such transaction.

(c) I shall provide the Bank with such information and/or assistance as is required by the Bank for the performance of the Services and/or any other obligations of the Bank under this Agreement.

(d) I shall not at any time provide to any person, any details of the accounts held by me with the Bank including, the passwords, account number, card numbers and PIN which may be assigned to me by the Bank from time to time.

3. Risks

I hereby acknowledge that I am utilising this facility at my own risk. These risks would include the following:

(a) Misuse of Password: I acknowledge that if any third person obtains access to my password, such third person would be able to provide Payment Instructions to the Bank or conduct Third Party Funds Transfer. I shall ensure that the terms and conditions applicable to the use of the password as contained in the Net Banking Terms and Conditions are complied with at all times. I acknowledge that if my password has been compromised then I shall be required to get my Third Party Funds Transfer Rights/ NetBanking rights disabled immediately or the Bank on its own may decide to disable my Third party Funds transfer rights/ NetBanking rights.

(b) Internet Frauds: The Internet per se is susceptible to a number of frauds, misuse, hacking and other actions that could affect Payment Instructions to the Bank. Whilst the Bank shall aim to provide security to prevent the same, there cannot be any guarantee from such Internet frauds, hacking and other actions, which could affect Payment of Instructions to the Bank. I shall separately evolve/evaluate all risks arising out of the same. I understand that the susceptibility increases if a shared computer (at the cyber cafe/office/ or any other place) is used and as such the usage of Net Banking from a shared computer (at the Cyber cafe/Office/ or any other place) needs to be avoided.

(c) Mistakes and Errors: The filling in of applicable data for transfer would require proper, accurate and complete details. For instance, in the case of funds transfer I am aware that I would be required to fill in the account number of the person to whom the funds are to be transferred. Similarly in the case of request for DD, I would be required to fill in the correct details such as name of the payee (who may or may not have an account with the Bank), mailing address, amount of the DD and the city/state where the DD is payable. In the event of any inaccuracy in this regard, the funds could be transferred to incorrect accounts or the DD may be incorrectly used or sent to a wrong address and there is no guarantee of recovery thereafter. I shall therefore take all care to ensure that there are no mistakes and errors and that the information given by me to the Bank in this regard is error free, accurate, proper and complete at all points of time. I agree and acknowledge that the bank shall not be responsible to verify the beneficiary details comprised in the payment instructions. On the other hand in the event of my Account receiving an incorrect credit by reason of a mistake committed by some other person, the Bank shall be entitled to reverse the incorrect credit at any time whatsoever without my consent. I shall be liable and responsible to the Bank and accede to accept the Bank's instructions without questions for any unfair or unjust gain obtained by me as a result of the same.

(d) Transactions:

The transactions which I may require for the transfer of the funds may not fructify or may not be completed by the parties to whom I request the Bank to transfer the funds or issue DD as the case may be. The Bank is not in any manner involved in the said transactions and contracts and my sole recourse in this regard shall be with the party with whom I have the transactions. The Bank is merely providing me services whereby the said funds would be transferred at my instructions.

(e) Technology Risks:

The technology for enabling the transfer of funds and the other services offered by the Bank could be affected by virus or other malicious, destructive or corrupting code, programme or macro. It may also be possible that the site of the Bank may require maintenance and during such time it may not be possible to process my instruction or request. This could result in delays in the processing of instructions or failure in the processing of instructions and other such failures and inability. I understand that the Bank disclaims all and any liability, whether direct or indirect, whether arising out of loss of profit or otherwise arising out of any failure or inability by the Bank to honour any customer instruction for whatsoever reason. I understand and I accept that the Bank shall not be responsible for any of the aforesaid risks. I also accept that the Bank shall disclaim all liability in respect of the said risks.

(f) Other Risks:

I understand that this service allows me to transfer funds to another Third Party account within the Bank or outside the Bank and I also understand that it becomes more imperative for me to not divulge/share my IPIN and cust id to anyone including family members, office colleagues or any other person

4. Limits:

I am aware that the Bank may from time to time impose maximum and minimum limits, including daily limits on funds that may be transferred or the amount of the DD that can be issued through the payment instructions given by me. I realise and accept and agree that the same is to reduce the risks on me. For instance, the Bank may impose transaction restrictions within particular periods or amount restrictions within a particular period or even each transaction limits. I shall be bound by such imposed limits and shall strictly comply with them.

5. Withdrawal of Facility:

Bank on a best effort basis will try to notify me of the withdrawal of the facility through its website or through any legally recognized medium of communication.

6. Charges:

I hereby agree to bear the Charges as may be stipulated by the Bank on its website from time to time for availing of these services. The same shall be mentioned on the website of the bank. I authorize the Bank to debit my Bank A/C to recover any charges.

7. Binding nature of above terms and conditions:

I agree that by use of this facility, I shall be deemed to have agreed to all the above terms and conditions and such terms and conditions shall be binding on us in the same manner as if I have agree to the same in writing.

8. INDEMNITY:

I agree that I shall indemnify and hold the Bank harmless from and against all actions, claims, demands, proceeding, losses, damages, cost, charges and expenses whatsoever which the Bank may at time incur, sustain, suffer or be put to as a consequence of or by reason of or arising out of providing me the Services herein and/or NetBanking facility, or by reason of the Bank in good faith taking or refusing to take or omitting to take action on any instruction given by me or due to breach by me of any of the NetBanking Terms and conditions and the terms and conditions mentioned herein.

- I am aware of the additional terms and conditions applicable for the use of Visa CardPay which are mentioned on the website and agree to the same.
- Additional Terms and Conditions mentioned on the website are also applicable.
- The use of this service will mean that the customer has read, understood and accepted all the Terms & Condition.

DETAILS OF AUTHORIZED SIGNATORY (All '*' Marked Fields are Mandatory)

	AUTHORIZED SIGNATORY 1	AUTHORIZED SIGNATORY 2	AUTHORIZED SIGNATORY 3
Name:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cust ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Rights:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Party Transfer Rights:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TPT Limits (in Lakhs)	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50

- 1) The Default TPT limit is Rs. 2 Lakhs. I understand and agree that the TPT limit is a daily limit and will be applicable to all TPT transactions.
- 2) I am also aware that the limit would be applicable to all accounts under my customer ID.
- 3) I agree that I will register for Secure Access within a period of 30 days and (if not done) HDFC Bank may disable my TPT rights, at its sole discretion.
- 4) I also agree to all Secure Access Terms and Conditions.
- 5) I request the Bank to use the contact details (i.e. Email Id and mobile number) as stored on its system.
- 6) I understand that Third Party Funds Transfer includes the following services:
 - Third Party Funds Transfer
 - Real Time Gross Settlement (RTGS)
 - National Electronic Funds Transfer (NEFT)
 - Third Party Demand Draft
 - IMPS
 - Any other services that comes under Third Party Transfer ambit/ services that the Bank decide to introduce under TPT ambit.
- 7) I have read and understood the Terms and Conditions applicable relating to opening of an account and various services including but not limited to Third Party Funds Transfer through NetBanking. I accept and agree to be bound by the said Terms and Conditions.
- 8) I agree that the Bank may debit my account(s) for service charges as applicable from time to time.
- 9) The internet is susceptible to a large number of frauds and misuse. While the Bank aims at providing utmost security, I shall not hold the Bank responsible for any lapse in the same or compromise at my end.
- 10) I hereby acknowledge that I am utilizing this Limit at my own risk. I am aware that I can reduce the limit up to Rs. 10,000 online myself.
- 11) All TPT requests submitted or sent to the bank need to be accompanied with self attested copy of photo ID proof and original of photo ID proof to be presented to bank staff for verification of the self attested copy.

TERMS & CONDITIONS

Tick if applicable: Partnership / Registered Partnership Note: All the partners needs to sign this form and furnish a copy of the latest deed.

We refer to the current account opened by us in the Firm's Name & style of _____ .Pursuant to and in partail modification of the authority given by us to the partners authorised to operate the said account, in order to facilitate the operation of the said account,We hereby request HDFC Bank to allow AUS 1 - Mr/Ms. _____, AUS 2 - Mr/Ms. _____, AUS 3 - Mr/Ms. _____ being one of the authorised partners to operate the said account through NetBanking facility (doing so singly) by using the Customer ID and the NetBanking IPIN (password), on the terms and conditions detailed hereunder

which have been read and understood by us, in addition to and not in derogation of the terms and conditions relating to the said account and NetBanking facility.

1. AUS 1 - Mr/Ms. _____, AUS 2 - Mr/Ms _____, AUS 3 - Mr/Ms _____ will be solely entitled to receive the customer ID and the NetBanking IPIN (password) issued to them to access the NetBanking facility and to acknowledge the same.2. The Customer ID and the IPIN (password) shall be kept totally secret and confidential by them.3. All transactions carried on in the said account through use of the NetBanking facility shall be binding on all the partners and we shall keep HDFC Bank saved and harmless form all actions,claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which HDFC Bank may at any time incur, suffer or sustain to be put to as a consequence of or by reason of or arising out of transactions carried out through the NetBanking facility.4. HDFC Bank shall at all times be informed of any changes in the constitution of the partnership by furnishing necessary documents and writings.5. HDFC Bank shall not be responsible and liable to monitor the nature of expenses incurred by the use fo the said NetBanking facility.6. We shall comply with the provisions of the Foreign Exchange Management Act, 1999 and the regulations of the Reserve Bank of India relating to foreign exchange in force from time to time. 7. This writing shall be enforceable against all the partners and shall not be affected by any change in the constitution of the partnership and shall be binding on all the partners.

For Private Ltd / Public Ltd / Bank / Insurance / Foreign Bodies / Mutual Fund / NGO / LLP.

(Note: Please attach appropriate resolution in the given format.)

We refer to the current account opened by us in the Entity's Name _____ at _____ branch of HDFC Bank

.Pursuant to and in partial modification of the authority given by way of resolution of the Board of Directors/Designated Partners/Trustees/Managing Committee to operate the said account, in order to facilitate the operation of the said account, We hereby request HDFC Bank to allow AUS 1 - Mr/Ms. _____, AUS 2 - Mr/Ms. _____, AUS 3 - Mr/Ms. _____ being a Director/Designated Partner/Trustee/Authorized Signatory to operate the said account through NetBanking facility (doing so singly) by using the Customer ID and the NetBanking IPIN (password), on the terms and conditions detailed hereunder which have been read and understood by us. We acknowledge that the same are in addition to and not in derogation of the terms and conditions relating to the said account and NetBanking facility.


1. 1. AUS 1 - Mr/Ms. _____, AUS 2 - Mr/Ms _____, AUS 3 - Mr/Ms _____ be solely entitled to receive the customer ID and the NetBanking IPIN (password) issued to them to access the NetBanking facility and to acknowledge the same. 2. The Customer ID and the IPIN (password) shall be kept totally secret and confidential by them. 3. All transactions carried on in the said account through use of the NetBanking facility shall be binding on the Company/LLP/Trust/Society/Association of Person/Club/Govt. and HDFC Bank shall all the times be kept saved and harm less from all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which HDFC Bank may at any time incur, suffer or sustain to be put to as a consequence of or by of or arising out of transactions carried out through the NetBanking facility. 4. HDFC Bank shall at all times be informed of any changes in the operating instructions for NetBanking facility by furnishing necessary documents and writings and in such event to change the NetBanking password forthwith.5. HDFC Bank shall not be responsible and liable to monitor the nature of expenses incurred by the use of the said NetBanking facility.6. All the provisions of the Foreign Exchange Management Act,1999 and the Rules made thereunder and the regulations of the Reserve Bank of India relating to foreign exchange in force from time to time shall be complied with by us.

CUSTOMERS DECLARATION & SIGNATURE

We have read and understood the Terms and Conditions (a copy of which is in our possession) relating to the NetBanking facility. We accept and agree to be bound by the said Terms and Conditions.

We agree that the Bank may debit for service charges as applicable from time to time.







Name: _____

Name: _____

Name: _____

Note: In case of Partnership firm, all partners signature is mandatory

In case of Private Ltd / Public Ltd / Bank / Insurance / Foreign Bodies / Mutual Fund / NGO / LLP, to be signed by signatory obtaining the access.

(To be filled if AUS/Partner/Beneficial Owner have submitted Aadhaar as an Identity/Address Proof)

Subject: Aadhaar - informed consent

- I voluntarily opt for Aadhaar OVD KYC or e-KYC or offline verification, and submit to the Bank my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, Aadhaar details, demographic information, identity information, Aadhaar registered mobile number, face authentication details and/or biometric information (collectively, **"Information"**).
- I am informed by the Bank, that: (i) submission of Aadhaar is not mandatory, and there are alternative options for KYC and establishing identity including by way of physical KYC with officially valid documents other than Aadhaar. All options were given to me.
(ii) For e-KYC/authentication/offline verification, Bank will share Aadhaar number and/or biometrics with CIDR/UIDAI, and CIDR/UIDAI will share with Bank, authentication data, Aadhaar data, demographic details, registered mobile number, identity information, which shall be used for the informed purposes mentioned in 3 below.
- I authorise and give my consent to the Bank (and its service providers), for following informed purposes: (i) KYC and periodic KYC process as per the PML Act, 2002 and rules thereunder and RBI guidelines, or for establishing my identity, carrying out my identification, offline verification or e-KYC or Yes/No authentication, demographic or other authentication/verification/identification as may be permitted as per applicable law, for all accounts, facilities, services and relationships of/through the Bank, existing and future.
(ii) collecting, sharing, storing, preserving Information, maintaining records and using the Information and authentication/verification/identification records: (a) for the informed purposes above, (b) as well as for regulatory and legal reporting and filings and/or (c) where required under applicable law;
(iii) enabling my account for Aadhaar enabled Payment Services (AEPS);
(iv) producing records and logs of the consent, Information or of authentication, identification, verification etc. for evidentiary purposes including before a court of law, any authority or in arbitration.
- I understand that the Aadhaar number and core biometrics will not be stored/ shared except as per law and for CIDR submission. I have downloaded the e-Aadhaar myself using the OTP received on my Aadhaar registered mobile number. I will not hold the Bank or its officials responsible in the event this document is not found to be in order or in case of any incorrect information provided by me.
- The above consent and purpose of collecting Information has been explained to me in my local language.

BO / Partner / AUS Name : _____ Signature : _____

Subject: Aadhaar - informed consent

- I voluntarily opt for Aadhaar OVD KYC or e-KYC or offline verification, and submit to the Bank my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, Aadhaar details, demographic information, identity information, Aadhaar registered mobile number, face authentication details and/or biometric information (collectively, **"Information"**).
- I am informed by the Bank, that: (i) submission of Aadhaar is not mandatory, and there are alternative options for KYC and establishing identity including by way of physical KYC with officially valid documents other than Aadhaar. All options were given to me.
(ii) For e-KYC/authentication/offline verification, Bank will share Aadhaar number and/or biometrics with CIDR/UIDAI, and CIDR/UIDAI will share with Bank, authentication data, Aadhaar data, demographic details, registered mobile number, identity information, which shall be used for the informed purposes mentioned in 3 below.
- I authorise and give my consent to the Bank (and its service providers), for following informed purposes: (i) KYC and periodic KYC process as per the PML Act, 2002 and rules thereunder and RBI guidelines, or for establishing my identity, carrying out my identification, offline verification or e-KYC or Yes/No authentication, demographic or other authentication/verification/identification as may be permitted as per applicable law, for all accounts, facilities, services and relationships of/through the Bank, existing and future.
(ii) collecting, sharing, storing, preserving Information, maintaining records and using the Information and authentication/verification/identification records: (a) for the informed purposes above, (b) as well as for regulatory and legal reporting and filings and/or (c) where required under applicable law;
(iii) enabling my account for Aadhaar enabled Payment Services (AEPS);
(iv) producing records and logs of the consent, Information or of authentication, identification, verification etc. for evidentiary purposes including before a court of law, any authority or in arbitration.
- I understand that the Aadhaar number and core biometrics will not be stored/ shared except as per law and for CIDR submission. I have downloaded the e-Aadhaar myself using the OTP received on my Aadhaar registered mobile number. I will not hold the Bank or its officials responsible in the event this document is not found to be in order or in case of any incorrect information provided by me.
- The above consent and purpose of collecting Information has been explained to me in my local language.

BO / Partner / AUS Name : _____ Signature : _____

Subject: Aadhaar - informed consent

- I voluntarily opt for Aadhaar OVD KYC or e-KYC or offline verification, and submit to the Bank my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, Aadhaar details, demographic information, identity information, Aadhaar registered mobile number, face authentication details and/or biometric information (collectively, **"Information"**).
- I am informed by the Bank, that: (i) submission of Aadhaar is not mandatory, and there are alternative options for KYC and establishing identity including by way of physical KYC with officially valid documents other than Aadhaar. All options were given to me.
(ii) For e-KYC/authentication/offline verification, Bank will share Aadhaar number and/or biometrics with CIDR/UIDAI, and CIDR/UIDAI will share with Bank, authentication data, Aadhaar data, demographic details, registered mobile number, identity information, which shall be used for the informed purposes mentioned in 3 below.
- I authorise and give my consent to the Bank (and its service providers), for following informed purposes: (i) KYC and periodic KYC process as per the PML Act, 2002 and rules thereunder and RBI guidelines, or for establishing my identity, carrying out my identification, offline verification or e-KYC or Yes/No authentication, demographic or other authentication/verification/identification as may be permitted as per applicable law, for all accounts, facilities, services and relationships of/through the Bank, existing and future.
(ii) collecting, sharing, storing, preserving Information, maintaining records and using the Information and authentication/verification/identification records: (a) for the informed purposes above, (b) as well as for regulatory and legal reporting and filings and/or (c) where required under applicable law;
(iii) enabling my account for Aadhaar enabled Payment Services (AEPS);
(iv) producing records and logs of the consent, Information or of authentication, identification, verification etc. for evidentiary purposes including before a court of law, any authority or in arbitration.
- I understand that the Aadhaar number and core biometrics will not be stored/ shared except as per law and for CIDR submission. I have downloaded the e-Aadhaar myself using the OTP received on my Aadhaar registered mobile number. I will not hold the Bank or its officials responsible in the event this document is not found to be in order or in case of any incorrect information provided by me.
- The above consent and purpose of collecting Information has been explained to me in my local language.

BO / Partner / AUS Name : _____ Signature : _____

I / We have understood and hereby agree and undertake that I / We am / are required to maintain an Average Quarterly Balance (AQB) / Half Yearly Average Balance (HAB)* as required for the Current Account variant opted by me /us. I / We understand that non- maintenance of the committed AQB/HAB would entail non maintenance charges as per the table below.

Tick	Variants	Product Code	AQB / HAB (in ₹)	Non-Maintenance Charges (per Quarter / half yearly in ₹)
	Regular	200	₹10,000 (AQB) Only NON-METRO Locations	₹1,500 (per quarter)
	Activ	1102	₹10,000 (AQB) Mandatory to bundle with ME / MPOS / MEAPP	₹3,000 (per quarter)
	Premium	202	₹25000 (AQB)	₹1,800 (per quarter)
	Ascent	1313	₹50,000 (AQB) - Metro and Urban Locations ₹25,000 (AQB) - Semi Urban and Rural Locations	₹3,000 (per quarter)
	Plus	232	₹100,000 (AQB)	₹1,500 (per quarter) = ₹50,000 & Above ₹6,000 (per quarter) = Less than ₹50,000
	Max Advantage	1148	₹5,00,000 (AQB) - Metro and Urban Locations ₹2,50,000 (AQB) - Semi Urban and Rural Locations	Metro & Urban – ₹8,000 per quarter & Semi-Urban & Rural – ₹4,000 per quarter
	Agri	796	₹10,000 (HAB)	₹1,500 (per half year)
	Saksham	1107	₹10,000 (HAB)	₹1,500 (per half year)
	Professionals	793	₹10,000 (AQB)	₹1,500 (per half year)
	E-comm	954	₹25,000 (AQB)	₹1,800 (per quarter)
	StartUp Current Account*	1013	₹50,000 (AQB)	₹3,000 (per quarter)

***For StartUp Current Account customer undertaking for opening account under startup program to be obtained separately.**

The stipulation as regards maintenance of AQB/HAB and the non-maintenance charges as detailed above would not be applicable for overdraft / cash credit / zero balance accounts. Service/Other charges for various facilities such as Phone Banking, NetBanking, ATM, Cheque leaves, fund transfers, Cash Deposit and branch services will be levied as detailed in the schedule of charges. In case the account is meant for Unspent CSR or is suffixed with Unspent CSR, then the AQB requirement will not be applicable irrespective of the product code the account is opened in.

I/We confirm that I / We am / are in possession of and have carefully read the Terms & Conditions Booklet and understood and hereby agree, undertake and accept the said terms and conditions which details the rule governing account operations and the Schedule of Service Charges, applicable for various Services.

BENEFICIAL OWNER DETAILS - PART-1

Please ensure that all mandatory fields have been filled correctly, as per instructions given on last page. (Section I, II and III not to be filled if company is listed)

Section I: We declare that no Individual person holds Controlling ownership/Control** in the captioned Company/Firm/LLP/AOP/BOI above the RBI prescribed threshold limit. Details of Natural Person who holds the position of Senior Managing Official is/are mentioned in Annexure 2 of FATCA.

Section II: The details of individual person(s), directly or indirectly, holding Controlling** ownership/ Control in the captioned Company/ Firm/ LLP/ AOP/ BOI/ Trust/ Society are as detailed in Annexure 2 of FATCA.

Section III: Applicable only if there is/are non-individual Beneficial owner(s) holding Controlling** ownership/ Control. I/We the undersigned hereby declare the below details of non-individual owners holding Controlling ownership** in the captioned Company/ Firm/ LLP/ AOP/ BOI/ Trust/ Society as per the RBI prescribed threshold limit. The details of individual person(s) indirectly, holding Controlling** ownership/ Control in the captioned Company/ Firm/ LLP/ AOP/ BOI/ Trust/ Society are as detailed in Annexure 2 of FATCA. Whether Company (for which form is submitted) is Subsidiary of listed Company (details of Listed entity to be mentioned in table below)

If yes, Name of Stock Exchange: _____

Country of Stock exchange (if other than India): _____

A. Details of Non-Individual Entity Holding more than prescribed threshold limit in above captioned entity

I/We the undersigned hereby declare the below details of beneficial owners holding **Controlling ownership in the captioned Company/LLP/Firm/AoP/Bol above the prescribed threshold limit.

Name of the Company	Date of Incorporation	Country of Incorporation	CIN / Regn No.	Address	% of Ownership/ Capital / Profit

Below mentioned Additional Annexures / Declarations to be obtained if applicable

1. Any other annexures as per banks KYC policy and procedure document

<p>2. Product specific Annexures/ Declarations.</p>	<ul style="list-style-type: none"> • Customer Declaration for Start-up account • FCRA Declaration Section 25/ 8 companies applicable for Escrow account • RERA Account • All FCY accounts • Share application/ Buy Back account. Dividend accounts • Liquidation/ No Lien accounts • SNRR or Unspent CSR account • Estate account • PPI accounts • Payment Aggregator Escrow account
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For Section 25/8 Companies, "FCRA Declaration" should be additionally obtained, and it should be signed as per the bank's extant process

Note:

Identification of Section 25/8 Companies - If Corporate Identification Number (CIN) No of the company contains "NPL" (Character Number - 13 to 15 - Company Classification) on Certificate of Incorporation and the entity name does not have the words "Private Limited" and "Limited" in the name OR License issued under Section 25/8 then it is a "Section 25/8"

Branches to capture mandatory document end date on AOD 4th page. below are the details:

Product Name	Product Code	Remarks	End Date	Mandatory Document	End Date to be captured from
FCY ACCOUNT-SEZ UNITS	771,772,773,774, 975, 994,995,996, 997,998,999, 1000, 1001 & 1078	FCY	Y	Letter of Approval	Expiry Date of Letter of Approval
CA FOR RE-INS AND COMP INS BROKERS	1266, 1267, 1268, 1269 & 1312	FCY	Y	IRDA Certificate	Expiry Date of IRDA Certificate
FCY ACCOUNT FOR SHIP MANNING COS - USD	1002	FCY	Y	Agreement with Overseas Principal	Expiry Date of Agreement with Overseas Principal
FCY CA SHIPPING-FREIGHT FORWARDERS - USD	1307	FCY	Y	Agreement with Overseas Principal	Expiry Date of Agreement with Overseas Principal
DIAMOND DOLLAR- USD ACCOUNT	890	FCY	Y	CA Letter	Financial Year End
FCY FDI ACCOUNT - USD	1032	FCY	Y	Docs approved by RLD Team	6 Months from Date of Account Opening

Customer ID (Applicable for existing Customer):

Document submitted for Identity of Entity (Please tick and mention document number):

<input type="checkbox"/> Certificate of Incorporation	<input type="text"/>
<input type="checkbox"/> Registration Certificate	<input type="text"/>
<input type="checkbox"/> Partnership Deed	<input type="text"/>
<input type="checkbox"/> Trust Deed	<input type="text"/>
<input type="checkbox"/> Memorandum & Article of Association	<input type="text"/>
<input type="checkbox"/> Resolution of Board / Managing Committee	<input type="text"/>
<input type="checkbox"/> Activity Proof 1 (For Sole Proprietorship)	<input type="text"/>
<input type="checkbox"/> Activity Proof 2 (For Sole Proprietorship)	<input type="text"/>

Document submitted for Mailing Address (Please tick and mention document number):

<input type="checkbox"/> Certificate of Incorporation	<input type="text"/>
<input type="checkbox"/> Registration Certificate	<input type="text"/>
<input type="checkbox"/> Any other document	<input type="text"/>

(Please specify) _____

Authorised Signatories details {All fields are mandatory}

1.	Name of Authorised Signatory	1) _____	2) _____	3) _____	4) _____
2.	Father's Name				
3.	Proof of Identity (Tick relevant and mention the details)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No.: _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No.: _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No.: _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No.: _____
4.	Proof of Address (any one) (Please select any one Address Proof)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No.: _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No.: _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No.: _____	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register Mention ID No.: _____

Declaration For Non-Individual Entities

1. a) Country of incorporation: _____ b) Place/City of incorporation: _____

c) Date of Commencement of Business DD / MM / YYYY

2. a) Is the entity a tax resident of any country/ies outside India Yes No
(If Yes, please fill Annexure 1)

b) Is the entity incorporated or organized in the United States (including a Trust, if the trustee is a U.S. citizen or resident) Yes No
(If Yes, please fill Annexure 1)

3. Questions relevant for entity FATCA and CRS classification (Please consult your professional tax advisor for further guidance on tax residency and FATCA & CRS classification)

a. Is the entity a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the above mentioned entity types
 Yes No
(If yes, please sign the declaration on Page 10; If No, go to next question)

b. Is the entity a Financial Institution¹ (FI) **OR** a Direct Reporting NFE Yes No
(If Yes, please fill Annexure 1; If No, please go to next question)

c. Is the entity a publicly traded corporation/ a related entity of a publicly traded corporation

i. Publicly traded corporation Yes No
(If Yes, please specify any one stock exchange upon which the stock is regularly traded)

Name of the stock exchange _____

ii. Related entity of a publicly traded corporation Yes No If Yes, please provide below details:

Name of the listed company, the stock of which is regularly traded _____

Name of the stock exchange _____

Nature of relation:

Subsidiary of the listed company Controlled by a listed company or under common control
(If answer to Q.3(c)(i) or Q.3(c)(ii) above is Yes, please sign the declaration on Page 10; If No, go to next question)

d. Does the entity have any ultimate beneficial owners (incl. controlling persons) who are tax residents (incl. U.S. citizens/green card holders) of countries other than India
 Yes No
(If yes, please fill Annexure 1)

Note: If the entity is not listed in any of the stock exchange, then please fill Annexure 2 (beneficial ownership declaration) mandatorily.

¹Including a Foreign Financial Institution

FATCA-CRS TERMS & CONDITIONS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days**. Please note that you may receive more than one request for information if you have multiple relationships with HDFC Bank or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

Certification

Under penalty of perjury, I/we certify that:

I/We understand that HDFC Bank is relying on this information for the purpose of determining the status of the account holder named above in compliance with FATCA/CRS. HDFC Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we 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 becomes incorrect.

I/We agree that as may be required by domestic regulators/tax authorities, HDFC Bank may also be required to report, reportable details to CDBT or other authorities/agencies or close or suspend my account, as appropriate.

I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and definitions in Part C to this Form) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name: _____

Name: _____

Name: _____

To be signed as per MOP

For Bank use only: Signature verified and form approved by BDA / BM Employee Code: _____

Employee Name: _____

Signature & Date: _____

ANNEXURE – 1

(THIS ANNEXURE IS IN CONTINUATION TO THE "EXTENDED DECLARATION FOR ENTITIES" AND IS REQUIRED TO BE FILLED BASED ON RESPONSES IN THE MAIN FORM)

PART A: Details required from all customers filling Annexure 1

4. a) Identification Number (please provide any one) (Mandatory)

Select ID Type CIN Global Entity Identification No. TIN Other _____

Provide the ID Number for above _____

b) Identification Number issuing country _____

ADDRESS & CONTACT DETAILS (Mandatory)

5. Address for tax purpose: Same as registered Address Same as mailing Address

6. Address type for the above: Residential or Business Residential Business Registered Office

PART B: To be filled as applicable

7. Details of foreign tax residency and associated TIN (please fill if answer to Q.2(a) or Q.2(b) is YES):

Country/(ies) of tax residency	Tax Identification Number ⁶	Identification Type (TIN or Other ⁶ , please specify)

⁶ % In case Tax Identification Number is not available, kindly provide functional equivalent²

8. Is the entity a specified U.S. Person (please fill if answer to Q.2(b) is YES) Yes No (If No, please mention entity's exemption code³: _____)

9. Entity FATCA classification and other details (Mandatory):

9(A) - (to be filled by Financial Institutions or Direct Reporting NFEs)* - please fill if answer to Q.3(b) is YES

1.	We are a: <input type="checkbox"/> Financial institution ⁴ OR <input type="checkbox"/> Direct reporting NFE ⁵ (please tick as appropriate) *If the entity is a Financial Institution and located outside India, please fill 9(B)	GIIN: _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity: _____	GIIN not available (please tick as applicable): Following options available only for Financial Institutions: <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for (Please specify sub-category ⁶ _____) <input type="checkbox"/> Not obtained
----	---	---	--

²It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

³Refer Part C, 3 (viii)

⁴Refer 1(i), 1(ii) & 1(iv) of Part C

⁵Refer 3(vii) of Part C

⁶Refer 1A. of Part C

9(B) - (to be filled by Financial Institution that is a tax resident outside India) (Mandatory)

1.	Whether the Financial Institution is located in a CRS jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please refer to the list of signatories to CRS given in the following link http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/) (If Yes, Q 2 and Q3 are not required. If No, please go to Qs. 2)
2.	Whether FI is an 'Investment Entity'? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please refer definition 1(iii) of Part C of the FATCA-CRS declaration) (If yes, please go to Qs. 3)
3.	The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable ⁷ to investing, reinvesting, or trading in financial assets. <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please additionally fill Annexure 2)

9(C) - (please fill ANY ONE as appropriate; to be filled by NFEs other than Direct Reporting NFEs) - please fill if answer to Q.3(d) is YES

C1	Is the Entity an active NFE ⁸	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the sub-category of Active NFE: _____ (Mention code – refer 2c of Part C)
C2	Is the Entity a passive NFE ⁹ (if Yes, please fill Annexure 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁷Entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

(i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or

(ii) the period during which the entity has been in existence.

⁸Refer 2c of Part C

⁹Refer 3(ii) of Part C

BENEFICIAL OWNERSHIP DECLARATION (PART - 2)

DETAILS OF BENEFICIAL OWNER/ SENIOR MANAGING OFFICIAL (ANNEXURE - 2)

All '*' marked fields are mandatory

1.	Name of the controlling person*		
2.	Entity Type*	<input type="checkbox"/> Pub/Pvt Co. <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Section 25/8 Companies <input type="checkbox"/> Bank <input type="checkbox"/> Insurance <input type="checkbox"/> Mutual Fund	
3.	Controlling person type code*		
4.	Date of birth*		
5.	PAN *		
6.	Customer ID (if available)		
7.	Percentage of ownership/capital/profits *		
8.	Place / City of Birth *		
9.	Country of Birth *		
10.	Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
11.	Marital Status *	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other
12.	Father's name *		
13.	Nationality (Please specify country) *		
14.	Aadhaar No (Optional)		
15.	Mother's Name (optional)		
16.	Maiden Name (if any)		
17.	Country of tax residence*		
18.	Tax identification number (or functional equivalent of country other than India) %		
19.	Tax identification number type (for country other than India)		
20.	Address *		
	Address - City *		
	Address - State *		
	Address - Country *		
	Address - Pin code *		
21.	Address Type for above *	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
22.	Mobile Number *		
23.	Telephone Number (with ISD &STD code)		

24.	Occupation Type*	<input type="checkbox"/> S - Service Provider <input type="checkbox"/> B-Business	<input type="checkbox"/> O - Others <input type="checkbox"/> X - Not Categorized	<input type="checkbox"/> S - Service Provider <input type="checkbox"/> B-Business	<input type="checkbox"/> O - Others <input type="checkbox"/> X - Not Categorized
25.	Proof of Identity* (Tick relevant and mention the details)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register <input type="checkbox"/> Any other Government issued Doc Mention ID No. _____ Expiry Date: DD / MM / YYYY	<input type="checkbox"/> Voter ID No. <input type="checkbox"/> Aadhaar No.	<input type="checkbox"/> Passport No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register <input type="checkbox"/> Any other Government issued Doc Mention ID No. _____ Expiry Date: DD / MM / YYYY	<input type="checkbox"/> Voter ID No. <input type="checkbox"/> Aadhaar No.
26.	Proof of Address* (attach self attested proof) (any one) (Please select any one Address proof)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register <input type="checkbox"/> Any other Government issued Doc Mention ID No. _____ Expiry Date: DD / MM / YYYY	<input type="checkbox"/> Voter ID No. <input type="checkbox"/> Aadhaar No.	<input type="checkbox"/> Passport No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Letter from National Population register <input type="checkbox"/> Any other Government issued Doc Mention ID No. _____ Expiry Date: DD / MM / YYYY	<input type="checkbox"/> Voter ID No. <input type="checkbox"/> Aadhaar No.
27.	Spouse's Name (Optional)				
28.	Designation (Applicable for Senior Managing Officials and Section I is ticked in Annexure I - Beneficial Owner Declaration)*				
29.	Photograph	Please paste photograph of Individual Beneficial Owner here		Please paste photograph of Individual Beneficial Owner here	
30.	Politically Exposed Person declaration: (“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, Senior Politicians, Senior Governments or Judicial or military officers, Senior executives of state-owned corporations and important political party officials)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- I/We hereby declare that, other than those declared above, there is/ are no other beneficial owners holding **Controlling ownership in the captioned Company/LLP/Firm/AoP/Bol/Trust/Society above the prescribed threshold limit.
- I/We hereby confirm that the information provided herein is accurate, complete and updated and we agree/ undertake to inform the changes, if any, to HDFC Bank within 30 days of such change.

*To include US, where controlling person is a US citizen or green card holder. Please provide ALL the countries of tax residency and corresponding TINs.

*In case Tax Identification Number is not available, kindly provide functional equivalent

@ Permissible values are:

Passport – (With expiry date)	UIDAI Letter
Election ID card	ID Card
Driving License– (With Expiry Date)	NREGA Job card
PAN Card	Others

7. **Declaration for not having Profit/Loss ratio on Partnership DEED/LLP AGREEMENT:** We hereby declare that the Profit / Loss ratio on deed is not available and collectively confirm that the Profit / Loss ratio as mentioned below:

S. No.	Name of the partners	Profit	Loss	S. No.	Name of the partner	Profit	Loss
1				5			
2				6			
3				7			
4				8			

8. **Declaration for not having banking clause OR conditional/ Not clear banking clause on Partnership Deed/ LLP Agreement:** We hereby declare that the banking clause on deed is missing / conditional and confirm that we collectively wish to open account of the Partnership /LLP *with* HDFC Bank Ltd.

9. **Declaration for Partnership/ LLP deed/ agreement where Stamp paper/ Franking receipt is purchased by Third Party OR Franking receipt missing:** We hereby declare that the deed of entity is purchased by _____ on behalf of firm/LLP

10. **We hereby confirm the Mode of Operation (MOP) of account will be as mentioned below:**

S. No.	Name of Partners/AUS	MOP
1		
2		
3		
4		
5		

11. **Declaration in cases where there is minor discrepancy in name of the entity on given documents for account opening/ instructions:** We hereby confirm that correct name of entity is mentioned on the _____ (please mention the name of the document being referred) and request you to kindly capture correct name while opening account We also confirm that we will apply and make necessary corrections in the documents submitted to you for account opening

12. **Declaration where partner is NRI/PIO:** I/ We _____, confirm that my residential status is NRI / PIO / Foreign National. I further confirm that,

- a) Amount is invested by inward remittance or out of NRE / FCNR (B) / NRO account maintained with Authorized Dealers / Authorized banks,
- b) The firm or proprietary concern is not engaged in any agricultural / plantation or real estate business (i.e., dealing in land and immovable property with a view to earning profit or earning income there from) or print media sector, and
- c) Amount invested shall not be eligible for repatriation outside India.

IMPORTANT NOTE: Prior approval from RBI will be required in case the firm is engaged in the above-mentioned businesses

Customer Signature:

I/We confirm that all the details mentioned in consolidated annexure for opening the account are correct.

For (_____) (Name of Entity)



Name: _____



Name: _____



Name: _____



Name: _____



Name: _____



Name: _____

Note: To be signed by all partners and designated partners with stamp of entity if any of the declaration from Point No. 2 to 12 of additional declaration for Partnership / LLP is filled.

9. List of Directors of Company as on date (Must match with MCA site)


S. No.	Name of Directors
1	
2	
3	
4	
5	

S. No.	Name of Directors
6	
7	
8	
9	
10	

Customer Signature:

I/We confirm that all the details mentioned in consolidated annexure for opening the account are correct.

For (_____) (Name of Entity):



Name: _____

Name: _____

Name: _____



Name: _____

Name: _____

Name: _____

Note: To be signed as per Mode of operation with stamp of Entity.

Section 1: Branch Use

Entity Name :- _____

Sr No	Type of Certification	Tick against the relevant checks	Mandatory / Conditional Mandatory
1	All Original documents seen and verified		Mandatory
2	Customer signed in my presence on all supporting documents		Mandatory
3.	Non DBT consent for Authorized Signatories		Mandatory

Signature _____;

Date _____;

Name of Sourcing staff _____

EMP Code : _____, Branch Name _____, Branch Code _____

Section 2: Certification by BM / BDA

Sr No	Type of Certification	Tick relevant checks	Mandatory / Conditional
1	Blacklisted MLM match carried out - Negative match		Mandatory
2	Banned dedupe check carried out for Individual, entity, Authorised signatory & Beneficial Owner.		Mandatory
3	Customer Contactability done on provided phone no		Mandatory
4	All PAN have been verified from site		Mandatory
5	Account Opening Documents have been verified from KYC Utility		Mandatory
6	Annexure N conducted Any bank Staff including BSO/ CSO and approved by BM / BOM / PBA.		Mandatory
7	FATCA / CRS Annexure signed by BDA		Mandatory
8	UCIC Check done.		Mandatory
9	Below Online KYC Documents (not carrying physical stamp and sign of issuing authority) Verified from Site		
	GST		Mandatory where document is obtained
	Shop Licence		Mandatory where document is obtained
	FSSAI Licence		Mandatory where document is obtained
	ICAI / ICSI Certificate		Mandatory where document is obtained
	Municipal Licence		Mandatory where document is obtained
	Trade Licence		Mandatory where document is obtained
	IEC Certificate		Mandatory where document is obtained
	Labour Licence		Mandatory where document is obtained
	MCA Site verification done / eMOA and eAOA verified from MCA site		Mandatory where document is obtained
	Any Other _____ (Please specify name)		Mandatory if applicable
10	Signatures Verified from System for Existing Customer		Mandatory if applicable

11	For name mismatch in KYC document v/s AOF I have made necessary enquiries on the discrepancy observed 'The name on the identity / address document VS the name on the AOF'. I confirm that the individual signing the account opening form and the individual appearing on the identity / address document are the same individuals.		Mandatory if applicable
12	Approvals provided with form (a) Initial IP issued through saving account Branch Manager Approval with Annexure A or Bank statement. (b) NIL IP (BM in D1 and above approval with Annexure A or Bank statement). (c) Single existence proof provided for proprietorship firm (BM / CH approval with Annexure E). (d) CH approval for third party deed purchase, along with declaration signed by all the partners. (e) CH approval to override the banking clause in partnership deed. (f) CH approval for annexure J (g) In case of HUF, CH approval for NIL IP/ IP from Savings account (h) Approval for not having profit and loss ratio in partnership deed obtained as per DOP. (i) BM Approval for Physical MOA / AOA		Mandatory if applicable
13	If the constitution is not mentioned on the IP cheque, confirm type of entity for proprietorship / Partnership.		Mandatory if applicable
14	Where photograph is not clear on KYC document. Recent Photograph needs to be affixed on the copy of KYC document and customer has to sign across the photograph. Identity of the customer is confirmed.		Mandatory if applicable
15	Net Banking, Debit Card request received with non-individual accounts has been signed by BDA		Mandatory if applicable
16	Additional checks conducted prior to account opening of NBFCs / Chit Funds / Nidhi Companies / Mutual Benefit Companies.		Mandatory if applicable
16A	In case the customer is an entity regulated by specific regulators Approval / license from regulatory authority /body / Central Govt / State Govt – (Refer Annexure H).		Mandatory
16B	If RBI Licence is not submitted, check for nature of business on AOF / MOA - Alternate business proof required.		Mandatory
17	BM / BDA Confirmation for handwritten execution date in partnership deed BM/BDA to sight original deed and annotate mention - original documents carries the same date/content and the handwritten part is duly authenticated by all the partners by placing their counter signatures.		Mandatory if applicable
18	BM Confirmation required for High Annual Turnover basis Constitution.		Mandatory if applicable
19	Other Exceptions/ Certifications / Remarks to be certified by BDA (If any) 1..... 2..... 3.....		Mandatory if applicable
20	Approvals provided for opening of Multiple accounts (i) Cluster Head- upto 5 accounts (ii) Circle/ Zonal Head - for more than 5 accounts		Mandatory if applicable
21	I confirm that the said Entity operates in the Online Market Space under the website name as _____ (Applicable for E-comm current Account - Product Code 954)		Mandatory if applicable
22	I confirm that the said Entity is a vendor to Government or Gram Panchayat or Parishad or Panchayat Samiti and the necessary due diligence has been performed. (Applicable for Saksham Current Account - Product Code - 1107)		Mandatory if applicable
23	I/We confirm that the TID has already been generated or we have initiated the TID generation along with ME-RM. (Applicable for Activ current Account - Product Code - 1102)		Mandatory if applicable

Signature _____;
Date _____;
Name of BM / BDA _____
EMP Code : _____, Branch Name _____, Branch Code _____