# Capital Small Finance Bank

Sr.No.										Cu	ust id 1	L				
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A/c no.										Cu	ust id 3	3				

## RESIDENT INDIVIDUAL ACCOUNT OPENING FORM

(Saving/Term Deposit/Individual Current)

1 Δ	nv	one	OVD	and

2. PAN Card OR Form 60

#### **OVD's (Officially Valid Documents)**

- 1. Passport
- 2. Voter's Identity Card
- 3. Driving License
- 4. Job Card issued by NREGA
- 5. Letter issued by UIDAI
- 6. Letter issued by NPR (National Population Register)

#### **Documents Required**

#### Deemed to be OVD's (Limited Purpose)

- 1. Utility bills-Electricity, telephone, postpaid mobile phone, piped gas, water bill.
- 2. Property or municipal tax receipt.
- 3. Pension or family pension payment orders issued to retired employees by Govt Dept/PSU.
- 4. Letter of allotment of accomodation from employer (as stated in policy)

(Bank reserves the right for calling additional information/document depending upon the risk categorisation of the customer.)

#### Senior Citizen's Account

In case age proof in not available in any of the above documents then any one from the following documents is required.

1. Birth Certificate

2. School Leaving Certificate

3. Life Insurance Policy

4. Pension Card

#### Particulars of Documents obtained for Account Opening

Particulars	First ID Details	Second ID Details
1st Applicant	ID Type ID No.&Date Issuing Authority	ID Type ID No.&Date Issuing Authority
2nd Applicant	ID Type ID No.&Date Issuing Authority	ID Type ID No.&Date Issuing Authority
3rd Applicant	ID Type ID No.&Date Issuing Authority	ID Type ID No.&Date Issuing Authority

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Sourced By	Permitted to open Ac KYC Compliance Of

Emp.Name

I hereby declare that I have personally met the customer at his/her communication address (In case communication/mailing address is different from permanent address)

(DM & Above)

Emp.Name \_\_\_

Emp.Name E.Code

**Branch Head** 

Emp.Name \_\_\_

**Back Office Inputter** 

Emp.Name

E.Code **Authorizer** 

Emp.Name \_\_\_

Page 1 of 8

## Capital Small Finance Bank 🔀

The Branch Manager, Capital Small Finance Bank Ltd.
Please open my/our /joint account at your branch
ACCOUNT OPTIONS
SAVING Saving General Capital Saving Capital Saver Saving Capital Super Saver Saving
CURRENT (Individual) Current General Capital Current Capital Plus Capital Premium
FIXED DEPOSIT (Request form for opening of Term Deposit is mandatory)  Period (Months/Days/Year)
CD STD MIDS QIDS Tax Saver RD
ACCOUNT SUB-TYPE PUBLIC SENIOR CITIZEN STAFF SALARY A/c Other
PERSONAL DETAILS
Applicant Title Name of the Account holder(s)
1st
2nd
3rd
MODE OF OPERATION
Single Either or Survivor Former or Survivor Anyone or Survivor Jointly by All
Guardian Self Operated Minor Others (Please Specify)
DELIVERABLES
Pass Book Yes No Debit Card Yes No
(As per Account Category)
Cheque Book Yes No
INITIAL PAYMENT
Amount (in Figures) In words In words
Cash Debit my / our Account no Cheque Number
Dated DDMMYYYY Drawn On B A N K N A M E Branch
RTGS/NEFT (No third party payment shall be accepted for initial deposit through any mode.)
(In the event this account is not opened, if I /We have initially funded the account in cash for Rs 20000 or more, it will be refunded to me in the form of a DD/Cheque or PO only.)
E-BANKING SERVICES  Please tick the desired (✓). Cross the undesired (×). Do not leave any field BLANK
Mobile Alerts Internet Banking E-Statement Capital ATM cum Debit Card
Email ID (e-statement)
Daily Weekly Fortnightly Monthly Yearly
*Mobile No. Mobile service Provider Mobile service Provider Mobile service Provider Mobile service Provider
<ul> <li>Registration for Mobile Alerts is mandatory for Digital Banking.</li> <li>Alert that have been mandated by RBI and such alert as deemed appropriate by the bank will be sent even if you have not subscribed for the facility.</li> <li>Regulatory &amp; Risk alerts will be sent by the bank by default without any charges.</li> </ul>
*Signature (s) / Thumb Impression  *Signature (s) / Thumb Impression  *Signature (s) / Thumb Impression
of 1" Applicant of 2" Applicant of 3" Applicant
Request Lodgement Date
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Name of Parent/Guardian										Mino	r's Date o	f Birth	D D	M	I Y Y	YY
Relationship with Minor Father Mother	(by cou	ırt orde	er i	f yes,	please	e aff	fix a	сору	y)	Othe	ers (pleas	e speci	fy)			
Under Guardian: I shall represent the minor in all future tran	sactions of	any desc	ript	tion in	the acc	oun	nt till 1	the sa	aid min	nor atta	ins majorit	y. I shall fu	ully inde	mnify the	bank again	st any
claim of the minor for any withdrawal/transaction made by m	e in his/her	account	for	r the be	nefit o	f the	e min	or on	ıly.							
Self Operated minor: I shall fully indemnify the bank against transaction made by the minor in his/her account.	any claim of	the min	or f	for any	transa	ctior	n incl	luding	g Digita	al (	Guardian	r's signo	ature (	if appli	cant is a	minor)
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<ul> <li>The account holder on usage of the Capital Small Finance Bank www.capitalbank.co.in. It is the duty of the account holder to prot</li> <li>The account holder shall be fully responsible for any kind of linke password. The fees, duties or other charges associated with these</li> </ul>	ect and keep daccounts g	the user etting de	Id a	and passe	sword p d on th	rote e ins	ected, struct	, safe a tions g	and sec given th	cured. hrough t	he Capital S	Small Fina	nce Bank	Ltd. Inter	net Banking	User ID and
transfer facility as per the rules in force from time to time.  The account holders of Capital Small Finance Bank Ltd. are respon facility through Mobile Banking the account holder shall be fully associated with these services will be as applicable. In case of mis	sible for the responsible take on part	registrati e for the	on o	of Mob	ile Bank eing de	ing a	at the	e cell p	ohone N	Number from th	s mentione ne specified	d . In the e mobile n	vent of a	vailing any The fees,	additional duties or of	/specialized her charges
the account holders agree that no claim will be made against the Bit is the responsibility of the account holder of Capital Small Finan the Bank to establish the identity of the customer through Phone I information has been received from the genuine customer and proand in such cases the bank will not be liable. It is advised that the at the bank bonafidely acts on the TPIN number and / or any other customers are required to cooperate for the safe custody of the TP	ce Bank Ltd. Banking . The vides the se ccount hold confidential	bank sha rvices . As er is solel details .	all b far ly lia The	oe acting ras the l able for e custor	g as per Bank is secrecy ner is fi	the conc of t ee t	confi cerne the TF to cha	identia d, we PIN an ange t	al detai solely g nd / or c	ils provi go by the confider	ded by the a e confidenti ntial details .	ccount ho al TPIN nu The custo	older. In s mber an omer will	uch cases, d / or any o not make a	the Bank pr ther confide any claims o	esumes that ential details n the bank if
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discretion, discontinue any of the services completely or partial  I/We hereby give my/our consent to the processing of my/our Pe that the shared Personal Information and Sensitive Personal Data 2000 and Section 3 of Information Technology (Reasonable Secur been informed of the fact that my/our Biometrics and Data, will be disclose my/our Data to third parties/vendors and that the Bank's suppliers, the Bank's employees, providers of marketing and adver to share my Data with Government Agencies/regulatory/statuto prevention of intrusion or spread of computer contaminant, detec no objection to the Bank providing me information on various pre mail) and authorize the Bank/ its group companies/ its agents/ its whom it may obtain, or with whom it may disclose or verify my/ou amend or supplement this consent form with future effect at any t OTP (One Time Password) on my registered mobile number for the	y without a sonal Informati ity Practice a processed a hall be entiti tising service by bodies m tion, investi ducts, offer representat r Data free a me, as far as	ny notice nation an on represent Proceed of the least of	e to d Sisent edu ere ansf analy vice he a ess	o me/us densitive ts sensi densitive deby give fer such k, and o der the ysis, incl es rende above p from all s made	. I agree Person tive per Sensitive my volue data outher palaw as uding cered by burposeny liabil are in ti	e than all Desonate Period in the second period per	at the Data o al dat ersona iry, un forma s in ot whei r incic Bank /we a arising	e banlor Info ta or in al Dat nequivation in ther con requivation of the con the con t	k may our mation of the contract of the contra	debit m in which ition with formation cular to cual rela o obtain ty, proso y mode mnify a se of any	y account for I/we hereby thin the mean on) Rules, 2 med consent the following the fol	or service y voluntar aning of Se 011 ("Data t hereto. I, ng categor h the Bank on for the punishme vithout lin emnified if	charges cilly provi- ection 43 a"). I/we /we here cies of re k. I/we fu purpose ent of offi itation t the Bank erstand t	as applicade to the BA of Informereby reby give my cipients no of verifications relations the part the Ba	able from ti bank and ac mation Tech present that consent to ot limited to my consent ation of idea ted there to lephone cal ersons or ea nk reserves	me to time. knowledge nology Act, t I/we have the Bank to the Bank's to the Bank to the Hank itity, or for I/we have s / SMS/ Entities from the right to
<ul> <li>Capital Small Finance Bank Ltd. will not be liable or respor or mobile number provided by the customer. The customer problem arises with our computer network or SMS gateway no. provided and due to technical reasons.</li> </ul>	shall verify	the aut	her	nticity	of the	ema	ails/S	MS t	hey re	ceive. <sup>-</sup>	The custon	ner shall i	not hold	the bank	liable if a	าง
I/We authorise the Bank to send the email statements/SMS     The registration/change request submitted will override an					,									form.		
I/We declare that Bank's Rules and Regulations now in force get I/We authorise the Bank to debit my/our account with applicab	overning th	e accoui nnual ch	nts arg	are rea	nd by m n time t	e/u o tir	ıs. I/V me. I	Ne ag In the	ree to matte	abide l r of bill	oy the same s, cheques	e and also	any cha	-		
for collection, you may send them for collection, to any Bank a  I/We undertake to maintain stipulated minimum /average b  I/We also undertake not to give scope for dishonour of any	alance at a	ll times.	Ва	nk is a	t libert	y to	retu	ırn ch	eque(	s) issue	ed by me/u					ase of
such dishonour.  I/we understand that each depositor in a bank is insured up														me right	and same	capacity as
on the date of liquidation/cancellation of bank license or the I/We undertake to be jointly and severally liable to you for a														ner charg	es and for	any debit
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<ul> <li>The account would be treated as dormant if there are no tra visiting a nearest branch with his/her original identity proc</li> </ul>	of docume	nts acce	pta	ble to	the Ba	nk.	Acco	ounts	which	h are n	ot operate	d for Ter	years v	vill be ma	arked as "l	Inclaimed"
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Most Important Document  I /We confirm having read and understood Terms and Conditions of Acco	int opening v	uhich is au	اداند	hle at al	l the hra	nche	as of C	Canital	Small E	inance P	ank and whi	h is also a	railahle or	hank'e wa	heita www.ca	nitalhank co ir
I / We have also received, read and understood important terms and condition	ons as mentio	ned in the	cust	tomer co	py of the	MID	D. 1/V	We agre	ee to be	bound b	y and abide b	y it or any o	other rules	that may b	e in force fror	n time to time
I / We specifically understand and accept the following: 1 I / We have subscril and Charges available in the Schedule of Charges (SOC) as applicable to th																
3. I /We understand that Current Account is a non interest bearing account. opening, failing which bank will be constrained to freeze my account. 5. I / W																
*Signature (s) / Thumb Impression of 1st Applicant		*Signatı		(s) / TI of 2 <sup>nd</sup> Ap			ressio	on			*Si		s) / Thu 3 <sup>rd</sup> Appl	mb Impre icant	ession	

### Capital Small Finance Bank 🎇

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## Capital Small Finance Bank 🔀

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	Form for declaration to be filed by an individual or a person (not being a compay or firm) who does not have a permanent account number and who enters in to any transaction specified in rule 114B  First Name Middle Name Surname Father's Name (In case of individual) First Name Fathe																										
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