ACCOUNT OPENING FORM NON- INDIVIDUAL

(For Savings & Current Account)

FEDERAL BANK
YOUR PERFECT BANKING PARTNER

Account Number | Sol ID | Date D D M M Y Y Y Y

Branch | Government Business ☐ | Appl. No.

Branch Code | Initial Remittance ₹ | Employee ID/DSA ID | LEAD ID

Account Type SB ☐ CA ☐ | Scheme Name | Scheme Code

Mode of Operation: Single ☐ Jointly by All ☐ Jointly by any Two ☐ Any one ☐ As per resolution ☐ Others.....

Details of Organisation

Name of the Entity/Establishment	
Constitution	Sole Proprietorship ☐ Public Ltd. Company ☐ Pvt. Ltd. Company ☐ Club ☐ Society ☐ Trust ☐ Association of person (AOP)/Body of Individual (BOI) ☐ Committee ☐ HUF ☐ Partnership Firm ☐ LLP ☐ Bank ☐ Foreign Company ☐ If Trust / Society, please select ☐ UN Sponsored ☐ Receipt of foreign funds
Type of Business	Agri ☐ Bank ☐ Finance ☐ Govt. ☐ Manufacturing ☐ Services ☐ Trade ☐ Transport ☐ MLM Company ☐ Non- scheduled Co-operative banks ☐
Cust. ID Mandatory for Existing Customer	CKYC
Date of Incorporation/Registration D D M M Y Y Y Y	Country of Residence as per Tax laws
Date of Commencement of Business D D M M Y Y Y Y	PAN / GIR
Place of Incorporation	GST Registration Number (If applicable)
TIN	

CIN/LLPIN (If applicable) | IEC (If applicable)

Parent Reference Identifier Code (PRI Code)

Annual Turnover ₹ | Networth ₹

Account Activity

Purpose of Opening the Account

Savings ☐ Repayment of Loans ☐ Business Collection of Instruments ☐ Others.....

Registration Details

Permanent Address

Residential/Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified ☐

City/Town/Village | PIN / Postal Code | State/UT | Country

Communication Address

Residential/Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified ☐

City/Town/Village | PIN / Postal Code | State/UT | Country

Contact Details

Land Line Number + | Land Line Number +

Registered Mobile Number & E-mail ID for alerts

Mobile Number + 9 1

E-mail ID

KYC Documents of the Entity/Establishment

☐ Certificate of Incorporation/Formation ☐ Resolution of Board/Managing Committee

☐ Registration Certificate ☐ Memorandum and Article of Association/Partnership Deed/Trust Deed

Document Type	Document Number	Issued on	Issuing Authority
		D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y Y Y	

Facilities Required

STATEMENT	Yes ☐	No ☐	[Periodicity	Monthly ☐	Half Yearly ☐	Yearly ☐]	
CHEQUE BOOK	Yes ☐	No ☐	MOBILE ALERT	Yes ☐	No ☐		
E-MAIL ALERT	Yes ☐	No ☐	[Periodicity	Daily ☐	Weekly ☐	Monthly ☐]	
ATM CARD	Yes ☐	No ☐	Card Type		(Applicable only if mode of operation is Single)		
INTERNET BANKING	Yes ☐	No ☐	MOBILE BANKING	Yes ☐	No ☐		

(Please attach separate form for Corporate Internet banking / Corporate Mobile banking facility)

Certificate/Declarations - Entity

A. DECLARATION OF BENEFICIAL OWNERSHIP

I/We declare that the following persons ultimately own and /or control the customer(s):

- ❍ Partnership (All the Partners or as the case may be).
- ❍ Company (The shareholders of the company).
- ❍ Association club/society/trust (All the members of the association club/society/trust or as the case may be)
- ❍ Others whose identities are stated below (please furnish copies of their identity documents)

Where the beneficiaries exceed 3, please attach the list along with certified true copies of all BO's identity documents

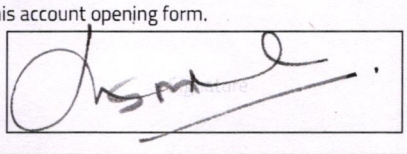
Particulars	Bene. Owner 1	Bene. Owner 2	Bene. Owner 3
Full Name	Soham Satish Modi		
PAN/Passport No			
Nationality			
Residential Address			
Contact Number			
Occupation			
% of Shares Held#			
% of Benefit/Profit#			
Politically Exposed Person (Yes/No)			

#Note: 1. When share aggregated it shall sum up to 100%

2. The questionnaire on Beneficial Ownership applicable to the respective constitutions should be attached to this account opening form.

I/we acknowledge and confirm that Federal Bank shall be entitled to rely on my/our declaration above on the identity(ies) of and information relating to the Beneficial Owners of the account

I/we undertake to inform the bank in writing should there be any changes to the ownership/share holding structure in the future.



B. FOR ACCOUNTS OF SOLE PROPRIETORSHIP FIRMS

I,..... hereby declare that I am the Sole Proprietor of M/S .....and that all dealings and transactions are being entered into by me as sole proprietor. I am solely responsible to the Bank for all the transactions and liabilities of the firm with the bank .The Bank may recover its claims from my personal estate as well as from the assets of the firm.

Signature without stamp

C. FOR ACCOUNTS OF PARTNERSHIP FIRMS

We .....the undersigned carrying on business in the partnership under the name and style of..... ..... authorise the Bank to honour our respective signatures as reserve on behalf of the said firm. We also request and authorize you, until any one of us shall, give you notice in writing to the contrary, to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipts for monies owing to us signed by any of us duly Authorised from time to time on behalf of our said firm and to debit such cheques, orders, bills, notes and receipts to our said firm's account whether such account be, for the being in credit or overdrawn. We may also request you to accept the endorsement of any of us on behalf of our said firm on cheques, other orders, bills and notes.

☐ All the partners participate in the day - to -day functioning activities of the partnership firm and there are no sleeping partners.

☐ The Partner/s mentioned as No... in the Partnership deed dated ..... have sufficient interest in the firm but do not devote his/her/their time to the business of the firm

Name of Partners	Signature (To be signed in Individual capacity, without stamp.)
.....	.....
.....	.....
.....	.....
.....	.....

D. FATCA/CRS declaration (Please tick any one, as applicable to you)

☐ Entity is a tax resident of India and not resident of any other country **or** ☐ Entity is a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Identification Number%	Identification Type (TIN or Others, please specify)

E. Declarations (Tick whichever is applicable)

☐ I/We am/ are not enjoying any credit facility with any other bank/any other branch of your bank and I/we undertake to inform you, in writing as soon as any credit facilities are availed of by me/ us from any other bank/any other branch of your bank.

☐ I/We have availed credit facility from other banks and the NOC from lending banker is enclosed with this application.

☐ Copies of Memorandum of Association /Articles of Association along with a Board Resolution detailing the manner and extent of opening and operating company's account with Federal Bank Ltd are enclosed

☐ Copies of the Bye Law/s and Resolution detailing the powers of office bearers of the Society/ Charitable /Educational Institution are enclosed.

F. Declaration : 1. I/ We hereby undertake: (A) To inform the bank immediately on any change occurring in my business/office/communication address/other contact details. (B) To pay any overdraft created in my/our account inadvertently together with applicable interest and without demur. (C) To inform the bank of the wrong credits in my/our account, pertaining to other customers and refund the same together with applicable interest and without demur. (D) We agree and affirm that the instruction regarding operation of saving bank/current deposit Account is not revocable/or modified by one or more of us unlessthe request is signed by all of us jointly.

2). I /We understand & declare that: (A) I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening and operation of account under Savings/Current deposit schemes of Federal Bank and those relating to various services including but not limited to ATMs/Debit Card/Mobile Banking / Tele Banking /Internet Banking / E Pay Facility/ Mobile & e-mail alert/ IMPS/ Cheque Book. I / We accept and agree to be bound by the said Terms and Conditions. I/We agree that the Bank may debit my account for service charges as applicable from time to time. Apart from this the current Schedule of Charges has been received by me/us and I/We agree with the same. I/We further understand and agree that any subsequent changes in the tariffs/service charges shall be published by the Bank in its website and/or on the notice boards of its branches, which shall be sufficient notice to me/us regarding such change. (B) The above account will be opened on the basis of the statements/ declarations made by me/us and I/we also agree that if any of the statements/ declarations made herein are found to be not correct in material particulars you are not bound to pay any interest on my/ our deposits. (C) Rate of interest applicable, TDS on interest earned and filing/ renewal / cancellation of the nomination will be as per RBI/IBA/Income Tax/ Bank's rules in force from time to time. I/We understand that there will be no interest paid in current accounts. In the cases of all types of joint accounts, name of the first person will be considered for all Income Tax Purpose. Unless and until modified or cancelled by filing a fresh nomination form/request for cancellation, a nomination once filed will continue to be applicable to the deposit. (D) I/we understand that the bank may at any time and without notice to me/us combine and consolidate all or any of my/our accounts and set off or transfer any sum or sums standing to the credit of any one or more such accounts in or towards the satisfaction of any of my/our liabilities to the bank or any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint. (E) I/We wish to avail the add on facility/ facilities, as selected above, in my account. For the purpose of availing the services in respect of joint accounts, I/We am/are enclosing the mandate from the joint account holders. (F) I/We will verify the account details/balances periodically, (at least once in every 3 months) and ensure correctness of the same in order to avoid/curtail fraudulent transactions occurring in the account, irrespective of the reasonable care and caution exercised by the Bank. (G) For existing customers, details given will be updated in all accounts held with the bank. If more than one Customer ID exist, Bank reserves the right to consolidate the customer IDs without any prior notice.

3). I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I /we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it. My/our personal / KYC details may be shared with Central KYC Registry. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

4) I/We hereby state that I/We have no objection for Federal Bank validating and fetching my/our e-KYC details from Unique Identification Authority of India (UIDAI) through the Federal Bank e-KYC system using my/our Aadhaar Number/s or Aadhaar Card/s which is/are provided by UIDAI. I/We further authorise UIDAI to release my/our identity/ address available in UIDAI database to the Federal Bank. I/We also agree to provide the biometric scan of my/our finger(s) and the Aadhaar Number/s or Aadhaar Card/s details as required by the Federal Bank for the above purpose.

5) I/We understand/acknowledge that (i)Centralised Positive Pay System (CPPS) facility, an additional indicator provided by NPCI, is available for all CTS cheques to pre-empt occurrence of cheque related frauds (ii) CPPS facility would be an added safety measure to reconfirm the key particulars of the cheques issued like date, name of the beneficiary/payee etc., to ensure correctness/genuineness of the cheques presented for collection (iii) in the event of non-subscription to CPPS facility, I/We would become incapable/disentitled to lodge complaints under the dispute redressal mechanism at the CTS grids/clearing houses

6) I/We have carefully read, understood and agreed to all the Terms and Conditions document published in Fedral Bank's webste (www.federalbank.co.in/general-terms-and-conditions) and I/We undertake abide by the same at all times. I/We further hearby authorise the bank to share all the information provided by me/us of any nature with credit rating/credit information companies. other service providers who have an agreement with the Bank for business pupose. and to third parties engaged by the bank for the purposes as detailed in the Terms and Conditions

Please open a deposit account in my / our name as per the selected scheme. I agree to maintain AMB of Rs .....in my account.

Signature of Authorised Signatories

SDNMKJ REALTY PVT LTD

Place: ..... Date: .....

For Office Use

Address Proof ☐ ID Proof ☐

Photos ☐ PAN Card/Form 60 ☐

Risk Rating of Entity

Low ☐

Medium ☐

High ☐

KYC norms complied D D M M Y Y Y Y

Assistant Manager/Manager

Principal Officer

Details of Related Person/Controlling Person

(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment

Related Person Type/Controlling Person

Promoter ☐ Karta ☐ Partner ☐ Beneficiary ☐ Trustee ☐ Proprietor ☐ Ownership ☐

Senior Managing Official ☐ Authorised Signatory ☐ Court Appointed Official ☐ Other Means ☐

DIN/DPIN (If applicable) Politically Exposed Person Yes ☐ No ☐

CKYC Cust. ID
Mandatory for Existing Customer

	Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)				
Maiden Name (If any)				
Father's / Spouse Name				
Mother's Name				

Marital Status
Single ☐ Married ☐ Others.....

Date of Birth D D M M Y Y Y Y

Gender
Male ☐ Female ☐ Transgender ☐

Nationality

Residential Status
Resident ☐ NRI ☐ PIO ☐ Foreign National ☐

Residence for Tax Purpose

City of Birth

Related to Staff/Director: Yes ☐ No ☐

If Yes, Name of Staff/Director

PAN Form 60 Yes ☐ No ☐

Aadhaar

Officially Valid Document

Aadhaar ☐ Driving Licence ☐ NREGA ☐ Voters ID ☐

Passport ☐ Letter from National Population Register ☐

Document No

Issued on D D M M Y Y Y Y Valid Till D D M M Y Y Y Y

Occupation

Private Sector ☐ Public Sector ☐ Government Sector ☐ Business ☐
Professional ☐ Self Employed ☐ Home Maker ☐ Retired ☐ Student ☐

Choose sub category of occupation

Academicians ☐ Bureaucrat ☐ Car Dealers ☐ Financial Sector ☐
Judiciary ☐ Media ☐ Pawn Broker ☐ Real Estate ☐
Scrap Dealers ☐ Stateman ☐ Stock Brokers ☐ Virtual Currency ☐
Dealers in Art and Antiques ☐ Dealers in Arms and Armaments ☐
Entertainment Industry ☐ Professional Intemiediaries ☐
Dealers in Gems, Jewels and Precious Stones ☐

Permanent Address

Residential/Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified ☐

City/Town/Village

PIN / Postal Code

State/UT Country

Communication Address

Residential/Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified ☐

City/Town/Village

PIN / Postal Code

State/UT Country

Mobile Number Land Line Number

E-mail ID

Monthly Income

☐ <₹10,000 ☐ ₹10,001 - 25,000 ☐ ₹25,001 - 50,000 ☐ ₹50,001 - 1,00,000
☐ ₹1,00,001 - 5 Lakhs ☐ ₹5,00,001 - 25 Lakhs ☐ ₹25,00,001 - 50 Lakhs ☐ >₹50 Lakhs

Person of Indian Origin

Person of Indian Origin(PIO) Yes ☐ No ☐ (If yes, please attach PIO Declaration)

FATCA/CRS

FATCA/CRS Applicable Yes ☐ No ☐ (If yes, please attach FATCA/CRS Declaration)

Politically Exposed Persons

Politically Exposed Persons(PEP) Yes ☐ No ☐ (If yes, please attach PEP Declaration)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.

Place: ..... Date: .....

Signature

Please paste Passport Size color Photograph here

For Office Use

Address Proof ☐ ID Proof ☐
Photos ☐ PAN Card/Form 60 ☐

Risk Rating

Low ☐
Medium ☐
High ☐

KYC norms complied

Assistant Manager/Manager

Principal Officer

Details of Related Person/Controlling Person

(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment

Related Person Type/Controlling Person

Promoter ☐ Karta ☐ Partner ☐ Beneficiary ☐ Trustee ☐ Proprietor ☐ Ownership ☐

Senior Managing Official ☐ Authorised Signatory ☐ Court Appointed Official ☐ Other Means ☐

DIN/DPIN (If applicable) Politically Exposed Person Yes ☐ No ☐

CKYC Cust. ID
Mandatory for Existing Customer

	Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)				
Maiden Name (If any)				
Father's / Spouse Name				
Mother's Name				

Marital Status
Single ☐ Married ☐ Others.....

Date of Birth D D M M Y Y Y Y

Gender
Male ☐ Female ☐ Transgender ☐

Nationality

Residential Status
Resident ☐ NRI ☐ PIO ☐ Foreign National ☐

Residence for Tax Purpose

City of Birth

Related to Staff/Director: Yes ☐ No ☐

If Yes, Name of Staff/Director

PAN Form 60 Yes ☐ No ☐

Aadhaar

Officially Valid Document

Aadhaar ☐ Driving Licence ☐ NREGA ☐ Voters ID ☐

Passport ☐ Letter from National Population Register ☐

Document No

Issued on D D M M Y Y Y Y Valid Till D D M M Y Y Y Y

Occupation

Private Sector ☐ Public Sector ☐ Government Sector ☐ Business ☐
Professional ☐ Self Employed ☐ Home Maker ☐ Retired ☐ Student ☐

Choose sub category of occupation

Academicians ☐ Bureaucrat ☐ Car Dealers ☐ Financial Sector ☐
Judiciary ☐ Media ☐ Pawn Broker ☐ Real Estate ☐
Scrap Dealers ☐ Stateman ☐ Stock Brokers ☐ Virtual Currency ☐
Dealers in Art and Antiques ☐ Dealers in Arms and Armaments ☐
Entertainment Industry ☐ Professional Intemiediaries ☐
Dealers in Gems, Jewels and Precious Stones ☐

Permanent Address

Residential/Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified ☐

City/Town/Village

PIN / Postal Code

State/UT Country

Communication Address

Residential/Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified ☐

City/Town/Village

PIN / Postal Code

State/UT Country

Mobile Number Land Line Number

E-mail ID

Monthly Income

☐ <₹10,000 ☐ ₹10,001 - 25,000 ☐ ₹25,001 - 50,000 ☐ ₹50,001 - 1,00,000
☐ ₹1,00,001 - 5 Lakhs ☐ ₹5,00,001 - 25 Lakhs ☐ ₹25,00,001 - 50 Lakhs ☐ >₹50 Lakhs

Person of Indian Origin

Person of Indian Origin(PIO) Yes ☐ No ☐ (If yes, please attach PIO Declaration)

FATCA/CRS

FATCA/CRS Applicable Yes ☐ No ☐ (If yes, please attach FATCA/CRS Declaration)

Politically Exposed Persons

Politically Exposed Persons(PEP) Yes ☐ No ☐ (If yes, please attach PEP Declaration)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.

Signature

Place: ..... Date: .....

Please paste Passport Size color Photograph here

For Office Use

Address Proof ☐ ID Proof ☐
Photos ☐ PAN Card/Form 60 ☐

Risk Rating

Low ☐
Medium ☐
High ☐

KYC norms complied

Assistant Manager/Manager

Principal Officer

Details of Related Person/Controlling Person

(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment

Related Person Type/Controlling Person

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Mother's Name				

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Single ☐ Married ☐ Others.....

Date of Birth D D M M Y Y Y Y

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Professional ☐ Self Employed ☐ Home Maker ☐ Retired ☐ Student ☐

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Judiciary ☐ Media ☐ Pawn Broker ☐ Real Estate ☐
Scrap Dealers ☐ Stateman ☐ Stock Brokers ☐ Virtual Currency ☐
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☐ ₹1,00,001 - 5 Lakhs ☐ ₹5,00,001 - 25 Lakhs ☐ ₹25,00,001 - 50 Lakhs ☐ >₹50 Lakhs

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FATCA/CRS

FATCA/CRS Applicable Yes ☐ No ☐ (If yes, please attach FATCA/CRS Declaration)

Politically Exposed Persons

Politically Exposed Persons(PEP) Yes ☐ No ☐ (If yes, please attach PEP Declaration)

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