

(Deposit-Account)

For Resident Individuals

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No-FRILLS ACCOUNT declare that my present gross monthly income is not more than Rs. 5,000. I shall inform you whenever ot exceeds Rs. 5,000 understand that if the value of my business connection, including other liability products like Recurring Deposit or Term Deposit exceed Rs. 10,000/. This account will cease to be a "No-frills" account. The account will then be treated as a normal Savings and account, governed by the terms and cond tions applicable to such accounts. I shall abide by the 'know Your Customer orms as stipulated from time to time. **OR JOINT ACCOUNTS WITH 'EITHER OR SURVIVOR' OR 'ANYONE OR SURVIVOR' MODE OF OPERATION We have to advise that The Sultan's Battery Co-op Urban Bank Ltd., may pay to anyone of us, any day either before or on due late, on or after due date and where no due date is fixed, on demand, the principal alongwith interest. Payment to any one o is is discharge to the Bank from all of us, until you rece ve a notice contrary to it from both/all of us. In case of death of any one mount is to be paid to the survivor (s) **PECIAL CLAUSE IN THE APPLICATION / ACCOUNT OPENING FORM FOR TERM DEPOSIT RECEIPT **Little first name the second name etc. of us or Either or Survivor of us, in its, Any one or Survivors of Survivir r of us, bsolute discretion and subject to such terms and conditions as the Bank may stipulate, (a) grand a loan /advance against the eposit to the former/the latter /the first named of us/either the second or survivor of us etcname turs/any one of us or survivors or survivor or us **e have read and understood the rules and regulations of the product(s)/Service(s) opted for and agree abide by the terms and conditions has been made available to me by the mode of tearoff. Further, IWe understand that IWe have the option to operate this bount through my mobile handset using MPIN as per terms and conditions displayed on Bank's website www sboub.com Further IWe are read and understood the provisions contained in the "Terms of Service document" of "Online Banking" fr	Monthly installment : Rs		Rest South Control of the State
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only



Nomination:										
Nomination, if required fill Form DA-1, otherwise sign below		_								
I/We do not want to nominate any person in this account		Please								
		Sign in black in								
FOR OFFICE USE		only								
Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illite	erate applicant)									
Open account: Account number generated :										
Date										
(Authorised Signatory)	(Author	ised Signatory)								
i) Internet Banking (INB) Kit No : ii) INB Viewing Transaction vii) Account sourced by Business Corresponde	ent/Business Facil	itator - Yes/No								
If the Name / Decise the		100/110								
iii) Mobile Banking MPIN given on Code no. of BC/BF:										
iv) ATM Card date transmitted on viii) Account transferred / Home branch changed on :										
v) Nomination Serial No.:										
vi) Threshold (KYC) limit : Rs.										
Form DA-1 (Nomination Form)										
Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits No. 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits										
I/Wenominate the following person to										
whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by T Battery Co-op Urban Bank Ltd.	he Sultan's									
(Name and address of branch/office in which deposit is held)										
Details of Deposits:										
Type of deposit: Account number	51									
Additional details, if any										
Details of the Nominee										
Name:										
Name:										
Name: Age: Date of birth of nominee										
Name: Age: Date of birth of nominee										
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Relationship with the depositor: Age: Date of birth of nominee City: PIN: State:										
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Relationship with the depositor: Age: Date of birth of nominee Address City: PIN: State: Nomination No. As the nominee is a minor on this date, I/We appoint Shri/Smt./ Address to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nomine Date: Signature/Thumb impression of 1st witness** Signature/Thumb impression of 1st witness**		■ Please Sign in black ink								
Relationship with the depositor: Age: Date of birth of nominee Address City: PIN: State: Nomination No. As the nominee is a minor on this date, I/We appoint Shri/Smt./ Address to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee: Place: Signature(5)/Thumb impressions (5) of depositor(5) Signature(Thumb impression of 1st witness** Name Name:	nee	■ Please Sign in black ink								
Relationship with the depositor: Age: Date of birth of nominee Address City: PIN: State: Nomination No. As the nominee is a minor on this date, I/We appoint Shri/Smt./ Address to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nomine Date: Signature/Thumb impression of 1st witness** Signature/Thumb impression of 1st witness**	nee	■ Please Sign in black ink								
Relationship with the depositor: Age: Date of birth of nominee Address City: PIN: State: Nomination No. As the nominee is a minor on this date, I/We appoint Shri/Smt./ Address to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee: Place: Signature(5)/Thumb impressions (5) of depositor(5) Signature(Thumb impression of 1st witness** Name Name:	nee	■ Please Sign in black ink								

CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Individual

Line 3

State / U.T. Code*

For Office use only Application Type* List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available at the end. Fields marked with** are mandatory fields. Fields marked with a field marked with a										言語は	0	ER:	AI	The state of the s							
For Office use only (To be filled by financial institu		New	 	Jpdate	e	Ad	COL	int Ty	Č.	'Mar	dat					□ date	Sma requ				
☐ 1. PERSON	AL DETAILS (Please refer ins	struction Name	A at th	e end)			liddle	Nama								Last N	lame			
☐ Name* (Same as ID proo	10 Mariana	Name			Т			T	Name	П	-	1				П,	Last	anie	Т	1.1	1
Maiden Name (If any*)	<u> </u>	+++	+	+	+	+	\vdash	+		\forall	÷	+	-		+		+	+	÷	+	1
Father / Spouse Name*					\pm	+	H	+	\vdash	\forall	\pm	+	Н	$\overline{}$	+	\vdash	+	+	t	\vdash	\pm
Mother Name*		+	+	\vdash	\forall	+	H	+	+	\forall	÷	+		H	÷	H	+	+	÷	\vdash	\pm
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Date of Birth*						F-Female T-Transgender												PF	TO	0	
Gender*	_									enae	er							4			
Marital Status*	Married	☐ Unmarried							ers			1 .						þιΔ			
Nationality*	☐ IN- Indian		Others (ISO 3166 Country Code)																		
Residential Status*	☐ Resident Individual ☐ Foreign National		☐ Non Resident Indian ☐ Person of Indian Origin								-77										
Occupation Type*	□ O-Others (□ Professional																				
									re /		np										
ISO 3166 Country Code of	RESIDENCE FOR T QUIRED* (Mandatory only if se Jurisdiction of Residence* or equivalent (If issued by juriso	ection 2 is	s ticked)							BIDE	IN	DIA	(Pl	ease	refe	r instr	uctio	n B a	at the	e-end) .
☐ 3. PROOF OF IDENT	ITY (Pol)* (Please refer instruc	tion C at	the end) -											1 8				ij.		ii.
The first of the first term of the first	e following Proof of Identity [Pol])																
☐ A-Passport Number						F	as	sport	Expir	v Da	ate			П	٦_	П	7_[1	Т		
☐ B-Voter ID Card										,											
☐ C-PAN Card																					
☐ D-Driving Licence			TT	٦		1	Oriv	ina Li	cenc	e Ex	nin	Da	te	ГТ	٦_	П	7_[-			
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☐ F-NREGA Job Card		++	TT	7																	
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2-Others (any document	notified by the central government	ent)	9	Ц.	\perp		Ш	Ide	entific	auo	n INI	umb	er								
4.Proof of Addres	ss (PoA)*																				
	NENT / OVERSEAS ADDRESS	DETAILS	(Pleas	e refer	instru	ıction	D at	the e	nd)												
	ne following Proof of Address [Po		0.00						8.5												
Address Type*	Residential / Business	-	Resid	ential				Busin	ess			Re	gis	tere	d Of	fice		Jυ	nsp	ecifie	ed
Proof of Address*] Drivin	g Lice	ence			JID (Aadh	aar)													
Address	Passport											☐ Others									
Address Line 1*		111			ТТ					П			Г			П				П	Т
Line 2*		+++				-		十				T	T	Ħ			Ì		İ	甘	Ī

City / Town / Village*

ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE☐ Same as Current / Perma																			7 16.	loca	al ac	ddre	ss,	plea	ase	fill '/	Anne	exui			core	4			A. a.	
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Line 3		Щ															L										lage	-		\perp						
State / U.T. Code*						Р	in /	Po	st C	ode	e*									13	SO	31	66	Cou	ıntr	y Co	ode*			╛						
☐ 4.3 ADDRESS IN THE JU☐ Same as Current / Perma									APF	PLIC	CAN	IT IS	S RE	_													S* (tails		olica	ble	if se	ctio	n 2 i	s ticl	ked)	
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Addition of Related Person	_	Delet							rei	alec	ı þe	3150				4 - 1/								24		T .	T	3 61	T	_	1		\neg			-
Related Person Type*		Guai					rsor T	i Dno								mber						•					믁		-6-1				+		-6-1-	_
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☐ D-Driving Licence	F	+	十	÷	十	一	\pm	+	┿	1			\neg					Driv	in	~ ! :	001		- v	nin	Do	to		\neg		_	7		$\overline{}$	_	7	
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Z-Others (any document	noti	lied b	y tr	ie ce	entra	al go	ver	nme	nt)		L			_	_	NA N	_]	lde	enti	fica	tio	n Nu	umb	per		_	\perp	_	Ш			\perp		
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Please Tick if Applicable	: L	JPoli	tica	illy E	Expo	osec	j Po	ersc	n	l	'	Rela	ated	d to	Po	olitic	ally	Ex	pos	sed	per	sor	1													
Any Other information :				Ц		上				-1									1		L		L													
APPLICANT DECLA I hereby declare that the commediately, In case any of My personal / KYC details I hereby consent of receiver registered number/email as	letial of the may ing i	s furn e abov y be s nform	nishe ve ir	nforred w	matio	on is Centi	fou	nd to	be Rec	fals	se o	r ur	true	or	mis	lead	ing	or n	nisr	ерге																
Date :	T	\Box				Р	lace	: [s	ignatı	ure /	Thu	m In	npress	sion (of Ap	olicar	it	
9. ATTESTATION / FO	R O	FFIC	Œ	USI	Ξ Ο	NLY									***				***																	
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Annexure A1

CENTRAL KYC REGISTRY / Know your Customer (KYC) Application Form / Individual / Correspondence / Local Address

D) Please fill the date in DD	e mandatory fields. Iments is mandatory Igish and in BLOCK Letters.	F) List of State / U.T. Code as per Indian Motor Vehicle, Act . 1988 is available at the end G) List of two character ISO 3166 country codes is available at the end. H) KYC Number of applicant is mandatory for update application. I) For particular section update, please tick () in the box available before the section number and strike off the section not required ben updated.											
For office use only	Application Type*	New Upo	date Account	Type*	Normal	Small							
(To be filled by financial	Institution) KYC Number			(Manda	ntory for KYC upd	ate request)							
1. POORF OF ADDR	ESS (PoA)*												
 ☐ 1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E at the end) ☐ Same as Current / Permanent / Overseas Address Details 													
Line 1*													
Line 2													
Line 3				City / To	wn / Village*								
State / U.T. Code*	Pin /	Post Code*		ISO 3166 Co	untry Code*								
2. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)													
Tel. (Off)		Tel. (Res)		ТТТ мо	obile T								
													
FAX		Email ID			P.								
changes therein, immediatel I/We may be held liable for it My presonal / KYC details m	ails furnished above are true and correct to the y. In case of the above information is found to	be false or untrue misleading of	or misrepresenting, I/We am /	are aware that	Signature / Thu	umb Impression of Applicnt							
4. ATTESTATION	FOR OFFICE USE ONLY												
Documents Received	Self-Certified True	Copies Notary	Risk Category	High	Medium	Low							
IN PERSO	ON VERIFICATION CARRIED OUT E	ΙΥ	65										
Identity Verification	☐ Done Date ☐ ☐			INSTI	TUTION DETAILS								
Emp. Name			Name Sultan'	s B a t t e r y C	ooperative	Urban Bank Ltd							
Emp. Code			Code										
Emp. Designation Emp. Branch													
Emp. Branch													
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		j	25										
	Evaplace Pierra	1			Im attribute - Or	, la							
	Employees Signature				Instutition Stamp								

Annexure B1

CENTRAL KYC REGISTRY / Know your Customer (KYC) Application Form / Individual / Related Person

A) Fields marked with "" are ma	•	F) List of State / U T	. Code as per Indian Mo	otor Vehicle Act 1988	R is available at the	and State MECONET MA	A
B) Self-Certification of dcoumer			ter ISO 3166 country co				1
C) Please fill the form in Enlgish	and in BLOCK Letters.		pplicant is mandatory for				Complete
D) Please fill the date in DD-MM	I-YYYY format	 For particular sec 	tion update, please tick	() in the box available	before the	CERSAL	jE
E) Please read section wise det at the end.	ailed guidelines / Instructions	section number a	nd strike off the section	not requiredto ben up	dated.		
For office use only	Application Type*	☐ New ☐ Up	odate Accoun		Normal	Small	
(To be filled by financial Inst	itulion) KYC Number			(Mandato	ry for KYC upo	late request)	
1. DETAILS OF RELA	TED PERSON (Please refer	instruction G at the end)					
Addition of Related Person	☐ Deletion of Related Persor	n K	YC Number of Related F	Person (if available*)			T
Related Person Type*			C2950 U.S.	zed Representative	Benefic	al Owner Benef	iciar
Name*	Perfix F	rst Name	Midd	le Name		Last Name	_
Name	(If KYC number and name are	provided below details	of section 6 are optional	<u> </u>			_
				,			
PROOF OF IDENTITY [Po	I] OF RELATED PERSON* (Ple	ase see instruction (H) at	the end)				
A-Passport Number			Passp	ort Expiry Date			
□ B-Voter ID Card							
☐ C-PAN Card							
□ D-Driving Licence			Driving	Licence Expiry [Date	T -	
☐ E-UID (Aadhaar)							
☐ F-NREGA Job Card							
Z-Others (any document	t notified by the central gover	rnment)	lo	dentification Numb	per		I
2. APPLICANT DECL	ARATION		77-17-17-1				
	mished above are true and correct to the	a best of my four broads do		Britania (a. I. A.		HARMAN BARANAN	ia:
changes therein, immediately. In c I/We may be held liable for it.	ase of the above information is found to	be false or untrue misleading	or misrepresenting, I/We am	/ are aware that			
 My presonal / KYC details may be I hereby consent to receiving infor 	mation from Central KYC Registry throu	igh SMS / Email on the above	registered number / email ad	dress			
Date :	Plac	e:			Signature / Thu	ımb Impression of Applicnt	
3. ATTESTATION / FO	OR OFFICE USE ONLY						
Documents Received	Self-Certified True	Copies Notary	Risk Category	High	Medium	Low	
IN PERSON V	ERIFICATION CARRIED OUT E	BY		INSTITUT	ION DETAILS		
Identity Verification I	Done Date		Name Sultan'			JrbanBankLtd	
Emp. Name			Code				
Emp. Code			Code			59 /811 6 /811 /811	
Emp. Designation							
Emp. Branch							
P 110 11		Company of the second		,			erje i
Emplo	oyees Signature			Ins	tutition Stamp		pr.
						Note also	



CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application Form /Legal Entity

☐ Authorised Signatory

Important Instructions: a) Fields marked with are mandatory fields D) List of State/U.T. code as per Indian Motor vehicle Act. 1988 is available at the end b) Please Fill the form in English and in BLOCK Letters. E) KYC number of entity is mandatory for update application+ c) Lsit of Two character ISO-3166 country codes is available at the end. ☐ Update For Office use only Application Type* ☐ New (To be filled financial institution) KYC Number (Mandatory dor KYC update request) Account Holder Type* US Reportable Other Reportable (Please refer instruction A at the end) Nature of Business / Entity Constitution Type* (Please refer instruction B at the end) 1. ENTITY DETAILS (Please refer instruction C at the end) ☐ Name* Date of Incorporation* Date of Commencement of Business' Place of Incorporation Country of Residence as per Tax laws* Country of Incorporation* **TIN Issuing Country** Identification Type Tax Idnetification Number (TIN) PAN Number of controlling person(s) resident outside India for tax purposes (Please provide details of each controlling Person resident outside Idia for Tax purposes separately in Annexure C2) 2. PRROF OF IDENTITY (POL)* (Please refer instruction D at the end) (Certified copy of any one of the following proof of Identity [Pol] needs to be submitted) ☐ Certificate of Incorporation / Formation Registration Certificate Resolution of Board / Managing Committee Memorandum and Article of Association / Partnership Deed / Trust Deed Officially valid documents(s) in respect of person authorised to transact 3. PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) (Please see Instruction E at the end) 3. 1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS* Address Type Residential / Business ☐ Residential ☐ Business Registered Office Unspecified Proof of Address* ☐ Registration Certificate Certificate of Incorporation / Formation Line 1' Line 2 Line 3 City / Town /Village* ISO 3166 Country Code* State / U.T. Code Pin / Post Code* 3. 2 CORRESPONDENCE/LOCAL ADDRESS DETAILS* rent / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A2' ☐ Same a ☐ Residential / Business ☐ Residential ☐ Business Registered Office ☐ Unspecified Address Type Proof of Add ☐ Certificate of Incorporation / Formation ☐ Registration Certificate Line 1' Line 2 City / Town /Village* Line 3 State / U.T. Code* Pin / Post Code* ISO 3166 Country Code* 3. 3 ADRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES ☐ Same as Current / Permanent/Overseas Address details ☐ Same as Correspondence / Local Address details Address Type' Residential / Business Residential Business ☐ Registered Office Unspecified Proof of Address' ☐ Certificate of Incorporation / Formation ☐ Registration Certificate Line 1* Line 2 City / Town / Village* Line 3 ZIP / Post Code* ISO 3166 Country Code' State* 4. CONTACT DETAILS (All communications will be sent on provided Mobile no. Email ID) (Ploase refer Instruction F at the end) Tel. (Res) Tel. (Off) FAX Email ID 5. DETAILS OF RELATED PERSON* (In case of additional related persons, Please fill Annexure B2) (Please refer instruction G at the end) Addition of Related Person Deletion of Related Person Dupdate Related Person details If KYC number is available, only Related Person Type' and Name is mand KYC Number of Related Person (if available* ☐ Director ☐ Promoter ☐ Karta Partner Trustee Related Person Type*

Beneficiary

☐ Court Appointed Official

5. 1 PERSONAL DETA	ILS (Please refer instruction	G I at the end)						
	50	st Name	Middle Name					
Name* (Same as ID Proof)			Widdle Name	Last Name				
Maiden Name (If any*)								
Father / Spouse Name*								
Mother Name*								
Date of Birth*				_				
Marital Status*	☐ Married ☐ Unmarrie		THE PART OF THE PA	☐ F-Female ☐ T-Transgender				
Residential Status*	Resident Individual			others (ISO 3166 Country Code				
Occupation Type*	☐ S-Service ☐ Private	☐ Non Residen	3	Person of India Origin				
	O-Others Profess		- Covernment Occi					
	☐ B-Business ☐ X-Not C		project Retired H	lousewife Student				
5.2 TICK IF APPLICAB	I FO DESIDENCE COD	TAY DUDDOCEOU	I III DIODIOTIONE					
ADDITIONAL DETAILS DEC	OURED* (Mandatan and if	TAX FURFUSES II	A JORISDICTION(S)OUTSIDE I	NDIA (Please refer instruction G.II at the end)				
	QUIRED* (Mandatory only if s	ection 5.2 is ticked)						
ISO 3166 Country Code of								
	equivalent (If issued by juri	sdiction)*						
Palce / City of Birth*		ISO 3166	Country Code of Birth*					
5.3 PROOF OF IDENTIT	FV (D=0+	*						
	The control of the co	uction G. III at the end)						
	of the following Proof of Ide	ntity (Pol) needs to b	**					
A- Passport Number B - Voter ID Card			Passport Expiry Date					
C - PAN Card								
D - Driving Licence								
☐ E - UID (Aadhaar)		+++	Driving Licence Expiry Da	ite				
☐ F - NREGA Job Card		+++		*				
	notified by the central governm	ont)						
Z- Others (any document notified by the central government)								
5. 4 PROOF OF ADDRES	SS (PoA)* (Certified copy of an	y one of the following Pro	oof of Address (PoA) needs to be submitte	d)				
5.41 CURRENT/PERMANI	ENT/OVERSEAS ADDRESS	DETAILS (Please see	e instruction G.IV at the end)					
D (()) .	Residential / Business	Residential	□Business□Re	gistered Office Unspecified				
ATTEMPORE MATERIAL STATES	Passport	Driving Lice						
Line 1*	☐ Voter Identity Card	☐ NREGA Job	Card Others					
Line 2								
Line 3								
State / U.T. Code*	Dia / Da	-+0-1+	City / Town /\					
6. REMARKS (If any)	Pin / Po	st Code ⁻	ISO 3166 Country	Code*				
O. REMARKS (II ally)	.							
7. APPLICANT DECLAR								
I/We hereby declare that the details changes therein, immediately. In case	furnished above are true and correct to the	ne bestof my/our knowledge an	nd belief and I undertake to inform you of any or misrepresenting, I/We am/are aware that	*				
i/we may be field liable for it.		be laised unitide of misleading	or misrepresenting, I/We am/are aware that					
My/Our Personal KYC details may be I/We hereby consent to receiving info	e shared with Central KYC Registry. rmation from Central KYC Registry throu	ah SMS/Email on the above ren	istered number/email address	.= "				
Date:	Place :			Signature /Thumb Impression of Applicant				
8. ATTESTATION/FOR	OFFICE USE ONLY	, 5						
	OT THE OUT ONE!							
Documents Received	Self-Certified	ies 🗌 Notary Ri	sk category	Medium				
IN PERSON VE	RIFICATION CARRIED OUT BY		INSTITUTIO	ON DETAILS				
Identity Verification Dor	ne Date 🗍							
Emp. Name			ame					
Emp. Code		Co	ode					
Emp. Designation		F						
Emp. Branch		.		:				
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