

**FRB**

FIRSTRAND BANK

Account Opening Form

Form No. _____

Date : _____

Branch : _____

(Applicable for Savings Account / Current Account / Term Deposits)

(Individual / Joint Account / Sole Proprietorship Concern / Partnership Firms / HUF / Trusts / Associations / Societies / Clubs and Companies)

Details of Applicant

Name of Account: _____

Constitution:

| | | | |
|--|--|---|----------------------------------|
| <input type="checkbox"/> Association | <input type="checkbox"/> Sole Proprietorship Concern | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Society |
| <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> HUF | |
| <input type="checkbox"/> Individual (Single/Joint Account) | <input type="checkbox"/> Trust | <input type="checkbox"/> Club | |
| <input type="checkbox"/> Other (Please Specify) _____ | | | |

Date of Incorporation/Date of Birth: DDMMYY Annual turnover (latest year): _____Registration No.: _____ PAN / GIR No.: _____ Whether SSI: ☐ Yes ☐ NoIn case of current account, please specify ☐ Domestic transactions only ☐ Foreign trade transactions & domestic transactionsSource of funds credited to the account: ☐ Business receipts ☐ Others (Please Specify) _____

Country of Registration/Incorporation _____

Nature of Business _____ TDS Applicable ☐ Yes ☐ No**Product Choice (I/ We would like to open the following type of Account with FirstRand Bank _____ Branch)**

☐ Savings ☐ Current ☐ Term Deposit

☐ No Frills ☐ Others _____

Term Deposit Details : Amount _____

Period: _____ Years _____ Month _____ Days Interest Rate: _____ % p.a.

Maturity instructions

☐ Auto Rollover (same period) ☐ Credit interest to my/our FirstRand Bank A/c no. _____ and renew Principal Amount☐ Credit maturity proceeds to my/our FirstRand Bank A/c no. _____ ☐ Pay interest/ maturity proceeds by DD/ PODeduct TDS ☐ Yes ☐ No (Form 15 H/15G/other IT exemption certificate enclosed)☐ Sweep- out Facility (SA to TD)

A)Sweep out facility will be available for savings account in multiples of (INR 1000),incase the balance in the account is over Rs.10000/- B)Premature withdrawal penalty as applicable. C)If the maturity instructions are not given then the fixed deposit will be auto rolled out for original deposit period. D)Sweep out deposit will be for 12 months with auto rollover for 12 months if the maturity instructions are not given.

Mailing / Operating Address:

PIN Code: _____

Country: _____

Tel. No.: _____

Fax No.: _____

Mobile No.: _____

Email: _____

Registered Office / Permanent Address:

PIN Code: _____

Country: _____

Tel. No.: _____

Fax No.: _____

Mobile No.: _____

Email: _____

List the countries where the entity has branches _____

List the countries where the entity / business has trade / commercial activity _____

Type of business / activity: ☐ Manufacturer ☐ Service Provider ☐ Consultant ☐ Trader☐ Other (Please Specify) _____

Business / Commercial activity _____

Details of other accounts with FirstRand Bank (across all products)

| Account No. | Type of Account |
|-------------|-----------------|
| | |
| | |

☐ I / we declare that I / we do not avail of any other credit facility

☐ I / we declare that I / we avail the following credit facility

| Name of Bank/Branch | Account No. | Details of credit facilities (if any) | Amount |
|---------------------|-------------|---------------------------------------|--------|
| | | | |
| | | | |

Initial payments details: Amount _____

- ☐ Transfer from FirstRand Bank A/c No. _____ Cheque No. _____ Dated _____
- ☐ Other Bank Cheque No. _____ Bank _____ Branch _____ Dated _____
- ☐ Other Details [RTGS, NEFT, etc] Bank _____ Branch _____

Introduction details:

Introducer Name: Mr./Miss/M/S FIRST MIDDLE LAST

Customer id: Account Number:

Account Opening Date: DDMMYYYY

I know the applicant due to my acquaintance as a relative/spouse/friend/office colleague from the last _____ months/yrs.
I confirm address of the applicant as stated above and photograph attached in the form.

Date of Introduction: DDMMYYYY Contact Number of Introducer:

Signature of Introducer Signature verified by

Please Note: Introducer has to be an account holder of FirstRand Bank for more than 6 months.

For Office use only:

I certify that I have personally met _____ on _____ at _____ and verified his original documents.

Mandatory Requirements:

KYC Compliance Completed ☐ Yes ☐ No

Verified by Employee Name ID Signature

Account Opening Approved by: Name ID Signature

Optional field:

Account referred by code: Name

Account sourced by code: Name
(Sourcing ID)

A/c relationship manager code Name

Account Number Customer ID Number

Account Opening Rules :

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts.
- All accounts should maintain the stipulated average quarterly balance based on the product type and branch in which the account is opened.
- In case of non-maintenance of the stipulated average quarterly balance, applicable charges as stated in the service Charges & Fees Brochures will be debited to the account.
- Savings accounts can be opened only by individuals for non-business purposes.
- In case of any complaint relating to features of any of the product, the Branch can be approached for a resolution, if the complaint is not resolved satisfactorily within 30 days the complaint can be raised to the grievance redressal officer of the bank. If the bank fails to resolve the complaint the Ombudsman appointed by the Reserve Bank of India in charge of the region may be approached.
- The Bank reserves the right to close the account in case the savings account is used for business purposes as evinced by the transaction behaviour.
- Adequate balance should be maintained in the account before using a cheque.
- Details of charges on funds transfer, inter branch banking and other services are available in the service charges & Fees Brochure.
- Copy of the terms & Conditions, service charges & fees brochure have been made available.
- Interest on savings account will be paid at the rate stipulated by RBI from time to time.
- No unarranged overdraft would be allowed in the savings account. In case of exceptions, the bank would charge interest at commercial rate.
- The bank reserves the right to close the account in case of unsatisfactory conduct of the account.
- In the event of the death of one of the joint account holders, the right to the deposit proceeds does not automatically devolve on the surviving joint deposit account holder, unless there is a survivorship clause
- The deposits of the bank are insured with DICGC and in case of liquidation of the bank; DICGC is liable to pay each depositor through the liquidator, the amount of his deposit upto Rupees one lakh within two months from the date of claim list from the liquidator.

Declaration

I/We confirm that I/We have verified the identity of the bank officer before handing over the initial payment for the opening of the account. I/We have not handed over cash to the officer for the opening of the account except where I/We have visited the branch personally. I/We have not been incentivised by a gift / discount for opening the account. I/We agree to inform the bank if I/We wish to exit from this arrangement. In such cases charges as applicable to any of my/our accounts will also be accepted by me/us.

Consent of Disclosure of Customer Information

From time to time, FirstRand Bank may offer various features / products / promotions ("Offers"), which are intended to provide significant benefits to you, either on its own or in conjunction with various partners. FirstRand Bank may, for this purpose, either directly communicate the offers to you or share your name and contact details ("Your information") with such partners or their authorised representatives. Such communication may be through direct mailers and /or by other means. By signing below, you agree and consent to the above.

FirstRand Bank will treat information relating to the customer as confidential, but (unless consent is prohibited by law) the customer consents to the transfer and disclosure by FirstRand Bank of any information relating to the customer to and between the branches, subsidiaries, representative office, affiliates and agents of FirstRand Bank and third parties selected by any of them wherever situated for confidential use (including in connection with the provisions of any services and for data processing, statistical and risk analysis purposes). FirstRand Bank and any branch, subsidiary, representative office, affiliates, agents or third parties may transfer and disclose any such information as required by law, court, regulator or legal process.

Customer Agreement and Authorisation

All account holders are to complete this section

By signing this agreement, you, the individual(s), in your own capacity, as Proprietor, Partner, Karta, Authorised Signatory, Director or Trustee are:

- duly authorised to sign this application and agree to the terms and conditions referred to in it, including the signature card;
- applying to FirstRand Bank for availing banking services.
- confirm that all the details/information supplied by me/us, including in this application form, are true and complete and the copies of documents furnished are true copies of their originals;
- authorise FirstRand Bank to (i) make credit reference, identity fraud and other enquires, including searching the electoral register. (ii) share information about you and how you manage your accounts with credit reference agencies;
- authorise the issuing of cheque books and/or cards that may be cancelled and replaced at any time;
- agree that I/we have seen the terms and conditions (including relating to applicable charges, fees, etc.) governing the products /accounts applied for by me/us and the same are acceptable to us.
- that I/we the applicant shall furnish such further information and documents as may be required by the Bank from time to time whether for the purpose of compliance with KYC norms or otherwise.
- agree that your joint account(s) may be debited with cheques or other payment orders authorised by any of the authorised signatories.
- authorise joint statements to be supplied on the account/s;
- agree that your records be updated using information given by any of the authorised signatories;

- k) agree to be jointly and severally liable for any money owed to FirstRand Bank;
 - l) agree that any authorised signatory is entitled to give consent to conduct a credit reference, fraud or other enquiry/ies;
 - m) consenting to us sharing, at our sole discretion and judgment, your account details with such third parties with whom we may enter into any arrangement for referring you to them for their products or distributing their products to you;
 - n) agreeing to replace any or all documents in the event of loss in transit when couriered to FirstRand Bank;
 - o) agreeing that the account will only be opened in India subject to satisfactory documentation and checks;
 - p) agree that FirstRand Bank has the right to reject the application/s and the supporting documents will become your records and will not be returned to me/us FirstRand Bank is authorised to debit the account for all charges/fees payable by me/us without any further authorisation;
 - q) We confirm that the information given is true and complete. FirstRand Bank is authorised to undertake any searches or other enquiries in accordance with normal banking procedures when reviewing this application.
- The information provided/obtained will be stored by FirstRand Bank, a subsidiary of the FirstRand Banking Group.

Declaration made on behalf of: _____

Signature _____

Name: _____

Date D D M M Y Y



Signature _____

Name: _____

Date D D M M Y Y

Signature _____

Name: _____

Date D D M M Y Y

Signature _____

Name: _____

Date D D M M Y Y

Signature _____

Name: _____

Date D D M M Y Y

Signature _____

Name: _____

Date D D M M Y Y

Indemnity/Declaration - Please tick whichever is applicable

☐ HUF:

Our HUF wishes to open an account with your Bank in the said name of _____, we declare that the first signatory to this letter i.e. _____ is the karta of the joint family and other signatories are the adult co-parceners of the said family. We further confirm that the affairs of the said joint family are carried on mainly by the said karta as also by the other signatories hereto in the interest and for the benefit of the HUF. We all undertake that the claims due to the Bank from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1932, we have not got registered our firm under the said Act. We accept that the terms and conditions are liable to be amended by the Bank from time to time. I/We hereby confirm that this account will be operated singly by the karta. We hereby undertake to inform the Bank of the birth of death of co-parceners or any change occurring at any time in the membership of our joint family during the currency of the account. We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the result of availing of services by us under the above account title. We agree that all the information disclosed above is correct and agree to inform you of any change in the information provided in this form or in related documents. We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to all Banking facilities granted to us from time to time. We accept and agree to comply with the terms and conditions or any rules of the Bank that may be in force from time to time. We acknowledge that it is our responsibility to obtain a copy and read the same. I/We have received the deposit rules annexed to this account opening form and agree to abide by the same.

Name of Karta: _____ Signature: _____

Details of co-parceners:

1. _____ sd/ _____

Address: _____

Contact No.: _____ Date of Birth _____

Nationality _____ Country of Residence _____

Relationship with Karta and occupation _____

2. _____ sd/ _____

Address: _____

Contact No.: _____ Date of Birth _____

Nationality _____ Country of Residence _____

Relationship with Karta and occupation _____

☐ Sole Proprietorship Concern account holders are to provide a letter as set out in this part of the form:

Letter of Proprietorship:

From:

Residential Address:

Phone No.:

I wish to inform you that I _____ am trading under the name of _____ and that I am the sole proprietor of the said concern. I shall be responsible for all transactions with the Bank and obligations I have with you or arising out of the operation of my account(s) with you whether such obligations or transactions are in the course of business under the said trade name and style or otherwise. Notwithstanding any change in the constitution of my concern, or disposal of my proprietary interest in the business in the said name. I shall continue to be liable to the Bank and discharge all my obligations to the Bank at all times. I undertake to inform the Bank about such changes and to close or transfer my accounts in the said trade name, if required. (to be signed in your capacity as an Individual, without a rubber stamp.)

☐ Partnership account holders are to provide a letter as set out in this part of the form:

Partnership Letter:

Be advised that we are trading as Partnership under the name and style of M/s, _____ and that our firm has been registered under the provisions of the Indian Partnership Act, 1932 with the Registrar of Firms at _____ as No. _____ and _____ further request that all transactions entered into with the Bank by all/any one or more of us and all obligations incurred by all/ any one or more of us whether under the signature of the firm or subscribed by the individual signature of the partner entering upon the transaction/ incurring the obligation, with or without co-obligants may be regarded by the Bank as entered into and incurred for and on behalf of all of us jointly and severally and that the assets of the firm shall be liable for the amounts due to the Bank. Be advised that each partner is authorised to draw, execute, endorse, accept and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of all of us and our firm. Be advised that our liability or liability of our firm to the Bank as aforesaid shall not in any way be affected even if any third party joins in the transaction as co-obligant. Each and every partner is liable to the Bank in respect of all or any of the aforesaid transactions or obligations. The retiring partner shall be liable to issue notice to the Bank regarding retirement in the manner required under Section 32 of the Indian Partnership Act and such retiring partner/s shall be liable and continue to be liable to the Bank for any act undertaken by any of the partners until public notice is given of the retirement as aforesaid. Further, in the matter of making payment towards the liability arising in the account or acknowledging the liabilities or any part thereof as and when called upon by the Bank to do so for the specific purpose saving limitation we declare that the payment/s or

acknowledgement/s made or given by any one or more of us shall be binding on all of us jointly and / or severally and that the said payment/s and acknowledgement/s so made given by one or more of us shall save limitation against all of us jointly and or severally for the purpose of Law of Limitation, as such acknowledgement/s of debt and or payment/s shall be taken as given and made as agent/s of the other partners. This letter shall operate and be effective notwithstanding any provision on our Deed of partnership which may conflict with any of the terms herein (To be signed by every partner in individual capacity, without rubber stamp.) the Bank about such changes and to close or transfer my accounts in the said trade name, if required. (to be signed in your capacity as an Individual, without a rubber stamp.)

Trust account holders are to provide a letter as set out in this part of the form:

Trust letter:

Be advised that we are trustees of a trust known as _____ which has been set up under the provisions of the Indian Trusts Act and further request that all transactions entered into with the Bank by all or any one or more of us and all obligations incurred by all or any one or more of us whether under the signature of the trust or subscribed by the individual signature of the trustee or trustees entering upon the transaction or incurring the obligation, with or without co-obligants may be regarded by the Bank as entered into and incurred for and on behalf of all of us jointly and severally and also the assets of the trust shall be liable for amounts due to the Bank. Be advised each trustee is authorised to draw, execute, endorse, accept and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of the other trustees and our trust. Be advised that our liability or liability of our trust to the Bank as aforesaid shall not in any way be affected even if any third party joins in the transaction as co obligant. Be advised that each trustee is liable to the Bank in respect of all of any of the aforesaid transactions or obligations. Further, in the matter of making payment towards the liability arising in the account or acknowledging the liabilities or any part thereof as and when called upon by the Bank to do so for the specific purpose saving limitation we declare that the payment or acknowledgement/s made or given by any one or more of us shall be binding on all of us jointly and / or severally and that the said payment/s and acknowledgement/s so made given by one or more of us shall save limitation against all of us jointly and or severally for the purpose of Law of Limitation, as such acknowledgement/s of debt and or payment/s shall be taken as given and made as agent/s of the other trustees. This letter shall operate and be effective notwithstanding any provision of our deed of trust which may conflict with any of the terms herein (To be signed by every trustee.)

Signature _____
Name: _____

Signature _____
Name: _____
Date DDMMYY

Signature _____
Name: _____

Signature _____
Name: _____
Place _____

Company Declaration

We confirm that the information given is true and complete. We authorize you to make any searches or other enquiries in accordance with normal procedures in connection with this application.

Any information obtained by you in this application and in our dealings with you may be stored with FirstRand Bank.

Declaration made on behalf of: _____

Signature of Director _____
Name: _____
Date DDMMYY

Signature of Director _____
Name: _____
Date DDMMYY

Company's rubber
stamp to be affixed

Shareholding Pattern

Any shareholders with a shareholding of 25% or more, (Pl provide the below information of shareholders holding 25% or more shares in any of the company up to 3 layers over and above the direct customer)

| Individual | | | |
|------------|-------------|----------------------|----------------|
| Name | Nationality | Country of Residence | % Shareholding |
| | | | |
| | | | |
| | | | |
| | | | |

| Entity | | | |
|--------|--|-------------------|----------------|
| Name | Country of registration/ incorporation | Business activity | % Shareholding |
| | | | |
| | | | |
| | | | |
| | | | |

Details Of All Directors/ Partners/Trustees/Settlers/Proprietor/Karta/Member of Managing Committee/Authorised Signatories/ Key Controllers

1. Name of Individual/Entity
Address

Nationality

Date of Birth/Incorporation

Country of Residence/Registration

Position in Entity

2. Name of Individual/Entity
Address

Nationality

Date of Birth/Incorporation

Country of Residence/Registration

Position in Entity

3. Name of Individual/Entity
Address

Nationality

Date of Birth/Incorporation

Country of Residence/Registration

Position in Entity

4. Name of Individual/Entity
Address

Nationality

Date of Birth/Incorporation

Country of Residence/Registration

Position in Entity

5. Name of Individual/Entity
Address

Nationality

Date of Birth/Incorporation

Country of Residence/Registration

Position in Entity

6. Name of Individual/Entity
Address

Nationality

Date of Birth/Incorporation

Country of Residence/Registration

Position in Entity

| | | | |
|-----|--------------------------------------|-------------|-----------------------------------|
| 7. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |
| 8. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |
| 9. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |
| 10. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |
| 11. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |
| 12. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |
| 13. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |
| 14. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |
| 15. | Name of Individual/Entity Address | | |
| | Nationality | | Country of Residence/Registration |
| | Date of Birth/Incorporation | D D M M Y Y | Position in Entity |

Details of Authorised Signatories/Account Holder

Signature Card/Account Holder Details

Name of Account

Account Number:

(leave blank if number not yet assigned)

Please tick as appropriate:

New account

Additional signatories

Operating instructions

The combination of individuals authorised to give instructions to the Bank:

Any one

All

Single (Proprietorship Firm/Individual)

Either or Survivor

Any two

The specific instruction below

Any one or Survivor

Please specify combination:

Please Note: Unless the relevant information is given, it shall be assumed that each individual named on this Signature Card is authorised to give instructions to the Bank on any business or service. Pertaining to other account.

| | | | | | | | | | | | | | |
|--|---------------------------|---|---------|---|---|---------------|---------------------|-----------------------------|---|---|---|---|--|
| Stick photograph here and sign across the photograph | Name: | | Gender: | M | F | Date of Birth | D | D | M | M | Y | Y | |
| | Position: | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | |
| | Nationality | | | | | | Mothers Maiden Name | | | | | | |
| | PAN No. | | | | | | Marital Status | | | | | | |
| | Singly Rs. | | | | | | / unlimited | Relationship with 1st Appl. | | | | | |
| | Jointly Rs. | | | | | | / unlimited | with Mr./Ms. | | | | | |
| | Passport Details: Number: | | | | | | | | | | | | |
| | Place | | | | | | Date of Issue | | | | | | |
| | Expiry Date: | D | D | M | M | Y | Y | Signature | | | | | |

| | | | | | | | | | | | | | |
|--|---------------------------|---|---------|---|---|---------------|---------------------|-----------------------------|---|---|---|---|--|
| Stick photograph here and sign across the photograph | Name: | | Gender: | M | F | Date of Birth | D | D | M | M | Y | Y | |
| | Position: | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | |
| | Nationality | | | | | | Mothers Maiden Name | | | | | | |
| | PAN No. | | | | | | Marital Status | | | | | | |
| | Singly Rs. | | | | | | / unlimited | Relationship with 1st Appl. | | | | | |
| | Jointly Rs. | | | | | | / unlimited | with Mr./Ms. | | | | | |
| | Passport Details: Number: | | | | | | | | | | | | |
| | Place | | | | | | Date of Issue | | | | | | |
| | Expiry Date: | D | D | M | M | Y | Y | Signature | | | | | |

| | | | | | | | | | | | | | |
|--|---------------------------|---|---------|---|---|---------------|---------------------|-----------------------------|---|---|---|---|--|
| Stick photograph here and sign across the photograph | Name: | | Gender: | M | F | Date of Birth | D | D | M | M | Y | Y | |
| | Position: | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | |
| | Nationality | | | | | | Mothers Maiden Name | | | | | | |
| | PAN No. | | | | | | Marital Status | | | | | | |
| | Singly Rs. | | | | | | / unlimited | Relationship with 1st Appl. | | | | | |
| | Jointly Rs. | | | | | | / unlimited | with Mr./Ms. | | | | | |
| | Passport Details: Number: | | | | | | | | | | | | |
| | Place | | | | | | Date of Issue | | | | | | |
| | Expiry Date: | D | D | M | M | Y | Y | Signature | | | | | |

| | | | | | | | | | | | | | |
|--|---------------------------|---|---------|---|---|---------------|---------------------|-----------------------------|---|---|---|---|--|
| Stick photograph here and sign across the photograph | Name: | | Gender: | M | F | Date of Birth | D | D | M | M | Y | Y | |
| | Position: | | | | | | | | | | | | |
| | Address | | | | | | | | | | | | |
| | Nationality | | | | | | Mothers Maiden Name | | | | | | |
| | PAN No. | | | | | | Marital Status | | | | | | |
| | Singly Rs. | | | | | | / unlimited | Relationship with 1st Appl. | | | | | |
| | Jointly Rs. | | | | | | / unlimited | with Mr./Ms. | | | | | |
| | Passport Details: Number: | | | | | | | | | | | | |
| | Place | | | | | | Date of Issue | | | | | | |
| | Expiry Date: | D | D | M | M | Y | Y | Signature | | | | | |

Stick photograph
here and sign
across
the photograph

Name:

Position:

Address

Gender:

M

F

Date of Birth

D D M M Y Y

Nationality

PAN No.

Singly Rs. / unlimited

Jointly Rs. / unlimited

Mothers Maiden Name

Marital Status

Relationship with 1st Appl.

with Mr./Ms.

Passport Details: Number:

Place

Date of Issue

Expiry Date:

D D M M Y Y

Signature

Stick photograph
here and sign
across
the photograph

Name:

Position:

Address

Gender:

M

F

Date of Birth

D D M M Y Y

Nationality

PAN No.

Singly Rs. / unlimited

Jointly Rs. / unlimited

Mothers Maiden Name

Marital Status

Relationship with 1st Appl.

with Mr./Ms.

Passport Details: Number:

Place

Date of Issue

Expiry Date:

D D M M Y Y

Signature

Stick photograph
here and sign
across
the photograph

Name:

Position:

Address

Gender:

M

F

Date of Birth

D D M M Y Y

Nationality

PAN No.

Singly Rs. / unlimited

Jointly Rs. / unlimited

Mothers Maiden Name

Marital Status

Relationship with 1st Appl.

with Mr./Ms.

Passport Details: Number:

Place

Date of Issue

Expiry Date:

D D M M Y Y

Signature

Stick photograph
here and sign
across
the photograph

Name:

Position:

Address

Gender:

M

F

Date of Birth

D D M M Y Y

Nationality

PAN No.

Singly Rs. / unlimited

Jointly Rs. / unlimited

Mothers Maiden Name

Marital Status

Relationship with 1st Appl.

with Mr./Ms.

Passport Details: Number:

Place

Date of Issue

Expiry Date:

D D M M Y Y

Signature

Stick photograph
here and sign
across
the photograph

Name:

Position:

Address

Gender:

M

F

Date of Birth

D D M M Y Y

Nationality

PAN No.

Singly Rs. / unlimited

Jointly Rs. / unlimited

Mothers Maiden Name

Marital Status

Relationship with 1st Appl.

with Mr./Ms.

Passport Details: Number:

Place

Date of Issue

Expiry Date:

D D M M Y Y

Signature

Documents Required :

Please provide clear, certified photocopies of the documents listed below.

If you already hold a current account in the same name with the Bank, these documents will be reviewed for correctness.

Updated documents may be requested if records held are found to be outdated.

| Applicant | Document |
|-----------------------------------|--|
| HUF: | Identity and proof of address documents of HUF and Karta/authorised signatories/PAN Card. |
| Sole Proprietorship: | Identity and proof of address documents for the proprietor and the proprietor including any other authorised signatories/power of attorney holders/PAN Card. |
| Partnership firms: | Identity and proof of address documents for the partnership firm and each of the partners including any other authorised signatories/power of attorney holders. The Partnership Deed and registration certificate (if registered)/PAN Card. |
| Listed and unlisted Company/ies : | <ul style="list-style-type: none"> Certificate of Incorporation for opening an account, Memorandum and Articles of association PAN Card Board resolution List of current directors Shareholding Pattern Proof of address document of the registered office address and communication address Identity and proof of address documentation for all authorised signatories Copy of IE code Certificate of Commencement of business. |
| Trusts | <ul style="list-style-type: none"> Copy of the registered Trust Deed PAN Card of the Trust or duly completed Form 60. Proof of address Appropriate trust resolution authorising dealings with the Bank List of the Trustees Identity and proof of address documentation for settlor(s) and trustees of the trust Identity and proof of address documentation for all authorised signatories Employee Welfare Trusts (PF, Gratuity & Pension), proof of approval of the trust by the Income Tax authorities under section 12Aa. All other Public Trusts, registration certificate issued by the Charity Commissioner or Sub Registrar of Assurances |
| Societies/Associations | <ul style="list-style-type: none"> Certificate of registration of the society with the Registrar of Co-operative Societies or Sub-registrar of Assurances depending on the type of society Copy of the Bye laws/Memorandum of Association (or equivalent constitution document), certified as true copy by the chairperson/secretary. Appropriate resolution passed by the Managing Committee/Board/Office bearers as per the Memorandum of Association/Bye laws (or equivalent constitution document) authorising dealings with the Bank List of members of the managing committee/board (or equivalent) with details of their addresses, duly signed by the chairperson/secretary/authorised person. Identity and proof of address documentation for all authorised signatories |

Identity and proof of address documents for Individuals supported by a recent photograph.

Proof of identity for individuals:

- Valid passport
- Photo PAN card
- Voter's identity card
- Valid driving license
- Photo ration card
- ID card issued by Government department/Government company with date of birth

Proof of address for individuals:

- Valid passport
- Landline/post-paid mobile/WLL telephone bill
- Bank account/Bank issued credit card statement
- Utility (water/electricity/gas) bill
- Ration card
- Life insurance policy
- IT assessment order
- Valid registered lease deed
- Vehicle registration card

Identification and/or proof of address documentation for non-individual entities

Documents that may serve as both PI and PA

- PAN intimation letter issued by the Income Tax department, bearing name and address of entity.
- Copy of property tax/water tax bill/notice received from the government, not more than 12 months old.
- Last available Income Tax / Wealth Tax assessment order received from the Revenue Department.
- Tax registration certificate or Intimation letter received from the respective Tax registration authority.
- Valid Shops and Establishment license matching applicant's registered/communication address.
- Intimation of Importer-Exporter code received from Directorate General of Foreign Trade.
- DOT (Department of Telecommunication) registration certificate.

Documents that may serve as proof of address

- Premium renewal notice received from a General Insurance Company.
- Bank statement of an account or Pass Book with existing Banker (Scheduled Bank) listing entries of a period within the preceding 6 months (only as proof of address)
- Copy of electricity/water/gas bill, not more than 6 months old.
- Copy of landline/postpaid mobile/WLL phone bill not more than 6 month old

FORM No. 60

Form of declaration to be filled by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B.

1. Full Name and address of the declarant

3. Amount of the transaction _____ 4. Are you assessed to Tax? Yes / No

5. If yes, (i) Details of Ward / Circle / Range where the last Return of income was filed? _____

(ii) Reasons for not having Permanent Account Number? _____

6. Details of the document being produced in support of address mentioned in (1) above _____

In case of Agricultural Income, please fill Form No. 61 separately

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____ 200 Date _____ Place _____

Signature of the Primary Applicant

Nomination: Form-DA1 (only for Sole Proprietorship Concern and Individual Accounts)

Nomination under section 45ZA of the Banking Regulation act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of the bank deposits.

I / We (Name in Block Letters and address of all the applicants)

Name

Address

Nominate the following person to whom in the events of my/our/minor's death the credit amount of the deposit in the above account may be returned by FirstRand Bank.

Details of the nominee

Name Mr/Mrs/Miss

Address

Relationship with depositor if any _____ Age : _____ Date : _____

In the event the nominee is a minor on this date, I/we appoint Mr./Ms./Mrs. _____

Residing at _____

to receive the credit amount in the above account on behalf of the nominee in the event of my/our/minor (deposit holder)'s death during minority of the nominee.

Date **DDMMYYYY** Place: _____ Signature



* Note: Only an individual can be nominated

Names, signatures and addresses of two witnesses

| | Name | Address | Signature |
|---|------|---------|-----------|
| 1 | | | |
| 2 | | | |

Declaration (In case Nomination facility is not required)

I/We hereby confirm that I/We have read and understood the importance of the nomination facility offered by the bank under the prevailing law. However, I/We have decided to open the account without the nomination facility.

Signature

