

CASA ACCOUNT OPENING FORM FOR NON-INDIVIDUALS

JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

FOR BRANCH USE ONLY

Account Type: ☐ Current Account ☐ Savings Account Branch Code: Application Date:

D	D	M	M	Y	Y	Y	Y
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Branch Name: Lead No:

Product Code: Product Name: Account Opening Date:

D	D	M	M	Y	Y	Y	Y
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A/C No.

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 CRN No.

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Lead Generation Code: Lead Converter Code: C-KYC Id:

Entity Information

Name of the Entity:

Date of incorporation:

D	D	M	M	Y	Y	Y	Y
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 LEI/Legal Entity Identifier (if any)

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Country of incorporation: IEC Code: City of incorporation:

Entity PAN No.

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☐ Form 60 (for Entities other than Companies & Partnerships) ☐ Exempt GST/CIN/Reg. No.:

(In case of sole proprietor, please mention proprietor's PAN)

*REGISTERED OFFICE ADDRESS

*Flat No. & Bldg Name:

*Road No./Name:

Landmark/Area:

*City/Town: *PIN Code:

*State: Country: INDIA

Registered address type: ☐ Owned ☐ Rented/Leased

In case of change of address due to relocation or any other reason, I/We would intimate the new address to the Bank within two weeks of such change with a valid address proof

*MAILING ADDRESS

☐ Please tick in case registered address is the same as mailing address

*Flat No. & Bldg Name:

*Road No./Name:

Landmark/Area:

*City/Town: *PIN Code:

*State: Country: INDIA

*CONTACT DETAILS

Tel:

S	T	D	
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		N	U	M	B	E	R	
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 Mobile No.

--	--	--	--	--	--	--	--	--	--

 E-mail ID:

*SERVICES REQUIRED

Debit Card ☐ RuPay Platinum ☐ RuPay Select ☐ Cheque Book ☐ Y ☐ N

Constitution of Entity

☐ Proprietorship ☐ Partnership ☐ Limited Liability Partnership ☐ Public Limited Company ☐ Private Limited Company ☐ Government ☐ Bank ☐ Societies

☐ Self Help Group ☐ HUF ☐ Embassy/Consulate/High Commission ☐ Non Government Organizations ☐ Section 25/8 Company ☐ Association ☐ Clubs ☐ Trust

☐ Others To be specified

Nature of Business

☐ Manufacturer ☐ Service Provider ☐ Retail Trader ☐ Wholesale Trading ☐ Others To be specified

Nature of Industry

☐ Automobile	☐ Gems & Jewellery	☐ Fisheries/Poultry	☐ Transportation/Logistics	☐ Textiles/Garments	☐ FMCG
☐ Furniture/Timber	☐ Cement/Paints	☐ IT/Software/BPO	☐ Printing/Publishing	☐ Petrol Pump	☐ NBFC
☐ Contractors	☐ Intermediaries	☐ Engineering Goods	☐ Media/Entertainment	☐ Travel/Tour Agency	☐ Chit Funds
☐ Housing Finance	☐ Advt Agencies	☐ Pharmaceuticals	☐ Construction/Real Estate	☐ Marble/Granite	☐ Money Lender
☐ Consultancy	☐ Restaurants	☐ Hotels/Resorts	☐ Steel/Hardware	☐ Agricultural Commodities	☐ Shroff
☐ Professionals	☐ Forex Dealer/Bullion	☐ Consumer Durables	☐ Dairy/Food Processing	☐ Leasing & Hire Purchase	☐ Oil
☐ Banking	☐ Securities	☐ Insurance	☐ Other Financial Institution	☐ Education/University/College	☐ Chemicals
☐ Hospital/Clinics	☐ Electronics	☐ Auto Finance	☐ Multi Level Marketing	☐ VASP/Crypto Trading (Virtual Asset Service Provider)	
☐ Others <u>To be specified</u>					

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*ENTITY DETAILS

Annual Turnover* ☐ Up to ₹ 20 Lakhs ☐ ₹ 20 Lakhs - ₹ 50 Lakhs ☐ ₹ 50 Lakhs - ₹ 2 Cr ☐ ₹ 2 Cr - ₹ 10 Cr ☐ ₹ 10 Cr - ₹ 25 Cr ☐ Above ₹ 25 Cr
MCC Code (for QR)

Mode of Operation

☐ Prop/Auth Sign/Singly ☐ Any One ☐ Any Two Jointly ☐ Jointly By All ☐ As per Document attached (Resolution, Partnership Letter, Mandate etc.)

Credit Facilities

☐ We do not enjoy any credit facilities with other bank/s ☐ We enjoy the following "credit facilities" with other bank/s

S.No	Bank Name & Branch	Type of Facility	Amount (Rs.Lacs)	Authorised Signatories Signature
1				
2				

(Note: If borrowings >= Rs. 5 Crores, account cannot be opened)

If applicable, I / We hereby undertake to inform the Bank, as and when the total credit facilities availed by me / us from the banking system is equal to or is greater than INR 5 Crores

*INITIAL PAYMENT DETAILS

Amount: Rs _____ Mode of Payment: Cash ☐ Cheque ☐

Cheque No _____ Date _____ Bank _____ Branch _____

If Direct Debit, Debit Account No _____ Debit Account Name _____

If NEFT/ RTGS

Payment Bank _____ Branch _____

Debit Account No Debit Account Name _____

UTR No. _____ Transaction Date _____

DECLARATION

Applicable for Sole Proprietorship Account

I, on behalf of _____ ("Sole Proprietorship Firm") intend to open

_____ account with the Bank. The said account may be opened in the name of _____

I confirm that am the proprietor of the Sole Proprietorship Firm. I understand that I am solely and personally responsible for liabilities of the Sole Proprietorship Firm. I undertake to intimate the Bank in writing of any change that may take place in the Sole Proprietorship Firm's name. I authorize the Bank to honour instructions from me in relation to the operation of the account. I agree and accept that I shall be liable to the Bank in relation to any obligation which may be outstanding in the Sole Proprietorship Firm's name in the Bank's books until all such obligations shall have been liquidated.

Name: _____ Signature: _____

Applicable for Partnership Firm

We, on behalf of _____ ("Partnership Firm")

intend to open _____ account with the Bank. The said account may be opened in the name of _____

_____. We confirm and declare that we are the only partners in the Partnership Firm and are jointly and severally responsible for liabilities of the Partnership Firm. We authorize the Bank to honour instructions of the signatories herein below in relation to the operation of the account in line with the mode of operation laid down in this AOF. We undertake to intimate the Bank in writing of any change that takes place in the constitution of the Partnership Firm. We agree and accept that all the existing partners shall be liable to the Bank in relation to any obligation which may be outstanding in the Partnership Firm's name in the Bank's books until all such obligations shall have been liquidated.

Name & signature of Partners

1 _____ Sign _____ 2 _____ Sign _____

3 _____ Sign _____

Applicable for HUF

We, on behalf of _____ ("HUF") intend to open _____ account with the Bank. The said account

may be opened in the name of _____. In view of the above, we hereby confirm that the first signatory to this

AOF, i.e. _____ is the Karta of the HUF and the other signatories are the adult co-parceners of the HUF. We further confirm that the HUF is not carrying on business, professional or trading activity and will not operate the Savings Account for carrying out such activities. We authorize the Bank to honour instructions of the signatories herein below in relation to the operation of the account in line with the mode of operation laid down in this AOF. We undertake that claims due to the Bank from the HUF shall be recovered 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. We hereby undertake to inform Bank of the death or birth of any co-parceners/members or any change occurring at any time in the constitution of the HUF during the currency of the account.

Name & signature of Karta

1 _____ Sign _____

Name & signature of Adult Co-parceners

1 _____ Sign _____

2 _____ Sign _____

3 _____ Sign _____

Name & Date of Birth of Minor Co-parceners

1 _____

2 _____

3 _____

CASA ACCOUNT OPENING FORM FOR NON-INDIVIDUALS

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Authorized Signatory Details

1. Authorized signatory details

Male ☐ Female ☐ Third Gender ☐

CRN No.

Prefix

Name

*Flat No. & Bldg Name

*Road No./Name

Landmark/Area

*City/Town

*PIN Code

*State

Nationality

Father's/
Husband's Name

Marital Status

Date of Birth

Mobile No.

Mothers Maiden Name

E-mail ID

DIN

Aadhaar No.

Aadhaar Enrolment No.

PAN No.

Form 60 ☐

PAN Acknowledgement Number & Date

FATCA:

Please tick the applicable tax resident declaration (Any one)*

I am a tax resident of India and not a tax resident of any other country Yes ☐ No ☐ (If No, separate FATCA declaration form needs to be filled)

☐ Please tick if mailing address is same as of the Entity

Designation of Authorized Signatory

2. Authorized signatory details

Male ☐ Female ☐ Third Gender ☐

CRN No.

Prefix

Name

*Flat No. & Bldg Name

*Road No./Name

Landmark/Area

*City/Town

*PIN Code

*State

Nationality

Father's/
Husband's Name

Marital Status

Date of Birth

Mobile No.

Mothers Maiden Name

E-mail ID

DIN

Aadhaar No.

Aadhaar Enrolment No.

PAN No.

Form 60 ☐

PAN Acknowledgement Number & Date

FATCA:

Please tick the applicable tax resident declaration (Any one)*

I am a tax resident of India and not a tax resident of any other country Yes ☐ No ☐ (If No, separate FATCA declaration form needs to be filled)

☐ Please tick if mailing address is same as of the Entity

Designation of Authorized Signatory

3. Authorized signatory details

Male ☐ Female ☐ Third Gender ☐

CRN No.

Prefix

Name

*Flat No. & Bldg Name

*Road No./Name

Landmark/Area

*City/Town

*PIN Code

*State

Nationality

Father's/
Husband's Name

Marital Status

Date of Birth

Mobile No.

Mothers Maiden Name

E-mail ID

DIN

Aadhaar No.

Aadhaar Enrolment No.

PAN No.

Form 60 ☐

PAN Acknowledgement Number & Date

FATCA:

Please tick the applicable tax resident declaration (Any one)*

I am a tax resident of India and not a tax resident of any other country Yes ☐ No ☐ (If No, separate FATCA declaration form needs to be filled)

☐ Please tick if mailing address is same as of the Entity

Designation of Authorized Signatory

CASA ACCOUNT OPENING FORM FOR NON-INDIVIDUALS

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Nomination Form (DA1) - Applicable only for Sole Proprietorship

☐ I wish to nominate ☐ I do not wish to nominate***

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I/We (Name) (Address)

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by JANA SMALL FINANCE BANK.

Name Address: ☐ Same as Primary Applicant

☐ If different from Primary Applicant

Relationship with depositor, If any Age Years Date of Birth of nominee

As nominee is minor I/We appoint (name)# Relationship with minor

Address: ☐ Same as Primary Applicant ☐ If different

to receive the amount of deposit on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee

Nominee Mobile Number:

Signature / Thumb impression**

Personal Details of the Witnesses (Thumb impression shall be attested by 2 witnesses)

Witness (only in case of thumb impression)

1. Signature :	
Name :	
Address :	
Place :	Date:

2. Signature :	
Name :	
Address :	
Place :	Date:

In case of a court appointed guardian, please furnish a copy of the court order

*Strike out if nominee is not a minor **Where account is opened in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

*** I have understood the benefits of nomination and still do not wish to nominate

Authorised Signatories Signature

Please paste photograph here

Please paste photograph here

Please paste photograph here

Signature of Authorized Signatory 1

Signature of Authorized Signatory 2

Signature of Authorized Signatory 3

Name:

Name:

Name:

FATCA-CRS Certification

Please tick the applicable tax resident declaration (Any one)

☐ 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 fill the separate FATCA CRS declaration form)

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 other, please specify)

*In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity's exemption code here:

Signature

Signature

Signature

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CIB Channel Access (for Non-Individuals)

*User Profile	User 1	User 2	User 3	User 4
*User Name				
*Official Email ID				
*Mobile Number				
*User Role (V/M/C/B/A)				
*Per transaction Limit (In Numbers/Unlimited)				

Workflow for Transactions		
Maker Name	1 st Level Authoriser (Checker) Name	2 nd Level Authoriser (Checker) Name

Role – V: Viewer, M: Maker, C: Checker, B: Both, A: Administrator: Mobile Number & Email ID needs to be unique for every user.
**If Admin module is opted, the Corporate can add/Modify the users and workflow through the corporate admin portal.

For Branch Use Only

Certification by Sourcing Staff

- a) Is the source of the funds of the customer identifiable? ☐ Y ☐ N b) Background of the customer ☐ Satisfactory ☐ Unsatisfactory
- c) Is the customer a Politically Exposed Person? ☐ Y ☐ N If yes, brief details
- d) Is the account opened face to face? ☐ Y ☐ N e) Nomination form enclosed ☐ Y ☐ N
- f) CRILC Check (Applicable for CPC only) ☐ Y ☐ N g) Customer address visited and verified on
- h) I confirm that the customer has signed in my presence. (KYC Document submitted by customer are verified with original and found correct)

Name of the Employee	Employee No.	Signature	Date

Certification by Branch Manager / Branch Operations Manager

I certify that the account opening form is complete in all respects and relevant documents have been obtained and verified.

Date

Authorised Signatory

Emp. Code:

Controlling Ownership & Beneficiary Details

I. Exempt Category (If not applicable, please fill the Non Exempt Category section below)

The details of beneficial owners are not required in case the Entity or its shareholder is:

- ☐ Listed on a stock exchange, or is a majority-owned subsidiary (i.e. 50% or more) of such listed company, or
- ☐ No Single shareholder holds more than 10% of total shareholding of the entity in case of company/Firm/Trust/ Societies/Clubs/LLP/Partnership, and no one holds more than 15% in case of Association.

II. Non Exempt Category

(A). Shareholding Pattern:

Name of Shareholders	% of share	Mention reason if belongs to exempt entity#

(B). Details of ultimate natural persons ultimately holding more than 10% of total share holding of the entity in case of Company/Firm/Trust/Societies/Clubs/ LLP/Partnership and holds more than 15% in case of Association*

Name	DOB	Nationality	Residential Address	DIN/PAN/Name & No. of other ID proof	% of share

Acknowledgement

1. We Acknowledge Your Nomination Form DA1 Relating to:

Nature of Account	Account No.	Nomination registration no and date

In the name of..... held with us. Please quote the above Nomination Number in all your future correspondence with us in this regard.

2. We Acknowledge Your Initial Funding Details for amount: having Cash/Cheque No. (Date & Bank details)

For Jana Small Finance Bank (Authorized Signatory)

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-OR-

C). We hereby declare that no natural person is holding more than 10% of total share holding of the entity in case of Company/Firm/Trust/Societies/Clubs/LLP/Partnership and no one holds more than 15% in case of Association as per (B) above or information about the ultimate shareholders is not available with the company. The details of senior managing officials (e.g. Managing Director/Chief Executive Officer, etc) are as under:

Name	DOB	Nationality	Residential Address	DIN/PAN/Name & No. of other ID proof	Designation

(Managing Director/Company Secretary/Chairman/Two Directors/Authorised Signatory) Notes: In Table B, the details of natural person who exercises control over the entity needs to be furnished. The said natural person may act alone or together, or through one or more juridical person.

* In case no such natural person is identifiable, indicate "Not Identified" in Table B and provide details required as per Table C.

In case Director Identification number (DIN)/Permanent Account Number (PAN) is not available, separate ID proof needs to be furnished.

Date _____

Signature of Authorized Signatory _____

Declaration

(Please read carefully and sign at the end of this section after you have filled in all the details in the form)

- I/We have read and understood the Terms and Conditions relating to various services that I/We have specifically requested from Jana Small Finance Bank Ltd. ("The Bank").
- I/We understand and agree that my/our submission of this Application Form ("AOF") and its receipt by the Bank acts as an instruction to the Bank but does not mean that the Bank has approved this AOF or is bound to abide by my/our instruction(s).
- I/We understand and agree that the approval of my/our AOF is at the Bank's discretion and that the Bank is entitled to decline my/our instructions, if any, or otherwise reject and/or cancel my/our AOF without furnishing any reason whatsoever.
- I/We understand and agree that the Bank may contact me/us and request for further information or documents for the purpose of this AOF- and for verification of any and all information provided/ furnished by me/us.
- I/We have read and understood the terms & conditions & Schedule of Charges governing the opening of the account with the Bank and those relating to various services including, but not limited to ATMs/Debit card/SMS/Net banking/Phone banking/Jana Cash Wallet mentioned at www.janabank.com ("Website") and agree to abide by the same. I/We acknowledge that it is my/our responsibility to obtain a copy of the latest Terms and Conditions and read and understand the same.
- I/We hereby give my/our consent to the Bank to share my/our personal/KYC or any other details with Central KYC Registry/Credit Bureaus/any agencies as required by law, and receive information from these agencies. Any agencies so authorised may furnish for consideration, the processed information and data or products thereof prepared by them, to banks/financial institutions and other credit grantors or registered users, as may be specified by the regulators in this behalf.
- I/We agree that I/we have been provided various options by the Bank for establishing my/our identity/address proof for the purpose of account opening and I/we have voluntarily submitted my/our Aadhaar to the Bank.
- I/We hereby declare that the information furnished by me/us in this AOF is true & correct.
- I/We agree that the Bank may send communications to me/us, through courier/messages/mail or through any other mode at its discretion and the Bank shall not be liable for any delay arising there from.
- I/We hereby further confirm having read and understood the applicable rules/regulations/instruction/guidelines as framed by the Reserve Bank of India, including the FEMA regulations 2000 governing EEFC Accounts, and the Foreign Exchange Management Act, 1999, In force from time to time and agree to abide by and to be bound by all such applicable Law, rules, regulations and guide lines in force from time to time.
- The Bank, its agents, representative, affiliates and any other person/entity authorized by it may contact me/us regarding the services and other products of the Bank. This consent will override any registration for NC/NDNC (National Do Not Call Registry). I/We hereby give my/our consent to receive such information through Phone Calls: Y ☐ N ☐ SMS: Y ☐ N ☐ Email: Y ☐ N ☐ WhatsApp: Y ☐ N ☐
- I/We hereby declare to avail Jana Small Finance Bank QR code. If not, please tick No ☐
- I/we agree and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Bengaluru.
- I/We understand that the registered mobile number with the Bank will be used for sending any communication, as well as transaction advises. I/We confirm that the mobile number provided by me/us is not in use by any other third party and I/we undertake that I/We shall duly and promptly inform the Bank if and when my/our mobile number changes.

Name: _____

Signature of Authorized Signatory 1

Name: _____

Signature of Authorized Signatory 2

Name: _____

Signature of Authorized Signatory 3