



(All fields marked with $\mbox{*}$ are mandatory), To be filled in Black Ink and	CAPITAL LETTERS only NS00004627code No.						
Date Date							
I/We agree to open account and required to maintain Average Monthly Balance in the account, as specified in the Schedules of Charges of the Bank from time to time. I/We fully understand the detailed charges (including for non-maintenance of balance) applicable to this account as per schedule of charges, which is available on the Bank's Website/Branch record. This has also been explained to me/us by the Bank Official. I/We hereby provide herewith my/our initial deposit of Rs							
Applicant Signature/Thumb impression	Co-Applicant Signature/Thumb impression						
TYPE OF CHANNEL* Face to Face Non-Face to Face Non-Face to Face Non-Face to Face Non-Face to Face Non-Face to Face Non-Face No							
APPLICANT DETAILS*							
Applicant: Existing Customer Cust Id	New Customer (Cust ID Form Required)						
Name PREFIX FIRST NAME	MIDDLE NAME LAST NAME						
Co Applicant: Existing Customer Cust Id New Customer (Cust ID Form Required) Name PREFIX FIRST NAME MIDDLE NAME LAST NAME If more than one co-applicant then add a separate form to provide details							
MODE OF OPERATION*							
☐ Singly (Self Operated) ☐ Either or Survivor ☐ Join ☐ Others (please Specify)	tly						
PLEASE TICK ON SERVICES REQUIRED							
Debit Card	□ No Internet Banking* □ Yes □ No □ No E- Statement* □ Yes □ No						
Free Services*	(Max. 20 characters including space)						



NOMINATION Details (DA1) (Only one individual nominee permitted and to be signed also in case of no nominee)**						
Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in the respect of Bank deposits.						
I / We nominate I / We do not wish to nominate Same nomination for Debit Card Insurance Yes No						
I/We , am/are residing at						
nominate the following person to whom in the event of my/our/minor's						
death the amount of deposit in the account particulars whereof are given below, may be returned by Suryoday Small Finance						
Bank Ltd. Branch.						
Nominee Name First Name MIDDLE NAME LAST NAME						
Address: Same as Applicant Different from Applicant Address						
Relationship with Depositor (if Any) Date of Birth of Nominee						
As the nominee is a minor on this date, I/ We appoint**						
residing at						
relationship with minor nominee** age: to receive the amount of deposit in the account						
on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.						
Signature/Thumb impressions**						
Applicant Signature/Thumb impression Co-Applicant Signature/Thumb impression						
Date						
Date Date Date						
Miles and 188						
Witness 1** (Required only if applicants use the thumb impressions) (Required only if applicants use the thumb impressions)						
Strike out if nominee is not a minor**,Thumb impression (s) needs to be attested by 2 witnesses Note: Where deposit is made in the name of minor nomination should be signed by a person lawfully entitled to act on behalf of the minor						
ACKNOWLEDGEMENT						
SURYODAY SMALL FINANCE BANK LIMITED We have received initial deposit of Rs						
onBank,Branch, datedfor theproduct which you have obtained.						
The Bank official has explained to you the features and charges as per Bank's Schedule of Charges and average balance requirement as per the product obtained by you. You will be bound by and abide by Bank's General Terms & conditions available on the Bank's Website/Branch record and those mentioned above.						
Nomination registered:						
Branch:Name of bank official and employee code:						
Signature of Bank official & stamp						

-	SURYODAY
	A BANK OF SMILES

Applicable, if no nomination i	•	For Bank Use Only (In case of no nomination given)					
The Bank, through its authorised representative has advantages of nomination facility as per the extant guide hereby decline to presently nominate any individual and ure consequences of my failure to give nomination and fully my legal heirs would face in the event of my death with our in your bank records.	lines of RBI. However, I nderstand the risks and aware of the hardships	and inspite of the same	I to the customer the advantages of nomination facili , he/she still does not want to nominate and he/she als pecific letter to the effect that he/she does not want i				
Applicant's Signature Co-Applica	nt's Signature	E	mployee Signature and Code				
MANDATE HOLDER (If yes please fill the add	itional Mandate Holde	er Form) *					
Mandate/POA (Please provide relevant documents):							
*DECLARATION ABOUT EXISTING RELATION	HSIPS WITH THE BANK	(AS APPLICANT ONL)	7)				
I do not have any other account with Suryoday Bank.							
☐ I have the following accounts with Suryoday Ba	nk which I want to conver	rt to NRO Savings Accoun	t				
Account No. Account Type Account Type Account Type							
*DECLARATION FOR A NON- ENGLISH LANG	UAGE DOCUMENT SUE	BMITTED IN THE BANK					
Since my/our document is in	language, I / We hereby s	submit the following Non-	-English document				
(translated below) for account opening and confirm	n the validity of the Non-E	nglish document.					
Particulars	Appl	icant	Co-Applicant				
Document Name							
Document Number							
Issued By (Authority)							
Issued At (Place)							
Issued On							
Valid Till							

*DECLARATION/UNDERTAKING BY APPLICANT (S) TO SURYODAY SMALL FINANCE BANK LTD.

I/We have read and understood and hereby agree to abide and be bound by the 'Terms and Conditions for NRE/NRO Accounts' as provided under/ made available to me/us at Suryoday Small Finance Bank Ltd. website (www.suryodaybank.com) as made available under "Terms and Conditions" on the Website in relation of all products, services and channels provided/ offered by Suryoday Small Finance Bank Ltd. to NRIs/ PIOs. I/we understand that the Terms and Conditions are liable to be amended, varied, supplemented, or modified by Suryoday Small Finance Bank Ltd. from time to time. I/We agree that Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that Bank may Debit my account for the service charges applicable from time to time. Notwithstanding the documentation and account opening form the Bank reserves the right to accept/reject the application for account opening. The Bank's decision in this regard would be final. 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 a change with a valid address proof. I/We declare that the transactions in the linked account will be made from my/our legitimate sources only and the account will not be used for any purpose contrary to law. I/We will also keep watch on the day-to-day transaction to detect early frauds, if any. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

I/We hereby undertake to intimate Suryoday Small Finance Bank Ltd. immediately on my arrival / return to India for permanent residence. Further, I/We undertake to abide by FEMA and close or convert accounts maintained and/ or operated by me/ us in my/our capacity of an NRI/ PIO (as applicable) on my/our becoming a resident Indian.

Do Not Call Registry: I/We \square Consent/ \square do not consent to receive the information/service etc. for marketing purpose through "Telephone/Mobile/SMS/Email by Bank/its agents. I/We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporates/employers) will be accepted for registration of "Do Not Call." I/We am/are aware that post registration, I/We may receive a call from Bank to verify the correctness of the request for registration.



	Signature/Thumb impressions**						
		Applicant Signature/Thumb	impression	Co-A	Applicant Signature/Thumb impression		
		Witness 1**			Witness 2**		
		(Required only if applicants use the th	umb impressions)				
		Th	numb impression (s) r	needs to be attested	l by 2 witnesses		
		For Ban	k Use Only:				
	Product Code:		Cust ID 1	l :			
	Branch Code:		Cust ID 2				
	Sourcing Officer/BC Code:		Trans ID:				
	Promo Code:		Trans Da				
	Lead Id:		Account	No. Issued			
	Lead Generator:		Issued In	sta Kit No.:			
Customer Signed in my Presence:		Docume	Document Verification Done by:				
Employee/BC Name:		Employe	Employee Name:				
Employee/BC Code:		Employe	Employee Code:				
Employee/BC Signature:							
Branch Stamp with Date			BM/Ops Manager Signature & Date				

ACCOUNT OPENING RULES

- All necessary documents are mandated by the Regulator/Bank authorities should be provided for opening the accounts.
- All accounts should maintain the stipulated monthly average balance based on the product/program.
- In case of non-maintenance of the stipulated average balance, charges as outlined in the Schedule of Charges from time to time will be applicable.
- Savings Accounts can be opened for non-business purpose only.
- Copy of the Terms & Conditions, Service charges and the code of Bank's commitment for individual customers can be obtained from Branch/Website.
- In case of any query / suggestion / feedback / complaint relating to features of any of the products, you may kindly call our Smile Centre on +91 22 62298799, +91 22 69045666 or email us at nri@suryodaybank.com or visit our nearest Bank branch.