SURYODAY SMALL FINANCE BANK	K LIMITED							
A BANK OF SMILES	tion							
(All fields marked with * are mandatory), To be filled in Black Ink and CAPITAL LETTERS only  AOF barcode								
CKYC Number (If available)								
Existing CUST ID (If available) *Please specify Residency Status: NRI PIO /OCI Date DD	M M Y Y Y Y							
Tick ☑ boxes as applicable. (Separate CIF to be filled for joint holder/s) *Mandatory Fields								
APPLICANT PERSONAL DETAILS*								
Title: Mr. Ms. Mrs. OthersPlease Specify Gender: Male Female Other 1	Third-Gender							
Name: (Same as per Passport)  FIRST NAME  MIDDLE NAME  LAST NAME  LAST NAME	ME							
Maiden Name: (If any)								
Father's / Spouse Name:								
Mother's Name:								
Date of Birth:  D D M M Y Y Y Minor Yes No Are you a PEP or related to one? Yes No								
Marrital Status : Married Single Others Nationality :								
Date of becoming Non-Resident : D D M M Y Y Y Y City of Birth: Country of Birth:								
Email ID:								
(In Capital Letters)  Passport No.:								
Date of Issue: D D M M Y Y Y Y Expiry Date: D D M M Y Y Y Y Place of Issue:								
Type of Visa: Visa Expiry Date: D D M M Y Y Y Y								
(Visitor & Business Visas are not allowed								
	available)							
ADDRESS DETAILS *								
*CURRENT OVERSEAS RESIDENTIAL ADDRESS (Mention of Overseas Address is Mandatory)								
Address Line 1								
Address Line 2  Landmark  City								
State Country Pin Code	++++							
Tel No. (OFFICE) Country Code Area Code Number								
Tel No. (RESIDENCE) Country Code Area Code Number								
Fax No.: Country Code Area Code Number								
MOBILE Country Code Number								
PERMANENT ADDRESS * (Mandatory) Same as above								
Address Line 1								
Address Line 2								
Landmark City								
State Country Pin Code								
Tel No. (OFFICE) Country Code Area Code Number								
Tel No. (RESIDENCE) Country Code Area Code Number								
Fax No.: Country Code Area Code Number								
MOBILE Country Code Number Number								
Please indicate if you want your mailing address to be same as : Permanent Address Overseas Address								
ADDITIONAL INFORMATION (fill the relevant information)								
Education Below SSC SSC HSC Graduate Professional (CA,	CS, CMA, Others)							
Occupation* Professional Public Sector Government Sector Business Private Sector Service								
Self Employed Retired Housewife Student Other Occupation Code								
Self-employed/Professional: CA Engineer Doctor Trader Lawyer Consu	ultant							
	c Limited							
Nature of Business : Manufacturer Trader / Stockist Service Provider Retail	er							
(If applicable) Consultant / Professional Exporter / Importer Other Please specify								
Gross Annual Income (INR) Upto Rs.50,000 pa. Rs.50,000 < 1,00,000 pa Rs.1,00,001 < 5,00,000 pa								

1

Above Rs.10,00,000 pa

Designation:

Employee ID:

Rs.5,00,001 < 10,00,000 pa

No

Suryoday Bank Staff Account :

Name of Company

GUARDIAN DETAILS FOR M	IINOR (I	Mandato	ry Only If	Applicant	t is Minor	)																				
Name of Parent / Guardian*							T									T			T	T						
Relationship with Minor Father Mother By Court Order Others, please specify																										
l shall represent the minor in all transacti majority. I shall fully indemnify the Bank a													ins													
Guardian CUST No.																										
Declaration / Undertaking by	Applica	ant(s):												L				-			61					
The Person of Indian Orig	in (PIO	) / Ove	rseas (	itizen (	of India	(OCI) I	ecla	ratio	n (If	applic	able)		PIO	/ OCI	Card	No		G	uarc	iian's	Sign	nature	9			
The Person of Indian Origin (PIO) / Overseas Citizen of India(OCI) Declaration (If applicable) PIO / OCI Card No.																										
I held an Indian passport in the past.  My father / Mother / Grandfather / Grandmother (Name) is / was a citizen of India by																										
virtue of the Constitution of India or the Citizenship Act, 1955.																										
I am the spouse of an Indian citizen The father / Mother / Grandfather / Grandmother (Name) of my spouse is/was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955.											my															
bank freezes transactions												larvis	as wi	thin 3	mon	th's	form	the	date	ofex	piry	of Vis	a.			
Cust	omer's	Signat	ure																							
Temporary Visa Declaration	on (If ar	plicab	le)																							
To, The Branch Manager,								. [		D.4 .	ΔV	V	, Iv	]			D 15	A A	8.4	v	v I v	TV.				
I/We have submitted to the ba to furnish the bank with copie	es of my	y/our re	egular	visa/s ir	mmedia	ately on	issu	ance						't hav			jectio	ons i	f' th	e bar	nk fre	eezes		here action		
account or closes the account																										
Cust	omer's	Signat	ure																							
DECLARATION / UNDERTAIN	(ING BY	APPLI	CANT	):																						
I/We am / are non-resident of India. I hereby	2			100	rue and cor	rect to the	best of r	my know	rledge a	nd belief	and unde	rtake to	inform a	iny												
changes immediately. In case any of the above information is found information from Central KYC Registry throu																										
abide and be bound by all the provisions of account of all my / our accounts, present a	the Terms 8 and future v	Condition with Suryon	ns published day Small F	d on the ba Finance Ban	nk's website nk and those	e www.sur ie relating t	yodayba to vario	ank.com ous servic	governices inclu	ning the op luding but	pening an t not limit	nd opera ited to A	ition of t TMs/De	the bit												
Card/Mobile Banking / Internet Banking/Phi completely or partially without any notice to its agents to make references/enquiries as mi	me/us.lagr	ee that the	Bank may o	debit my aco	count for ser	rvice charg	es as ap	oplicable t	from tin	me to time	. I/We au	thorise t	the Bank	or								recen				
be deemed necessary or appropriate. I hereb hereby authorize Suryoday Small Finance Bar	y consent to nk to upload	receiving i the details	information sprovided b	from Centr by me on the	ral KYC Regis	stry through	h SMS/E	Email on t	the abov	we registe	red numb	ber/ema	iladdres	5.1					1			graph				
KYC details from the Central KYC Registry Basi I/We understand that Suryoday Small Finance					nining the s	tatus of the	acrous	st holder	named	above in	omaliae	ce with t	ATCA/C	RS												
Suryoday Small Finance Bank is not able to of tax questions.	fer any tax a	dvice on FA	ATCA or CRS	or its impa	ct on the ac	count hold	er. I/we																			
I/We agree to submit a new form within 30 da I/We agree that as may be required by dome:								quired to	report,	reportab	le details	to CBDT	or close	or												
suspend my account.  I/We have understood the information required identification													e taxpa	yer												ا,
number is true, correct, and complete. I/We a													unk te	ab	3											
The Central Board of Direct Taxes has notifie additional personal, tax and beneficial owner be reported to tax authorities. We may also be	information	n and certa	in certificat	tions and do	cumentatio	on from all o	ouracco	ount hold	ders. In re	elevant ca	ises, infor	rmation	will have	to												
account or any proceeds in relation thereto.																L				Custon	nor'- 1	lian-t-				$\rfloor$
Do not Disturb Consent: I/We consent the Bank/its agents. I/We am /are aware that post registration, I/W					ation/servic					rogn telet	mone/mu	ubile/SN	ia/Email	шу	Plac	e			Da		D D	Signatur	MY	Ý	Y	Y
																						1 2 2				
FATCA-CRS Declaration (Please Tax Residence Declaration	_	_				_	ur tax re	esidency,	, if requ	ired)																
Tax residence Deciaration	(II les,	pieast	, mi till	uetali	J Delov	,																				
I am a citizen / national / ta	x reside	ent of a	ny cou	ntry otl	her thai	n India.	L	Yes			No															
Residence Address for Tax	Purpos	e (√Tio	ck agair	nst one	which i	s appli	cable	)																		
Same as the address mentio					7520 5		LL'			Туре	of the	prov	ided	addre	SS											
	manent A				ovide deta				+		Residen		-	_	usines	ss		Γ		Registe	ered (	Office				
Address line 4							_			_					_	_			_	T				_	_	
Address Line 1 Address Line 2		+		$\vdash \vdash$	+	+	+	+	$\forall$	+	+	₩	+	+	+	+	+	$\dashv$	+	+	H	+	+	+	+	
Landmark		+		$\vdash$		$\dashv \dashv$	$\mp$	$\mp$	Ħ	$\mp$	$\mp$	卄	City	,	+	+	+	$\dashv$	+	+	H	+	+	+	+	
State				$\dashv \dashv$	$\dashv \dashv$	$\dashv$	Coun	ntry	Ħ	十	$\mp$	$\forall$		H	$\dagger$	$\pm$	+	$\forall$	$\dagger$	Pir	n Co	de	$\forall$	+	t	
3.5.0	لسلسا						-541														. 20					

Tax	Residence	Delaratio

Please indicate all the country/coutries in which applicant/s is/are resident for tax purposes and the associated Tax ID Number below.

Country/(ies) of Tax residency #	Tax Identification Number (TIN)*	Identification Type (TIN or Other <sup>®</sup> , please specify)

9	
	Customer's Signature

For Bank Use only									
CUST ID 1:		Branch Code :							
Account Number Issued :									
Customer Signed in my presence: Customer Ref. By:									
Employee/BC Name:		Document verification done by:							
Employee/BC Code:		Employee Name:							
Employee/BC Signature:		Employee Code:							

Branch Stamp with Date BM / OPS Manager Signature & Date

**Barcode for Record Management** 

 $<sup>\</sup>hbox{$^*$To also include USA, where the individual is a citizen/green card holder of USA.}$ 

In case Tax Identification Number is not available, kindly provide functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has yet been issued, please provide an explanation and attach this to the form.