



(All fields marked with * are mandatory), To be filled in Black Ink and CAPITAL LETTERS only

Date:



I/we agree to open _____ account with the balance requirement of Rs. _____

I/we fully understand the detailed charges (including the balance non-maintenance charge) applicable to this account as per the Schedule of Charges, which is available on the Bank's Website / Branch notice board. This has also been explained to me/us by the Bank official.

I/we hereby provide initial deposit of Rs. _____ by Cash / Cheque No. _____ drawn on _____

Bank, _____ Branch, dated _____



Authorized Signatory 1



Authorized Signatory 2



Authorized Signatory 3

DETAILS OF ENTITY *

Entity Details Existing Customer CUST ID New Customer (CUST form required)

Name

DETAILS OF AUTHORIZED SIGNATORIES *

Name CUST ID

Name CUST ID

Name CUST ID

Please attach a separate form if the number authorized signatories's exceeds the space provided above

MODE OF OPERATION (TICK ANY ONE) *

Anyone Authorized Signatory Any One Partner Any two jointly Jointly by all Any One Trustee
 As per Board Resolution Proprietor Karta of HUF Others (Please Specify) _____

EXISTING BANKING FACILITIES *

I/we declare that we do enjoy credit facilities with other bank : Yes No NOC Status : Yes No

Please tick whichever is applicable

Sr. No.	Bank Name and Branch	Type of Facility	Amount (Rs Lacs)	Authorized Signatories' Signatures

1. Please fill up all details if credit facilities are enjoyed by the customer.
2. If customer is availing credit facility with other bank, the customer is required to get an NOC from the Lender Bank(s). As per RBI guideltnes the lender Bank(s) should be given 15 days to provide NOC. Till then the Bank shall not process the Account Opening.
3. Bank will not open the Account in case the lender Bank refuses to provide NOC.

PLEASE TICK ON THE SERVICES REQUIRED *

Debit Card Yes No Cheque Book Yes No Internet Banking* Yes No

Mobile Banking* Yes No SMS & E-Mail alerts Yes No E-Statement * Yes No

Sweep Facility needed* Yes No Name on the card

Free Services *

Applicable for select variants only #

(Max. 20 characters including space)

Nomination Details (Form DA 1) - (Only for Sole Proprietorship and not for any other entity) *

Nomination under Section 45ZA of the Banking Regulation Act, 1949, and the Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposit

I wish to nominate I do not wish to nominate Print Nominee Name - Yes No

Same nomination for Debit Card insurance - Yes No

I / we _____, Residing at _____

_____ Nominate the following person to whom in the event of my/our/minor's death the amount of deposit, may be returned by Suryoday Small Finance Bank Ltd, _____ branch.

Nominee Name

FIRST NAME

MIDDLE NAME

LAST NAME

ACCOUNT OPENING FORM NON INDIVIDUAL

For Bank Use only

Product Code:		CUST ID 1:	
Branch Code:		CUST ID 2:	
Sourcing Officer / BC code :		CUST ID 3:	
Promo Code:		Tran ID:	
Lead Id:		Tran Date:	
Lead Generator:		Account Number Issued :	

Customer Signed in my presence:

Employee/BC Name:

Employee/BC Code:

Employee/BC Signature:

Document verification done by:

Employee Name:

Employee Code:

Branch Stamp with Date

BM / OPS Manager Signature & Date
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Record Management Barcode

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