



SURYODAY

A BANK OF SMILES

SURYODAY SMALL FINANCE BANK LIMITED

Please mention AOF barcode No.

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

CKYC Number (If available)

Existing CUST ID (If available) *Please specify Residency Status: NRI PIO /OCI Date

Tick boxes as applicable. (Separate CIF to be filled for joint holder/s) *Mandatory Fields

APPLICANT PERSONAL DETAILS*

Title: Mr. Ms. Mrs. Others _____ Please Specify Gender: Male Female Other Third-Gender

Name: (Same as per Passport)

Maiden Name: (If any)

Father's / Spouse Name:

Mother's Name:

Date of Birth: DDMMYYYY Minor Yes No Are you a PEP or related to one? Yes No
(In case of minor, please fill guardian section and provide separate CUST)

Marital Status: Married Single Others Nationality:

Date of becoming Non-Resident: DDMMYYYY City of Birth: Country of Birth:

Email ID:
(In Capital Letters)

Passport No.:

Date of Issue: DDMMYYYY Expiry Date: DDMMYYYY Place of Issue:

Type of Visa: Visa Expiry Date: DDMMYYYY
(Visitor & Business Visas are not allowed)

Aadhaar / Virtual No.: PAN No. OR Form 60/61 (If PAN not 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

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 Post 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 Consultant

Business Type: Proprietorship Partnership Private Limited Public Limited

Nature of Business: Manufacturer Trader / Stockist Service Provider Retailer
(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
 Rs.5,00,001 < 10,00,000 pa Above Rs.10,00,000 pa

Name of Company Designation:
(For Salaried)

Suryoday Bank Staff Account: Yes No Employee ID:

CUSTOMER INFORMATION FORM (FOR NON-RESIDENT INDIAN / PIO / OCI)

GUARDIAN DETAILS FOR MINOR (Mandatory Only If Applicant is Minor)

Name of Parent / Guardian*

Relationship with Minor Father Mother By Court Order Others, please specify

I shall represent the minor in all transactions of any description in any account opened with Suryoday Small Finance Bank till the said minor attains majority. I shall fully indemnify the Bank against any claim of the above minor for any withdrawal /transaction made by me in his/her account.

Guardian CUST No.

Declaration / Undertaking by Applicant(s):

Guardian's Signature

The Person of Indian Origin (PIO) / Overseas Citizen of India(OCI) Declaration (If applicable) PIO / OCI Card No.

I hereby declare that I am a person of Indian origin and I satisfy one of the following conditions. Please select as applicable to you:

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.

bank freezes transactions in the account or closes the account if I/We don't submit copies of regular visas within 3 month's form the date of expiry of Visa.

Customer's Signature

Temporary Visa Declaration (If applicable)

To, The Branch Manager,
I/We have submitted to the bank my/our temporary visas work/Residence dated expiring on . I/We hereby agree to furnish the bank with copies of my/our regular visa/s immediately on issuance and confirm that I/We don't have any objections if the bank freezes transactions in the account or closes the account if I/We don't submit copies of regular visas within 3 month's form the date of expiry of Visa.

Customer's Signature

DECLARATION / UNDERTAKING BY APPLICANT(S):

I/We am / are non-resident of India. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and undertake to inform any changes immediately.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS / Email on the above registered number/ email address. I/We the undersigned have read and understood and agree to abide and be bound by all the provisions of the Terms & Conditions published on the bank's website www.suryodaybank.com governing the opening and operation of the account of all my / our accounts, present and future with Suryoday Small Finance Bank and those relating to various services including but not limited to ATMs/Debit Card/Mobile Banking / Internet Banking/Phone Banking/Bill Payment Facility etc. I/We Understand that the Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me/us. I agree that the Bank may debit my account for service charges as applicable from time to time. I/We authorise the Bank or its agents to make references/enquiries as may be necessary and to exchange/share/part with any/all information with credit bureaus/statutory bodies/other agencies as may be deemed necessary or appropriate. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I hereby authorize Suryoday Small Finance Bank to upload the details provided by me on the Central KYC Registry. I also authorise Suryoday Small Finance Bank to download my KYC details from the Central KYC Registry Basis the KYC number submitted by me.

I/We understand that Suryoday Small Finance Bank is relying on this information for determining the status of the account holder named above in compliance with FATCA/CRS. Suryoday Small Finance Bank is not able to offer any tax advice on FATCA or CRS or its impact on the account holder. I/we shall seek advice from professional tax advisor for any tax questions.

I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

I/We agree that as may be required by domestic regulators/tax authorities, Suryoday Small Finance Bank may also be required to report, reportable details to CBDT or close or suspend my account.

I/We have understood the information requirements of this Form and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the income-tax Rules, 1962 which require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities. We may also be required to provide information to any institutions such as withholding agents for ensuring appropriate withholding from the account or any proceeds in relation thereto.

Do not Disturb Consent: I/We consent do not consent to receive the information/service etc. for marketing purposes through telephone/mobile/SMS/Email by the Bank/its agents.

I/We am /are aware that post registration, I/We may receive a call from the Bank to verify the correctness of the request for registration.

Please affix recent Passport Size Photo the photograph

Customer's Signature

Place Date

FATCA-CRS Declaration (Please consult your professional tax advisor for further guidance on your tax residency, if required)

Tax Residence Declaration (If Yes, please fill the details below)

I am a citizen / national / tax resident of any country other than India. Yes No

Residence Address for Tax Purpose (✓Tick against one which is applicable)

Same as the address mentioned in Application Form / provided for Bank Record	Type of the provided address
<input type="checkbox"/> Overseas Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Other (Provide detailed address below)	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office

Address Line 1

Address Line 2

Landmark City

State Country Pin Code

Tax Residence Declaration

Please indicate all the country/countries 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) ⁸	Identification Type (TIN or Other ⁹ , please specify)

⁸To also include USA, where the individual is a citizen/green card holder of USA.

⁹In 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.



Customer's Signature

For Bank Use only

CUST ID 1:		Branch Code :	
Account Number Issued :			

Customer Signed in my presence:

Employee/BC Name:

Employee/BC Code:

Employee/BC Signature:

Customer Ref. By:

Document verification done by:

Employee Name:

Employee Code:

Branch Stamp with Date
BM / OPS Manager Signature & Date

Barcode for Record Management