~	SURYODAY
	A BANK OF SMILES

SURYODAY SMALL FINANCE BANK LIMITED

(All fields marked with * are mandatory),	To be filled in Black Ink and CAPITAL LETTERS only					
Date: DDMMYYYY						
I/We agree to open	account with the balance requirement of Rs					
I/we fully understand the detailed charges (i	ncluding the balance non-maintenance charge) applicable to this account as per the Schedule of Charges,					
	branch notice board. This has also been explained to me/us by the Bank official.					
I/we hereby provide Initial deposit of Rs Bank, Bra	by Cash / Cheque No drawn on					
Daile, Die	mon, dated					
Applicant's Signature / Thumb Im	pression Co-Applicant's Signature /Thumb Impression					
APPLICANT DETAILS*						
Applicant Exis	ting Customer CUST ID New Customer (CUST form required)					
Name PREFIX FIRST N	AME MIDDLE NAME LAST NAME					
Co-Applicant: (if applicable) Exis	ting Customer CUST ID New Customer (CUST form required)					
Name PREFIX FIRST NAME MIDDLE NAME LAST NAME						
Relationship with Applicant	Relationship Code					
If more than one co-applicant then add a separate form						
MODE OF OPERATION*						
Single (Self operated) Either or Survivor Jointly by all Former or Survivor Anyone or Survivor Others						
PLEASE TICK ON THE SERVICES REQU						
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 ##	(Max. 20 characters including space)					
Applicable for select variants only#	Fourth line embossing ne individual nominee permitted and to be signed also in case of no nomination)**					
	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	ce Yes No					
I / we	, residing at					
17 400	nominate the following person to whom in the event of my/our/minor's death the					
amount of deposit in the account, may be	pe returned by Suryoday Small Finance Bank Ltd, branch.					
Nominee Name						
FIRST N	AME MIDDLE NAME LAST NAME					
Address: Same as Applicant	Different from Applicant Address					
Relationship with Depositor	Date of Birth D D M M Y Y Y Y					
As the nominee is a minor on this date,	I/We appoint** residing at					
	relationship with minor nominee** age :					
to receive the amount of the deposit in the acc	count on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.					
Signatures /Thumb impressions***						
oignatures / munib impressions						
	Applicant's Signature / Thumb Impression Co-Applicant's Signature / Thumb Impression					
Date D M M Y Y Y						
	WITNESS 1*** (Partition of the Million of the Mill					
Strike out if nominee is not a minor**. The	(Required only if applicants use thumb impressions) (Required only if applicants use thumb impressions) (Required only if applicants use thumb impressions)					
	of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor V. Dec-24					
	1 v. Dec-24 -					
	Acknowledgement					
	SURYODAY SMALL FINANCE BANK LIMITED					
	by Cash / Cheque No (subject to realization) drawn on					
Bank, Branch,						
	and the applicable Balance required is Rs The Bank official has per Bank's Schedule of Charges and the Balance requirement as applicable to the product opted by you. You will					
-	ms and Conditions available on the Bank's website/branch and those mentioned above.					
Nominations registered Yes No						

Signature of bank official & Stamp

Name of bank official and employee Code:

Conception facility as per the existing spatience of Rigil. Heavew, I shearly desire to get the second and sile above of the advisory of the second and sile above of the advisory of the second and sile above of the advisory of the second and sile above of the advisory of the second and sile above of the advisory of the second and sile above of the advisory of the second and second	Applicable, if no nomination is provided		For Bank Use Only (In case of no nomination given)			
FATCA - CRS Declaration* Three amilars critizen / national / tax resident of any country other than India? Applicant	presently nominate any individual and understand the risks and consequences of my failure to give nomination and fully aware of the hardships my legal heirs would face in		of the same, he/she still does not want to no	minate and he/she also refused to provide a		
FATCA - CRS Declaration* Three amilars critizen / national / tax resident of any country other than India? Applicant						
Applicant ves No Co-Applicant ves No Co-Applicant ves No (if ves, please fill the additional PATCA. CRS declaration from)	Applicant's Signature	Co-Applicant's Signature	Employee Signature and Code			
Applicant						
Social Security Schemes - Consent Cum Declaration Pradhan Mantri Jeevan Jyoti Bims Yojana ("PAJJBY") Pradhan Mantri Surakaha Bima Yojana ("PMSBY") hereby give my consent to become a member of PAJJBY Plant of HDFC Life ANDIO/R PMSBY of ICICI Combard General Insurance Co's which will be administered by your Earn Lord are group Master Folicy. hardely authorize you to debit my SB Ac with your Branch an amount of Rs. 200- Lowards annual premium under PMSBY and or Rs. 436- Lowards annual premium under PMSBY and or Rs. 436- Lowards annual premium under PMSBY and or Rs. 436- Lowards annual premium under PMSBY and or Rs. 436- Lowards annual premium under PMSBY and or Rs. 436- Lowards annual premium under PMSBY and to Rs. 436- Lowards annual premium under PMSB				CPS declaration form \		
Pradhan Mantri Jeevan Jyoti Bima Yojana ("PMJBY") Pradhan Mantri Suraksha Bima Yojana ("PMSBY")			NO (II Tes, please fill the additional PATCA-	CKS declaration form.)		
Inereby give my consent to become a member of PMLJBY Plant of HDFC Life AND/OR PMSBY of ICIC1 Lombard General Insurance Co 's which will be administered by your Bank under a group Mailer Policy. He are the second process of the property of the process of the pr			Mantri Surakaha Pima Vajana ("DMSDV	"\		
Administred by your Bank under a group Master Policy. Ihereby authorize you to debit my SBA exith your granch an amount of Rs. 20½ towards annual premium under PMSBY and or Rs. 436½ towards annual premium under PMSBY and or Rs. 436½ towards annual premium under PMSBY or the several policy. Policy of the Conduct in future after 25th May and not later than on 1 at of June every year until further instructions, renewal premium, as applicable from time to time based on the actual date of enrolment. If further time to time for these wo policies. Policy of the Conduction of the Conduc						
premium under PMJLBY for life cover under PMJLBY or a revised amount as applicable from time to time based on the actual date of enrollment. If under subtrictive you to deduct in future after 25th May and not later than on 1 st of June every year until further instructions, renewal premium, as applicable from time to time for these wo policies. **Policiarstion/Undertaking by Applicant (s) to Suryoday Small Finance Bank Ltd. **We confirm that tiwe embras resident of India, I/We confirm having rand, understood and hareby agree to be bound by the terms & conditions which govern the management of the property of the	administered by your Bank under a group	Master Policy.				
Declaration/Undertaking by Applicant (e) to Suryoday Small Finance Bank Ltd. With confirm that Ilwa amairar resident of India. IlWa confirm having read, understood and hereby agree to be bound by the terms & conditions which govern the propriet of the confirm that Ilwa amairar resident of India. IlWa confirm having read, understood and hereby agree to be bound by the terms & conditions which govern the propriet of the prop	premium under PMJJBY for life cover under authorize you to deduct in future after 25th	er PMJJBY or a revised amount as	s applicable from time to time based or	the actual date of enrolment. I further		
opening of account(s) with Suryoday Small Finance Bank Ltd. and various services including but not limited to ATMs, Phone Banking, Debit Cards, Mobile Banking, NE Banking, Bank Battement etc. All amendments there to be made from the to the line the Terms and Conditions and those receives offered by the bank as displayed on its notice board / website or as communicated to me Including but not limited to the facilities listed in this form will be binding on melus. Whe agree that the Bank may at its soid discretion discontinue any of the services completely op partially without any notice to make the Bank may adolt my account for the service charges applicable from time to time. Notwithstanding the documentation and account opening form, the bank reserves the right occupil register than the properties of the Bank within two weeks of such a change with a valid address proof if with declare that the remarkations in the research with the properties to the bank within two weeks of such a change with a valid address proof if with declare that the transactions in the declared that the new address to the bank within two weeks of such a change with a valid address proof if with declare that the transactions in the research that the new address that the new add		ant (s) to Suryoday Small Fina	ance Bank Ltd.			
Applicant's Signature / Thumb Impression Co-Applicant's Signature / Thumb Impression WITNESS 2*** (Required only if applicants use thumb impressions) Thumb Impression(a) needs to be attested by 2 witnesses*** For Bank Use only Product Code: CUST ID 1: Branch Code: CUST ID 2: Sourcing Officer / BC code: Tran ID: Promo Code: Lead Id: Lead Generator: COCO (for Salary Account only) Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date Branch Stamp with Date BM / OPS Manager Signature & Date	opening of account(s) with Suryoday Small Finance Bank Ltd. and various services including but not limited to ATMs, Phone Banking, Debit Cards, Mobile Banking, Net Banking, Emall Statement etc. All amendments there to be made from time to time in the Terms and Conditions and those relating to various services offered by the bank as displayed on its notice board / website or as communicated to me Including but not limited to the facilities listed in this form will be binding on me/us. 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 the 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 valld address proof. I/We declare that the transactions in the linked accounts 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. Do Not Call Registry: I/We consent/ do not consent to receive the Information/service etc. for marketing purpose through "Telephone/Mobile/SMS/Emall by the 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, We may receive a call from the Bank to verify the correctness of the request for					
WITNESS 1*** (Required only if applicants use thumb impressions) Thumb impression(s) needs to be attested by 2 witnesses** For Bank Use only Product Code: Branch Code: CUST ID 1: Branch Code: CUST ID 2: Sourcing Officer / BC code: Tran ID: Promo Code: Lead Id: Lead Generator: COCO (for Salary Account only) Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date WITNESS 2*** (Required only if applicants use thumb impressions) WITNESS 2*** (Required only if applicants use thumb impressions) WITNESS 2*** (Required only if applicants use thumb impressions) WITNESS 2*** (Required only if applicants use thumb impressions) Required only if applicants use thumb impressions) WITNESS 2*** (Required only if applicants use thumb impressions) WITNESS 2*** (Required only if applicants use thumb impressions) Promo Code: CUST ID 1: Branch Code: Tran ID: Tran Date: Lead Id: Account Number Issued: Issued Insta-kit no.: Document verification done by: Employee/BC Name: Employee/BC Code: Employee Code: Employee/BC Signature: Branch Stamp with Date	Signatures / Thumb Impressions***					
Required only if applicants use thumb impressions) (Required only if applicants use thumb impressions) Thumb		Applicant's Signature / Thumb Impression Co-Applicant's Signature /Thumb Impression				
Required only if applicants use thumb impressions) (Required only if applicants use thumb impressions) Thumb						
Required only if applicants use thumb impressions) (Required only if applicants use thumb impressions) Thumb		WITNESS 4***				
Product Code: Branch Code: CUST ID 1: CUST ID 2: Sourcing Officer / BC code : Tran ID: Promo Code: Lead Id: Lead Generator: COCO (for Salary Account only) Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date CUST ID 1: CUST ID 2: Tran ID: Tran Date: Account Number Issued: Issued Insta-kit no.: Document verification done by: Employee Name: Employee Code: Employee Code: Employee Code:	(Required only if applicants use thumb impressions) (Required only if applicants use thumb impressions)					
Branch Code: CUST ID 2: Sourcing Officer / BC code: Promo Code: Tran ID: Tran Date: Lead Id: Lead Generator: COCO (for Salary Account only) Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date CUST ID 2: Tran ID: Tran Date: Account Number Issued: Issued Insta-kit no.: Document verification done by: Employee Name: Employee Code: Employee Code: Employee Code:	For Bank Use only		l			
Sourcing Officer / BC code : Tran ID: Promo Code: Tran Date: Lead Id: Account Number Issued: Lead Generator: Issued Insta-kit no.: COCO (for Salary Account only) Customer Signed In my presence: Document verification done by: Employee/BC Name: Employee Name: Employee/BC Code: Employee Code: Employee/BC Signature: Branch Stamp with Date BM / OPS Manager Signature & Date	Product Code:		CUST ID 1:			
Promo Code: Lead Id: Lead Generator: Issued Insta-kit no.: COCO (for Salary Account only) Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date Tran Date: Account Number Issued: Issued Insta-kit no.: Document verification done by: Employee Name: Employee Name: Employee Code: Employee Code: Branch Stamp with Date BM / OPS Manager Signature & Date	Branch Code:		CUST ID 2:			
Lead Id: Lead Generator: COCO (for Salary Account only) Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date Account Number Issued: Issued Insta-kit no.: Document verification done by: Employee Name: Employee Name: Employee Code: Employee/BC Signature: BM / OPS Manager Signature & Date	Sourcing Officer / BC code :		Tran ID:			
Lead Generator: COCO (for Salary Account only) Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date Issued Insta-kit no.: Document verification done by: Employee Name: Employee Code: Employee Code: Branch Stamp with Date BM / OPS Manager Signature & Date	Promo Code:		Tran Date:			
COCO (for Salary Account only) Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date Document verification done by: Employee Name: Employee Code: Employee Code: BM / OPS Manager Signature & Date	Lead Id:		Account Number Issued:			
Customer Signed In my presence: Employee/BC Name: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date Document verification done by: Employee Name: Employee Code: Employee Code: BM / OPS Manager Signature & Date	Lead Generator:		Issued Insta-kit no.:			
Employee/BC Name: Employee/BC Code: Employee/BC Signature: Branch Stamp with Date Employee Name: Employee Nam	COCO (for Salary Account only)					
Employee/BC Code: Employee/BC Signature: Branch Stamp with Date BM / OPS Manager Signature & Date	Customer Signed In my presence:		Document verification done by:			
Employee/BC Signature: Branch Stamp with Date BM / OPS Manager Signature & Date						
Branch Stamp with Date BM / OPS Manager Signature & Date						
Din 7 Of O manager orginature & Date	Employee/BC Signature:					
	Branch Stamp with Date		BM / OPS Manager Signature & Date V. Dec-24			

Account Opening Rules

- All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts.
- All accounts should maintain the stipulated average balance based on the product/program and branch in which the account is opened.
- 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 purposes only.
- In case of any query / suggestion /feedback / complaint relating to features of any of the products, you may contact the nearest Suryoday Small Finance Bank Branch.