

ACCOUNT OPENING FORM FOR INDIVIDUALS F. No.-233

| Branch: | | | | | | | | | Date: | D | DM | N | ſΥ | Y | Y | Y |
|------------------|------|------|---|------|-----------|-------|----------|-----------|-------|---|----|---|-------|----------|----|---|
| Account No. | | | | | | | Branch A | ALPHA | | | | | Scher | ne Coc | le | |
| | | | | | | | | | | | | | | | | |
| I/We request you | | | I | | /h.a1 | I | (T | -1- (c) - | .1 | | | | | <u> </u> | | |

| Тур | e of Account | Scheme Na | me Type c | of Account | Scheme 1 | Name | | |
|--------|--------------------|-------------------------|------------------------------|------------------------------|---------------|--------------------------|-----------------|-----------|
| Sav | vings Bank A/c | | Term | Deposit A/c | | | | |
| Cu | rrent A/c | | Other | r A/c | | | | |
| | | | | | | | | |
| FULL | NAME, in CAPIT | AL Letters (In the orde | er of first, middle and last | name, leaving a space b | etween words) | | M/F | 1 |
| 2 3 | | | | | | | | |
| Date o | f Birth (dd/mm/yy | yy) SSN(i | f not available, please atta | ach Form IL-1040) | Custome | er ID(if any existing) 1 | | |
| | | | | , | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 1 | Occupation * | Status ** Ai | nnual Income (in Dollars.) |) Relationship with 1^{st} | applicant | Nationality Fa | ather's / Husba | nd's Name |
| 2 3 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| * Plea | se choose from the | - | ſ | 1 | | 1 | | |
| Salari | ed | Self Employed | Professional | Politician | Но | ousewife Stude | ent Defer | ice Staff |
| Retire | ed | Stock Broker | Agriculture | Antique Deale | er Ar | rms Dealer Busir | ness Other | S |
| М | inor Sr C | itizen Sta | aff (EC No.) | Ex-Staff (EC No. |) Pensio | oner NRA | Other /G | eneral |
| Name | of the Guardian (| In case of Minor): (At | tach | | | Relationship with mi | nor (√ tick one | e) |
| Proof | for minor's DOB | • | | | | | | |

* In case of legal guardian (guardian appointed by Court), enclose copy of the court order.

| | Name and address of Employer | |
|-----------------|------------------------------|---------------------------|
| First Applicant | 2 nd Applicant | 3 rd Applicant |

F & NG

Legal*

De facto

Others

M & NG

| _ | | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Operating Instructions (Please mark in appropriate box):

| Self | Either or Survivor | Former or Survivor | Jointly | Any one or Survivor/s | Others (Pl. Specify) |
|------|--------------------|--------------------|---------|-----------------------|----------------------|
| | | | | | |

Facilities required (Please mark in appropriate box/es):

| Cheque Book | Statement of Account through | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Issued Cheque Series No t> | Pass book Post : E Delivery at branch mail | | | | | | | |
| Date of Issue: | | | | | | | | |
| | Monthly Quarterly | | | | | | | |
| * Internet Banking _ Baroda Connect Debi | t cum ATM Card * BOB Card | | | | | | | |

(* Please fill up separate application for Internet Banking - Baroda Connect and/ or BOB Card).

Please issue Debit cum ATM card in the name of the first / all applicants (in case of two joint a/c holders with operations as E or S / Any one or S):

| First applicant Second Applicant | Name to appear on Debit cum ATM | Card In CAPITAL LETTER (not to excee | 20 Characters) | | |
|-------------------------------------|---------------------------------|--------------------------------------|------------------------|--|--|
| Third Applicant | | | | | |
| | | | | | |
| | Residen | tial address | | | |
| | First Applicant | 2 nd Applicant | 3 rd Applic | | |
| Flat No./Bldg Name | | | | | |
| Street/ Road & Area/ Locality | | | | | |
| City and District | | | | | |
| State and Country | | | | | |
| Zip Code | | | | | |
| Tel No., Fax No. | | | | | |
| Mobile | | | | | |
| Email | | | | | |

| Communication Address (If different from Residential Address) | | | | | | | | |
|---|---------------------------|---------------------------|--|--|--|--|--|--|
| First Applicant | 2 nd Applicant | 3 rd Applicant | | | | | | |

| Flat No./Bldg Name | | | |
|---|---|-----------------------------------|--|
| Street/ Road & Area/ Locality | | | |
| City and District | | | |
| State and Country | | | |
| Zip Code | | | |
| Tel No., Fax No. | | | |
| Mobile | | | |
| | | | |
| | Permanent Address / In case of NRE (Non F | Resident External), local address | |
| Flat No./Bldg Name | Permanent Address / In case of NRE (Non F | tesident External), local address | |
| Flat No./Bldg Name Street / Road & Area / Locality | Permanent Address / In case of NRE (Non F | Resident External), local address | |
| | Permanent Address / In case of NRE (Non F | Resident External), local address | |
| Street / Road & Area / Locality | Permanent Address / In case of NRE (Non F | Resident External), local address | |
| Street / Road & Area / Locality City and District | Permanent Address / In case of NRE (Non F | Resident External), local address | |

OTHER INFORMATION: $(\sqrt{\text{tick one}})$

| Education : | : | | SSC/HSC Graduate | | Pos | | Post Graduate | | |
|-----------------------------|----------------|--------------|------------------|------|--------------|---|---------------|------|---------|
| | Non Matric | | | | | | | | |
| | · | 1 | 1 | | | r | | | |
| Monthly Income (Dollars.): | Upto 5000/- | 5001 - 10000 | 10001 - 2 | 0000 | 20001 - 5000 | 0 | 50001 - 100K | Abov | ve 100K |
| Expected Annual Turnover in | the A/C: Dolla | ars. | | | | | | | |

| If salaried, employed with: ($\sqrt{\text{tick one}}$) | | | | | | | | |
|--|-------------|-----|-------------|---------------|-----------|------------|----------------------|--|
| Proprietorship | Public Ltd. | MNC | Partnership | Public Sector | Pvt. Ltd. | Government | Others (Pl. Specify) | |

If Professional: ($\sqrt{\text{tick one}}$)

| if i folessional. () tiek one) | |
|---|-----------------|
| Doctor Architect CA/CS IT Consultant Engineer Lawyer Others | s (pl. Specify) |

If Business: ($\sqrt{\text{tick one}}$)

| Manufacturing | Real Estate | Antique | Service Provider | Trader | Arms Dealer | Agriculture | Stock Broker | Others (Pl. Specify |
|---------------|-------------|---------|------------------|--------|-------------|-------------|--------------|---------------------|
|---------------|-------------|---------|------------------|--------|-------------|-------------|--------------|---------------------|

DECLARATION (Please mark in appropriate boxes):

[] I / we declare that I / we do not enjoy any credit facilities with other bank/s.
[] I / we declare that I / we have following deposit accounts and /or credit facilities with your / other banks branches:

| Bank & Branch | Place of Bank / Branch | Type of Account / Facility | Amount | Account No. |
|---------------|---------------------------|-------------------------------|--------|-------------|
| | | | | |
| | | | | |



TERMS & CONDITIONS & DECLARATION (Please mark in appropriate boxes):

I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts / services/ products /Fee & charges which are displayed on the website <u>www.Tpmicrofinance.com</u> / contained in the brochures of the Bank from time to time.

[] I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.

[] Please do not call/ contact me/us for various features/ products and promotional offers made by the Bank from time to time. Please issue Multi-city

/ Normal cheque book and recover charges from my/our account as per norms of the bank (Give Option) Account will be operated and balance along with interest payable as per operational instructions given above.

I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.

I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.

- I / We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.
- I / We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank. I/We understand that any change in this respect will be notified by the Bank on its of the branches one month in advance.
- I / we shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I / we understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.
- I/We authorize TP Micro Finance Bank/its Group Companies or its/their agents to make references and enquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. TP Micro Finance Bank and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such person/s or for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.

For Debit cum ATM Card to be issued in the operative deposit account:

- I/We have read and understood the terms & conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms & conditions and to any changes made therein from time to time by the Bank at its sole discretion. I/We authorize TP Micro Finance Bank to issue a Debit cum ATM Card to the person/s as name mentioned in the application of account opening form. I confirm that I am the sole account holder or have the required mandate to operate the account singly linked to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.
- I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1974 and the amendments thereof stipulated by Federal Reserve Bank from time to time.

I/We accept full responsibility for my/our Debit Card and agree not to make any claims against TP Micro Finance Bank in respect thereto.

Full Signature (in running handwriting):

(Sole / First Applicant)

(2nd Applicant)

(3rd Applicant)

Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).

| Name: | | Account No. | |
|----------|--------|-----------------------------|--------------------------------|
| Address: | | Date of opening of the A/C: | |
| | | Customer ID: | |
| Pin: Er | nail: | Branch Name: | |
| Tel No. | Mobile | Fax | Type of A/c. SB / CA / CC / CD |

I/We certify that, Mr./ Mrs./ Ms.

is/are known to me/us personally

since last _____ months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.



| TITLE OF THE ACCOUNT | | | | | |
|------------------------|--|--|--|--|--------|
| ACCOUNT NO | | | | | BRANCH |
| OPERATING INSTRUCTIONS | | | | | |

| Name | Specimen Signature | Photograph |
|--------------|--------------------|--------------------|
| | | 1. Recent Photo |
| Customer I D | | |
| | | |
| Customer I D | | 2. Recent Photo |
| Customer I D | | 3. Recent Photo |

Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I / We ______ name(s) and address (es) nominate the following persons to whom in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below may be returned by TP Micro Finance Bank ______ Branch.

| | Deposit | | | Nominee | | | |
|-------------------------|----------------------|-----------------------------------|-----------------|--------------------|---|-----|---|
| Nature of Deposit | Distinguishing No | Additional Details (if any) | Name of Nominee | Address of Nominee | Relationship with deposit or (if any) | Age | If Nominee is minor his/her date of birth # |
| | | | | | | | |



As the nominee is a minor on this date, I / We appoint Mr / Mrs / Miss______ (Name Address, and Age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

Place: _____

Date: _____

Strike out if nominee is not a minor.

| @ Signature, Name and Address of Witness | *Signatures / Thumb Impression of Depositors |
|--|--|
| | |
| | |
| | |

* Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor. @ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).

Details of Identification documents submitted by the applicant/s.

(CARE: FOR NRA APPLICANTS COPY OF PASSPORT MUST BE SUBMITTED AS IDENTIFICATION DOCUMENT)

| | 1 | Photo Identity 2 | 3 | 1 | Address Proof Identity 2 | <u>/</u> 3 |
|-------------------|---|---------------------|---|---|-----------------------------|------------|
| Type of Document | | | | | | |
| Document Number | | | | | | |
| Issuing Authority | | | | | | |
| Date of Issue | | | | | | |
| Place of issue | | | | | | |

|--|

| Form IL-1040 (to be filled by those who do not have SSN) Form 1040 Are you a Tax Assessee Yes No if Yes a) Details of Ward / Circle / Range where the last return of income was filled: | KYC IDENTIFICATION DOCUMENT TO BE SUBMITTED BY APPLICANT (Any one document from each of the following two lists subject to Bank's satisfaction) LIST - I (Latest/ recent photo identification documents) Passport (Must for NRA) Driving License with photograph Voter's Identity Card SSN Card, Government ID Card Identity Card/ Confirmation from employer Letter from recognized public authority or public servant verifying the identity (photo) of customer. Confirmation letter from employer / other Bank verifying therein photograph of the customer along with other things. Any other document with photograph evidencing identity of the applicant/s acceptable to the Bank. (For marriade certificate is acceptable as valid identity proof). LIST - II (Latest / recent documents showing address proof) Passport Driving License with address, Voters' Identity Card Telephone Bill, Electricity Bill, Ration Card Bank account statement (with address) Income / Wealth Tax assessment order (with address) Letter from employer / Any document of communication issued by any authority of Central / State Government or local body showing residential address. Any documentary evidence in support of residential address acceptable to the Bank. |
|---|--|
| | |

For Office Use

| Sr. No | Description | Name of Authorised Staff | Signature |
|-----------|--|-----------------------------|-----------|
| 1 | Applicant interviewed & purpose ascertained by | | |
| 2 | Document/s of identification/Address Proof listed above were verified with original by | | |
| 3 | Letter of thanks sent to A/c. holders and Introducer on | | |
| 4 | Money Laundering Risk Classification [] Low [] Medium [] High | | |

KYC CERTIFICATION:

| | | I have verified the documents submitted and confirm that KYC Norms are fully |
|---|--|---|
| Mr./Ms Mr confirm that KYC Norms are fully complied w | ······································ | complied with. |
| has visited the branch | | 1 |
| OR | | |
| b) The introducer has not visited the branch but written confirmation obtained. | | Signature of Branch Head |
| ii) The signature of the introducer is verified and his/her Account is more than six months old and | | / Joint Manager / Manager |
| KYC Compliant. | | Specimen Signature |
| | | No. |
| Simulation of the distribution of | Constitution Circutation No. | |
| Signature of Head of the Department | Specimen Signature No | Date: |
| Date: | | |
| Bute. | | |
| Pkv/ ACCOUNT OPENING FORM FOR INDIVIDUALS-31.01.22 msr08/ ACCOUNT OPENING FORM FOR INDIVIDUALS-31.01.23 | | |