

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
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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.		
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