

AU
SMALL
FINANCE
BANK

AOF ID. _____

KYC Document	ID Proof		Address Proof	
	Document Name	ID Number	Document Name	ID Number
1st Applicant				
2nd Applicant				

AU Small Finance Bank Ltd. (Acknowledgement / Customer Copy)

Customer Name _____ Amount of INR _____ in Cash /Cheque No/NEFT/RTGS/Internal Transfer/ Online Transfer _____

drawn on _____ Minimum Average Balance requirement (Monthly) _____ (Please refer applicable schedule of charges document for charge details)

Variant Name _____

Name of bank official _____

Date _____ Nomination Received : ☐ Yes ☐ No

Signature of bank official
(with seal of Bank) _____