ACCOUNT OPENING FORM : SOLE PROPRIETORSHIP / HUF

(To be filled by applicant only. Please fill the form in CAPITAL LETTERS & BLACK ink only)

AU SMALL FINANCE BANK

I/We instruct you to open ☐ Current ☐ Savings ☐ Term Deposit ☐ Overdraft ☐ Dropline Overdraft ☐ Cash Credit Date D D M M Y Y Y Y Branch Code (For internal use)

DETAILS OF ENTITY

*FIELDS ARE MANDATORY

*Entity Name

CKYC No.

*PAN (Mandatory if applicable) ☐ Form 97 (Please provide Form 49A if PAN applied) GSTIN

☐ If existing customer, Existing Customer ID ☐ There are changes in my/our KYC (submit detail / document) ☐ There are no changes in my/our KYC {Re-KYC is not due and KYC valid as on date} ☐ New Customer

Registration No. Valid Till D D M M Y Y Y Y (If applicable)

LEI Code *Date of Incorporation D D M M Y Y Y Y Years of existence

IEC Number

ADDRESS

*Address Line 1 R E G I S T E R E D A D D R E S S

Address Line 2 Address Line 3

*Landmark

*City *Country *PIN Code

*State Phone No. -

Are you a related party to AU Small Finance Bank, as defined under GST** ☐ Yes ☐ No ***Do you want this account to be seeded with Aadhaar** ☐ Yes ☐ No

☐ Please tick if same as Registered Address

ADDRESS

*Address Line 1 C O M M U N I C A T I O N A D D R E S S / B U S I N E S S A D D R E S S

Address Line 2 Address Line 3

*Landmark

*City *Country *PIN Code

*State Phone No. -

*Key Contact Person P R E F I X F I R S T M I D D L E L A S T N A M E

Email ID (In Capital Letters)

Physical Statement@ ☐ Yes ☐ No (Frequency will be as determined by the Bank)

NOTE: Email statement, Bank Intimations, Trade advices will be sent by default on registered Email ID, on frequency as applicable. SMS alerts are sent by default

@ I/We understand that email statement of account will be sent on a monthly frequency by default to all customers having a registered email ID with the bank, even if physical statement has been opted for.

*Mobile No. of Key Person ☐ Tick if SMS alerts are not required For e-statement preference ☐ Daily ☐ Monthly (by default)

***Mode of Operation** ☐ Single ☐ Karta ☐ Others Please Specify

***Line Of Business** (Employer Type or Industry) ☐ Manufacturer ☐ Service Provider ☐ Financial Services ☐ Retailer ☐ Export/Import ☐ E-commerce ☐ Infrastructure ☐ Trader

***Entity Type** ☐ Proprietorship ☐ HUF ***Sub Type of Entity** ☐ Financial Un-Incorporated Enterprise ☐ Other Un-Incorporated Enterprise

***Annual Turnover**

☐ < INR 20,00,000 ☐ INR 20,00,001 - INR 50,00,000 ☐ INR 50,00,001 - INR 1,00,00,000 ☐ INR 1,00,00,001 - INR 5,00,00,000 ☐ INR 5,00,00,001 - INR 10,00,00,000

☐ INR 10,00,00,001 - INR 20,00,00,000 ☐ INR 20,00,00,001 - INR 50,00,00,000 ☐ INR 50,00,00,001- INR 100,00,00,000 ☐ INR 100,00,00,001 - INR 500,00,00,000 ☐ INR > 500,00,00,000

PROPRIETOR / KARTA

*Name P R E F I X F I R S T M I D D L E L A S T N A M E

☐ If existing customer, Existing Customer ID CKYC No. *Gender M F T ^ ^Third Gender *DOB D D M M Y Y Y Y

*Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated *Citizenship

Maiden Name (if any) P R E F I X F I R S T M I D D L E L A S T N A M E

any one of this field is mandatory.

Mother's Name ☐ P R E F I X F I R S T M I D D L E L A S T N A M E

Father's/ Spouse's Name ☐ P R E F I X F I R S T M I D D L E L A S T N A M E

Email ID (In Capital Letters)

ADDRESS

*Address Line 1

Address Line 2 Address Line 3

*Landmark

*City *Country *PIN Code

*State Phone No. -

*Mobile No +91 *PAN

NOTE : If PAN is not provided, then Father's name of the applicant is mandatory

^ The Short name will be printed on Debit Cards, if applicable

*Aadhaar No. (Last 4 digits) Nationality/ Country of Birth *^Short Name

CKYC Declaration: I confirm that the Bank can seek my records from CKYC registry for account opening & periodic updation.

Debit Card ☐ Yes ☐ No

By default Debit Card will be enable for Domestic ATM and POS transaction. Other Channel (Ecomm/International/Contactless) Enablement/Disablement can be done through AU Bank website/AU Bank Branch or Customer Care (IVR).

Internet Banking & Mobile Banking ☐ View only (non-financial) ☐ Transaction (financial)

Phone Banking ☐ Yes ☐ No

Specimen Signature without Stamp

***Are you differently abled?** ☐ Yes ☐ No If Yes, Disability Type Percentage of Disability

UDID Number **(To be mentioned from UDID)**

***Occupation**

☐ Private Sector Service ☐ Public Sector Service ☐ Govt. sector ☐ Self employed ☐ Professional ☐ Business

☐ House wife ☐ Politician ☐ Others Please Specify

Annual Income range (in INR)

☐ 1 - 2,50,000 ☐ 5,00,001 - 10,00,000 ☐ 20,00,001 - 25,00,000 ☐ 50,00,001 – 1,00,00,000 ☐ 5,00,00,001 – 10,00,00,000 ☐ > 25,00,00,000

☐ 2,50,001 - 5,00,000 ☐ 10,00,001 - 20,00,000 ☐ 25,00,001 - 50,00,000 ☐ 1,00,00,001 – 5,00,00,000 ☐ 10,00,00,001 - 25,00,00,000

***Proof of Identity**

☐ Passport ☐ Driving License ☐ Aadhaar ☐ Proof of Possession of Aadhaar ☐ Voter ID ☐ NPR Letter

Proof of Identification Number Expiry Date D D M M Y Y Y Y (If applicable)

AUTHORISED SIGNATORY 1 / MANDATE HOLDER

*Name PREFIX FIRST MIDDLE LAST NAME

☐ If existing customer, Existing Customer ID ☐ There are changes in my/our KYC (submit detail / document) ☐ There are no changes in my/our KYC {Re-KYC is not due and KYC valid as on date} ☐ New Customer

CKYC No. *Gender M F T ^ ^Third Gender *DOB D D M M Y Y Y Y

*Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated *Citizenship

Maiden Name (if any) PREFIX FIRST MIDDLE LAST NAME

any one of this field is mandatory.

☐ Mother's Name PREFIX FIRST MIDDLE LAST NAME

☐ Father's/ ☐ Spouse's Name PREFIX FIRST MIDDLE LAST NAME

Email ID (In Capital Letters)

ADDRESS

*Address Line 1

Address Line 2 Address Line 3

*City *Country *PIN Code

*State Phone No. -

*Mobile No +91 *PAN

NOTE : If PAN is not provided, then Father's name of the applicant is mandatory

^ The Short name will be printed on Debit Cards, if applicable

*Aadhaar No. (Last 4 digits) Nationality/ Country of Birth *^Short Name

CKYC Declaration: I confirm that the Bank can seek my records from CKYC registry for account opening & periodic updation.

Debit Card ☐ Yes ☐ No

By default Debit Card will be enable for Domestic ATM and POS transaction. Other Channel (Ecomm/International/Contactless) Enablement/Disablement can be done through AU Bank website/AU Bank Branch or Customer Care (IVR).

Internet Banking & Mobile Banking ☐ View only (non-financial) ☐ Transaction (financial)

Phone Banking ☐ Yes ☐ No

Specimen Signature without Stamp

***Are you differently abled?** ☐ Yes ☐ No If Yes, Disability Type _____ Percentage of Disability

UDID Number **(To be mentioned from UDID)**

***Occupation**

☐ Private Sector Service ☐ Public Sector Service ☐ Govt. sector ☐ Self employed ☐ Professional ☐ Business

☐ House wife ☐ Politician ☐ Others Please Specify

Annual Income range (in INR)

☐ 1 - 2,50,000 ☐ 2,50,001 - 5,00,000 ☐ 5,00,001 - 10,00,000 ☐ 10,00,001 - 20,00,000 ☐ 20,00,001 - 25,00,000 ☐ 25,00,001 - 50,00,000 ☐ 50,00,001 – 1,00,00,000 ☐ 1,00,00,001 – 5,00,00,000 ☐ 5,00,00,001 – 10,00,00,000 ☐ 10,00,00,001 - 25,00,00,000 ☐ > 25,00,00,000

***Proof of Identity**

☐ Passport ☐ Driving License ☐ Aadhaar ☐ Proof of Possession of Aadhaar ☐ Voter ID ☐ NPR Letter

Proof of Identification Number Expiry Date D D M M Y Y Y Y (If applicable)

NOMINATION DETAILS –FORM DA 1 (Applicable only for Individual's and Sole Proprietor only)

☐ Yes, I/We wish to nominate (as per details below) ☐ No, I/We declare that I/We do not wish to make a nomination in my/our account

Nomination under this Section 45 ZA of Banking Regulations Act 1949, and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in the respect of Bank Deposit. I/We nominate the following to whom in the event of my / our / minor's death the amount of the above opened Account/Fixed Deposit may be returned by AU Small Finance Bank Ltd.

I/We have been explained the benefits of availing nomination facility

The nomination will be applicable for ☐ Savings Account ☐ Current Account ☐ Fixed Deposit

***Personal Details of Nominee**

☐ *Staff **OR** ☐ *Related to Staff Employee Code _____ ☐ No (if applicable)

*Name PREFIX FIRST MIDDLE LAST NAME

ADDRESS

*Address Line 1

Address Line 2 Address line 3

*City *Country *PIN Code

*State Phone N. -

Email ID (In Capital Letters)

Mobile No +91 DOB D D M M Y Y Y Y (If minor) *Age

Relationship with the Depositor

^As the nominee is a minor on this date, I appoint...

Nominee name to be printed on deliverables# ☐ Yes ☐ No

*Name PREFIX FIRST MIDDLE LAST NAME

ADDRESS

*Address Line 1

Address Line 2 Address Line 3

*City *Country *PIN Code

*State Phone No. -

Email ID (In Capital Letters)

*Mobile No +91 Age *Relationship with Nominee

...to receive the amount of the deposit in the account on the behalf of the nominee in the event of my/minor's death during the minority of the nominee.

Signatures of Proprietor

Deliverables include account statement, passbook etc.

*NATURE OF INDUSTRY (Department or Profiling or Sector)

☐ Retail Trade ☐ Apparel/Footwear ☐ Food Products ☐ Agriculture ☐ Tourism/Hotel/Restaurants ☐ Motor Vehicle

☐ Textile ☐ Real Estate ☐ Infrastructure/Constructions ☐ Medical/Healthcare ☐ Furniture/Rubber/Plastic ☐ Commission/Trade

☐ Transportation ☐ Financial Intermediation ☐ Computer related ☐ Beverages/Tobacco Products ☐ Chemicals ☐ Gems, Jewelry, Precious/ Semi-Precious Stones

☐ Petroleum Products ☐ Fishing ☐ Cultural/ Sports ☐ Mining ☐ Coal ☐ Telecom/Post

☐ Leather ☐ NBFC ☐ Radio/Television ☐ Others Please Specify

*PROFESSION OR SUB SECTOR

☐ Dairy And Dairy Products ☐ Readymade Garments ☐ Food Grains ☐ Agri Equipment ☐ Tea, Coffee and Snacks ☐ Tour and Travel

☐ Transporter ☐ Auto Parts, Lubricants and Batteries ☐ Electrical Parts ☐ Professional ☐ Liquor ☐ Mobile and Accessories

☐ Electronics goods ☐ Professional ☐ Chemical, Seeds, Fertilizers and Pesticides ☐ Kirana, Provision and General Goods ☐ Commission Agent ☐ Glass, Hardware and Plywood

☐ Building & Construction Material ☐ Petrol or Gas Pump-Fuel Dealers ☐ Medicines and Pharma Goods ☐ Plastic and Related Products ☐ Auto Parts, Lubricants and Batteries ☐ Handicraft

☐ Brick, Marble and Granite ☐ Paper and paper products ☐ FMCG and Household Goods ☐ Computer Hardware ☐ Others Please Specify

FIXED DEPOSIT

Attach relevant declaration

Pre-mature withdrawal facility required **(applicable for Fixed Deposits >= INR 1,00,01,000 only)** ☐ Yes ☐ No **NOTE:** I/We further understand that Sweep-in Facility , if instructed will be activated in the same account.

Amount (in INR)	TD Tenure		Rate of Interest %	Interest Payment			Maturity Instructions			
	Months	Days		Monthly	Quarterly	Maturity	Renew Principal & Interest	Renew Principal & Pay Interest	Do Not Renew	Sweep In

Please Debit ☐ New A/c **OR** ☐ Existing A/c No. for FD Booking

Maturity Payment Instructions
- ☐ Credit proceeds of the new Term Deposit to my AU Bank Current/Savings account number mentioned above
- ☐ Payment instrument to be mailed to registered address (for payable at maturity deposits only)

*Deposit will be reinvestment of interest with maturity instruction as Renew Principal and Interest **Nominee name to be printed on Deposit Advice** ☐ Yes ☐ No

*TDS Details for FD : Deduct TDS (if applicable) ☐ Yes ☐ No (If No, attach ☐ Income Tax Exemption Letter)

INITIAL PAYMENT DETAILS :

Deposit Amount (in INR)

Payment Mode ☐ Cash ☐ Cheque ☐ Internal Transfer Date D D M M Y Y Y Y

Cheque No.

Internal Bank Account No. for Transfer

Drawn on Bank _____ **NOTE** : Cheque should be A/C Payee and payable to " AU Small Finance Bank Ltd. A/c<Applicant Name>"

TERMS & CONDITIONS

I/We the undersigned, being customer of AU Small Finance Bank Ltd. (here in after referred to as the 'Bank) hereby confirm that I/We have read, understood and agree to abide and be bound by all the provisions of the Terms and Conditions as displayed on www.au.bank.in (#here in after referred to as the 'T & C) which govern, all of my/our accounts, present, past and future, maintained/opened/ to be maintained/to be opened with the Bank from Time to time, and also provisions of the various services/facilities provided at present/that may be provided in future. I/We understand that the Bank may, at its sole discretion subject to applicable regulatory/statutory/internal guidelines, at any time, and from time to time, add to, alter or modify any of the terms and conditions and that I/We hereby agree to abide and be bound by all such changes, as if they form part of the T & C as at present and that any transaction in my/our account(s) with the Bank and / or usage of any services by me/us subsequent to such change shall be deemed and tantamount to my/our acceptance of all such changes. I/We confirm that the authorized signatories as approved by me/our Board/partners/ members of the HUF/ Managing Committee, are authorised to operate the account, and any changes in regards to the same will be intimated in writing by me/us. I/We understand that the above account will be opened on the basis of the declaration made by me/us. I/We further agree to indemnify AU Small Finance Bank Ltd. and their successors or assignees if any of the representation and declarations made hereunder by me / us is incorrect, false or misleading in any of its particulars. We further unconditionally and irrevocably authorise AU Small Finance Bank Ltd. to debit our account with an amount equivalent to the fees and charges applicable for the services enjoyed by us. I/We declare, confirm, agree: a) That all particulars and information given in the application form are true, correct, complete and up-to-date in all respects and I/ We have not withheld any information. b) I/ We have had no insolvency initiated against me / us nor have I/We ever been adjudicated insolvent. c) I/ We have not at any time defaulted under any loan taken by me / us from any other bank/institution. d) I/ We have read and understood that charges are applicable to the current account facility and hereby agree to bear the charges as revised from time to time by AU Small Finance Bank Ltd. at its sole discretion. I/We have also gone through the schedule of charges and understood that to be eligible for the concessions, I/We have to maintain the minimum average balance as indicated in the schedule of charges. In case the account remains overdrawn on account of unrecovered charges, if any, for a period of 3 months and above, the account will be closed and the Bank will not be responsible for giving any advance intimation thereof. I/We also understand that the continuation of the account is at AU Small Finance Bank Ltd.'s sole discretion and in case AU Small Finance Bank Ltd. is dissatisfied with the conduct of the account, AU Small Finance Bank Ltd. has the right to close the account after giving me/ us 15 days notice or withdraw the concessions in all or any service charges granted to me / us or charge AU Small Finance Bank Ltd.'s applicable rates for such services. 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/We hereby indemnify and keep indemnified the Bank from and against all and any costs, charges, claims, disputes and consequences howsoever and whatsoever arising out of issuance and use of the Debit card to the Company.We shall at no point of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid, binding transactions conducted by the firm/ company represented by all its Directors/ Authorised Signatories on the said account. The Branch of the Bank where my/our account(s) is/are kept(Accountable Branch) is the sole branch of account for repayment of any credit balance in the account(s) and any interest accruing thereon which will only be made at the Accountable Branch and in the currency in which the credit balance is denominated. Accordingly the Bank shall not be required to repay any such credit balance or interest at its head office or any branch other than the Accountable Branch for so long as and to the extent that the Accountable Branch cannot repay the balance or interest due to (a) an act of war, insurrection or civil strife, or (b) an action by the government or any instrumentality preventing such repayment. The competent court within whose jurisdiction the accountable branch is situated shall have exclusive jurisdiction in respect of any claims against the Bank. However this will not affect the Bank's general lien and right of set-off over all my/our accounts at all branches of the Bank and for this purpose the Bank shall be entitled to combine and consolidate all or any of such accounts. I/We hereby declare that the transactions relating to foreign exchange that may be routed through your Bank would not involve, and would not be designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made here under.

I/We agree to abide by and be bound by all applicable rules/regulations/instruction/guidelines issued by the Reserve Bank of India, and under the FEMA regulations, 2000 governing EEFC Accounts, the Foreign Exchange Management Act, 1999 and Foreign Account Tax Compliance Act, 2010 (to the extent applicable to India) and the Common Reporting Standards (CRS), in force from time to time.

I/We undertake that the Bank can seek my/our latest information and collect the required KYC documents on periodical basis in compliance with applicable regulatory guidelines. I/We will update the Bank in case of any change in my/related party/Beneficial Owner details provided at the time of opening the account which includes address change, change in industry, change of employment, etc. I/We hereby declare that the transactions relating to foreign exchange routed through your Bank do not involve and are not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made hereunder. I/We also hereby agree and undertake to give such information/documents as well reasonably satisfy you about the transactions in terms of the above declaration.

It is mandatory to maintain Average Monthly Balance (AMB) as prescribed for your savings/current account as prescribed by bank from time to time. Please note charges are applicable if AMB is not maintained. Please refer our website or approach any our branches or phone banking team for Schedule of charges. I/We declare that all the details furnished above are true and correct and I/We undertake to inform you of any changes, there in immediately. In case any of the information if found to be false or untrue or misleading or mispresenting, I/we may be held liable for it. I/We also confirm that my/our preferred language of communication is English unless confirmed otherwise.

LEI is a mandatory requirement for all non-individual remitter / beneficiary for NEFT and RTGS transaction of Rs 50 crores and above. I/We have read understood, and agree to abide and be bound by all the provisions of the Terms and Conditions of AU QR Code, as displayed on www.au.bank.in I/We understand and convey my consent that, if the bank identifies presence of multiple customer IDs based on information furnished by me/us while processing this account opening application, then all my active relationship(s)/ may be tagged/ migrated to the latest/ oldest customer ID in Bank records under suitable information to me/us.

I/we herein understand and agree to provide my consent to any additional information which may be required/sought w.r.t. KYC or any other details by the bank from time to time.

I/We declare that all the details provided on the above form are correct and I/We undertake to inform the Bank of any subsequent changes in the above information including documents provided or KYC details within 30 days of such updates.

I/ We hereby authorize AU Small Finance Bank to update my existing details/credentialsin its records basis the details mentioned in entity/authorised signatory/mandate holder/Karta/Proprietor section and attached KYC documents

I /We have been explained the terms & conditions for opening and operating the account along-with the facilities/ features available with this account

ECB funds must be utilized strictly for the defined purposes. Any diversion from the approved use is not permissible. Additionally, ECB proceeds cannot be parked in non-callable fixed deposits

Aadhaar

I/We hereby give my consent to AU Small Finance Bank Ltd. to obtain my Aadhaar Number, Name and Fingerprint /iris for authentication with UIDAI. Bank has informed me that my identity information would only be used for KYC and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for that purpose of authentication.

GST Guidelines

a) State of GSTIN and state mentioned in communication address should be the same for correct invoicing. In case of a difference, the communication address is to be modified accordingly before submission of GSTIN details.
b) The determination of the location of supplier of service is the sole responsibility of AU Small Finance Bank and would be determined basis applicable tax laws. **c)** **For definition of related party, please visit **https://www.au.bank.in/blogs/gst-related-party**

Insta Kit Acknowledgement (If applicable)

I/We confirm having received the Welcome Kit in an untampered / sealed condition and confirm that the below deliverable have been received by me. ($- if applicable)

☐ Welcome Letter ☐ 10 Non-personalized cheques ☐ Schedule of Charges ☐ MSE Booklet$ ☐ Most Important Terms & Conditions ☐ AU QR

FATCA/CRS Declaration

I/we declare that the entity is tax resident of any country other than India. ☐ Yes ☐ No

The controlling person / ultimate beneficial owner/ proprietor is tax resident of any country other than India ☐ Yes ☐ No (If yes please fill separate FATCA/CRS Form)

1. Under penalty of perjury, I certify that:

a. The number shown on the form is the correct identification number of the applicant, and

b. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the A/c holder is identified as a US person) OR

c. The applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)

2. I/ We understand that the Bank is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.

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

4. I/ We agree that as may be required by regulatory authorities, Bank shall be required to report, reportable details to CBDT or close or suspend my account.

5. I / We certify that I/ We provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the applicant.

Certification

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA / CRS Declaration, Terms and Conditions and hereby accept the same

CKYC Declaration : I/We confirm that the Bank can seek my/our records from CKYC registry for account opening & periodic updation.

I/We confirm that the below signatures are applicable for the details provided in AOF, Declaration and Terms & Conditions.

Signature with Stamp | Signature with Stamp | Signature with Stamp

Tear Off

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

Customer Name _____ Amount of INR._____in Cash /cheque No/Internal 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) _____

SOLE PROPRIETORSHIP FIRM DECLARATION

I refer to the current account opened in your bank and declare as under I, the undersigned, am the sole proprietor of the firm and am solely responsible for the liabilities thereof. I shall advise you in writing of any change that takes place in the constitution of the firm, and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been liquidated. I agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by a third party which is in any way the result of availing of services by me. I agree that all the information disclosed in this document is correct and agree to inform you of any change in the information provided in this form or in related documents. I have furnished to the Bank the Power of Attorney authorizing the person(s) as indicated hereinbefore for operating the account

Signature

HUF DECLARATION

I, _____ am the karta of the HUF and the other signatories are adult coparceners of the said HUF. We declare the Bank to open an account in the name of HUF. In the event of the account being opened, we the undersigned with the intention of binding all present and future members of the family and also all persons entitled to a share therein in the joint family property as well as our separate estates, agree and undertake to give notice to the bank, at once in writing whenever.

a)Any change occur in Karta or
b)On death of a coparceners
c)There is partition (partial or otherwise of the family) or
d)If any minor member of the family attain majority

The liability of the joint family and our undertaking and liability as aforesaid shall continue notwithstanding

We all undertake that claims due to the bank from the said HUF shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatories is the Karta, including the share of minor coparceners

We insruct and authorize you to honor operations and instructions under the signatures (s) of the karta in respect of the operations of the said account including thru channels by the HUF with the bank and all cheques, guarantees or other orders, which may be drawn or bills accepted or notes or negotiable instruments passed on the HUF's behalf or receipts for money owning by bank to the HUF and debit such cheques, guarantee, orders, bills notes or negotiable instruments to the HUF's account with bank whether such accounts be for the time being in credit or overdrawn or may become overdrawn debit, in consideration of which we agree to be jointly and severally responsible for payment of the overdraft and interest.

Declaration : We confirm having read the Terms & Conditions application to Net Banking, Debit Card and other services & accept the same.

Name of Karta _____ Signature _____

ADULT COPARCENER NAME	**SIGNATURES**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

MINOR COPARCENERS

1. _____ _____

FOR BANK'S INTERNAL USE ONLY

Risk Level of the applicant based on KYC-AML guidelines: ☐ Low ☐ Medium ☐ High

	Product Code*	**Account No.**	**Promo Code 1** / **Promo Code 2**
CA/SA Account			
OD/DLOD/CC Account			

Saving Account ☐ Value ☐ Maximum ☐ Premium ☐ Exclusive ☐ Royale ☐ Others _____

Current Account ☐ Basic ☐ Value ☐ Maximum ☐ Premium ☐ Platinum Business ☐ Vishesh ☐ Royale Business ☐ Eternity Business ☐ RERA ☐ RERA Collection ☐ Others _____

Trade Current Account ☐ Royale Trade ☐ Platinum Trade ☐ EEFC-USD ☐ EEFC-EURO ☐ EEFC-GBP ☐ EEFC-AED ☐ EEFC-CAD ☐ DDA ☐ SNRR ☐ Others _____

OD/CC Account ☐ Overdraft _____ ☐ Dropline OD _____ ☐ Cash Credit _____ ☐ Others _____

FCY currencies ☐ FCY USD ☐ FCY EURO ☐ FCY GBP ☐ FCY AED ☐ FCY CAD

	Product Code*	**Account No.**
FD		

Lead Number *Whether any Beneficial Owner is a Politically Exposed Person or related to one ? ☐ Yes ☐ No

	Customer ID	**Document Submitted**
1st Applicant		☐ Entity Proof ☐ Add Proof
e-KYC	☐ Yes ☐ No	Group ID

LG Code **LC Code** **RM Emp. ID**

☐ No cheque book to be issued
☐ Insta kit issued
☐ Passbook
☐ CPV Initiated

SEZ Unit ☐ Yes ☐ No

ADDITIONAL BANK USE SECTION

To be filled by the sourcing staff

☐ I confirm that I have personally met Proprietor/Partner/Director/Signatory of the entity at Business/Registered/Communication address. I also confirm that the customer has completed all Account opening documentation formalities in my presence.

Emp. Name & Designation	
Emp. Code	
Emp. Branch Name	

Signature of Sourcing Staff

Signature of BSM/TL/BM

To be filled by the BOSM/BM, post below authorization

All information (incl. Name and/or signature variation), as specified in the AOF, have been verified & found to be correct. I authorize the mentioned account(s) to be opened

Emp. Name & Designation	
Emp. Code	
Emp. Branch Name	

Signature

Version May 2026

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

No charges levied for account opening.

Form No._____

We thank you for banking with us and acknowledge receipt of your account opening form.

The instructions for generating the PIN for your ATM/Debit Card, for carrying out transactions on the ATM, will be stated in the Debit Card Welcome Letter. We instruct you to maintain confidentiality of the PIN number and the bank would not be held liable for misuse of PIN number.

Annexure 16 - Undertaking for Opening Current Account (Credit Facility Declaration)

I/ We is/ are desirous of opening a Current Account with AU Small Finance Bank Limited ("AU SFB").

I/ We understand that in accordance with RBI circular RBI/2025-26/142 DOR.CRE.REC.348/07-02-002/2025-26 on opening and operation of current accounts and OD accounts with a view to enforce credit discipline amongst the borrowers as well as to facilitate better monitoring by the lenders all scheduled commercial banks have been permitted to open Current/OD Accounts for customers under following scenarios with an undertaking from the borrowers that they shall inform the bank(s), as and when the credit facilities availed by them from the banking system reaches ₹ 10 crore or more.
In case of availing exposure to banking system of ₹ 10 crore or more, such borrowers can maintain Current Accounts with any one of the banks with which it has at least 10 per cent of the exposure or has the highest exposure (in case no Bank has exposure >=10% with NOC) of the banking system to that borrower.
Consequent to the above, I/ We hereby confirm and undertake that: (Tick any one of the below)
[ ] I/We am/are either not availing a credit facility from any Bank OR availing single/ multiple credit facilities of less than 10 Cr from any/all banks
[ ] I/we are availing credit facility greater than 10 Cr from banking system details of which are as below, and AU Bank share is more than 10% of total credit facility. I/We want to open/continue the above-mentioned current account with AU Bank
[ ] I/we are availing credit facility greater than 10 Cr from banking system, AU is one of the Lender with more than 10% Fund based Exposure. I/We want to open/continue the above- mentioned current account with AU Bank
[ ] I/we are availing credit facility above 10 Cr from Banking System, including AU Bank, where AU exposure is second highest (only 1 Bank has 10% or more exposure) details of which are as below:
[ ] I/we are availing credit facility above 10 Cr from Banking System, including AU Bank, where all banks exposure is less than 10% (NOC is obtained from other banks) details of which are as below:
[ ] I/we are availing credit facility above 10 Cr from Banking System, where lending is obtained only from one bank and AU is non lender (NOC shared from lending bank) details of which are as below:
[ ] I/we are availing credit facility above 10 Cr from banking system, where no SCB holds exposure above 10% :
[ ] I/we are availing credit facility above 10 Cr from banking system, and we are not meeting above criteria, hence opting to open/continue collection account with AU:
We instruct you to transfer the collection proceeds to our account with other lending bank as per below details.

Type of Account	Current Account / CC-OD Account / Escrow Account
Account Number	
Bank Name	
IFSC Code	
Threshold	
Frequency	

I/we have destroyed all existing deliverables (Cheque Book, Debit card etc.) and disabled my existing standing instructions in the account. Also, there are no pending cheques for clearing in this account.

[ ] I/We have opened Specific purpose accounts as per provisions of FEMA, RBI, SEBI, IRDA, PFRDA or State and Central Govt. The purpose of account is _____

I/we understand that the information furnished by myself/ ourselves is accurate and AU Bank can take action to freeze /close the account in case any discrepancy is identified by AU Bank in the undertaking submitted by me / us.
I/we shall inform the bank in case there are any changes or increase in my/our aggregate banking exposure and share revised credit details. I/we shall be liable to indemnify AU Bank in case of any loss/penalty/ damages Suffered by AU Bank due to any wrong assurances made by me/us.

Signature with stamp | Signature with stamp | Signature with stamp

DSB APPLICATION FORM - CASH AND CHEQUE PICKUP

I/We would like to avail below facility from the Bank as per following details:

Account Name _____ Account Type (SB /CA) _____

☐ Cash Pickup Frequency - Beat ☐ Cash Pickup Frequency - On Call ☐ Cash Delivery

☐ Cheque Pickup Frequency - Beat ☐ Cheque Pickup Frequency - On Call

Pickup Address ☐ Registered Address ☐ Communication Address

Note : For availing Cash Pickup and Delivery Service, separate agreement needs to be executed as per Bank's policy.

I/We confirm that I/We are aware of the possible risks involved in connections with the pickup/delivery of cash/cheque on our instruction to and from our office/workplace. You are hereby irrevocably and unconditionally authorised to act on my instruction for said facility, and the Bank shall not be held liable for any circumstances whatsoever.
I/We undertake to keep up indemnified at all time against and to save you harmless from all actions, proceedings, claims, loss, damage, cost and expenses which may be brought against you or suffered or incurred by you and which shall have arisen either directly or indirectly out of or in connections with your accepting my/our application or instructions for extending cheque pickup service through the services provider for & on our behalf from me/us acting thereon, whether or not the same are confirmed in writing by me/us.

I/ We, the undersigned, being customer of AU Small Finance Bank Ltd. (here in after referred to as the 'Bank') hereby confirm that I/We have read, understood and agree to abide and be bound by all the provisions of the Terms and Conditions and Services Fee Reckoner as displayed on www.au.bank.in (#herein after referred to as the 'T&C') which govern, all of my/our accounts, present, past and future, maintained/opened/to be maintained/to be opened with the Bank from time to time, and also provisions of the various services/facilities provided at present/that may be provided in future.

Signature with stamp | Signature with stamp | Signature with stamp

(In case of non-individual affix the rubber stamp)

FOR BANK'S INTERNAL USE ONLY

CA/SA Account **Account No.** **Customer ID**