Current Account Opening Form : SOLE PROPRIETORSHIP

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

AU SMALL FINANCE BANK
A SCHEDULED COMMERCIAL BANK

Date D D M M Y Y Y Y Account No. AOF ID._____

*Entity Name

TERMS & CONDITIONS

That I/we have authorized _____, an employee of AU Small Finance Bank having employee ID_____to enter the account opening details on my/our behalf and as per the instructions given by me/us in the electronic application form. That I/we have reviewed and verified the details entered by him/her in the electronic application form and declare the same to be true, correct and updated and the AOF ID no. mentioned above with respect to the electronic application form has been generated by AU Small Finance Bank post my/our review, verification and confirmation of the application details. That the electronic application form and physical confirmation form together shall constitute account opening document for the above referred current bank account.

I/We also declare that photograph, signature, details and declaration furnished in electronic application are true and latest to best of my/our knowledge and have been verified by me/us . I/We authorize AU Small Finance Bank to utilize my/our electronic application/details for account opening and subsequent banking transactions. That all the particulars and information given in this application form (and all document referred or provided therewith) are true, correct, complete and up to date in all respects including the taxpayer identification number of the applicant and I/We have not withheld any information. I/We understand that certain particulars given by me/us are required by the operational guidelines governing banking companies. I/We hereby undertake to keep AU Small Finance Bank informed at all times, of any change/alteration in my/our communication address and authorize AU Small Finance Bank to update any change/ alteration in my/our communication address that AU Small Finance Bank may be informed by me in writing and/or is brought to the notice of AU Small Finance Bank by me/us and hereby authorize AU Small Finance Bank to contact me/us on such changed address. I/We also undertake to provide any further information / updated KYC document that AU Small Finance Bank may require from time to time. I/We agree to indemnify AU Small Finance Bank against any fraud, loss or damage suffered by AU Small Finance Bank due to my/our providing any incorrect information or failure to communicate any change is such particulars/information or provide true and updated document. That AU Small Finance Bank reserve the right to reject any application without providing any reason. That AU Small Finance Bank reserves the right to retain the application forms and document provided therewith, including photographs and will not return the same to me/us in case of rejection.

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.

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.

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. 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 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.

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 www.au.bank.in/knowledge-center/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 deliverables have been received by me.

☐ Welcome Letter ☐ 10 Non-personalized cheques ☐ MSE Booklet‡ ☐ Most Important Terms & Conditions ☐ AU QR

I/we confirm that the below signatures are applicable for above mentioned declarations and terms & conditions in the AOF.

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 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.

Specimen Signature with Stamp

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.

CKYCR Number for proprietor

Signature

Version May 2026

To be filled by the sourcing staff

☐ I confirm that I have personally met Proprietor at Business/Registered/Communication address. I also confirm that the customer has completed all account opening documentation formalities and signed the AOF, documents and other annexures in my presence.

Emp Name & Designation: _____ Emp Code : _____ Signature of Sourcing Staff _____

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) _____

$- if applicable

DSB APPLICATION FORM - CASH AND CHEQUE PICKUP

AU SMALL FINANCE BANK
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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 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

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