APPLICATION FORM : SAFE DEPOSIT LOCKER

AU SMALL FINANCE BANK

Date D D M M Y Y Y Y Branch Code (For office use only)

*Type of Locker ☐ **A** (Small) ☐ **B** (Medium) ☐ **C** (File) ☐ **F** (Large) ☐ **K1** (Extra Large)

I/We wish to avail of the locker facility with AU Small Finance Bank Ltd. at _____ branch

'*' Fields are mandatory

*DETAILS OF HIRER(S)/AUTHORISED SIGNATORIES

1st Hirer	2nd Hirer	3rd Hirer
Affix photo of individual hirer(s) 35mm x 45mm	Affix photo of individual hirer(s) 35mm x 45mm	Affix photo of individual hirer(s) 35mm x 45mm

Name(s) of Hirers/Authorised Signatories _____ _____ _____

Customer ID

Please Note: For any changes in personal details (including disability status), please submit the details through Customer Service Menu form to update our records.

*MODE OF OPERATION

☐ Single ☐ Either or Survivor ☐ Anyone or Survivor ☐ Jointly ☐ Former or Survivor ☐ Others_____ Specify _____

*PAYMENT DETAILS

Locker Rental Debit Authorization (Chargeable Annually)

☐ I/We hereby authorize the bank to debit my / our account number _____ towards the rent payable for the hire of the locker facility

Please note: Discount on locker annual rent will be applicable on eligibility as per the program/account criteria and is subject to change basis periodic review

☐ **Fixed Deposit (FD) Lien declaration against Locker**

- I/ We hereby authorize AU Small Finance Bank ("the Bank") to mark a lien as per the lien amount on the Fixed Deposit account number mentioned below including renewals thereof, as a security for the Locker facility availed. I / we also confirm that the mentioned FD is currently free from lien, and it is not linked or sweep in.
- I/We agree that the Bank at its sole discretion is fully authorized to liquidate the Fixed Deposit for the amount applicable without any cause or notice to me / us and appropriate the proceeds towards the outstanding on the Locker rental along with applicable taxes and the locker breaking cost. In such event I / we expressly agree that the Bank shall not be responsible for any loss arising due to pre-mature encashment of the FD. I / we shall not apply for premature withdrawal of the FD and authorize the bank to automatically renew the FD for further similar periods on each maturity date till the locker is surrendered.
- I / we further agree to arrange for additional FDs from time to time of requisite amounts as may be required by the Bank, with lien in favour of the Bank.
- I / we acknowledge that the Bank's rights herein shall be in addition to all rights, powers, and remedies available to the Bank by virtue of any other statute, rule or law including the Bank's right of general lien and set off.

Details of Fixed Deposit/s on which lien is to be marked

Sr No.	FD-Deposit No	FD Current Principal	Lien Amount on FD

☐ I/We have read and agreed to the safe deposit locker terms and conditions mentioned on the AU Bank Website

1st Hirer	2nd Hirer	3rd Hirer
Signature	Signature	Signature

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*NOMINATION DETAILS –FORM SL 1/1A - MANDATORY IN CASE OF SINGLE HIRER

☐ Yes, I/We wish to nominate (as per details below)

Nomination under Section 45 ZE of the Banking Regulation Act, 1949, and the Rule 4(1)/Rule 4(2) of the Banking Companies (Nomination) Rules, 1985, by Sole Hirer/Joint Hirers in respect of Safety Lockers.

☐ No, I/We declare that I/We do not wish to make a nomination for the Locker facility. I / we have been explained the benefits of nomination facility I understand and acknowledge the risks and consequences of not having a nominee.

***Personal Details of Nominee** **Customer ID** (if existing customer of the Bank)

Name PREFIX FIRST MIDDLE LAST NAME

ADDRESS

*Address Line 1

Address Line 2

*District *City

*State *PIN Code *Country

Email ID
(In Capital Letters)

Mobile No (ISD/STD) DOB D D M M Y Y Y Y (If minor) *Age PAN

Relationship with the Hirer, If any

^As the nominee is a minor on this date, I appoint **Customer ID** (if existing customer of the Bank)

Name PREFIX FIRST MIDDLE LAST NAME

ADDRESS

*Address Line 1

Address Line 2

Address Line 3

*District *City

*State *PIN Code *Country

Email ID
(In Capital Letters)

*Mobile No (ISD/STD) Age *Relationship with Nominee

Please note: Up to two nominees can be added only for Jointly held lockers. For addition of 2nd Nominee, please submit form SL1 A

...to receive the contents of the locker on the behalf of the nominee in the event of my death during the minority of the nominee.

Personal Details of the Witness (Thumb impression shall be attested by 2 Witnesses)

Witness 1 Name _____

Address _____

Signature _____

Place _____ Date _____

^Leave this out if nominee is not a minor.

Witness 2 Name _____

Address _____

Signature _____

Place _____ Date _____

* Signature ✍ **Thumb impression of Hirer

RECEIPT OF KEYS AND COPY OF LOCKER AGREEMENT

I/We acknowledge the receipt of the key of the locker on a sealed condition. The key number is _____ in respect of Locker No. _____

I/We further acknowledge the receipt of a copy of Locker Agreement

Signature ✍ 1st Hirer

Signature ✍ 2nd Hirer

Signature ✍ 3rd Hirer

Bank use

Verified by: _____ _____ Signature ✍

(Name of the custodian) (Employee code) Custodian Signature

Locker no

☐ Safe Deposit Locker Allotment approved.

_____ _____ Signature ✍

Name of BM/Authorised Signatory (Employee code) Signature

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Tear Off

AU Small Finance Bank Ltd (Acknowledgement/Customer Copy)

We thank you for banking with us and acknowledge receipt of Locker Application form and Nomination

Customer Name _____ Locker Type _____ Locker No: _____

Nomination Received ☐ Yes ☐ No Nominee Name _____ Nominee Age

Date _____ Name of Bank Official _____ Signature of Bank Official: _____ (with seal of bank)