Savings Account Addendum Form : Retail Asset

(to be filled by Asset customer opening Savings Account)

AU SMALL FINANCE BANK

Date D D M M Y Y Y Y Account No. AOF/Lead.

Customer Details

*Name

Customer ID. *Mobile No +91

Short Name

Mother's maiden name

I/We have applied for a saving account with AU Small Finance Bank Ltd. (AUSFB) having its branch at _____. I/we have submitted the requisite documents as mentioned below for further processing of this application.

KYC Document	ID Proof		Address Proof	
	Document Name	ID Number	Document Name	ID Number
Customer's KYC Details				

Operating Instructions ✓ Single Relationship ✓ SOW

OTHER FACILITIES

Non-insta kit cases: Debit card required? Y N Name on debit card

Internet Banking Yes No
(Internet Banking will be provided, by default, to all Debit Card holders)

Mobile Banking Yes No

Passbook Yes No

Physical Statement Yes Not Required
(Frequency will be as determined by the Bank)

SMS Alert Yes No

DBT declaration **DBT (Direct Benefit Transfer) Declaration (Applicable only for account opening through biometric based Aadhaar authentication)**

I wish to seed the below mentioned account number with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Government of India (GOI) in my above account with AU Small Finance Bank. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account (only for customers who have not so far seeded account with NPCI Mapper)	I already have an account with _____ (name of Bank) having IIN Number ** _____, and seeded with NPCI Mapper for receiving Direct Benefit Transfer (DBT) from Government of India (GOI). I request you to change my NPCI mapping (DBT Benefit Account) to my account with your Bank

NOMINATION DETAILS –FORM DA 1 - Applicable for Individuals

'*' Fields are mandatory

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

Yes, I /we wish to nominate (as per table 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/Recurring Deposit may be returned by AU Small Finance Bank

*Personal Details of Nominee

ADDRESS

*Name PREFIX FIRST MIDDLE LAST NAME

*Address Line 1

Address Line 2

*District *State

*Country *City *PIN Code

Email ID (In Capital Letters)

Mobile No ISD CODE DOB D D M M Y Y Y Y (If minor) Age PAN

*UID - Aadhaar (last 4 digits) Relationship with the Depositor, If any

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

Nominee name to be printed on deliverables# Yes No

ADDRESS

*Name PREFIX FIRST MIDDLE LAST NAME

*Address Line 1

Address Line 2

*District *State

*Country *City *PIN Code

Email ID (In Capital Letters)

*Mobile No ISD CODE Age *Relationship with Nominee

...to receive the amount of the deposit in the account, on behalf of the nominee, in the event of my/minor's 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 _____

Witness 2 Name _____

Address _____

Signature _____

Place _____ Date _____

^Leave out it if nominee is not a minor. **Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on the behalf of the minor.
Deliverables include account statement, passbook etc.

*Signature/**Thumb impression of applicant

Tear Off

No charges levied for account opening.

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

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 request you to maintain confidentiality of the PIN number and the bank would not be held liable for misuse of PIN number.

- I/ We understand that the facility of getting physical account statement will be discontinued for Passbook Registered customer.
- I/We understand that Digital statement of account will be sent by default automatically viz. monthly/ annually, etc. on registered Email ID/ mobile as applicable, even if physical statement has been opted for.
- 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.aubank.in

TERMS, CONDITIONS & DECLARATIONS - FOR TAB ACCOUNT OPENING

That I/we have authorized _____, an employee of AUSFB 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 AUSFB 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 saving/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 AUSFB 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 AUSFB informed at all times, of any change/alteration in my/our communication address and authorize AUSFB to update any change/ alteration in my/our communication address that AUSFB may be informed by me in writing and/or is brought to the notice of AUSFB by me/us and hereby authorize AUSFB to contact me/us on such changed address.
I/We also undertake to provide any further information / updated KYC document that AUSFB may require from time to time. I/We agree to indemnify AUSFB against any fraud, loss or damage suffered by AUSFB 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 AUSFB reserve the right to reject any application without providing any reason. That AUSFB 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(s) 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.aubank.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 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
The bank has the liberty to close my account at any time by giving me at least 30 days' notice. However, in case of improper conduct of accounts such as non-maintenance of required balance or high number of cheque returns, the Bank reserves the right to close my account without giving any prior notice. For the accounts being closed by the bank, the residual/balance Amount after appropriation of applicable charges/dues would be returned back to the account wherein the Initial Payment was issued.
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 request, 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.
The Bank shall not be renewing the term deposits for deceased customers (primary capacity) once matured.
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 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.aubank.in

Anti-Money Laundering Regulations

I/We am/are the beneficial owner of all assets run through my/our accounts(s) opened with AU Small Finance Bank Ltd. The beneficial owner of some/all assets run through the accounts is/are name and address of person for whom the accounts are maintained. The competent court, as decided by the Bank 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 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.

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.

FEMA Declaration

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.

Additional Declarations

I/We understand that it is mandatory to maintain Average Monthly Balance (AMB) as prescribed for your savings / current account as prescribed by bank from time to time. If applicable, the respective account package may be modified as per Bank's
discretion and the Bank shall provide a 30 day notice, in advance, before carrying out the applicable changes in the schedule of charges as mentioned on AU Small Finance Bank's website www.aubank.in or available at any of the Bank's branches
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 immediately.
I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am aware that I/We may be held liable for it.
I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I/We also confirm that my/our preferred language of communication is English unless confirmed otherwise.
I/We also give my/our consent for receiving product, service and other Bank-related information from AU Small Finance Bank Ltd. on the registered modes of correspondence.
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 understand that the KYC documents provided by me/us for loan application will be used by bank for processing the Savings/Current account application as well.
I request AU Small Finance Bank Ltd. to update the signature captured during Asset documentation in their records against my Customer ID
For Minor turned major wherein valid PAN is not submitted – TDS will be applicable at a higher rate
I have been explained the terms & conditions for opening and operating the account along with the facilities / features available with this account

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.aubank.in/knowledge-center/gst-related-party**

Date _____ CKYCR No._____ Applicant

Place_____

*Signature/**Thumb impression of applicant

BANK USE SECTION

I have met Mr./Ms._____ Applicant in persons at his/her residence/office/bank branch and confirm that I have verified and captured the originals of the identity and address document (as applicable) as produced by the applicant. I also confirm that the form and other annexures has been signed by applicant in my presence

Bank Official Name : _____

Bank Official Employee Code : _____ Branch Code | | | | | (for official use only) _____

Signature of Bank Official with Stamp

Version 2.0 December 2024

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) _____