CUSTOMER CONSENT FORM - CREATE/MODIFY GROUPING OF ACCOUNTS FOR AU ROYAL BUSINESS PROGRAM

AU SMALL FINANCE BANK
A SCHEDULED COMMERCIAL BANK

Date D D M M Y Y Y Y

PRIMARY CUSTOMER DETAILS:

Name of the Primary Applicant

Customer ID | Mobile No +91

Email ID (In Capital Letters)

Instruction for (please tick any one option)	
☐ Create a New Business Group ID	☐ Delete Existing customer ID from Business Group ID
☐ Add New customer ID to existing Business Group ID	☐ Close Existing Business Group ID**

☐ **Basis downgrade of account from Royale Business, a new debit card as applicable on product selected by you will be issued. Your Royale Business debit card will be discontinued on issuance of such a card.

To avail Chartered Accountant or Company Secretary benefits under Royale Business Account,

Kindly share your CA membership Number (If applicable):

Kindly share your CS membership Number (If applicable):

GROUPING DETAILS

Sr. No.	Customer ID	Name (As it is in the Account)	Relationship with Primary ID	Signature and Stamp
1				
2				
3				
4				
5				
6				
7				
8				
9				

I agree to maintain the requisite balance as per the below mentioned criteria:

Group ID Type	AMB Requirement in Grouped Accounts	Group AMB Criteria for NMC
AU Royale Business	INR 5 Lakhs	Current account AMB - INR 2.5 Lakhs | CASA AMB - INR 5 Lakhs
AU Royale Business- Agri, Contractors, Doctors, Pharma	INR 1 Lakh	INR 1 Lakh
AU Royale Business for Chartered Accountants	Nil	Nil

AMB- Average Monthly Balance NMC- Non-Maintenance Charges

1. Non-Maintenance of AMB charges (if applicable) will be levied to the Primary Customer's Current account. In case of multiple current accounts, the oldest account will be consider the primary account, the same will be levied in the account of Secondary Customer
2. Relationship includes close family members/ close blood relatives such as parents, children, spouse, siblings, grandparents, and grandchildren.
3. I/We hereby confirm the relationship with the account of Secondary Customer Holder as mentioned in the form
4. I/We understand that with this consent, all existing accounts (if any) in above mentioned customer id's will also be upgraded to the respective Royale Accounts (i.e. Saving accounts to Royale Savings Account and Current Account to Royale Business Current Account)
5. I/We understand that with this consent, a new debit card will be issued as applicable in the respective program and existing card will be hotlisted (if any).
6. Accounts exiting the Program will be switched to Regular Current/Savings Account as applicable
7 Zero AMB benefit is available to Chartered Accountants (CAs) and Company Secretaries (CSs), along with their respective eligible family members in a grouping, subject to the provision of a valid ICAI or ICSI membership number at the time of opening a Royale Business Account.
8. If a valid CA or CS membership number is not provided, the Zero AMB benefit will not be applicable, and standard AMB requirements will apply as per Bank policy.
9. All benefits extended under the program are at the sole discretion of AU BANK. Bank reserves the right to alter, withdraw or change any of the benefit given under this program
10. I/We agree to terms and conditions as mentioned in the AU Bank Business banking Program on the website www.au.bank.in

I/We declare that the information furnished here is true and correct to my/ our knowledge and any further change will be informed to the bank at prior hand. I/ We also confirm that I/we have read, understood and agree to the terms and conditions of the bank governing and applicable to Grouping and AU Royal Business Program.

Signature & Stamp	Signature & Stamp	Signature & Stamp	Signature & Stamp
Name:	Name:	Name:	Name:

BANK USE SECTION

Instruction Received Date: D D M M Y Y Y Y

I certify that:

1. All the relevant documents are obtained from the customer as per the policy of the Bank and the instruction is complete in all respects.
2. Applicable Schedule of Charges has been explained to the customer.
3. Customer has signed the instruction and supporting documents in my presence and the signature stands verified against the Bank records.
4. I have verified and confirmed the relationship of the Secondary Customer Holder with the Primary holder as mentioned in the form

To be filled by instruction initiated staff

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

Signature

To be approved by the BM/BOSM (Mandatory for Companies, Partnerships and ETB Customers)

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

Signature