

**TERM / RECURRING DEPOSIT ACCOUNT OPENING FORM**Branch _____ Date

D	D	M	M	Y	Y	Y	Y
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Branch Code _____

For Office UseFD/RD Account No.

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Important Instructions:

♦ Please fill the form in Block letters ♦ Please fill the date in DD-MM-YYYY format. ♦ For Joint Applicant/s, fill separate PI Sheet.

NAME(s) OF THE APPLICANT(s)*

Mention CIF Number (Customer Number) if you are an existing customer. The Bank will enter CIF for new customers.

Sr.No.	Applicant CIF No.	Prefix	First Name	Middle Name	Last Name																																																																				
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MODE OF OPERATION

☐ Self ☐ *Either or Survivor ☐ *Former or Survivor ☐ Anyone or Survivor ☐ Jointly by all
☐ Father as Natural Guardian ☐ Mother as Natural Guardian ☐ Legal Guardian ☐ Other _____

IN CASE OF MINOR'S DEPOSIT THE ACCOUNT WILL BE OPERATED BY :

C	I	F	N	O		P	R	E	F	I	X		F	I	R	S	T	N	A	M	E		M	I	D	D	L	E	N	A	M	E		L	A	S	T	N	A	M	E
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Relationship with the minor as ☐ Father ☐ Mother ☐ Legal Guardian ☐ Others _____

* Please submit separate minor declaration in case of premature closure.

* The closure proceeds of a Fixed Deposit held in the name of a Minor will be transferred to the account of the Minor or paid through NEFT / RTGS or issue of a Payorder in favour of the Minor.

Type of Deposit Account☐ Term Deposit ☐ Recurring Deposit

Deposit Amount Rs. _____

Time Period :

--	--

 Years

--	--	--	--

 Months

--	--	--	--

 Days

--	--

 % interest.Payment Mode ☐ Cheque ☐ Internal TransferCheque dated

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 Cheque number

--	--	--	--	--	--

 Drawn on Bank

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Debit my/our existing account

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 with you.Type of Deposit : ☐ Re-investment ☐ QIC ☐ MIC ☐ Others _____Customer Type : ☐ General ☐ Minor ☐ Senior citizen ☐ Staff ☐ Others _____**FIXED DEPOSIT MATURITY INSTRUCTION :**

Proceeds will be paid in cash subject to maximum amount stipulated as per I.T. Act

Maturity Instruction: ☐ Auto renew Principal & Interest ☐ Auto renew Principal & Redeem interest ☐ Redeem Principal & Interest
☐ Please renew FD for _____ days _____ months _____ years. ☐ Auto-close on maturityTDS : ☐ YES ☐ NO (If NO, furnish 15H/15G or attach IT Exemption Letter)**S I. FOR RECURRING DEPOSIT (From USFB A/c.)**

Monthly Instalment (in Rs) : _____ Period : _____ Months (in multiples of three months). Date of instalment every month : _____

Please debit ₹

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 per month from my/our Account no.

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INTEREST / MATURITY AMOUNT MANDATE :

MICR is mandatory for receiving payment through ECS

Please credit the monthly/quarterly interest/maturity proceeds in my/our Account with _____ Bank
_____ Branch

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 IFSC / MICR having followingAccount Number

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TDS INSTRUCTION :☐ 15G ☐ 15H ☐ Income tax exemption letter. Deduct TDS from SB/CA/OD A/c.

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ACKNOWLEDGEMENT / CUSTOMER COPY

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

Customer Name _____ Amount of INR _____

in cash/cheque no. _____ Drawn on _____

Name of the bank official _____ Signature _____ Date _____

DECLARATION

I/ We, the undersigned, being customer of Unity 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 the website – <https://theunitybank.com> (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 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 further agree to indemnify the Bank 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.

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 agree to receive communication in the form of SMS/ Call/ Email regarding transaction alerts/ products and services offered by the Bank, intimation regarding change in T & C etc. I/ We hereby declare that I/ We am/ are not involved in any money laundering activities/ unlawful activities and/ or financing of terrorist activities directly or indirectly. We hereby authorise the bank to furnish details to statutory/ regulatory or any other authorities. We hereby authorize the Bank to verify the details given herein through any means/ person(s), as may be perceived necessary by the Bank.

I/We also confirm that my/our preferred language of communication is English unless confirmed otherwise.

For premature withdrawal of fixed deposit and recurring deposits, a premature penalty of 1.00% shall be charged to the rate applicable for the period the deposit has remained with the Bank, or the contracted rate, whichever is lower.

AADHAAR

I/We hereby give my consent to Unity 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

- ♦ 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.
- ♦ The determination of the location of supplier of service is the sole responsibility of Unity Small Finance Bank and would be determined basis applicable tax laws.

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)

Signature or Thumb impression of depositor/s	Signature or Thumb impression of depositor/s	Signature or Thumb impression of depositor/s	Signature or Thumb impression of depositor/s

NOMINATION FORM DA-1

Nomination under section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposit

Nomination Required ☐ Yes ☐ No (The facility of nomination has been explained to me/us and I/we do not wish to make a nomination)

I/We, the applicant(s), for this account, nominate the following person to whom, in the event of my/our/minor's death, the credit balance in the account may be paid by Unity Small Finance Bank Ltd.

Name of Nominee, Address & Contact No.	Existing CIF of the Nominee	Age	Relationship	Date of Birth

If the nominee is a Minor, the details of the appointee

Print Nominee Name on Receipt? ☐ Yes ☐ No

As the nominee is minor on this date, I/We appoint Mr./Ms. _____

related to the minor as _____ and residing at _____

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

Signature of Applicant - 1	Signature of Applicant - 2	Signature of Applicant - 3 / Witness-1	Signature of Applicant - 4 / Witness-2