

Current Account Opening Form

* Marked fields are mandatory

ORGANISATION DETAILS

Name of the Organisation* _____

Account title* _____

Operative Current Account Earnest Money Deposit (EMD) NODAL Account POA Account

PAN* _____ or ***If PAN No. is not available, please fill up ADD-ON Form 60 or 61 and Form 49A

Date of Incorporation / Registration* _____ Registration / CIN No.* _____

City of Incorporation / Registration* _____ Country of Incorporation / Registration _____

Annual Turnover*: <5cr 5-25cr >25-50cr >50-100cr >100-150cr >150-250cr >250-500cr >500-750cr
 >750cr

Type of Entity*

Proprietorship Partnership Limited Liability Partnership Public Ltd. Company Private Ltd. Company

Club Bank Financial Services Cos Society Gov. Entity Credit Co-operative

HUF Trust Association Others _____

CUSTOMER PROFILE

Nature of Business*: Real Estate and related Oil & Gas Mining Minerals Gems & Jewellery Agro-Forestry NBFC

Trading (Retail / Wholesale) Trading: Retail or Wholesale Transport Education Defense Related Law Firms

Independent Restaurants Accountancy Firms Import - Export Business Money Changers Travel Agency

Petroleum, Gas, Natural Gas/Shale Gas and Petroleum Products Infrastructure Projects/SPV Contracting Businesses

Others _____

Networth*: <5cr 5-25cr >25-50cr >50-100cr >100-150cr >150-250cr >250-500cr >500-750cr >750cr

Whether involved in: Export Import IEC (mention IEC no.) _____ (copy to be attached)

No. of Years in Business*: Years Months

Registered Office Address*: Since _____ (mention the year since you are at the given address)

Line 1 _____

Line 2 _____

Landmark _____ City _____

Pin Code _____ State _____ Country _____

Office* Owned Rented / Leased

Tel No. _____ Fax No. _____

Contact Person* (Any one of the authorised signatories for this account) Date of Birth

For all communication related to this current account will be sent to the below mentioned contact person. In case of any change in future please inform the bank about the same.

Name of the Person _____

Tel No. _____ Mobile No. _____

Email ID _____ City _____

NOMINEE (To Be Filled For Sole Proprietorship Accounts Only)

The Bank recommends that all depositors avail the nomination facility. The nominee, in the event of death of the depositors would receive the balance outstanding in the account as a trustee of legal affairs, thus helping in quick and easy settlement.

I do not wish to nominate anyone as the beneficiary of my Saving Bank Account with NSDL Payments Bank.

I nominate the following person to whom in the event of my death the amount of deposits in my account, may be returned by NSDL Payments Bank. The nomination will be applicable for all my accounts held with the bank.

Name of Nominee _____

Date of Birth Relationship with A/c Holder _____

Mobile No. _____ Email ID _____

Address Same as applicants address mentioned above. If different, fill the details mentioned below

Address _____

Landmark _____ City _____

Pin Code _____ State _____ Country _____

Guardian Name (If Nominee is a Minor) _____

As the nominee is a minor on this date, I appoint _____ as the guardian to receive the amount of deposit in the account on behalf of the nominee in the event of my death during the minority of the nominee.

Address of Guardian Same as applicants address mentioned above. If different fill the details mentioned below

Address _____

Landmark _____ City _____

Pin Code _____ State _____ Country _____

Date of Birth of Guardian

AUTHORISED SIGNATORY

Existing Customer If Yes, Customer ID _____

If not an existing customer, I confirm, if found otherwise, Bank reserves the right to consolidate the customer IDs as it may decide, without prior notice to me

Authorised Signatory Role* Beneficial Owner Proprietor Partner Director Others _____

Name* _____

Designation* _____ Gender _____ Date of Birth* Marital Status* _____

Nationality _____ Pan* _____ ****If PAN No. is not available, please fill up ADD-ON Form 60 or 61 and Form 49A*

Mother's Maiden Name _____ Mobile No.* _____ Email ID* _____

Permanent Address* _____

Landmark _____ City _____

Pin Code _____ State _____ Country _____

AUTHORISED SIGNATORY

Existing Customer If Yes, Customer ID _____

If not an existing customer, I confirm, if found otherwise, Bank reserves the right to consolidate the customer IDs as it may decide, without prior notice to me

Authorised Signatory Role* Beneficial Owner Proprietor Partner Director Others _____

Name* _____

Designation* _____ Gender _____ Date of Birth* Marital Status* _____

Nationality _____ Pan* _____ ****If PAN No. is not available, please fill up ADD-ON Form 60 or 61 and Form 49A*

Mother's Maiden Name _____ Mobile No.* _____ Email ID* _____

Permanent Address* _____

Landmark _____ City _____

Pin Code _____ State _____ Country _____

AUTHORISED SIGNATORY

Existing Customer If Yes, Customer ID _____

If not an existing customer, I confirm, if found otherwise, Bank reserves the right to consolidate the customer IDs as it may decide, without prior notice to me

Authorised Signatory Role* Beneficial Owner Proprietor Partner Director Others _____

Name* _____

Designation* _____ Gender _____ Date of Birth* Marital Status* _____

Nationality _____ Pan* _____ ****If PAN No. is not available, please fill up ADD-ON Form 60 or 61 and Form 49A*

Mother's Maiden Name _____ Mobile No.* _____ Email ID* _____

Permanent Address* _____

Landmark _____ City _____

Pin Code _____ State _____ Country _____

CREDIT FACILITIES*

I/We do not enjoy any credit facilities with other bank/s

I/We enjoy the following "credit facilities" with other bank/s

No.	Bank Name & Branch	Type of facility	Amount (Rs. Lacs)	Authorized Signatories Signature
1				
2				
3				

DECLARATION - OPERATING INSTRUCTIONS

1. I/We wish to avail the banking facilities/products from NSDL Payments Bank Limited (NSDL Payments Bank) and have read, understood and agree to the Terms and Conditions displayed on the website of NSDL Payments Bank i.e. www.nsdlbank.com, which may be amended by NSDL Payments Bank from time to time and hosted and notified on the website of NSDL Payments Bank.
2. I/We have read understood and agree to the charges/cost mentioned in the extant Schedule of Charges. This Schedule of Charges is displayed on www.nsdlbank.com.
3. I/We agree to abide by and be bound by 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 have declared our status as per the rules applicable under section 285BA of the Income Tax Act, 1991 (the Act) as notified by Central Board of Direct Taxes (CBDT) in this regard.
4. I/We authorize NSDL Payments Bank to conduct my/our credit history verification with CIBIL or any other credit rating agency and acknowledge that NSDL Payments Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to NSDL Payments Bank.
5. I/We agree to furnish and intimate to NSDL Payments Bank any other particulars that we are called upon to provide on account of any change in law/statutory requirements either in India or abroad. I/We authorize NSDL Payments Bank to exchange, share or part with all the information provided herein with financial institutions/agencies/statutory bodies/other such persons, as may be required by NSDL Payments Bank. I/We shall not hold NSDL Payments Bank or its agents/representatives liable for using/sharing such information.
6. I/We hereby declare that the information provided herein as well as in the documentary evidence provided by me/us to NSDL Payments Bank (the "Customer Information") is true, correct and complete in all aspects to the best of my/our knowledge and that I/We have not withheld any Customer Information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I/We further agree that any false/misleading Customer Information given by me/us or suppression of any material fact will render my/our account liable for closure and the bank shall have the right to initiate any action, under law or otherwise.
7. If any of the information provided here is incorrect, I/We hereby agree to indemnify and keep indemnified NSDL Payments Bank, affiliates and their successors or assignss.
8. I/We agree and understand that NSDL Payments Bank reserves the right to reject my/our account opening application form/request without assigning any reason thereof and without being liable to me/us in any manner whatsoever.
9. I, being the Sole Proprietor of the Sole Proprietorship Concern (as mentioned above) hereby agree and consent to avail the Current Account of NSDL Payments Bank and further agree to absolutely abide by all the terms and conditions in respect thereof, as may be notified by NSDL Payments Bank from time to time.
10. All fees/charges to be paid shall be exclusive of goods and services tax (GST), as may be applicable.
11. NSDL Payments Bank will determine if I/We are related party based on documents available or submitted for this purpose.
12. NSDL Payments Bank will determine the location of service provided which shall be binding on me/us.
13. I/We shall provide the Bank with the details of exemption or lower rate of tax, if any supported by relevant documents prior to availment of services.
14. I am fully aware that the bank sends SMS alerts on all account/card related transactions promptly on the mobile number shared at the time of account opening/updated subsequently and any failure to update contact information with the bank may result in any financial loss in case of misuse of cards.
15. I/We am/are fully aware that in case an Account is opened on the basis of Aadhaar Enrolment Number provided by me/us then I/We am/are obliged to submit the final Aadhaar number to the Bank within 60 days of opening of the Account failing which the Bank shall have every right to freeze operations in the Account or upon notice to me/us even close the Account

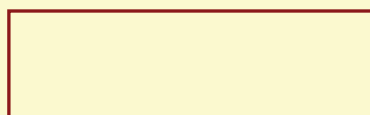
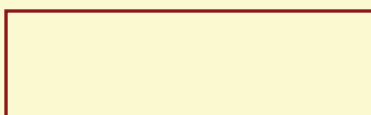
Would you like NSDL Payments Bank to contact you and tell you about new products, features and offers? Yes No



Name of Signatory 1^{\$}

Name of Signatory 2^{\$}

Name of Signatory 3^{\$}



Signature with Rubber Stamp

Signature with Rubber Stamp

Signature with Rubber Stamp

^{\$} Please mention Name of the Signatory below the Photograph

ANNEXURE 5* - BENEFICIAL OWNERSHIP DECLARATION

1. Name of Company : _____
 2. Registration Number : _____
 3. Registered Address : _____

The Company as stated above hereby confirms and that on the below date:

(Please tick the correct box - One input is Mandatory)

Details of ultimate natural persons ultimately holding 10 % or more shares or exercising ultimate control over the company/ Trust/ Partnership/LLP/ or 15 % or more shares or exercising ultimate control over AOP/Society/Club/University/Institution.

OR

We hereby declare that no natural person is holding 10 % or more shares/exercise control in the company/Trust /Partnership/LLP or 15% or more shares/exercises control in case of AOP/Society/Club/University/Institution as stated above. Therefore details of natural person(s) holding the position of directors/senior management in the company are given in the above table

(If you have ticked any of the above, please complete table below before signing the declaration)

Sr. No	Full Name of Beneficial Owner/controlling natural	Date of Birth	Nationality	Address	Type of KYC Documents		Controlling Ownership Interest (%)	Photograph#
					Identity	Address		
1								
2								
3								
4								
5								

#Please provide photograph along with KYC Documents if Beneficial Owner is other than director/ authorised signatory

The Company is listed on (Name of the Stock Exchange) _____ or is a majorly owned subsidiary of (Name of the listed Company) _____ listed on (Name of the Stock Exchange) _____

The Company undertakes that the facts stated above are true and correct.

The Company undertakes and agrees that it will notify NSDL Payment Bank without delay of any changes to the controlling shareholders, person exercising control or having controlling ownership interest in the Company, as declared in the table above.

For and on behalf of (Name of Company) : _____

Signature of the Authorized Official with Organization Stamp:
 (to be signed by the official authorized to sign the Board Resolution)

FOR OFFICE USE ONLY

KYC Verification Carried Out By

Emp. Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Emp. Code: _____

Emp. Designation: _____

Emp. Branch: One International Center, Prabhadevi

Scheme Code: _____

Emp. Signature and Bank Stamp

Full Name of the authorized official: _____

Designation / Position: _____

Date

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

We have made best efforts to identify the beneficial owner(s) of the said Company. The details furnished above have been verified from information, wherever available, in public domain.

Name: _____

Employee No.: _____

(Signature of the Branch Head/Branch Operations Head)

Date

D	D	M	M	Y	Y	Y	Y
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STANDING INSTRUCTION REQUEST

We would be moving funds out of the NSDL Payment Bank account every day into our Current Account maintained with <Bank Name> to meet our day to day related obligations/ expenses.

However in the scenario, we are not able to do so for any reason, technical or other unavoidable circumstances not related to normal course of the process, we request and hereby authorize NSDL Payment Bank to move such quantum of funds as specified in the annexure from our accounts in the NSDLPB bank to the following account:

Name of the Bank: _____ Account No: _____

Name of the Account holder: _____

Account Type: Current Savings Others (Please Specify) _____

IFSC Code: _____ Branch Name: _____

We would also request that this transfer be affected at the time as specified in the annexure in case due to the reasons stated above, we have not been able to move the funds out. The purpose stated above is to ensure our smooth daily operations. We are also enclosing herewith a cancelled cheque leaf of the abovesaid account.

We wish to set-up / already have a Standing Instruction for our account/'s held with your bank. We hereby give consent to the Bank to set-up / modify the Standing Instructions and threshold limits as mentioned below.

No.	Account Number	Threshold
1		
2		

Timing for Transfer: After 10 PM and at EOD

Bank should ensure at all times, that the threshold amount mentioned against each account should be maintained in our respective account/'s at EOD post transfer of funds. This arrangement will be active till customer advises the Bank to Terminate the service or Bank decides to terminate the same due to suspected fraud/unauthorized activities.

FATCA /CRS DECLARATION FORM - (Non-Individual)*

To: NSDL Payments Bank Limited

Customer ID/Account No: _____

Name: _____

* One Input is mandatory

- (a) Is the account holder a Government Body/ International Organisation/listed on any recognised stock exchange. Yes No
(If yes, you are listed please specify the name of the stock exchange - _____, If no proceed to point (b))
- (b) Is the account holder (Entity/Financial Institution) tax resident of any country other than India Yes No
(If yes, please fill FATCA/CRS self-certification), If no proceed to point (c))
- (c) Is the account holder an Indian Financial Institution Yes No
(If yes, please provide your GIIN _____, If no proceed to point (d))
- (d) Are Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian Citizen. Yes No
(If yes, please fill FATCA/ CRS self-certification)

CUSTOMER DECLARATION*

(I)Under penalty of perjury, I/We certify that:

1.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, or (This clause is applicable only if the account holder is identified as a U.S. person)

2.The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India)

II) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA or CRS or its impact on the applicant. I/We should seek advice from professional tax advisor for any tax questions (III) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect (IV)I/We agree that as may be required by regulatory authorities, the Bank may also be required to report reportable details to CBDT or close or suspend my account (V) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

PEP Declaration:

I / We understand the definition of 'Politically Exposed Persons' (PEPs) as individuals who are or have been entrusted with prominent public functions including foreign country,e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

Are any of the Authorised Signatories or Beneficial Owners Politically Exposed Person (PEP)? NO YES

(Please fill separate PEP declaration form in case applicant/s are PEP)

Name of the Entity:

Signature 1 with Organization Stamp

Signature 2 with Organization Stamp

Signature 3 with Organization Stamp

(As per MOP)

Date (DD/MM/YYYY) :