

FATCA/CRS Declaration
 I am a tax resident of India and not of any other country OR I am a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

 City of Birth*
 Country of Birth*

 Address Type for Tax Purpose* Residential Business Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, please Specify)%	Address For Tax Purpose*		
			<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the address below
			Landmark		
			State	Country	PIN

To also include USA, where the individual is a citizen/green card holder of USA.

% In case Tax Identification Number is not available, kindly provide functional equivalent FATCA-CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

 *Politically Exposed Person (PEP) Yes No

 CKYC Application New Existing-No change Existing-Update change

 CKYC Number

CKYC Declaration: I/We hereby declare that CKYC Declaration furnished hereby are true, complete and correct to best of my/our knowledge and I/we undertake and inform Bandhan Bank of any changes therein, immediately. In case, any of the above information is found to be false, untrue, misleading or misrepresenting, I am/we are aware that I/we will be held liable for the same and Bandhan Bank will reserve the right to initiate relevant action against me/us. I/We also declare that I/we would like to share my personal/KYC details with Central KYC Registry and/or any other appropriate authority as per extant regulatory/statutory guidelines.

 Date

 Nomination facility to be availed: Yes No

 Print nominee name on passbook/ FD Advice
 I have been explained about the benefits of the nomination facility. However, I would like to inform you that I do not wish to provide a nomination for the account.

 Signature/Thumb impression of the Applicant(s)

Nomination Details (Form DA-1)

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank Deposits.

I/We (Names) _____ residing at (Address) _____

_____ nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account, particulars whereof are given below may be returned by Bandhan Bank _____ Branch.

Details of the Deposit		Details of the Nominee				
Nature of the Deposit	Additional Details if any	Name	Address	Relationship with the Depositor, if any	Age	Date of Birth (In case of minor)
						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

As the Nominee is a minor on this date, I/We appoint (Guardian's Name) _____ (Relationship with the minor) _____, (Address) _____

_____ (Age) _____ to receive the amount of the Deposit in the account on behalf of the Nominee in the event of my/our/minor's death during the minority of the Nominee.

 1st Witness' Name: Address:

 2nd Witness' Name: Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of the 1st Witness*	Signature of the 2nd Witness*	Signature for Joint Holder 1	Signature/Thumb impression of the Depositor

 Date
 Place

 *In case of an illiterate person Signature for Joint Holder 2 Signature for Joint Holder 3

Acknowledgement

We acknowledge your application form/Nomination form DA1 relating to:

 Nature of the Account Account Number

In the name of _____ held with us. _____ For Bandhan Bank

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature/Thumb impression of the Applicant(s)	Nominee name	Authorised Signatory

Joint Holder – Customer Onboarding Form



Personal Data Form – Joint Applicant

Customer Name: _____

*Nationality Religion

Qualification Non-Matric Undergraduate Graduate Post Graduate #Others (Please specify) _____

Total Number of Family Members No. of Adult(s) No. of Minor(s)

*Occupation Salaried Business Self-Employed Pensioner Student Agri & allied #Others _____

*If Salaried, employed with: Private Sector Public Sector Partnership Govt. Multinational Proprietorship #Others _____

*Employer's Name:

*Employer's Address:

Self Employed Since: Years Months a. Date of Establishment/Incorporation of entity

b. Trade License/GST/Registration No. of entity (if any) _____

*Nature of Business: Manufacturing Service Provider Agriculture Real Estate Trader #Others _____

*Kind of Business:

Self Employed Professional: Doctor CA/CS Lawyer Architect IT Consultant #Others _____

*Annual Income (In ₹ Lakh) : <1 1 - 5 >5 - 10 >10 - 15 >15 - 25 >25 - 50 >50

Status: Normal Blind Differently Able Pardanashin # (If others is selected, please specify mandatorily)

Category: General SC ST OBC Minority #Others (please specify) _____

FATCA/CRS Declaration

I am a tax resident of India and not of any other country OR I am a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

*City of Birth *Country of Birth

*Address Type for Tax Purpose Residential Business Registered Office

Country#	Tax Identification Number%	Identification Type (TIN or Other, please Specify)%	Address For Tax Purpose*		
			<input type="checkbox"/> Communication Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Please note the address below
			Landmark		
			PIN <input type="text"/>	State <input type="text"/>	Country <input type="text"/>

To also include USA, where the individual is a citizen/green card holder of USA.

% In case Tax Identification Number is not available, kindly provide functional equivalent FATCA-CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

I do hereby solemnly declare that the information provided above is up to date and correct and I hereby submit my recent photograph and self-attested photocopy of the KYC documents.

*Politically Exposed Person (PEP) Yes No

CKYC Application New Existing-No change Existing-Update change

CKYC Number

CKYC Declaration: I/We hereby declare that CKYC Declaration furnished hereby are true, complete and correct to best of my/our knowledge and I/we undertake and inform Bandhan Bank of any changes therein, immediately. In case, any of the above information is found to be false, untrue, misleading or misrepresenting, I am/we are aware that I/we will be held liable for the same and Bandhan Bank will reserve the right to initiate relevant action against me/us. I/We also declare that I/we would like to share my personal/KYC details with Central KYC Registry and/or any other appropriate authority as per extant regulatory/statutory guidelines.

Date

Signature/Thumb impression of Applicant

*If CKYC number is available tick Existing-No Change/Existing-Update Change as applicable or else tick New. *To be filled as Mandatory