ACCOUNT OPENING FORM RESIDENT INDIVIDUAL

SURYODAY
A BANK OF SMILES

SURYODAY SMALL FINANCE BANK LIMITED

(All fields marked with * are mandatory), To be filled in Black Ink and CAPITAL LETTERS only

Date: D D M M Y Y Y Y

I/We agree to open ______________________ account with the balance requirement of Rs. ______________

I/we fully understand the detailed charges (including the balance non-maintenance charge) applicable to this account as per the Schedule of Charges, which is available on the Bank's Website / Branch notice board. This has also been explained to me/us by the Bank official.

I/we hereby provide Initial deposit of Rs. ______________ by Cash / Cheque No. __________ drawn on __________ Bank, ______________ Branch, dated ________

Applicant's Signature / Thumb Impression

Co-Applicant's Signature / Thumb Impression

APPLICANT DETAILS*

Applicant ☐ Existing Customer CUST ID ☐ New Customer (CUST form required)

Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

Co-Applicant: (if applicable) ☐ Existing Customer CUST ID ☐ New Customer (CUST form required)

Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

Relationship with Applicant ______________ Relationship Code ___

If more than one co-applicant then add a separate form to provide details

For Bank use only

MODE OF OPERATION*

☐ Single (Self operated) ☐ Either or Survivor ☐ Jointly by all ☐ Former or Survivor ☐ Anyone or Survivor ☐ Others __________ (Please specify)

PLEASE TICK ON THE SERVICES REQUIRED

Debit Card	☐ Yes	☐ No	Cheque Book	☐ Yes	☐ No	Internet Banking##	☐ Yes	☐ No
Mobile Banking##	☐ Yes	☐ No	SMS & E-Mail alerts	☐ Yes	☐ No	E-Statement##	☐ Yes	☐ No
Sweep Facility needed#	☐ Yes	☐ No	Name on the card					

(Max. 20 characters including space)

Free Services ##
Applicable for select variants only#

Fourth line embossing

Nomination Details (Form DA 1)

Nomination under Section 45ZA of the Banking Regulation Act, 1949, as operationalised through the Banking Companies (Nomination) Rules, 2025, in respect of bank deposit.

☐ I wish to nominate ☐ I do not wish to nominate Print Nominee Name ☐ Yes ☐ No

Same nomination for Debit Card insurance ☐ Yes ☐ No

I / we ______________________, residing at ______________________________ ______________________ nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account, may be returned by Suryoday Small Finance Bank Ltd, ______________ branch.

☐ Successive Nomination - Order of priority	First Nominee	Second Nominee	Third Nominee	Fourth Nominee
Name of the Nominee				
Nominee (s) Address				
	Pin/ZIP code	Pin/ZIP code	Pin/ZIP code	Pin/ZIP code
Relationship with Depositor, if any				
Nominee's Age				
*Nominee DOB (If Nominee is Minor)	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
*Name of Guardian				
*Relationship with Minor				
Age of Guardian				

First nominee shall receive the entire amount of the deposits(s) in the event of my death. And in the event of death of First Nominee before my death or after my death without receiving any of or all the amounts of deposits, I hereby nominate my Second Nominee (named hereinabove). And in the event of death of the First and Second Nominee before my death or after my death without receiving any of or all the amount as of the deposit(s) as the case may be, I hereby nominate Third Nominee (Named hereinabove) as the person to receive the entire amount of the deposits(s). And in the event of death of the First, Second and Third Nominee before my death or after my death without receiving any of or all the amount as of the deposit(s) as the case may be, I hereby nominate Forth Nominee (Named hereinabove) as the person to receive the entire amount of the deposits(s).

OR

☐ percentage in case of bank deposit.	Percentage ___%	Percentage ___%	Percentage ___%	Percentage ___%

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Signatures / Thumb Impressions***

Witness_1/ Witness_2***

Applicant's Signature /Thumb Impression

Co-Applicant's Signature / Thumb Impression

(Required only if applicants use thumb impressions)

(Required only if applicants use thumb impressions)

Acknowledgement

SURYODAY SMALL FINANCE BANK LIMITED

We have received initial deposit of Rs. ______________ by Cash / Cheque No. __________ (subject to realization) drawn on ______________ - Bank, ______________ Branch, dated ______________

You have opted for the product ______________ and the applicable Balance required is Rs ______________. The Bank official has explained to you the features and Charges as per Bank's Schedule of Charges and the Balance requirement as applicable to the product opted by you. You will be bound by and abide by Bank's General Terms and Conditions available on the Bank's website/branch and those mentioned above.

Nominations registered ☐ Yes ☐ No Date: __________

Branch: __________ Name of bank official and employee Code: ______________________

Signature of bank official & Stamp

Applicable, if no nomination is provided	For Bank Use Only (In case of no nomination given)
The Bank, through its authorised representative has explained to me the advantages of nomination facility as per the extant guidelines of RBI. However, I hereby decline to presently nominate any individual and understand the risks and consequences of my failure to give nomination and fully aware of the hardships my legal heirs would face in the event of my death with out nomination registered in your bank records.	I have clearly explained to the customer the advantages of nomination facility and inspite of the same, he/she still does not want to nominate and he/she also refused to provide a specific letter to the effect that he/she does not want to make a nomination
Applicant's Signature / Co-Applicant's Signature	Employee Signature and Code

FATCA - CRS Declaration*

I/we am/are citizen / national / tax resident of any country other than India?

Applicant ☐ Yes ☐ No **Co-Applicant** ☐ Yes ☐ No **(If Yes, please fill the additional FATCA- CRS declaration form.)**

Social Security Schemes - Consent Cum Declaration

☐ Pradhan Mantri Jeevan Jyoti Bima Yojana ("PMJJBY") ☐ Pradhan Mantri Suraksha Bima Yojana ("PMSBY")

I hereby give my consent to become a member of PMJJBY Plan' of HDFC Life AND/OR PMSBY of ICICI Lombard General Insurance Co 's which will be administered by your Bank under a group Master Policy.

I hereby authorize you to debit my SB Ac with your Branch an amount of Rs. 20/- towards annual premium under PMSBY and or Rs. 436/- towards annual premium under PMJJBY for life cover under PMJJBY or a revised amount as applicable from time to time based on the actual date of enrolment. I further authorize you to deduct in future after 25th May and not later than on 1st of June every year until further instructions, renewal premium, as applicable from time to time for these wo policies.

* Declaration/Undertaking by Applicant (s) to Suryoday Small Finance Bank Ltd.

I/We confirm that I/we am/are resident of India. I/We confirm having read, understood and hereby agree to be bound by the terms & conditions which govern the opening of account(s) with Suryoday Small Finance Bank Ltd. and various services including but not limited to ATMs, Phone Banking, Debit Cards, Mobile Banking, Net Banking, Emall Statement etc. All amendments there to be made from time to time in the Terms and Conditions and those relating to various services offered by the bank as displayed on its notice board / website or as communicated to me Including but not limited to the facilities listed in this form will be binding on me/us. I/We agree that Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my account for the service charges applicable from time to time. Notwithstanding the documentation and account opening form, the bank reserves the right to accept / reject the application for account opening. The Bank's decision in this regard would be final. In case of change of address due to relocation or any other reason, I/we would Intimate the new address to the bank within two weeks of such a change with a valid address proof. I/We declare that the transactions in the linked accounts will be made from my/our legitimate sources only and the account will not be used for any purpose contrary to law. I/We will also keep watch on the day to day transaction to detect early frauds, If any. I/We hereby declare that the Information furnished above is true and correct to the best of my/our knowledge.

Do Not Call Registry: I/We☐ consent/ ☐ do not consent to receive the Information/service etc. for marketing purpose through "Telephone/Mobile/SMS/Emall by the bank/Its agents. I/We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporates/employers) will be accepted for registration of "Do Not Call". I/We am/are aware that post registration, We may receive a call from the Bank to verify the correctness of the request for registration.

Signatures / Thumb Impressions***

Applicant's Signature / Thumb Impression | **Co-Applicant's Signature /Thumb Impression**

WITNESS 1***
(Required only if applicants use thumb impressions)

WITNESS 2***
(Required only if applicants use thumb impressions)

Thumb impression(s) needs to be attested by 2 witnesses***

For Bank Use only

Product Code:		**CUST ID 1:**	
Branch Code:		**CUST ID 2:**	
Sourcing Officer / BC code :		**Tran ID:**	
Promo Code:		**Tran Date:**	
Lead Id:		**Account Number Issued:**	
Lead Generator:		**Issued Insta-kit no.:**	
COCO (for Salary Account only)			

Customer Signed In my presence:

Employee/BC Name:

Employee/BC Code:

Employee/BC Signature:

Document verification done by:

Employee Name:

Employee Code:

Branch Stamp with Date

BM / OPS Manager Signature & Date

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Account Opening Rules

- **All necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts.**
- **All accounts should maintain the stipulated average balance based on the product/program and branch In which the account is opened.**
- **In case of non-maintenance of the stipulated average balance, charges as outlined in the Schedule of Charges from time to time will be applicable.**
- **Savings Accounts can be opened for non-business purposes only.**
- **In case of any query / suggestion /feedback / complaint relating to features of any of the products, you may contact the nearest Suryoday Small Finance Bank Branch.**