

CASA ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

(For Office use only)

Application Date

Branch Receipt Date

A/c opening Date

Value Date

Branch

Branch Code CRN.

Account No.

Lead Generator Code :

Lead Converter Code :

SBU Code : Sourcing Channel :

☐ 1st Applicant ☐ 2nd Applicant ☐ 3rd Applicant

Please fill up the form in BLOCK LETTERS ONLY.

Fields marked * (star) are MANDATORY

Applicant Information*

Applicant Name (Leave a space first name, middle name and surname)

First Name

Middle Name

Surname

Applicant

CRN

☐ Senior Citizen ☐ Minor ☐ Staff ☐ Others

Date of Birth

Gender ☐ Male ☐ Female ☐ Third Gender

Nationality : Indian

Country of Birth : Marital Status :

Mother's Maiden Name : Father's/ Husband's Name :

If applicant is a minor, details in respect of guardian also to be updated. (2nd Applicant) (Seperate form need to be filled for each applicant)

☐ Tick if 1st applicant is HUF (Seperate form need to be filled for each applicant)

Applicant Communication Details*

1. Permanent Address*

Land mark

City Pin Code

State Country

2. Present Address* ☐ Same as Permanent Address

Land mark

City Pin Code

State Country

3. Address of Correspondence* ☐ Same as Permanent address ☐ Same as Present Address

Land mark

City Pin Code

State Country

4. Contact Details

Mobile Landline

Email

Know Your Customer (KYC) Documents*: (Please fill Form 60, if PAN not available)

PAN No.

Aadhaar No. [@]

☐ [@] I hereby give my consent to seed my Aadhaar details for 'Direct Benefits Transfer' (applicable only for primary account holder)

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CASA ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

1. Identity Proof

Name of the Document	Document No.	Date of Issue	Date of Expiry

CKYC ID:

2. Address Proof

Address Type	Name of the Document	Document No.	Date of expiry
Permanent Address			
Present Address			
Address of Correspondence			

Customer Profile

1. Education status (Tick one)*

☐ Illiterate ☐ SSC/HSC ☐ Graduate ☐ Post Graduate ☐ Others

2. Employment details (Tick one) (for First Applicant)*

☐ Salaried-Public ☐ Salaried-Private ☐ Self Employed ☐ Student
☐ Salaried-Others ☐ Housewife ☐ Others

If Salaried, Employer Name:

3. Annual income/Turnover (₹) (Tick one)

☐ 0 - 1 lakh ☐ 1 - 5 lakh ☐ 5 - 10 lakh ☐ 10 - 20 lakh
☐ 20 - 50 lakh ☐ 50 lakh - 1 cr ☐ Above 1 cr

Existing Banking Relationships

- a. Account with Jana Small Finance Bank: ☐ Y ☐ N If Yes CRN
- b. Accounts with other Banks (applicable only for current accounts)

Bank	Branch/Address	Account Type

- c.. I/We have credit facilities from other Bank: ☐ Y ☐ N If Yes, fill in the following details (applicable only for current accounts)

Bank & Branch	Facility	Amount

(Note: If borrowings >=Rs. 5 Crores, account cannot be opened)

Product Details* Please open following A/C in my/our names

1. Savings Accounts

- ☐ BSBDA : 111 ☐ Minor Savings: 124 ☐ Small Savings : 115
☐ Regular Savings - Non-Metro : 171 ☐ Savings Plus - Metro : 172 ☐ Regular Savings - Metro : 170
☐ Premium Savings - Metro : 174 ☐ Premium Savings - Non-Metro : 175 ☐ Savings Plus - Non-Metro : 173
☐ Silver Premium - Non-Metro : 177 ☐ Silver Savings Plus - Metro : 178 ☐ Silver Premium - Metro : 176
☐ Silver Savings Plus - Non-metro : 179

2. Current Accounts

- ☐ Digital Business Account : 271 ☐ Regular Business Account : 270 ☐ Premium Business Account : 273
☐ Money Back Business Account : 274 ☐ SMART Money Business Account : 275

3. Deposit Accounts

- ☐ Bulk FD Cumulative - 431 ☐ FD Plus Cumulative** (No WDL) - 411 ☐ Senior FD Cumulative - 413
☐ Bulk FD Non - Cumulative - 432 ☐ FD Plus Non-Cumulative** (No WDL) - 412 ☐ Senior FD Non - Cumulative - 405
☐ Tax Saver FD Cumulative - 474 ☐ Regular FD Non - Cumulative - 402 ☐ Regular FD Cumulative - 409
☐ Recurring Deposit - 456 ☐ Recurring Deposit : Senior - 457 ☐ College Investment Plan - 459
☐ Home Investment Plan - 465 ☐ Gold Investment Plan - 461 ☐ College Investment Plan (Senior) - 462
☐ Home Investment Plan (Senior) - 463 ☐ Gold Investment Plan (Senior) - 464

**Fixed Deposits with no Premature withdrawal.

CASA ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

Mode of operation*

- ☐ Self
 ☐ Either or Survivor
 ☐ Former or Survivor
 ☐ Any One or Survivor
 ☐ Jointly by all
☐ Minor A/C operated by Guardian
 ☐ LOA/POA (Copy of the LOA/POA to be furnished)
 ☐ Others.....

Declaration for premature FD withdrawal for Joint Holders

I/We hereby give the consent that we can opt for the pre-mature withdrawal of Deposit(s), when such request for premature termination is placed in accordance with the Mode of Operation (MOP). We can avail the benefit of easy and convenient way to withdraw Deposit(s) prematurely by any joint account holder/s in accordance with the chosen mode of operation without taking concurrence of the other joint account holder/s.

1st Applicant

Signature of applicant

Services Offered

Please tick all the required boxes (for Savings/ Current A/C only)

- ☐ Internet Banking
 ☐ Phone Banking
 ☐ Mobile Banking
 ☐ SMS Alert
 ☐ Debit Card
☐ Cheque book (for Savings/ current A/c only)
 ☐ Statement by e-mail

Debit Card Details

Personalized Card needed ☐ Y ☐ N

Name as desired on the debit card (If personalized card required)

Applicant 1:

Initial Deposit Details*

- a) Deposit Amount Rs.....(In Words)
 b) Mode of Payment: ☐ Cash ☐ Debit to My/our Existing A/C No.
 c) Cheque No Dated drawn on account number SA/CA.....
 in the name ofwith.....Bank.....Branch
 d) NEFT/RTGS Payment bank.....branch.....SA/CA.....in the name of.....

BSBDA and Small Savings Declaration

BSBDA

- BSBDA customers are not eligible for opening any other savings account with the bank
- If an existing savings account holder opens a BSBDA, then the existing savings account must be closed within 30 days of opening a BSBDA.
In case of failure to do so, Bank reserves the right to close the existing savings account with all facilities linked to it and credit the closure proceeds to the BSBDA

Small Savings

- The total balance in the account should not exceed Rs. 50,000/- at any point of time.
- The total credits in all the account should not exceed Rs. 1,00,000/- in a Financial Year.
- Any debit/withdrawal transaction in this account is maximum up to Rs. 10,000/- per transaction.
- The total withdrawals and transfers including clearing in the account should not exceed Rs. 10,000/- in a month.
- Small Savings Accounts are valid for a period of 12 months initially which may be extended by another 12 months if the person provides Proof for having applied for an officially valid document; In case of failure of submitting (a) evidence of having applied for any of the officially valid identity proofs within the first 12 months of account opening or (b) officially valid identity proof within 24 months, operation in Small Savings Account will be frozen and subsequently closed.
- Foreign remittances are not permitted in Small Savings Accounts
- In case of breach of the above transaction threshold, the account will be frozen and all transaction in the account will be suspended till such time customer submits complete KYC document as per bank's policy .Post submission of complete KYC Small Account will be migrated to BSBDA or any other Savings Account that the customer opts for and transacts will be permitted as per the new product/offering.

1st Applicant

Signature of applicant

JANA SMALL FINANCE BANK

a) Period

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 Days

b) Interest Payable ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ Cumulative

[illegible]

with Jana Small Finance Bank/Other Bank.....Branch.....IFSC.....

i. Auto Renewal* ☒ Y ☐ N Renew Principal Only ☐ Renew Principal with Interest ☐

[illegible]

with Jana Small Finance Bank/Other Bank.....Branch.....IFSC.....

e) Deduct TDS ☐ Y ☐ N (If Applicable)

If No, attach ☐ Form 15G/15H ☐ Income Tax Exemption Certificate/Letter from IT Department for the financial year

- Recurring Deposit#

a) Monthly Installment Rs.....

b) Period

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 Years

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 Months

c) Standing instruction for monthly installment, if any: Debit A/c no.

d) Date of execution of standing instruction

D	D	M	M	Y	Y	Y	Y
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[illegible]

with Jana Small Finance Bank/Other Bank.....Branch.....IFSC

f) Deduct TDS ☐ Y ☒ N (If Applicable)

If No, attach ☐ Form 15G/15H ☐ Income Tax Exemption Certificate/Letter from IT Department for the financial year

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Minor Declaration

I, hereby declare that the minor is myand I am his/her natural and lawful guardian / guardian appointed by court vide order dated (Copy enclosed). I shall represent the said minor in all future transactions of any description in the above Account untill the said minor attains majority. I indemnify the Bank against the claim of the above minor for my withdrawal / transactions made by me in his / her Account.

Date

Signature of the Guardian

Nomination

☐ Y ☐ N (The same nominee is applicable for debit card) (Nominations for additional accounts, please fill separate nomination forms)

☐ I do not wish to nominate anyone on my behalf for the above account at this moment. I understand the advantages of nomination and the consequences of not nominating anyone to my account.

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

I/We

Name/s	Address/es

nominate the following person to whom in the event of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be paid by Jana Small Finance Bank Ltd.,.....Branch.

Details of the Account

Nature of the Account	Account Number	Additional details, if any

Nominee Name :

Nominee Address :

Relationship with Account Holder :

Age : Years Date of Birth:

*As the nominee is a minor on this date I/We appoint

Name :

Address :

Relationship with minor#: Father/Mother/Court Appointed Guardian, aged Years, 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(s) / Thumb impression(s) of Depositor(s))

Witness (only in case of thumb impression)

1. Signature :	
Name :	
Address :	
Place :	Date:

2. Signature :	
Name :	
Address :	
Place :	Date:

*Strike out if nominee is a not a minor. # In case of a court appointed guardian, please furnish a copy of the court order

**Fixed Deposits with no Premature withdrawal.

FATCA-CRS Certification

Please tick the applicable tax resident declaration (Any one)*

I am a tax resident of India and not a tax resident of any other country ☐ Y ☐ N (If no, Seperate FATCA Declaration form need to be filled)

Declaration (Applicable to all customers)

(Please read carefully and sign at the end of this section after you have filled in all the details in the form)

- I /We have read and understood the terms and conditions and Schedule of Charges governing the opening of the account with Jana Small Finance Bank and those relating to various services including, but not limited to ATMs / Debit card / Net banking/ Phone banking/Jana Cash Wallet mentioned hereunder and more in detail mentioned at www.janabank.com and agreed to abide by the same.
- I/We agree to be bound by all terms and conditions including limiting / excluding Bank's liability, and the changes thereto in Terms and Conditions from time to time relating to my/our account as communicated and made available on the Bank's website
- I/We hereby give my/our express consent to Jana Small Finance Bank to share my / our Aadhaar / KYC or any other details with Central KYC Registry / Credit Bureaus / any agencies as required by law, and receive information from these agencies. Any agencies so authorised may furnish for consideration, the processed information and data or products thereof prepared by them, to banks / financial institutions and other credit grantors or registered users, as may be specified by the regulators.
- In the event of death of any one of the depositors, premature encashment of term deposits would be allowed to the surviving account holders. Any such payment to survivors gives valid discharge to the bank. The survivor would be receiving the payment from the Bank as trustee of the legal heirs of the deceased depositor i.e. such payment to survivors shall not affect the right or claim which any person may have against the survivor(s) to whom the payment is made. Such premature withdrawal shall not attract any penal charges as on date.
- It is stated that any and all claims, matters and disputes are subject to laws as prevalent in India and jurisdiction of the competent courts in Bengaluru only.
- I/We hereby declare that the information furnished above is true & correct & to the best of my / our knowledge
- I/We agree that the Bank may send communications/letters etc. to me / us, through courier/messenger/mail or through any other mode at its discretion and the Bank shall not be liable for any delay arising there from.
- Charges/fees may be waived off/ discounted/ negotiated at the discretion of the manager in charge in cases where such charges/fees are charged in excess of the requirement or for any other reasons as may be appropriate.
- In case the FATCA/CRS certification is not signed, we will consider it as your affirmation that you are a tax resident of India and not of any other foreign country.
- Please visit www.janabank.com for detailed Terms and Conditions.
- TDS will be applicable as per under Sec 194 N.
- I/We hereby declare/undertake to inform the Bank, as and when the total credit facilities availed by me/us from the banking system reaches >=Rs. 5 Crores.
- I/We hereby agree to Jana Small Finance Bank / Subsidiaries / Affiliates / Agents / Third Parties contacting me/us for various other product/offering updates, marketing promotions, smart rewards, special offers or any such information from time to time.
I do hereby give my consent to receive such information through Phone Calls ☐ Y ☐ N SMS ☐ Y ☐ N Email ☐ Y ☐ N
- ☐ I/we hereby voluntarily authorize Jana Small Finance Bank to carry out e-KYC/online authentication/offline authentication of my/our Aadhaar for the purpose of establishing my/our identity/address.
- ☐ I/we hereby confirm that the bank has informed me/us about all the options available for establishing my/our identity/address for KYC.

1st Applicant

Signature of 1st Applicant

Vernacular Declaration

The details of the Account Opening Form have been read over and explained to me in _____,
(the language in which the signatory is signing) and I have understood the contents thereof. I also agree to and accept the terms which too
have been explained to me by _____in _____

Date

Signature

Note: 1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable, (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine; (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine. 2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

Field Verification for Individuals/Proprietorship Accounts

Date of Visit:	
Name of the Customer/Firm	
Person Interviewed	
Current Address of the Customer (in case of individuals)	
Occupancy Vintage	
Rented/Owned	
Location type	
Business Address of the firm (incase of proprietorship firm)	
Type of Business	
Opinion:	
Verification: Positive or Negative	
The address on the account opening form tallies with the address of the site visited.	

Comments on verification :

I hereby confirm that I have personally visited and verified the address of the customer as the address mentioned in Account Opening form, or checked with the Employer Corporate, as the case may be. The above information which has been completed by me is true and correct.

Name of the official :

Designation :

Emp. No. :

Place :

Final Recommendation : ☐ Accepted ☐ Rejected

Signature :

Certified by: Branch Head/Operations Manager :

(Branch Head/Operations Manager to ensure that no space is left blank and all details are filled in)

Please visit www.janabank.com for more queries on CASA related information.

Branch Details

Branch Code :

Address :

Contact No. :

Date :

Registered Office:

Jana Small Finance Bank Limited, The Fairway Business Park, # 10/1, 11/2 & 12/2B, Off Domlur, Koramangla Inner Ring Road, Next to Embassy Golf Links, Challaghatta, Bengaluru - 560071.



TOLL FREE NUMBER
1800 2080



CUSTOMER CARE EMAIL ID
customercare@janabank.com



WEBSITE
www.janabank.com

CASA ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS

For Office Use

Certified that the terms and conditions for the operation of the Account have been explained to the depositor (only in case of illiterate applicant/vernacular signature applicants).

Nomination registration no.

Instakit no.:

Customer Acknowledgement Sticker for Instakit

1 Is the customer a High Net worth Individual ☐ Y ☐ N

2 Is the source of funds of the customer identifiable? ☐ Y ☐ N

3 Is the customer a Politically Exposed Person? ☐ Y ☐ N

4 Is the account opened face to face? ☐ Y ☐ N

6 Address Verification done on:

7 Far-away account (Present/current address of the customer is in a district different than the district where the branch locates): ☐ Y ☐ N

8 Purpose of opening account in a far-away branch:

a Purpose of staying at the present address: ☐ Education ☐ Employment ☐ Others

b In case of education, name of the institute:
(Please verify the original identity card and obtain a self-attested copy)

c In case of employment, name and address of the employer:
(Please verify the original employee identity card and obtain a self-attested copy)

d. Customer employment details verified: ☐ Y ☐ N

9 Duration of stay at the present address : Months

(In case of far-away accounts, initial payment shall be mandatorily through a cheque from the existing bank account of the customer. It is also mandatory to visit and verify the present/current address of all such customers)

Date

Authorised Signatory

S.S. No:.....

Guidelines for the staff for completing the Field Verification

- 1) Address verifications has to be conducted independent of the customer. In other words, the visit has to be undertaken without prior intimation.
- 2) Customer assistance should not be taken even if the branch official is unable to locate the address. In extreme cases of difficulty, the nearest Post Office may be approached for assistance in locating the address.
- 3) If the applicant is a tenant, the landlord has to be compulsorily contacted in order to ascertain the bonafides of the arrangement and also to know whether the landlord has done his due diligence.
- 4) The photocopies of the KYC documents should not be certified without physical verification of the originals and comparing the same with the copies submitted by the applicant.
- 5) Call all the contact numbers provided in order to satisfy yourself about their bonafides/authenticity.
- 6) Where the mailing address is that of the employer, comments have to be invariably given by the Branch verifying official on the status of the employee i.e. permanent/temporary/outsourced.

Guidelines on the updated Account opening Form

1. If the customer is opting for the product or declarations which is not mentioned in the AOF, download the below mentioned form from Janapedia- <http://janapedia.janabank.com:7002/#default/home>
 - Minor declaration for opening account for minor
 - HUF declaration and Mandate form
 - If customer do not have PAN card Form 60 is required
 - Letter of Authority/Power of Attorney
 - FATCA-CRS Certification - If customer has financial transactions of US persons, or entities in which US persons hold a substantial ownership- download FATCA-CRS Certification after checking the box at FATCA declaration.
2. Separate sheet to be used for 2nd applicant details- Applicant details form.
3. For capturing applicant(s)- Check box to be ticked on form applicant details.
4. all the additional forms/documents need to be attached in AOF.

Acknowledgement

We acknowledge the following (Please do not handover blank cheque(s) / cash) :

Initial Funding Details:

Amount	Cash/Cheque No. (Date and Bank details to be provided)

For Jana Small Finance Bank
Authorized Signatory