



(B). Details of ultimate natural persons ultimately holding more than 10% of total share holding of the entity in case of Company/Firm/Trust/Societies/Clubs/LLP/Partnership and no one holds more than 15% in case of Association\*

Name	DOB	Nationality	Residential Address	DIN/PAN/Name & No. of other ID proof	% of share

-OR-

C). We hereby declare that no natural person is holding more than 10% of total share holding of the entity in case of Company/Firm/Trust/Societies/Clubs/LLP/Partnership and no one holds more than 15% in case of Association as per (B) above or information about the ultimate shareholders is not available with the company. The details of senior managing officials (e.g. Managing Director/Chief Executive Officer, etc) are as under:

Name	DOB	Nationality	Residential Address	DIN/PAN/Name & No. of other ID proof	Designation

(Managing Director/Company Secretary/Chairman/Two Directors/Authorised Signatory) Notes: In Table B, the details of natural person who exercises control over the entity needs to be furnished. The said natural person may act alone or together, or through one or more juridical person.

\* In case no such natural person is identifiable, indicate "Not Identified" in Table B and provide details required as per Table C.

In case Director Identification number (DIN)/Permanent Account Number (PAN) is not available, separate ID proof needs to be furnished.

Date \_\_\_\_\_

Signature of Authorized Signatory \_\_\_\_\_

#### Nomination Form (DA1) - Applicable only for Sole Proprietorship

☐ I wish to nominate ☐ I do not wish to nominate\*\*\*\*

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I/We (Name) ..... (Address) .....

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by JANA SMALL FINANCE BANK.

Name ..... Address: ☐ Same as Primary Applicant

☐ If different from Primary Applicant .....

Relationship with depositor, If any ..... Age    Years Date of Birth of nominee

\*As nominee is minor I/We appoint (name)# ..... Relationship with minor\* .....

Address: ☐ Same as Primary Applicant ☐ If different .....

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

Nominee Mobile Number:

\*\*Signature/Thumb Impression of the Authorized Signatory

#### Witness (only in case of thumb impression)

1. Signature :

Name :

Address :

Place :

Date:

2. Signature :

Name :

Address :

Place :

Date:

# In case of a court appointed guardian, please furnish a copy of the court order

\*Strike out if nominee is not a minor \*\*Where account is opened in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

\*\*\*\* I have understood the benefits of nomination and still do not wish to nominate

## DECLARATION

## Applicable for Sole Proprietorship Account

I, on behalf of \_\_\_\_\_ ("Sole Proprietorship Firm") intend to open \_\_\_\_\_ account with the Bank. The said account may be opened in the name of \_\_\_\_\_. I confirm that I am the proprietor of the Sole Proprietorship Firm. I understand that I am solely and personally responsible for liabilities of the Sole Proprietorship Firm. I undertake to intimate the Bank in writing of any change that may take place in the Sole Proprietorship Firm's name. I authorize the Bank to honour instructions from me in relation to the operation of the account. I agree and accept that I shall be liable to the Bank in relation to any obligation which may be outstanding in the Sole Proprietorship Firm's name in the Bank's books until all such obligations shall have been liquidated.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Applicable for Partnership Firm

We, on behalf of \_\_\_\_\_ ("Partnership Firm") intend to open \_\_\_\_\_ account with the Bank. The said account may be opened in the name of \_\_\_\_\_. We confirm and declare that we are the only partners in the Partnership Firm and are jointly and severally responsible for liabilities of the Partnership Firm. We authorize the Bank to honour instructions of the signatories herein below in relation to the operation of the account in line with the mode of operation laid down in this AOF. We undertake to intimate the Bank in writing of any change that takes place in the constitution of the Partnership Firm. We agree and accept that all the existing partners shall be liable to the Bank in relation to any obligation which may be outstanding in the Partnership Firm's name in the Bank's books until all such obligations shall have been liquidated.

## Name &amp; signature of Partners

1 \_\_\_\_\_ Sign \_\_\_\_\_ 2 \_\_\_\_\_ Sign \_\_\_\_\_  
3 \_\_\_\_\_ Sign \_\_\_\_\_

## Applicable for HUF

We, on behalf of \_\_\_\_\_ ("HUF") intend to open \_\_\_\_\_ account with the Bank. The said account may be opened in the name of \_\_\_\_\_. In view of the above, we hereby confirm that the first signatory to this AOF, i.e. \_\_\_\_\_ is the Karta of the HUF and the other signatories are the adult co-parceners of the HUF. We further confirm that the HUF is not carrying on business, professional or trading activity and will not operate the Savings Account for carrying out such activities. We authorize the Bank to honour instructions of the signatories herein below in relation to the operation of the account in line with the mode of operation laid down in this AOF. We undertake that claims due to the Bank from the HUF shall be recovered personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners. We hereby undertake to inform Bank of the death or birth of any co-parceners/members or any change occurring at any time in the constitution of the HUF during the currency of the account.

## Name &amp; signature of Karta

1 \_\_\_\_\_ Sign \_\_\_\_\_

## Name &amp; signature of Adult Co-parceners

1 \_\_\_\_\_ Sign \_\_\_\_\_  
2 \_\_\_\_\_ Sign \_\_\_\_\_  
3 \_\_\_\_\_ Sign \_\_\_\_\_

## Name &amp; Date of Birth of Minor Co-parceners

1 \_\_\_\_\_ 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  
2 \_\_\_\_\_ 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  
3 \_\_\_\_\_ 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## Declaration

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

- I/we hereby solemnly declare that the information voluntarily provided above is up to date and true to the best of my knowledge and belief and I/we hereby submit my/our recent KYC documents. I/we acknowledge and agree that I/we have read, understood and accepted the terms and conditions and the other terms and conditions relating to deposit services stipulated on [www.janabank.com](http://www.janabank.com) (the "Website"). I/We agree that the Bank shall have the right to modify/amend any of the terms and conditions from time to time, at Bank's own discretion, which may be hosted and noticed on the Website and the same shall be sufficient notice, to me/us regarding such modification/amendment and I/we shall be bound by such modification/amendment.
- I/We understand that the registered mobile number with the Bank will be used for sending any communication, as well as transaction advises. I/We confirm that the mobile number provided by me/us is not in use by any other third party and I/we undertake that I/We shall duly and promptly inform the Bank if and when my/our mobile number changes.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature of Authorized Signatory 1

Signature of Authorized Signatory 2

Signature of Authorized Signatory 3