CASA ACCOUNT OPENING FORM FOR EXISTING NON-INDIVIDUALS

JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

FOR BRANCH USE ONLY Account Type: Current Account Savings Account Application Date D M Y Y Account Opening Date D M Y Y Y Branch Name:					
Lead Generation Code: Lead Convertor Code: Lead No.: C-KYC Id:					
Newser		Entity Info	rmation		
Name:			CRN No.		
LEI/Legal Entity Identifier					
		Authorized Sign	atory Details		
Name 1:					
FATCA*: I am a tax resident of India		5		seperate FATCA declaration form needs to be filled)	
Name 2: FATCA*: I am a tax resident of India				seperate FATCA declaration form needs to be filled)	
Name 3:		-			
FATCA*: I am a tax resident of India Please tick the applicable tax resident declara		sident of any other countr	ry Yes No (If No,	seperate FATCA declaration form needs to be filled)	
Mode of Operation	Any One	🗌 Any Two Jointly	🗍 Jointly By All	As per Document attached (Resolution,	
Credit Facilities				☐ Partnership Letter, Mandate etc.)	
We do not enjoy any credit facili	ies with other b	ank/s	We enjoy the follo	wing "credit facilities" with other bank/s	
S.No Bank Name	& Branch	Type of Facility	Amount (Rs.Lacs)	Authorised Signatories Signature	
2					
(Note: If borrowings >= Rs. 5 Crores, a If applicable, I / We hereby undertake t			ities availed by me / us from the	banking system is equal to or is greater than INR 5 Crores	
		Initial Deposit	t Details		
a) Deposit Amount Rs		(In Words)	
b) Mode of Payment: Cash	Debit	from My/our Existing A/0	C No.		
Cheque No	Dated D D M	M M Y Y Y Y draw	n on account number SA/	′CA	
in the name of	wit		Bank	Branch	
NEFT/RTGS/IMPS Payment bank	/UPI.Ref	branch	SA/CA	in the name of	
		Services Rec			
Debit Card RuPay Platinum	RuPay Sele			(for QR)	
Nomination Details: Same as existing CASA/TD/Loan Y N If Yes, Account No. (Applicable only for Sole Proprietorship) * Please fill form DA1 for nomination facility, if different from existing nomination. ** If Yes, please fill CIB annexure					
Controlling Ownership & Beneficiary Details					
I. Exempt Category (If not aplicable, please fill the Non Exempt Category section below) The details of beneficial owners are not required in case the Entity or its shareholder is: Listed on a stock exchange, or is a majority-owned subsidiary (i.e. 50% or more) of such listed company, or					
No Single shareholder holds more than 10% of total shareholding of the entity in case of company/Firm/Trust/ Societies/Clubs/LLP/Partnership, and no one holds more than 15% in case of Association.					
II. Non Exempt Category (A). Shareholding Pattern:					
Name of Shareholders % of share Mention reason if belongs to exempt entity#					
Acknowledgement					

We Acknowledge Your Initial Funding Details for amount: having Cash/Cheque No. (Date & Bank details)

For Jana Small Finance Bank (Authorized Signatory) ____

V1-12092024

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(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 juridicial 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)	- An	nlicable only	v for Sole	Proprie	torshin
Normation Form		– AP	plicable one		FIUDILE	COLSTIND

I wish to nominate I do not wish to nominate****	
bank deposits	49 and Rule2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of
I/We (Name) (Add	ress)
Nominate the following person to whom in the event of my/our/m JANA SMALL FINANCE BANK.	inor's death the amount of deposit in the above account may be returned by
Name	Address: Same as Primary Applicant
If different from Primary Applicant	
Relationship with depositor, If any	Age Years Date of Birth of nominee D D M M Y Y Y Y
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 e	vent of my/our/ minor's death during the minority of the nominee
	Nominee Mobile Number:
Witness (only in case of thumb impression)	
1. Signature :	2. Signature :
Name :	Name :
Address :	Address :
Place : Date:	Place : Date:
# In case of a court appointed guardian, please furnish a copy of th **Fixed Deposits with no Premature withdrawal.	ne court order
*Strike out if nominee is not a minor **Where account is opened in the name of a the minor. *** In case of thumb impression, nomination to be filled in as an annexure **** I h	a minor, the nomination should be signed by a person lawfully entitled to act on behalf of nave understood the benefits of nomination and still do not wish to nominate

V1-12092024

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Applicable	for Sole	Proprietorship	Accour

on behalf of		("Sole Proprietorship Firm") intend to open
	id account may be opened in the name of	
I confirm that am the proprietor of the Sole Proprietorship Firm. I undertake to intimate the Bank to honour instructions from me in relatic	Proprietorship Firm. I understand that I am sole e Bank in writing of any change that may take plac on to the operation of the account. I agree and a	ely and personally responsible for liabilities of the Sole ce in the Sole Proprietorship Firm's name. I authorize the ccept that I shall be liable to the Bank in relation to any s 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
Partnership Firm and are jointly and severally signatories herein below in relation to the oper Bank in writing of any change that takes place is	responsible for liabilities of the Partnership Firm ation of the account in line with the mode of opera in the constitution of the Partnership Firm. We agree	onfirm and declare that we are the only partners in the b. We authorize the Bank to honour instructions of the ation laid down in this AOF.We undertake to intimate the ee and accept that all the existing partners shall be liable in the Bank's books until all such obligations shall have
Name & 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 th	e above, we hereby confirm that the first signatory to this
laid down in this AOF. We undertake that claim family properties of which the first signatory is birth of any co-parceners/members or any cha	ns due to the Bank from the HUF shall be recovered the Karta, including the share of minor co-parcen ange occurring at any time in the constitution of th	5
Name & signature of Karta 1 Sign Sign		Birth of Minor Co-parceners
Name & signature of Adult Co-parceners	1	
	2	
	3	
3 Sign		
	Declaration	
recent KYC documents. I/we acknowledge and agre deposit services stipulated on www.janabank.com (t time, at Bank's own discretion, which may be hoste and I/we shall be bound by such modification/amen 2.I/We understand that the registered mobile number	voluntarily provided above is up to date and true to the b te that I/we have read, understood and accepted the term he "Website"). I/We agree that the Bank shall have the righ d and noticed on the Website and the same shall be suffi dment. with the Bank will be used for sending any communicat	est of my knowledge and belief and I/we hereby submit my/our ns and conditions and the other terms and conditions relating to it to modify/amend any of the terms and conditions from time to cient notice, to me/us regarding such modification/amendment ion, as well as transaction advises. I/We confirm that the mobile d promptly inform the Bank if and when my/our mobile number
Name:	Name:	Name:
Designation:	Designation:	
Signature of Authorized Signatory 1	Signature of Authorized Signatory 2	Signature of Authorized Signatory 3

V1-12092024

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