JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

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CRN. (If existing)]																					
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Mother's Maiden Name	ΓI	R	S T			D	NI			Μ		D	D	L	Е		F		R	S	Т	6				0.0			Μ		D	D	L	E	
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Country of Birth					<u> </u>																<u> </u>	<u> </u>	<u> </u>	<u> </u>											
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Residential Status		NRI				0/0			1									NR		PIO						India		٦							
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Alternate Mobile No.																																			

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Email ID					
		КҮС	C		
Passport No Place of Issue Expiry Date	(1 st Applicant)			(2 nd Applicant)	
Visa No Visa Type Expiry Date	Student Visa Residence Permit D D M Y Y		blease specify)	Student Visa Residence Perm D M Y Y	Others(please specify)
Address Proof (for preferred communication address) Aadhaar No. PAN No. CKYC ID		Form 60	Form 49A		Form 60 Form 49A
As per provisions of sec have any Permanent E	tion 206AB of the Income-Tax Act, I dec stablishment (Place of Business) in India or changes therein, immediately upon	i. I undertake to		have any Permanent Establishm	AB of the Income-Tax Act, I declare that I o rent (Place of Business) in India. I undert es therein, immediately upon such ch
Please paste photograph of 1 st Applicant	Place: Date: D D M M Y Signature of 1 st Ap	YYY		Please paste photograph of 2 nd Applicant	Place: Date: D M M Y Y Y Signature of 2 nd Applicant
		Services C	Offered		
Please tick if SMS Al	erts are required for Savings Acc	ount Type	e of Kit 🔲 I	nsta-Kit 🗌 Personalised Kit	(if selected, please fill the below details)
Cheque book	es No Are you a po	litically expossed pers	on (PEP) or I	related to one? Yes	No
Debit Card	NRE Savings	NRO Savings		Name on Deb	pit Card
First Applicant					
Second Applicant					
Declaration for Minor	Account (16 Applicable)	Declara	tions		
I hereby declare that th guardian/Guardian app description in the abov	ather Mother Court Appo ne date of birth of the minor who ointed by court order dated) is my (cop mmy y y y y tains majority. I declar	re that the ar	nounts withdrawn from this a	and I'm her natural or lawful or in all future transactions of any ccount by me will be used for the drawal/transactions.
I hereby declare that I a the below declaration.	(Please select from the below me sport My father/mother/grandfat in Indian citizen	tisfy one of the follow entioned choices as a	pplicable to	you)	supporting documents to satisfy
	I belonged to a territory that bec	ame part of India afte	er the 15 th day	y of August, 1947	
I hereby declare and (a I also confirm that I wi	ddress of the principal). I request Il inform the Bank, in case I do e in the event that my status or	t you to open a NRE/N not renew my contra	NRO Savings ct or choose	Account in my name on the le to go on a new contract or	registered ir basis of the submitted documents I am unable to proceed on a new Non-Resident accounts opened ir

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Declaration for Non-Resident Indian

I/We hereby declare that I/We am/are non-resident Indian(s) (the "NRI/s")/ Person(s) of Indian origin (the "PIO/s") as defined in Section 2(w) of Foreign Exchange Management Act, 1999 as amended from time to time (FEMA 1999). I/We understand that the above account will be opened on the basis of the statements/declarations made by me/us, and I/We also agree that if any of the statements/declarations made herein is found to be incorrect/misleading in material particulars, the Bank shall not be bound to accept and/or process my/our application for opening any account(s) with the Bank. I also understand that the Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me. I shall abide by and be bound by all applicable rules, regulations, instructions and guidelines issued by Reserve Bank of India ("RBI"), the Common Reporting Standard ("CRS") and any other governmental or regulatory authority, in force from time to time.

Place:	
Date: D D M M Y Y Y Y Signature of 1s	Applicant Signature of 2 nd Applicant (if applicable)
Initial Payment & Moo	e of Operation Details
NRE Savings Account	NRO Savings Account
Operating Instruction: Others(please specify)	Operating Instruction: Others(please specify)
Singly Jointly Either or Survivor Former or Survivor	Singly Jointly Either or Survivor
Payment Mode: Cheque DD NEFT/RTGS Nil IP	Payment Mode: Cheque DD NEFT/RTGS Nil IP
Cheque/DD No.: branch	Cheque/DD No.: branch
IP Amount:	IP Amount:
NRE Fixed Deposit	NRO Fixed Deposit
Operating Instruction: Others(please specify)	Operating Instruction: Others(please specify)
Singly Jointly Either or Survivor Former or Survivor	Singly Jointly Either or Survivor
Payment Mode: Cheque DD NEFT/RTGS Debit My A/C	Payment Mode: Cheque DD NEFT/RTGS Debit My A/C
Jana Bank A/c No.	Jana Bank A/c No.
Cheque/DD No.: branch	Cheque/DD No.: branch
IP Amount:	IP Amount:
Tenure: Days	Tenure: Days
Interest Payable: Monthly Quarterly Half Yearly Yearly Cumulative	Interest Payable: Monthly Quarterly Half Yearly Yearly Cumulative
Maturity Instruction:	Maturity Instruction:
Renew Principal with Interest Renew Principal Only Do not Renew	Renew Principal with Interest Renew Principal Only Do not Renew
Interest/Maturity Amt. to be Credited in:	Interest/Maturity Amt. to be Credited in:
Jana Bank Account Other Bank Account (please specify below)	Jana Bank Account Other Bank Account (please specify below)
A/c No.	A/c No.
Bank: Branch:	Bank: Branch:

Would You Like To Choose A Nominee For The Account?

Yes, I wish to Nominate No, I do not wish to Nominate

Nomination under Se	ection 45ZA of the Banking Re	egulation Act, 1949 and F	Rule 2(1) of the Bankin	g Companies (Nomina	ation) Rules, 1985 in res	pect of Bank
Deposits.						

I/We ______ 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 Limited.

N	First Name		Middle Name		Surname	
Nominee Name						
Nominee A	ddress Same a	as primary account	holder communicat	ion address Update	e address as below	
Relationshi	p with Depositor			Ν	Nominee Date of Birth 🛛 🔿	MMYYYY
If the nomi	nee is a minor**, p	lease complete thi	s section. As the nom	ninee is a minor on this da	ate, I/We appoint:	
a	First Name		Middle Name		Surname	
Guardian Name						
Guardian A	ddress					

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to receive the amount of deposits in the account on behalf (** Where deposit is made in the name of a minor the nomination must be											lurin	g th	e mi	norit	y of	the	nom	inee.
Please mention the nominee name in the statement/adv I/We do hereby declare what is stated above is true to the bo	•	edge	and	belie	ef.													
Date D M Y Y Y Place																		
FIRST/PRIMARY APPLICANT SIGNATURE	٦					SEC	ONE)/JO	INT A	APPLI	CAN	sigi	NATU	RE				
WITNESS 1									WI	TNES	S 1							
(Required only if applicants use thumb impressions)					(Re	equired	d only	y if a	pplic	ants ı	use th	umb	impr	essio	ns)			

Terms and Conditions

These undertaking and declarations (as contained below) shall be in addition to and not in derogation of the application form and the Terms and Conditions (as defined below) and shall be construed as forming part of the Terms and Conditions.

I/We have read and understood the Terms and Conditions relating to various services that I/We have specifically requested from Jana Small Finance Bank Ltd. ("The Bank"). I/We understand and agree that my/our submission of this Application Form and its receipt by the Bank acts as an instruction to the Bank but does not mean that the Bank has approved this Application Form or is bound to abide by my/our instruction(s). I/We understand and agree that the approval of my/our Application Form sis the Bank's discretion and that the Bank is entitled to decline my/our instructions, if any, or otherwise reject and/or cancel my/our Application Form without furnishing any reason whatsoever. I/We understand and agree that the Bank may contact me/us and request for further information or documents for the purpose of this Application Form and for verification of any and all information provided/ furnished by me/us. I/We understand that the Application Form provided by me/us is being provided by the Bank and is subject to and governed by the laws of the Republic of India and I/ We, therefore, agree, undertake and confirm that I/ We shall abide by and be bound by all the applicable laws and regulations governing the above account(s) and extant regulations provided or promulgated by the Reserve Bank of India ("RBI") in relation to account(s) opened/to be opened/maintained by NRIs and/or PIOs with banks licensed by the RBI under the applicable laws of India and I/We understand and agree to act in accordance with and as per the applicable laws and regulations governing the operation of the above account(s) (including FEMA and any rule/regulation/notification/direction as may be issued by the RBI from time to time). I/We further declare the account will be used for bonafide transactions and will not involve any violation/ contravention or evasion of the provisions of FEMA and/or any other laws applicable to NRIs/PIOs for account(s).

I/We hereby undertake and confirm that I/We have read and understood and hereby agree to the terms and conditions as provided under/made available to me/us on the Bank's website at: www.janabank.com (the "Website") in respect of all products, services and channels provided/offered by the Bank to NRIs/PIOs (the "Terms and Conditions"). I/We understand that the Terms and Conditions are liable to be amended by the Bank from time to time. I/We acknowledge that it is my/our responsibility to obtain a copy of the latest Terms and Conditions and read and understand the same. It shall be my/our responsibility to read, understand, agree to abide and be bound by and comply, at all times, and with all the relevant laws, regulations and rules applicable to my/our use of products and services offered by the Bank (including any requirements in relation to filing/disclosure or any other similar requirements that may apply to me/us, under law, as a result of my/our country of citizenship, domicile or residence.

I/We understand that the Bank may at its absolute discretion discontinue any of the services completely or partially with or without prior notice to me/us. I/We authorize the Bank to send Correspondence/Documents/Statement of Accounts/Deliverables through courier/postal/email service at its discretion and such courier/postal/email service shall be deemed as my agent. I/We understand that my/our Address for correspondence will be Indian Address which I/We declared during Account opening.

I/We understand that the Interest earned on the amount held in NRO Accounts (Savings as well as Fixed Deposit) shall attract Tax Deduction at Source ("TDS") at the applicable rate as per Income Tax Act/Rules. The benefit of lower taxes as per Double Taxation Avoidance Agreement ("DTAA") may be claimed by the Customer by submitting requisite documents at the beginning of each Financial Year for each Account. Details of PAN submitted in relation to the Account should match with the PAN registered in the Bank's records. Non-submission of documents in support of claim of DTAA and/or PAN by the Customer shall attract applicable rate of TDS.

I/We understand that the Bank is authorized to issue a Debit cum ATM Card to me/us. The usage of the Debit card by me/us will be in accordance with the Exchange Control Regulation and in the event of any failure, I will be liable for action under the Foreign Exchange Management Act 1999 and the amendments there of stipulated by the Reserve Bank of India. The usage of the Debit card will be governed by the Terms & Conditions specified from time to time as decided by the Bank. I/We accept full responsibility for the Debit card and am/are agree not to make any claim against the Bank in respect thereto. Further I unconditionally and irrevocably authorize the Bank to debit my/our account with an amount equivalent to the applicable fee and charge for use of the debit card. I/We understand and ware that the Domestic debit card issued cannot be used for any international transactions. I/We shall ensure the safety and security of all transaction(s) pertaining to my/our debit card.

I/We authorize the Bank to close my/our account with prior intimation to me/us in case of a. balance in the account remains zero for 3 months or more; b. high occurrences of dishonoured payments from my/our account; c. no transactions for 6 months or more in the account. d. failure by me/us to submit the documents that may be required by the Bank within the timeline stipulated by the Bank, to the fullest satisfaction of the Bank.

I/We understand that in case of closure of the account by the Bank as aforesaid, the funds available with the account will be returned to my/our account maintained with other Banks in India. In case I/we require the funds to be remitted overseas, I/we undertake to provide a written request to this effect the Bank, which may be acceded by the Bank at its sole discretion.

I/We understand that as per circular No. RBI/2017-18/15 DBR.No.Leg.BC.78/09.07.005/2017-18, the Bank may not offer facility of electronic transactions, other than ATM cash withdrawals, to me/us in case I/We do not provide mobile numbers to the Bank.

Fees & Charges will be applicable to my/our account and for other services availed by me/us, as described in the Schedule of Charges and on the Website. GST and other statutory imposts as applicable from time to time will be levied on all fees. Any change/discontinuation of Fees & Charges, Services will be intimated to me at least 30 days in advance through letter/SMS/website/email or other means. I/We understand that interest earned on Non Resident External (NRE) accounts are tax free in India. Hence, there would be no imposition of tax. However, interest earned on the Non Resident Ordinary Account (NRO) is taxable and rates will be applicable from time to time as per the Income Tax Act, 1961 and Income Tax rules. There is no basic exemption limit.

I/We understand that transactions in accounts cannot be made for the purpose of investment in prohibited sectors/persons by a person resident outside India.

The Bank, its agents, representative, affiliates and any other person/entity authorized by it may contact me/us regarding the services and other products of the Bank. This consent will override any registration for NC/NDNC (National Do Not Call Registry). I/We hereby give my/our consent to receive such information through Phone Calls/SMS/Email/WhatsApp.

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.

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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.

I/We hereby authorize the bank to share my personal KYC documents which are in foreign language to its third-party service provider who shall send it further to their sub-contractors for the purpose of translation thereof in English language. I/We understand and agree that the translation process is required to be conducted by the Bank in order to ascertain the details and validity mentioned in my/our personal KYC documents in foreign language which is a part of the KYC updation for the purpose of Account Opening/Re-KYC Updation/ or for any service request processing.

Internet Banking:

Jana SFB is authorized to issue/enable Internet Banking Services on NRE/NRO accounts. The account holder on usage of the Jana Small Finance Bank Internet banking facility will be bound by the terms and conditions in force from time to time as set forth on the website www.janabank.com. It is the duty of the account holder to protect and keep the User Id and password protected, safe and secured. The account holder shall be fully responsible for any of the linked accounts getting debited based on the instructions given through the Jana Small Finance Bank Ltd. Internet Banking User ID and password. The Bank will not be held responsible. The fees, duties or other charges associated with these services will be as applicable. All the linked accounts (including any new account that will be opened) will be covered under the Funds Transfer facility as per rules in force from time to time. Internet Banking access can be given to all individual customers except to account with joint operations. At present Internet Banking facility is not available to anyone.

Mobile Banking:

The account holders are responsible for the correctness of the Mobile Number provided for registration in the form. Transactional Alerts and One-Time Passwords will be sent on this registered mobile number. The account holder shall be fully responsible for the account being debited on instruction from the registered mobile Number/s directly or indirectly. The fees, duties or other charges associated with these services will be as applicable. In case of mistake on part of the account holder or that of the mobile service provider in respect of these services, the Bank will not be responsible and the account holder agrees that no claim will be made against the Bank. The Bank shall at its own discretion at any time may discontinue/alter/modify the facility and the terms and conditions as specified herein and the same shall be updated from time to time at www.janabank.com. Mobile Banking access can be given to all individual customers except to account with joint operations.

FATCA-CRS Declaration Please tick the applicable tax resident declaration (Any one) (MANDATORY)

I am a tax resident of India and not resident 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 ass	sociated Tax ID Number below:

*City of Birth *Country of Birth

Address Type	for Tax Purpose	Residential Business	Registered Office		
	Tax Identification	Identification Type		Address For Tax Purpose	
Country#	Number	Identification Type (TIN or Other, please specify)	Communication Address	Permanant Address	Please note the address below
			Landmark		
			PIN	State	Country

If you do not have Tax Payer Identification Number/functional equivalent, please tick the reason for the same as given below

I am a person resident out of India with (choose only if applicable):

Country not issuing TIN/Functional equivalent: (mention: Visa Residence Work permit number)	Seafarer: (mention CDC ⁴ /visa number)
Dependent visa number:	Student visa number:
Going to the country of residence for first time (mention visa number):	

(TIN/functional equivalent to be communicated to the bank within 90 days, else account will get closed).

I am a person resident in India as well as resident for tax purposes in India (Please also fill Self-Certification)

D. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment

of Citizenship. If not available provide reason/s for not having relinquishment certificate -

Please also fill Self-Certification.

Customer Declaration (Applicable for all customers)

Under penalty of perjury, I certify that:

OR

- The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person) OR
- The applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)
- I understand that the Bank is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.
- I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

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- I agree that as may be required by domestic regulators/tax authorities the Bank may also be required to inform reportable details to Central Board of Direct Taxes
 or close or suspend my account.
- I shall indemnify the Bank for any loss that may arise to the Bank on account of incorrect/incomplete information provided by me.
- I certify that I/We provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the
 tax payer identification number/functional equivalent number of the applicant and that I have understood the information requirements of the Form (read along
 with the FATCA-CRS terms and rules Notified by the Central Board of Direct Taxes vide notification No.S.O.2155(E) dated 7th August 2015).

Signature of Primary Applicant:	Date:	Place:
	Bute.	

Self-Certification: (Not Applicable for NRI customers except for point (b) below)

To be filled only if-(a) Any of the indicia parameters is outside India and TIN or functional equivalent is not available since not a resident for tax purpose outside India, or (b) Country of Birth is US and US person is mentioned as "No"

I confirm that I am not a US person or a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and / or residency.	Signature of Primary Applicant:
Document Proof submitted (Please tick document being submitted and mention the docun	nent number):
Passport 🗌 Election Id Card 🗌 PAN Card 🗌 Driving License 🗌 UIDAI Let	tter 🗌 NREGA Job Card 🔲 Govt. Issued ID Card

Note:

The term United States person means:

- An individual, being a citizen or resident of the United States of America;
- Partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;
 A trust if:
- (i). a court within the United States of America would have authority under applicable law to render orders or judgements concerning substantially all issues regarding administration of the trust; and
- (ii). one or more U.S. persons have the authority to control all substantial decisions of the trust;
- An estate of a decedent who was a citizen or resident of the United States of America.

Functional Equivalent of TIN includes the following:

A social security/insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.

Declaration: I-Choose My Account

I/We _____, hereby declare that I/we have opted for the I-Choose My Account ("ICMA") proposition offered by the Jana Small Finance Bank Ltd. (the "Bank") and wish to avail the account number ______.

I/We understand that the Bank has the right to provide me this account number subject to availability of the same and fulfillment of all the required criteria provided by the Bank for account opening.

I/We also acknowledge that the sourcing officer has explained to me/us all the benefits, eligible product variants and other details associated with the ICMA. I/We declare that I/we will maintain the required AQB/AMB as prescribed by the Bank for this feature.

I/We further acknowledge that the Bank has the right to downgrade or close the account, if the product specific requirement provided on the Bank's website is not met.

Date: _____

Signature of Primary Applicant

Place: _____

Signature of Secondary Applicant

For Office Use Only

Certification by Branch Official

I certify that the account opening form is complete in all respects and relevant documents have been obtained and verified.

In case of Face to Face account opening, I certifiy that customer has signed in my presence.

Emp. Code:

Date:

Emp. Name:

Sign:

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Mandate Letter
Mandate Holder Name
Existing customer, if yes please mention CRN
New Customer, if yes please fill the mandate holder form additionally
Mandate to operate 🗌 NRE SA 🔄 NRO SA
Please tick if applicable Please tick if applicable NRE SA NRO SA
Services required Debit card Mandate Cheque book
Mobile number of mandate holder
Terms and Conditions
 I hereby authorise the mandate holder (a) To draw cheques on the account only for local payments. (b) To deposit cheques eligible to be deposited in the NRE/NRO account as permitted by RBI/FEMA regulations, on behalf of me. (c) To operate on the account to facilitate making investments in India, only if I am eligible to make investments in India. (d) To certify balance confirmation statement and statement of accounts issued by the Bank in respect of the account. (e) To give instructions in writing involving debits to the account. (f) To make deposits from balances available in the account in my names and to renew such deposits for such periods as may be given in writing by the above mandate holder. The above mandate holder shall exercise his authority only to the extent permitted by the guidelines issued by the Reserve Bank of India ("RBI") and those under FEMA. Wherever specific permissions are required to be obtained from RBI, such transactions need be permitted by the Bank only upon me serving on the Bank requisite permission issued by RBI. I hereby undertake that I and my mandate holder shall comply with provisions of the Foreign Exchange Management Regulations issued by the RBI and also the Foreign Exchange Management Act, 1999, and all the regulations/rules framed thereunder, including the Foreign Exchange Management (Deposit) Regulations, 2000, the Foreign Management (Deposit) Regulations, 2016 and all amendments thereof.
 3) The specimen signature of the mandate holder who is authorised by me to operate upon the account is given below. The signature has been duly attested and verified by me. 4) This authority and mandate shall continue in force until I expressly revoke it by notice in writing served upon the Bank. 5) I am aware that only domestic debit card shall be issued on request to the mandate holder, and the charges of which shall be debited to the account for which the mandate holder has been appointed. 6) All the acts and deeds done by the above said mandate holder based on this mandate shall be as effective and binding on me as if such acts and deeds are done by me in person, and I shall not dispute or cause to dispute any such instances at any point of time.
Signature of Mandate Holder
Name
Signature of 1 st Applicant
Acknowledgement of Initial Payment and Nomination
We acknowledge receipt of nomination made by you in favour of:
Name of nominee years with respect to your application
number
No nominee for the account since nomination facility not availed by the account holder. According to RBI's nomination guidelines, it is necessary to register a nominee on account opened under a single name. Appointing a nominee is beneficial for the following reasons: 1. If the account holder dies, the bank will easily pass on the funds in the account to the nominee 2. Hassle-free formalities for the nominee while claiming benefits

JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

Form 60

Form for declaration to be filled by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

If applied for PAN and it is not yet generated enter date of application _ _ / _ _ / _ _ _ (DD/MM/YYYY) and acknowledgement number _______ If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held

a Agricultural income (Rs.) ____

b Other than Agricultural income (Rs.) _____

Verification

I,______ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the______ 20 _____ day of ______ 20 _____ 20 _____

Signature of Applicant: _____

Date: _____ Place: _____

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 six months but which shall not be less than six do use the declaration shall be clearation 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.