

Customer Updation Form For KYC - Entities



CRN.

Account No.

Name of the Entity

Date of Incorporation DD MM YY YY YY YY

PAN No. (If not available, attach form 60)

TIN No.

GSTIN No.

Address for Correspondence

Land mark

City

State

Country

Pin Code

Registered Office Address

☐ (Please tick in case registered address is the same as address of correspondence)

Land mark

City

State

Mobile

E-Mail

Country

Pin Code

Landline

KYC Particulars	Document Name	Document No.	Issuing Authority	Expiry Date
ID Proof				
Address Proof				
Legal Existence Proof				

Constitution

- ☐ Family Office
 ☐ Sole-proprietorship
 ☐ Partnership
 ☐ Pvt. Ltd. Company
 ☐ Public Ltd. Company
- ☐ PSU - Central/State
 ☐ Section 8 Company
 ☐ Society
 ☐ Trust
- ☐ Club
 ☐ Association
 ☐ Financial Institution
 ☐ Embassy/ Consulate

Govt. Department/ Agency/ Board/ ULB/ Local Government (Taluk/ GP)/ Autonomous Body under administrative control of

☐ Central/State Govt (Govt Funded Academic/Professional/Research Instns etc..)

☐ Others (Please specify

In case of a Financial Institution, select one of the following:

- ☐ NBFC
 ☐ Chit Fund
 ☐ Public Sector Bank/Private Sector Bank - Indian/Foreign Bank/Payment Bank
- ☐ Co-operative Bank
 ☐ AMC
 ☐ Brokerage
 ☐ Insurance Firm
- ☐ Others (Please specify)

Annual Turnover (Actual/Expected): ☐ Up to ₹1 Cr ☐ ₹1 Cr-₹25 Cr ☐ Above ₹25 Cr

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Acknowledgement of Customer Updation Form for KYC - Entities

Name of the Entity

CRN No.....

Date of Request Received

Name of Branch Official.....

Employee Number of Branch Official

Seal & Signature of Branch Official

FATCA-CRS Certification

Please tick the applicable tax resident declaration (Any one)

- ☐ Entity is a tax resident of India and not resident of any other country or,
☐ Entity is a tax resident of the country/ies mentioned in the table below (please fill the separate FATCA CRS declaration form)

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Identification Number*	Identification Type (TIN or other, please specify)

*In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, you are required to submit Form W-9 and mention Entity's exemption code here:

Controlling Ownership & Beneficiary Details

I. Exempt Category (If not applicable, 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 25% of total shareholding of the entity in case of company/ firm, and no one holds more than 15% in case of Trust/ Association/ Societies/ Clubs

II. Non Exempt Category

(A). Shareholding Pattern:

Sr. NO.	Name of Shareholders	% of share	Mention reason if belongs to exempt entity#
1.			
2.			
3.			

(B). Details of ultimate natural persons ultimately holding 25 % or more shares or exercising ultimate control over the company*

Sr. NO.	Name	DOB	Nationality	Residential Address	DIN/ PAN/ Name & No. of other ID proof
1.					
2.					% of share

-OR-

C). We hereby declare that no natural person is holding 25 % or more shares/exercise control in the company 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:

Sr. NO.	Name	Designation	DOB	Nationality	Residential Address	DIN/ PAN/ Name & No. of other ID proof
1.						
2.						

Date

Signature

(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.

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Branch Details

Branch Code : Contact No. : Address :

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

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 here under 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 Jana Small Finance Bank to share my/ our personal / 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 this behalf.
- In the event of death of any one of the depositors, premature encashment of term deposits would be allowed to the surviving account holders at their joint request. 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 the 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 hereby agree to Jana Small Finance Bank/Subsidiaries/Affiliates/Agents contacting me for various other product/offering updates, marketing promotions, 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 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.
- FCRA declaration:** In case of the Entity accepting / receiving any Foreign Contributions, customer's need to comply to Foreign Exchange Management Act of 1999 (FEMA) and Foreign Exchange Contribution (Regulation) Act of 1976 (FCRA)
- 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 of premature withdrawal of the deposit, the Interest rate applicable for premature closure will be lower of the rate for the original /contracted tenure for which the deposit has been booked OR the rate as prevailing on the date of deposit for the tenure for which the of deposit has been in force with the Bank, minus premature withdrawal penal rate as follows: (1) Recurring deposit - 0.5% (2) Fixed Deposit less than INR 200 Lakhs - 0.5% (3) Fixed Deposits greater than or equal to INR 200 Lakhs - 1%
- I/We hereby declare that, I/We have fully understood the "No Premature Withdrawal Deposit" product and its features. I/We understand that (1) Auto Renewal facility is not available for this product and (2) Pre-mature withdrawal of the deposit is not allowed before the expiry of the term except in case of death of the account holder or on order from statutory and/or regulatory authority.
- Partial withdrawal of Term Deposit is not allowed.
- For delayed and/or missed monthly payment of recurring deposit: (1) Penalty of Rs. 1.5 per Rs. 100 on the instalment amount will be levied (2) This penalty will be levied on actual basis i.e. on the number of days of delay (3) Grace period of 5 days will be provided to the customer to make the instalment payment to avoid the penal charges.
- Bank reserves the right to close the recurring deposit in case the customer misses 5 consecutive recurring deposit instalments.
- TDS will be applicable as per under Sec 194 N.

Signature

Signature

Signature

Authorised Signatory (Name & Desig)

Signature

Authorised Signatory (Name & Desig)

Signature

Authorised Signatory (Name & Desig)

Signature

Authorised Signatory (Name & Desig)

Authorised Signatory (Name & Desig)

Authorised Signatory (Name & Desig)

To be signed by signatories authorized to operate the account as per mode of operation. (With seal) Date:

For Re-KYC of the authorised signatories/partners/directors/any body else as required, the Re-KYC for individual form needs to be used.

For official use

I have met the customer in person on and confirm that the KYC documents have been obtained and verified.

Signature of Employee:.....

Signature of BOM:.....

Name of Employee:.....

Name of BOM:.....

Employee No. :..... Designation:.....

BOM Employee No. :.....