

ACCOUNT OPENING FORM NON-INDIVIDUAL

(For Savings & Current Account)

FEDERAL BANK

YOUR PERFECT BANKING PARTNER

Account Number	<input type="text"/>	Sol ID	<input type="text"/>	Date	<input type="text"/>
Branch	<input type="text"/>	Government Business	<input type="checkbox"/>	Appl. No	<input type="text"/>
Branch Code	<input type="text"/>	Initial Remittance	₹ <input type="text"/>	Employee ID/DSA ID	<input type="text"/>
Account Type	SB <input type="checkbox"/> CA <input type="checkbox"/>	Scheme Name	<input type="text"/>	Scheme Code	<input type="text"/>
Mode of Operation:	Single <input type="checkbox"/>	Jointly by All <input type="checkbox"/>	Jointly by any Two <input type="checkbox"/>	Any one <input type="checkbox"/>	As per resolution <input type="checkbox"/>
				Others	<input type="text"/>

Details of Organisation

Name of the Entity/Establishment	<input type="text"/>				
Constitution	Sole Proprietorship <input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Pvt. Ltd. Company <input type="checkbox"/> Club <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Association of person (AOP)/Body of Individual (BOI) <input type="checkbox"/> Committee <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> LLP <input type="checkbox"/> Bank <input type="checkbox"/> Foreign Company <input type="checkbox"/> If Trust / Society, please select <input type="checkbox"/> UN Sponsored <input type="checkbox"/> Receipt of foreign funds <input type="checkbox"/>				
Type of Business	Agri <input type="checkbox"/> Bank <input type="checkbox"/> Finance <input type="checkbox"/> Govt. <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Trade <input type="checkbox"/> Transport <input type="checkbox"/> MLM Company <input type="checkbox"/> Non- scheduled Co-operative banks <input type="checkbox"/>				
Cust. ID Mandatory for Existing Customer	<input type="text"/>	CKYC	<input type="text"/>		
Date of Incorporation /Registration	<input type="text"/>	Country of Residence as per Tax laws	<input type="text"/>		
Date of Commencement of Business	<input type="text"/>	PAN / GIR	<input type="text"/>		
Place of Incorporation	<input type="text"/>	GST Registration Number (If applicable)	<input type="text"/>		
TIN	<input type="text"/>		<input type="text"/>		
CIN/LLPIN (If applicable)	<input type="text"/>	IEC (If applicable)	<input type="text"/>		
Parent Reference Identifier Code (PRI Code)	<input type="text"/>				
Annual Turnover	₹ <input type="text"/>	Net Worth	₹ <input type="text"/>		

Account Activity

Purpose of Opening the Account

Savings Repayment of Loans Business Collection of Instruments Others

Registration Details

Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>	Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
City/Town/Village <input type="text"/>	City/Town/Village <input type="text"/>
<input type="text"/>	<input type="text"/>
PIN / Postal Code <input type="text"/>	PIN / Postal Code <input type="text"/>
Stat/UT <input type="text"/>	Country <input type="text"/>

Contact Details

Land Line Number + Land Line Number +

Registered Mobile Number & E-mail ID for alerts

Mobile Number + 9 1

E-mail ID

KYC Documents of the Entity/ Establishment

Certificate of Incorporation/Formation Resolution of Board/Managing Committee
 Registration Certificate Memorandum and Article of Association/Partnership Deed/Trust Deed

Document Type	Document Number	Issued on	Issuing Authority
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facilities Required

STATEMENT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Periodicity	Monthly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>
CHEQUE BOOK	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MOBILE ALERT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
E-MAIL ALERT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Periodicity	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
ATM CARD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Card Type	<input type="text"/> (Applicable only if mode of operation is Single)		
INTERNET BANKING	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MOBILE BANKING	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

(Please attach separate form for Corporate Internet banking / Corporate Mobile banking facility)

Certificate/Declarations - Entity

A. DECLARATION OF BENEFICIAL OWNERSHIP

I/We declare that the following persons ultimately own and /or control the customer(s):

- Partnership (All the Partners or as the case may be).
- Association club/society/trust (All the members of the association club/society/trust or as the case may be)
- Company (The shareholders of the company).
- Others whose identities are stated below (please furnish copies of their identity documents)

Where the beneficiaries exceed 3, please attach the list along with certified true copies of all BO's identity documents

Particulars	Bene. Owner 1	Bene. Owner 2	Bene. Owner 3
Full Name			
PAN/Passport No			
Nationality			
Residential Address			
Contact Number			
Occupation			
% of Shares Held#			
% of Benefit/Profit#			
Politically Exposed Person (Yes/No)			

#Note: 1. When share aggregated it shall sum up to 100%

2. The questionnaire on Beneficial Ownership applicable to the respective constitutions should be attached to this account opening form.

I/we acknowledge and confirm that Federal Bank shall be entitled to rely on my/our declaration above on the identity(ies) of and information relating to the Beneficial Owners of the account

Signature

I/we undertake to inform the bank in writing should there be any changes to the ownership/share holding structure in the future.

B. FOR ACCOUNTS OF SOLE PROPRIETORSHIP FIRMS

I,..... hereby declare that I am the Sole Proprietor of M/S and that all dealings and transactions are being entered into by me as sole proprietor. I am solely responsible to the Bank for all the transactions and liabilities of the firm with the bank. The Bank may recover its claims from my personal estate as well as from the assets of the firm.

Signature without stamp

C. FOR ACCOUNTS OF PARTNERSHIP FIRMS

We the undersigned carrying on business in the partnership under the name and style of authorise the Bank to honour our respective signatures as reserve on behalf of the said firm. We also request and authorize you, until any one of us shall, give you notice in writing to the contrary, to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipts for monies owing to us signed by any of us duly Authorised from time to time on behalf of our said firm and to debit such cheques, orders, bills, notes and receipts to our said firm's account whether such account be, for the being in credit or overdrawn. We may also request you to accept the endorsement of any of us on behalf of our said firm on cheques, other orders, bills and notes

- All the partners participate in the day-to-day functioning activities of the partnership firm and there are no sleeping partners.
- The Partner/s mentioned as No in the Partnership deed dated have sufficient interest in the firm but do not devote his/her/their time to the business of the firm

Name of Partners

Signature (To be signed in Individual capacity, without stamp.)

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D. FATCA/CRS declaration (Please tick any one, as applicable to you)

- 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 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 Others, please specify)

E. Declarations (Tick whichever is applicable)

- I/We am/are not enjoying any credit facility with any other bank/any other branch of your bank and I/we undertake to inform you, in writing as soon as any credit facilities are availed of by me/us from any other bank/any other branch of your bank.
- I/We have availed credit facility from other banks and the NOC from lending banker is enclosed with this application.
- Copies of Memorandum of Association/Articles of Association along with a Board Resolution detailing the manner and extent of opening and operating company's account with Federal Bank Ltd are enclosed
- Copies of the Bye Law is and Resolution detailing the powers of office bearers of the Society/ Charitable /Educational Institution are enclosed.

F. Declaration:1. I/ We hereby undertake: (A) To inform the bank immediately on any change occurring in my business/office/communication address/other contact details. (B) To pay any overdraft created in my/our account inadvertently together with applicable interest and without demur. (C) To inform the bank of the wrong credits in my/our account, pertaining to other customers and refund the same together with applicable interest and without demur. (D) We agree and affirm that the instruction regarding operation of saving bank/current deposit Account is not revocable/or modified by one or more of us unless the request is signed by all of us jointly.

2. I/We understand & declare that: (A) I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening and operation of account under Savings/Current deposit schemes of Federal Bank and those relating to various services including but not limited to ATMs/Debit Card/Mobile Banking/Tele Banking/Internet Banking E Pay Facility/ Mobile & e-mail alert/ IMPS/ Cheque Book. I/We accept and agree to be bound by the said Terms and Conditions. I/We agree that the Bank may debit my account for service charges as applicable from time to time. Apart from this the current Schedule of Charges has been received by me/us and I/We agree with the same. I/We further understand and agree that any subsequent changes in the tariffs/service charges shall be published by the Bank in its website and/or on the notice boards of its branches, which shall be sufficient notice to me/us regarding such change. (B) 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 are found to be not correct in material particulars you are not bound to pay any interest on my/our deposits. (C) Rate of interest applicable, TDS on interest earned and filing/renewal I cancellation of the nomination will be as per RBI/IBA/Income Tax/ Bank's rules in force from time to time. I/We understand that there will be no interest paid in current accounts. In the cases of all types of joint accounts, name of the first person will be considered for all Income Tax Purpose. Unless and until modified or cancelled by filing a fresh nomination form/request for cancellation, a nomination once filed will continue to be applicable to the deposit. (D) I/we understand that the bank may at any time and without notice to me/us combine and consol date all or any of my/our accounts and set off or transfer any sum or sums standing to the credit of any one or more such accounts in or towards the satisfaction of any of my/our liabilities to the bank or any account or in any other respect whether such liabilities be actual or contingent. primary or collateral and several or joint. (E) I/We wish to avail the add on facility/ facilities, as selected above, in my account. For the purpose of availing the services in respect of joint accounts, I/We am/are enclosing the mandate from the joint account holders. (F) I/We will verify the account details/balances periodically, (at least once in every 3 months) and ensure correctness of the same in order to avoid/curtail fraudulent transactions occurring in the account, irrespective of the reasonable care and caution exercised by the Bank. (G) For existing customers, details given will be updated in all accounts held with the bank. If more than one Customer ID exist Bank reserves the right to consoli date the customer IDs without any prior notice.

3) I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it. My/our personal I KYC details may be shared with Central KYC Registry. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

4) I/We here by state that I/We have no objection for Federal Bank validating and fetching my/our e-KYC details from Unique Identification Authority of India (UIDAI) through the Federal Bank e-KYC system using my/our Aadhaar Number/s or Aadhaar Card/s which is/are provided by UIDAI. I/We further authorise UIDAI to release my/our identity/ address available in UIDAI database to the Federal Bank. I/We also agree to provide the biometric scan of my/our finger(s) and the Aadhaar Number/s or Aadhaar Card/s details as required by the Federal Bank for the above purpose.

5) I/We understand/acknowledge that (i) Centralised Positive Pay System (CPPS) facility, an additional indicator provided by NPCI, is available for all CTS cheques to pre-empt occurrence of cheque related frauds (ii) CPPS facility would be an added safety measure to reconfirm the key particulars of the cheques issued like date, name of the beneficiary/payee etc., to ensure correctness/genuineness of the cheques presented for collection (iii) in the event of non-subscription to CPPS facility, I/We would become incapable/disentitled to lodge complaints under the dispute redressal mechanism at the CTS grids/clearing houses.

6) I/We have carefully read, understood and agreed to all the Terms and Conditions document published in Federal Bank's website (www.federalbank.co.in/general-terms-and-conditions) and I/We undertake abide by the same at all times. I/We further hereby authorise the bank to share all the information provided by me/us of any nature with credit rating/credit information companies, other service providers who have an agreement with the Bank for business purpose. and to third parties engaged by the bank for the purposes as detailed in the Terms and Conditions.

Please open a deposit account in my/our name as per the selected scheme. I agree to maintain AMB of Rs in my account.

Signature of Authorised Signatories

Place: _____ Date: _____

For Office Use

Address Proof <input type="checkbox"/>	ID Proof <input type="checkbox"/>	Risk Rating of Entity Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	KYC norms complied Assistant Manager/Manager Principal Officer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Photos <input type="checkbox"/>	PAN Card/Form 60 <input type="checkbox"/>			

Details of Related Person/Controlling Person
(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment

Related Person Type/Controlling Person

Promoter Karta Partner Beneficiary Trustee Proprietor Ownership
 Senior Managing Official Authorised Signatory Court Appointed Official Other Means

DIN/DPIN (If applicable) Politically Exposed Person Yes No

CKYC Cust. ID Mandatory for Existing Customer

Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status Single Married Others _____ **Date of Birth** **Gender** Male Female Transgender **Nationality**

Residential Status Resident NRI PIO Foreign National **Residence for Tax Purpose** **City of Birth**

Related to Staff/Director: Yes No PAN Form 60 Yes No
 If Yes, Name of Staff/Director Aadhaar

Officially Valid Document Aadhaar Driving Licence NREGA Voters ID
 Passport Letter from National Population Register
 Document No
 Issued on Valid Till

Occupation
 Private Sector Public Sector Government Sector Business
 Professional Self Employed Home Maker Retired Student
Choose sub category of occupation
 Academicians Bureaucrat Car Dealers Financial Sector
 Judiciary Media Pawn Broker Real Estate
 Scrap Dealers Stateman Stock Brokers Virtual Currency
 Dealers in Art and Antiques Dealers in Arms and Armaments
 Entertainment Industry Professional Intemediaries
 Dealers in Gems, Jewels and Precious Stones

Permanent Address Residential/Business Residential Business Registered office Unspecified

 City/Town/Village
 PIN / Postal Code
 State/UT Country

Communication Address Residential/Business Residential Business Registered office Unspecified

 City/Town/Village
 PIN / Postal Code
 State/UT Country

Mobile Number Land Line Number

E-mail ID

Monthly Income
 <₹10,000 ₹10,001 - 25,000 ₹25,001 - 50,000 ₹50,001 - 1,00,000
 ₹1,00,001 - 5 Lakhs ₹5,00,001 - 25 Lakhs ₹25,00,001 - 50 Lakhs >₹50 Lakhs

Person of Indian Origin
 Person of Indian Origin (PIO) Yes No (If yes, please attach PIO Declaration)

FATCA/CRS
 FATCA/CRS Applicable Yes No (If yes, please attach FATCA/CRS Declaration)

Politically Exposed Persons
 Politically Exposed Persons (PEP) Yes No (If yes, please attach PEP Declaration)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.

Place: _____ Date: _____

Signature

Please paste
Passport
Size color
Photograph
here

For Office Use

Address Proof ID Proof
 Photos PAN Card/Form 60

Risk Rating
 Low
 Medium
 High

KYC norms complied
 Assistant Manager/Manager

Principal Officer

Details of Related Person/Controlling Person
(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment

Related Person Type/Controlling Person

Promoter Karta Partner Beneficiary Trustee Proprietor Ownership
 Senior Managing Official Authorised Signatory Court Appointed Official Other Means

DIN/DPIN (If applicable) Politically Exposed Person Yes No

CKYC Cust. ID Mandatory for Existing Customer

Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status Single Married Others _____ **Date of Birth** **Gender** Male Female Transgender **Nationality**

Residential Status Resident NRI PIO Foreign National **Residence for Tax Purpose** **City of Birth**

Related to Staff/Director: Yes No PAN Form 60 Yes No
 If Yes, Name of Staff/Director Aadhaar

Officially Valid Document Aadhaar Driving Licence NREGA Voters ID
 Passport Letter from National Population Register
 Document No
 Issued on Valid Till

Occupation
 Private Sector Public Sector Government Sector Business
 Professional Self Employed Home Maker Retired Student
Choose sub category of occupation
 Academicians Bureaucrat Car Dealers Financial Sector
 Judiciary Media Pawn Broker Real Estate
 Scrap Dealers Stateman Stock Brokers Virtual Currency
 Dealers in Art and Antiques Dealers in Arms and Armaments
 Entertainment Industry Professional Intemediaries
 Dealers in Gems, Jewels and Precious Stones

Permanent Address Residential/Business Residential Business Registered office Unspecified

 City/Town/Village
 PIN / Postal Code
 State/UT Country

Communication Address Residential/Business Residential Business Registered office Unspecified

 City/Town/Village
 PIN / Postal Code
 State/UT Country

Mobile Number Land Line Number
 E-mail ID

Monthly Income
 <₹10,000 ₹10,001 - 25,000 ₹25,001 - 50,000 ₹50,001 - 1,00,000
 ₹1,00,001 - 5 Lakhs ₹5,00,001 - 25 Lakhs ₹25,00,001 - 50 Lakhs >₹50 Lakhs

Person of Indian Origin
 Person of Indian Origin (PIO) Yes No (If yes, please attach PIO Declaration)

FATCA/CRS
 FATCA/CRS Applicable Yes No (If yes, please attach FATCA/CRS Declaration)

Politically Exposed Persons
 Politically Exposed Persons (PEP) Yes No (If yes, please attach PEP Declaration)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.
 Place: _____ Date: _____

Signature



For Office Use	Risk Rating	KYC norms complied
Address Proof <input type="checkbox"/> ID Proof <input type="checkbox"/>	Low <input type="checkbox"/>	Assistant Manager/Manager Principal Officer
Photos <input type="checkbox"/> PAN Card/Form 60 <input type="checkbox"/>	Medium <input type="checkbox"/>	
	High <input type="checkbox"/>	

Details of Related Person/Controlling Person
(Please use additional form in cases where there are more than one Related Person/Controlling Person.)

Name of the Entity/Establishment

Related Person Type/Controlling Person

Promoter Karta Partner Beneficiary Trustee Proprietor Ownership
 Senior Managing Official Authorised Signatory Court Appointed Official Other Means

DIN/DPIN (If applicable) Politically Exposed Person Yes No

CKYC Cust. ID Mandatory for Existing Customer

Title	First Name	Middle Name	Last Name
Full Name (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's / Spouse Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status Single Married Others _____ **Date of Birth** **Gender** Male Female Transgender **Nationality**

Residential Status Resident NRI PIO Foreign National **Residence for Tax Purpose** **City of Birth**

Related to Staff/Director: Yes No PAN Form 60 Yes No
 If Yes, Name of Staff/Director Aadhaar

Officially Valid Document	Aadhaar <input type="checkbox"/> Driving Licence <input type="checkbox"/> NREGA <input type="checkbox"/> Voters ID <input type="checkbox"/>	Occupation <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Home Maker <input type="checkbox"/> Retired <input type="checkbox"/> Student Choose sub category of occupation <input type="checkbox"/> Academicians <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Car Dealers <input type="checkbox"/> Financial Sector <input type="checkbox"/> Judiciary <input type="checkbox"/> Media <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Real Estate <input type="checkbox"/> Scrap Dealers <input type="checkbox"/> Stateman <input type="checkbox"/> Stock Brokers <input type="checkbox"/> Virtual Currency <input type="checkbox"/> Dealers in Art and Antiques <input type="checkbox"/> Dealers in Arms and Armaments <input type="checkbox"/> Entertainment Industry <input type="checkbox"/> Professional Intemediaries <input type="checkbox"/> Dealers in Gems, Jewels and Precious Stones
	Passport <input type="checkbox"/> Letter from National Population Register <input type="checkbox"/>	
	Document No <input type="text"/>	
Issued on <input type="text"/> Valid Till <input type="text"/>		

Permanent Address
 Residential/Business Residential Business Registered office Unspecified

 City/Town/Village
 PIN / Postal Code
 State/UT Country

Communication Address
 Residential/Business Residential Business Registered office Unspecified

 City/Town/Village
 PIN / Postal Code
 State/UT Country

Mobile Number Land Line Number
 E-mail ID

Monthly Income
 <₹10,000 ₹10,001 - 25,000 ₹25,001 - 50,000 ₹50,001 - 1,00,000
 ₹1,00,001 - 5 Lakhs ₹5,00,001 - 25 Lakhs ₹25,00,001 - 50 Lakhs >₹50 Lakhs

Person of Indian Origin
 Person of Indian Origin (PIO) Yes No (If yes, please attach PIO Declaration)
FATCA/CRS
 FATCA/CRS Applicable Yes No (If yes, please attach FATCA/CRS Declaration)
Politically Exposed Persons
 Politically Exposed Persons (PEP) Yes No (If yes, please attach PEP Declaration)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.
 Place: _____ Date: _____

Signature

Please paste
Passport
Size color
Photograph
here

For Office Use Address Proof <input type="checkbox"/> ID Proof <input type="checkbox"/> Photos <input type="checkbox"/> PAN Card/Form 60 <input type="checkbox"/>	Risk Rating Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	KYC norms complied Assistant Manager/Manager Principal Officer
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INSTRUCTIONS TO CUSTOMERS

All information in Personal Details section is mandatory. Please complete all sections with Black ink, in BLOCK LETTERS and tick boxes, wherever applicable.

1. Please use this form for beginning a new relationship with the Federal Bank Ltd.
2. Identity & address of the prospective customer/s shall be established by providing adequate documents/proof to the bank, besides individual Pan Card/Form 60.
3. Original documents are to be enclosed with this form.
4. In addition to documents for establishing identity/address and Pan Card/Form 60 of the individuals, the following documents/copies are also required, depending on the constitution of the customer as described elsewhere below.
5. Saving Bank accounts cannot be opened for Business/Trade purposes even in the name of individuals.
6. Bank reserves the right to close the account in case the Savings Bank account is used for business purposes as evidenced by transactions.
7. Trusts/societies/charitable/educational institutions can open Savings Bank Accounts subject to conditions.
8. Adequate minimum balance must be maintained in the accounts for cheque book and other facilities, failing which charges will be levied.
9. Rules and Regulations of each type of deposits, policy for collection of cheques/instruments, Tariffs for various products and services etc. can be had from the Bank and it is presumed that the depositors, before opening the accounts read and understood the same. Any subsequent changes shall be published by the Bank in its website and on the notice boards of its branches, which will constitute a valid notice to the customers/depositors.
10. Premium accounts will enjoy certain privileges and concessions in service charges on the basis of the average balance kept with the respective accounts or group of accounts.
11. Please ensure that latest photograph of the account holder/s is affixed.
12. If any documents such as passbook, cheque book, deposit receipt, ATM card, VISA card etc are lost, the matter shall be immediately brought to the notice of the bank to prevent misuse of the same. Bank will not be liable for any financial loss suffered by the customer due to non-reporting of the same in time.

PRIVATE LIMITED AND PUBLIC LIMITED COMPANIES Main Documents Required:

- a) Certificate of Incorporation.
- b) Memorandum and Articles of Association
- c) Board Resolution of Directors appointing the Bank as the Company's banker.
- d) Board Resolution of Directors authorizing the officers to open and operate accounts.
- e) PAN card in the name of Company.
- f) POA, if granted to its managers, officers or employees to transact business on its behalf.

GOVERNMENT AND QUASI GOVERNMENT INSTITUTIONS AND LOCAL BODIES Main Documents Required:

- a) Copy of government order or the statutory provisions.
- b) A certified copy of the byelaws and resolution passed by the local body for opening account in the bank and appointing the operators.
- c) A letter issued by the immediate officer (reporting authority) confirming the authority of the official to open and operate the account and attesting the signature or the Government Order to that effect.
- d) Pan card mandatory for Quasi Government Local Bodies

SOLE PROPRIETORSHIP FIRM Main Documents Required:

(Any two documents in the name of the proprietary concern)

- a) Registration certificate, if registered
- b) License issued by the Municipal authorities under Shops and Commercial Establishments Act.
- c) Sales Tax Returns
- d) CST/VAT certificate
- e) Certificate/registration document issued by Sales Tax/ Service tax/ Professional tax authorities etc.
- f) License issued by the Registering Authority like Certificate of Practice issued by Institute of ICAI, Institute of Cost Accountants of India, ICSI, IMA, Food and Drug Control Authorities.
- g) IEC (Importer Exporter code).
- h) Complete income tax returns
- i) Utility bills in the name of the entity

PARTNERSHIP FIRM Main Documents Required:

- a) Copy of partnership deed.
- b) Registration certificate, if registered
- c) Partnership letter in the prescribed form (C231)
- d) Authorisation granted to a partner or an employee of the firm to transact business on its behalf.
- e) PAN card

CO-OPERATIVE SOCIETIES Main Documents Required:

- a) Rules and Byelaws of the Society.
- b) Registration certificate
- c) Resolution passed by the society in accordance with byelaws, authorizing the opening of account with the bank and appointing operators.
- d) A confirmation from the office of the Registrar of Co-operative societies must be obtained.
- e) PAN card in the name of the Co-operative Society.
- f) Copy of Power of Attorney granted to its operators.

UNINCORPORATED BODIES Main Documents Required:

- a) Copy of the Rules or Byelaws/ Trust Deed (If registered, Certificate of Registration).
- b) If there are no printed rules or byelaws, a letter signed by the chairperson or head of the association with details and objects, financial rules and details of operators must be taken.
- c) A copy of the resolution passed by the executive committee or a competent body regarding persons Authorised to open and operate the account must be taken.
- d) PAN Card / Form 60 in the name of Institution/Entity.

GST REGISTRATION DETAILS

- a) GST Registration Number to be filled only if you are required by law to have registration under GST
- b) GST Registration Number will be updated only if PAN is provided.
- c) 'State' provided in the Communication Address to be same as that of the 'State Code' mentioned in the GST Registration document.

For detailed list of documents/declarations/other requirements, please contact the branch officials.

ACKNOWLEDGEMENT (ACCOUNT OPENING FORM)

To,
M/s

Branch

Date

Reg: Application for opening a Saving/Current Account with us

Appl.No.

We acknowledge with thanks the receipt of your application for opening a Savings/Current Account as referred to above

Yours Faithfully

Manager