

For CC/OD accounts having less than 10% of the aggregate exposure in RBL Bank OR for Collection accounts

Beneficiary account Name (in other Bank):

Name of Bank: | Branch Name: | IFSC code: | | | | | | | | | |

☐ I would like to set standing instructions in my account provided as per this declaration

*SI Start Date : Date of account opening / conversion | D | D | M | M | Y | Y | Y | Y | SI end date : Dec 2099. *Default SI frequency will be set as next day morning.

I/We authorize RBL Bank to verify the exposure details from CRILC, Credit Information Companies (CICs) and National E-Governance Services Ltd (NeSL).

I/We will provide the exposure details to the Bank at least on half yearly basis or as and when there is a change in the composition of the lending exposure whichever is earlier.

I/We aware that I/We need to reapply for necessary facility when ODCC/Collection account is converted in to Regular Current account/OD-CC Account.

I/We will ensure below facilities will be stopped for the accounts which are converted to the Collection account (s)/OD- CC account (s) with debit freeze:

- Transaction access will be deactivated on Net banking (Retail and CIB)
- All the cards will be permanently blocked
- Cheque(s) issued if any will be stopped
- ECS, SI, Auto Sweep-out facility will be stopped
- Digital transaction access like UPI, POS etc. will be stopped

*Username	*User Signature (in Black ink with stamp)	*Contact Details	*CIB Rights (Select as applicable)
Username 1		Email ID <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile <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="checkbox"/> View access <input type="checkbox"/> Transaction Access - Initiator (Maker) <input type="checkbox"/> Transaction Access - Authorizer (Checker) <input type="checkbox"/> Transaction Access - Dual (Maker & Checker)
Username 2		Email ID <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile <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="checkbox"/> View access <input type="checkbox"/> Transaction Access - Initiator (Maker) <input type="checkbox"/> Transaction Access - Authorizer (Checker) <input type="checkbox"/> Transaction Access - Dual (Maker & Checker)
Username 3		Email ID <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile <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="checkbox"/> View access <input type="checkbox"/> Transaction Access - Initiator (Maker) <input type="checkbox"/> Transaction Access - Authorizer (Checker) <input type="checkbox"/> Transaction Access - Dual (Maker & Checker)
Username 4		Email ID <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile <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="checkbox"/> View access <input type="checkbox"/> Transaction Access - Initiator (Maker) <input type="checkbox"/> Transaction Access - Authorizer (Checker) <input type="checkbox"/> Transaction Access - Dual (Maker & Checker)
Mode of Operation for CIB		<input type="checkbox"/> Singly/Severally <input type="checkbox"/> As per Board Resolution (Please provide Board Resolution (BR) /Partnership Letter as applicable) <input type="checkbox"/> Others <input type="text"/>	
Bulk debit type		<input type="checkbox"/> Multiple Debit-Multiple Credit <input type="checkbox"/> Single Debit-Multiple Credit	

Asset/Non Indv/July-25/Ver.1.0

☐ I/We wish to make a nomination for above account (Only one individual nominee permitted)
 ☐ I/We do not require nomination facility. I/We understand & acknowledge the risk & consequences associated with nomination not given by me.

Nomination details to be displayed on statement: ☐ Yes ☐ No

I (Name) _____ (Address) _____

_____ nominate the following person to whom in the event of my death the amount of deposit in the above account, may be returned by RBL Bank.

Nominee Name _____ Nominee Address _____

Relationship with Depositor (If any) _____

*Date of Birth of Nominee

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

 Mobile Number

--	--	--	--	--	--	--	--	--	--

 Email ID

--	--	--	--	--	--	--	--	--	--

**As the nominee is a minor on this date, I appoint _____ to receive the amount of the deposit in the account on behalf of the nominee in the event of my death during the minority of nominee.

Date of Birth of Appointee

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

 Relationship with the minor : _____ Address : Same as primary applicant ☐

Address if different from primary applicant : _____

Signature/Thumb Impression of depositor & Rubber stamp

Name		Name	
Signature***		Signature***	
Address		Address	
Date	<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"/>	Date	<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"/>
Place		Place	

*** Witness(es) required only if the depositor is giving thumb impression and not signature. (Witness can be i. Both Bank officials, ii. Both third party or iii. 1 third party and 1 Bank official)

** In case nominee is a minor the nomination must be signed by person lawfully entitled to act on behalf of minor.

9. *DETAILS OF AUTHORISED SIGNATORY/IES

SR No	Name of Authorised Signatory/ies	Designation	Customer ID (If existing)	Capacity AUS / AUS+BO	CKYC No (If Available)	Open my Customer ID with RBL Bank with CKYC
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No

10. *FATCA/CRS DECLARATION

To be Filled only for Sole Proprietor

1. City of Birth:	2. Country of Birth:
-------------------	----------------------

Please tick the applicable tax resident declaration: (Anyone)

- ☐ Individual is a tax resident of India and not tax resident of any other country OR
- ☐ Individual is a tax resident of the country/ies mentioned in the table below Please indicate all 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 ("TIN") is not available, kindly provide functional equivalent

To be filled only for Non-Individual Entity other than Sole Proprietor

1. *Entity Type for Reporting purpose:	(Please Tick Any 1)
a) Financial Institution ¹ (If yes please fill PART A of the FATCA- CRS Additional information for entities declaration available on RBL Bank website*)	
b) Direct Reporting NFE (If yes please fill PART A of the FATCA- CRS Additional information for entities declaration available on RBL Bank website*) (A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS)	
c) Is the entity a publicly traded entity / related entity of a publicly traded company ² (If yes please fill PART B.1 / B.2 of the FATCA- CRS Additional information for entities declaration available on RBL Bank website*)	
d) Is the Entity an Passive Non-Financial Entity ³ (If yes please fill PART B.4 & PART C of the FATCA- CRS Additional information for entities declaration available on RBL Bank website*)	
e) Is the Entity an Active Non-Financial Entity ⁴ (All Entity other than point No a,b,c & d)	

*Kindly seek advice from your Tax Consultant for selecting entity type.

Please tick the applicable tax resident declaration: (Any one)

- ☐ Entity is a tax resident of India and not tax resident of any other country OR
- ☐ Entity is a tax resident of the country/ies mentioned in the table below

Please indicate all 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 ("TIN") is not available, kindly provide functional equivalent

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here (Refer Table mentioned below):

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.**

If you have any questions about your tax residency, please contact your tax advisor. **If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.**

Certification

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA CRS Terms and Conditions and hereby accept the same.

Name: _____ Designation: _____

Date: Place: _____ Signature: _____

11. LIST OF DIRECTOR/PARTNERS/ SENIOR MANAGEMENT PERSON* - Not applicable for Sole Proprietor

This is with regards to opening an account of M/s _____ having constitution as _____. Kindly find the List of directors/ Partners/ Senior management for the above-mentioned account as below:

Sr #	Name	Relation (i.e. Director/Designated Partners/ Senior management Person)	Designation (if any)

12. PARTNERSHIP DECLARATION (Mandatory for Partnership)

We, the undersigned hereby declare that we are partners of the firm carrying on business in the name & style of M/s. (COMPANY NAME)

We, request you, unless further intimated to you in writing to the contrary to regard us as partners of the said firm, and honor our respective signatures behalf of the firm.

We, further declare that all partners will be liable to you: ANYONE (not withstanding any change in the firm and/or its successors and assigns by any cause whatsoever or dis solutions thereof.)

On any obligations which may be outstanding in the firm name in your books and until all such obligations are liquidated, We hereby undertake to get ourselves registered under The Indian Partnership Act (IPA), 1932

In case the firm registered as a firm under The Indian Partnership Act (IPA), 1932 a certified copy of the certificate of registration is enclosed.

We request and authorize you, to honor operations and instructions under the signature(s) of the said partners of the firm in respect of the operations of the said account including through channels by the firm with the bank and all cheques, guarantee or other orders, which may be drawn or bills accepted or notes or negotiable instruments passed on the firm's behalf or receipts money owned by you to the firm and debit such cheques, guarantees, orders, bills, notes or negotiable instruments to the firm's account with you whether such account or accounts be for the time being in credit or overdrawn or may become overdrawn debit, in consideration of which we agree to be jointly and severally responsible for payment of the overdraft and interest.

We hereby undertake that, in case of change of the constitution of the firm or the dissolution of the firm, we shall give sufficient notice in writing to the Bank of any such change in the constitution or dissolution, supported by necessary documentation. The documents and its contents submitted at the time of Account opening are true and correct.

Declaration: We confirm having read the terms and conditions applicable to Net Banking, Mobile Banking Current Accounts and Debit Card & accept the same.

Name: 	Signature (with stamp of the firm)	Partner	Partner
--	------------------------------------	---------	---------

13. SOLE PROPRIETORSHIP DECLARATION (Mandatory for Sole Proprietorship)

I hereby affirm that I am The Sole Proprietor of the business under the name & style of and as such am solely responsible for the liabilities thereof. I further confirm that I am and shall continue to be personally and fully responsible for all business conducted under my own name.

I request you The RBL Bank branch to open a Current Account for the said proprietary concern.

I declare myself liable on all cheques and others which may be drawn on said account and agree to comply with and to be bound by the Bank's rules for the conduct of Business Accounts also request and authorize RBL bank to honor all cheques or orders which may be drawn or bills accepted or notes made or receipts for monies owed by the Bank to the proprietary concern duly signed on behalf of the said concern in the manner as instructed in respect of operations of the account including through channels by the sole proprietorship's account with the Bank and for all cheques, guarantee or other orders, which may be drawn or bills accepted or noted negotiable instruments passes on the Sole Proprietorship's behalf of receipts for money owned by you to the sole Proprietorship and to debit such cheques, guarantees, orders, bills notes or negotiable instruments to the Sole Proprietorships Account {s} with you whether such accounts be for the time being in credit or overdrawn or may be overdrawn such debit without prejudice to the Bank's rights to refuse to allow any overdraft or any increase of overdraft and I shall be responsible for the repayment of any such overdraft and Interest.

I shall advice the Bank in writing of any change that may take place in the constitution of my proprietary concern, and I shall be l able to the Bank on any obligations which may be outstanding in the said Concern's name on the Bank's books and until such obligations shall have been liquidated.

I have read the terms and conditions applicable to such an account and services related thereto and shall always be bound by abide by them amendments from time to time.

Signature/Thumb Impression of the Sole
Proprietor with stamp

14. BENEFICIAL OWNERSHIP DECLARATION (Not applicable for Sole proprietor)

I/We hereby confirm and declare that on the above Application date: (*Please tick the correct box)

- ☐ The following natural person(s) (listed in Table below) exercise control or ultimately have a controlling ownership interest i.e. having ownership/ entitlement of more than 10% (Company/Partnership firm, LLP), of shares/capital/profits/property or controlling through voting rights, agreement, arrangement etc. Or
- ☐ There are no natural person(s) who exercise control or ultimately have a controlling ownership interest as stated above, therefore details of all partner(s) (for partnership)/senior managing officials (for companies) who are natural person(s) are stated in the below Table. Or
- (*If you have ticked any of the above, please complete the Table below before signing the declaration)

Sr #	Name of Beneficial Owner*/s (BO)	Date of Birth/ (DD/MM/YYYY)	Designation of BO (i.e. BO/Director/ Partners/ Senior Person etc.)	% holding as per BO definition
1.		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		
2.		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		
3.		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		
4.		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		

15. DECLARATION

I/We am/are residents of India. I/We, declare that the information furnished by me/us is true and correct. I/We, the undersigned have read and understood and agree to abide and be bound by all the provisions of the Terms & Conditions published on the bank's website www.rblbank.com governing the opening of all my/our accounts, present and future with RBL Bank and those relating to various services including but not limited to ATMs/Debit Card/Mobile Banking/Internet Banking/Phone Banking/Bill Payment Facility etc. I/We understand that the Bank may at its sole discretion discontinue any of the services completely or partially without any notice to me/us. I agree that the Bank may debit my account for service charges as applicable from time to time. I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by the Bank/Reserve Bank of India from time to time. I/We authorise the Bank or its agents to make references/enquiries as may be necessary and to exchange/share/part with any/all information with credit bureaus/statutory bodies/other agencies as may be deemed necessary or appropriate. I / We hereby confirm that the mobile number and email ID provided by me/us to open an account with RBL Bank is/are not already registered with any other account held with RBL Bank. If any such account is found to exist, the new account may not be opened or freeze may be marked on the new account.

I/We undertake to inform you of any changes in the details furnished by me/ us immediately. In case any of the information is found to be false, untrue, misleading or misrepresenting, I/ We are aware that I/We may be held liable for it.

I/We hereby undertake to inform RBL Bank on any change in our communication address or constitution, and I/We shall submit the address proof in case or transfer of our account from one branch to another branch.

I/We confirm and declare that we are not prohibited/ prevented/ restricted bby any applicable legal, regulatory, contractual or any other provisions from opening and/ or maintaining the accounts or to transact with RBL Bank in any other way.

15. DECLARATION (Contd..)

I/ We, hereby acknowledge and affirm that I/we am/ are not bound by any non-disclosure agreement with a third party/ client preventing me/ us from disclosing any transaction and client details to RBL Bank and further agree to provide any necessary client information required by RBL Bank in accordance with applicable legal and regulatory requirements.

For Debit Cards: I/We hereby authorize and give consent to the Bank to disclose, without notice to me/us, information furnished by me/us in application form(s)/related documents executed in relation to Account related services and products availed from the Bank, to the Bank's branches/subsidiaries/affiliates, Services Providers, other banks/financial institution, governmental or regulatory authorities or third parties for KYC information verification, or for other related purposes that the Bank may deem fit. I/We hereby expressly waive the privilege of privacy and privity of contract.

I / we hereby consent to uploading the required information on CKYC Registry. I hereby grant my consent to download and store my records from CKYC Registry for the purpose of verification of my identity and address. I understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number etc.

In case of any update in the KYC documents / information submitted by me/us at the time of establishment of account-based relationship and thereafter, as necessary; I / We shall submit to the Bank the update of such documents within thirty (30) days of the update to the documents.

a. RBL Bank, would like to use your personal details in the application form from time to time to send you marketing information /contact you to inform about products, services or promotional offers that are offered by RBL bank, on its own and in collaboration or through tie-ups with partners/ third parties. By giving your preference below you either allow or disallow RBL Bank to contact you through SMS, phone calls and Emails :

☐ Yes, Bank can contact me ☐ No, Bank may not contact me

b. I/We authorize the Bank to share, disclose, exchange, or use in any manner whatsoever, without any further specific consent or authorisation from me/us, the information/data provided by/related to me/us to the Group companies/Associates/Service providers/Subsidiaries/Affiliates/Joint Ventures of RBL Bank/ any person with whom the Bank has entered/propose to enter into an arrangement for provision of 'services/products' for the purpose of marketing/offering/selling any product/services offered by Bank.

☐ Yes ☐ No, I do not consent to share, disclose, exchange, or use my information/data.

☐ There is no change in KYC of Authorized Signatories/Beneficial Owner/POA.

☐ There is no change in existing status of KYC Information of the entity.

Declaration under 'Foreign contribution (Regulation) Act, 2010 and Foreign Contribution (Regulation) Rules, 2011'

☐ I/We confirm that as part of the regular operations, I/we do not receive any foreign contribution from abroad and if in future we will be receiving the same then we will inform the bank in advance with sufficient notice OR

☐ I/We confirm that as a part of the regular operation, we receive foreign contribution from abroad. Separate approval from ministry of home affairs (MHA) has been sought for crediting the foreign contributions with the FCRA Account with _____ Bank which has been opened specifically for such FCRA credits and I/we confirm that in the account with RBL Bank,

1. For opening 'Another FCRA Account', we shall submit approval from Ministry of Home Affairs (MHA) for our 'FCRA Account' held with SBI New Delhi Main branch & for opening 'FCRA Utilization Account' we shall submit MHA approval for 'FCRA Account' held with SBI New Delhi Main branch and 'Another FCRA Account', if opened, in compliance with Foreign Contribution (Regulation) Act, 2010 and any guidelines, rules and regulations made thereunder.

2. We certify that this is the only 'Another FCRA Account' being opened and we do not hold any other 'Another FCRA Account'.

3. No remittance/Foreign Contribution will be credited to the 'Another FCRA Account' opened with RBL Bank and all credits will come from 'FCRA Account' held with SBI New Delhi Main branch. In case of 'FCRA Utilization Account' opened with RBL Bank, all credits will be either from 'FCRA Account' held with SBI New Delhi Main branch or 'Another FCRA Account'.

4. We shall inform the Bank in case the application for registration/prior permission is rejected by MHA in stipulated time.

5. We shall comply with applicable regulatory guidelines, laws and regulation; including but not limited to Foreign Contribution (Regulation) Act, 2010 and Foreign Contribution (Regulation) Rules, 2011 or as applicable from time to time

16. *SIGNATURE OF AUTHORISED SIGNATORY/IES

(Please do not sign this form if it is BLANK. Please ensure all relevant sections and columns are completely filled to your satisfaction and only then sign the form)

Authorised Signatory 1		Authorised Signatory 2	
Signature of Authorised Signatory with stamp		Signature of Authorised Signatory with stamp	
Name _____		Name _____	
Date <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"/>		Date <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"/>	
Authorised Signatory 3		Authorised Signatory 4	
Signature of Authorised Signatory with stamp		Signature of Authorised Signatory with stamp	
Name _____		Name _____	
Date <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"/>		Date <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"/>	

17. ACKNOWLEDGEMENT

Received application for <input type="checkbox"/> Current Account		Ref No.
Initial Payment Details		
Initial Amount ₹ <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"/> In words _____		
<input type="checkbox"/> Cash ₹ <input type="text"/>		
<input type="checkbox"/> Cheque No <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"/>	Date <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"/>	Drawn on _____ Bank <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="checkbox"/> Debit to my RBL Bank A/c <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"/>	Branch Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Note: DD/PO/Cheque subject to clearance
Name of Bank Official (Checked by) _____		Employee ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please Quote your reference No. for any communication		Date <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"/>
Signature of Bank Official & Bank Seal		

Dedicated team of phone banking officers available 24X7 - Call us on: +91 22 6232 7777	Email us at : For Resident/Non Individual Customers: customercare@rblbank.com For Non Resident Customers: nribanking@rblbank.com	Website : www.rblbank.com
SMS Banking : Type HELP & send to 9223366333 for all SMS Banking Enquiries	Login to Internet Banking: www.rblbank.com and enjoy easy access to your account	Debit Card : Best in class features & benefits choose the one that suits you the best

18. *FOR BANK USE ONLY (Only to be filled if updated KYC document is obtained)
Constitution ☐ Partnership ☐ HUF ☐ Sole Proprietor ☐ PVT Ltd ☐ Public Ltd ☐ LLP ☐ Others

*KYC Details	*Document Name	*Doc ID No.	*Place of Issue	*Date of Issue	Expiry Date	*Issuing Authority
*Proof of preferred mailing address				DDMMYYYY	DDMMYYYY	
*Proof of Registered Address				DDMMYYYY	DDMMYYYY	
*Proof of principal place of business				DDMMYYYY	DDMMYYYY	
*KYC Details	*Document Name	*Doc ID No.	*Place of Issue	*Date of Issue	Expiry Date	*Issuing Authority
*Proof of Identity 1				DDMMYYYY	DDMMYYYY	
*Proof of Identity 2				DDMMYYYY	DDMMYYYY	

Current Account 4 0

Prefix Preferred/R-KIT Account Number

 Exports/Imports involved ☐ Yes ☐ No

 *Risk Categorization Should match with RRT checklist ☐ L ☐ M ☐ H

Promo Code 1

*LC Code Sourcing Code *LG Code Lead Generator

Promo Code 2 C A L A P

Portfolio ID

 *Primary Relationship Manager ID Secondary Relationship Manager ID PEP ☐ CRPEP ☐

*BSR Type of Organization

*Funds Parked Branch code *Value Date DDMMYYYY *URN No

 *Expected No. of Transactions Annually ☐ <250 ☐ 250 - 500 ☐ 500 - 1000 ☐ 1000 - 2500 ☐ >2500

***Expected Transaction Amount - (in ₹)**

*Cash Deposits - Annual (in ₹)	<input type="checkbox"/> 0-5 Lakh	<input type="checkbox"/> 5-10 Lakh	<input type="checkbox"/> 10-25 Lakh	<input type="checkbox"/> 25-50 Lakh	<input type="checkbox"/> 50 Lakh-1 Cr.	<input type="checkbox"/> 1-10 Cr.	<input type="checkbox"/> >10 Cr.
*Cash Withdrawal - Annual (in ₹)	<input type="checkbox"/> 0-5 Lakh	<input type="checkbox"/> 5-10 Lakh	<input type="checkbox"/> 10-25 Lakh	<input type="checkbox"/> 25-50 Lakh	<input type="checkbox"/> 50 Lakh-1 Cr.	<input type="checkbox"/> 1-10 Cr.	<input type="checkbox"/> >10 Cr.
FCY Inward - Annual (in USD)	<input type="checkbox"/> 0-5 Lakh	<input type="checkbox"/> 5-10 Lakh	<input type="checkbox"/> 10-25 Lakh	<input type="checkbox"/> 25-50 Lakh	<input type="checkbox"/> 50 Lakh-1 Cr.	<input type="checkbox"/> 1-5 Cr.	<input type="checkbox"/> 5-10 Cr. <input type="checkbox"/> >10 Cr.
FCY Outward - Annual (in USD)	<input type="checkbox"/> 0-5 Lakh	<input type="checkbox"/> 5-10 Lakh	<input type="checkbox"/> 10-25 Lakh	<input type="checkbox"/> 25-50 Lakh	<input type="checkbox"/> 50 Lakh-1 Cr.	<input type="checkbox"/> 1-5 Cr.	<input type="checkbox"/> 5-10 Cr. <input type="checkbox"/> >10 Cr.
(Mandatory in case Export/Import involved)							
*Domestic Inward (in ₹)	<input type="checkbox"/> 0-5 Lakh	<input type="checkbox"/> 5-10 Lakh	<input type="checkbox"/> 10-25 Lakh	<input type="checkbox"/> 25-50 Lakh	<input type="checkbox"/> 50 Lakh-1 Cr.	<input type="checkbox"/> 1-5 Cr.	<input type="checkbox"/> 5-10 Cr. <input type="checkbox"/> >10 Cr.
*Domestic Outward (in ₹)	<input type="checkbox"/> 0-5 Lakh	<input type="checkbox"/> 5-10 Lakh	<input type="checkbox"/> 10-25 Lakh	<input type="checkbox"/> 25-50 Lakh	<input type="checkbox"/> 50 Lakh-1 Cr.	<input type="checkbox"/> 1-5 Cr.	<input type="checkbox"/> 5-10 Cr. <input type="checkbox"/> >10 Cr.

*Business Segment *Customer Segment

MIS Code.1 MIS Code.2 MIS Code.3 MIS Code.4

MIS Code.5 MIS Code.6 MIS Code.7

 *Source of Income/Fund ☐ Business Income ☐ Investment Income ☐ Agriculture ☐ Others

Signature of Bank Official

Checked by (Name of bank official) :

Emp ID

19. MOST IMPORTANT TERMS & CONDITIONS
Current Account

- On activation of the A/c customer may request for free personalised passbook and / or cheque book by visiting nearest branch. Customers will receive monthly E-Statements on registered Email ID. Physical statements are provided on customer's specific request.
- All physical deliverables will be sent to 'Preferred Mailing Address' and digital deliverables on current registered Email ID or Mobile No.
- Bank provides Standing Instruction ('SI') facility for auto debit of accounts for payment to registered payees. Bank will not be held liable for failure to execute the SI for shortage of funds or for delays caused by third parties involved in performance of SI.
- Bank charges apply for below services at rates indicated in Schedule of Charges displayed on website and on Notice Board of Branches.
 - Cash Deposits & withdrawals, Non-maintenance of minimum balance prescribed depending on category of accounts, SMS alerts, Remittances, A/c. closure charges etc.
- Debit Card is/will be, dispatched in an 'Inactive' status. To activate, you must first generate your PIN. ATM and POS transactions within India are activated by default.
- The transaction rights/limits of the Debit Card can be enabled/disabled/modified, through following options – Internet banking/Mobile banking/IVR/Branch.
- Debit card Fee will be applicable as per schedule of charges on www.rblbank.com >> Service Charges & Fees.
- Accounts with no customer induced transactions (viz. financial, non-financial or KYC updation) for continuous period of 24 months will be categorised as 'Dormant/Inoperative Account'. No cash deposition or withdrawal through any mode will be permitted until the customer visits the branch and tenders required document for activation of the account.
- Deposits in bank accounts are insured with DICGC up to amounts stipulated by regulations from time to time. For details on deposit insurance, please log onto www.dicgc.org.in
- Bank has Grievance Redressal policy displayed under 'Customer Services on Banks website www.rblbank.com for redressal of customer grievances. To register your grievance, please visit your nearest branch or log on to Customer Services on Banks website www.rblbank.com or call +91 22 6232 7777
- Bank will contact the customer for important account related information irrespective of being registered for DNC. (eg. Unauthorized transactions, etc.)