	RELATIONSHIP FORM	M FOR INDIVIDUAL	; <b>Å</b> ;				
		Date D D M M Y Y Y	<b>Dhanlaxmi</b> Bank 🏌				
	Branch Name:		established 1927 💥				
Customer Type : Resident Indian	Senior Citizen Non Reside	ent Ordinary: (Specify Cour	htty Name) Foreigner Foreign Tourist				
Application Type: New Upda	te Account Type :	Normal (Full KYC with OVD)	☐ Small (Product Code 10/13) ☐ OTP Based E-KYC				
Customer ID Ac	ecount No.	Existing	, CKYC No.(If any)				
Only for Beneficial Owner / SHG / JLG Member :	Entity / SHG / JLG Customer ID	Entity / SHG / JLG Name					
APPLICANT DETAILS		(To be filled	by applicant in BLOCK letters and with BLACK INK only)				
graph	Mr., Mis., Miss., Mas., Mx. (for Transgender)  Prefix: First Name		Middle Name				
PASTE LATEST PHOTOGRAPH AND	Short Name		Date of Birth				
PASTE LATEST PHOTOGRAPH AND							
SIGN ACROSS	Gender: Female Male	Transgender M	arital Status: Married Unmarried Others				
Sign half	Applicant Maiden Name (if any) Prefix: First Name		Middle Name Last Name				
	Applicant Father Name						
	Applicant Spouse Name						
	Applicant Mother Name						
SIGNATURE/THUMB IMPRESSION							
IN BLACK INK ONLY  GUARDIAN'S DETAILS (INCASE OF MINOR	Residential Status Resident    'S ONLY)	Individual Non Resident Inc	dian Foreign National Person of Indian Origin				
Incase the applicant is a minor, please provide "guard Prefix First Name		Middle Name	Last Name				
		IVIIdale Name	Lusi nume				
Date of Birth PAN	ı 	Relationship with Applicant					
COMMUNICATION / CURRENT ADDRESS							
Line 1							
Line 2							
Land Mark	RK	City	PIN				
District		State	Country				
Address Type Residential / Busine	Residential	Business	Registered Office Unspecified				
Contact Details :  STD Code Residence Number	per	Mobile Number	Office Number				
E-mail address			Alternate Mobile Number				
PERMANENT ADDRESS: Same as Communication / Current Address							
Line 1							
Line 2	R   K						
District District		State					
Address Type Residential / Busine	iss Residential	Business	Registered Office Unspecified				
ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES (FATCA/CRS APPLICABLE CASES)  Same as Communication / Current Address   Same as Permanent Address							
Line 1							
Line 2							
Line 3 L A N D M A R K		City	PIN				
District		State	Country				
Address Type Residential / Busine	Residential	Business	Registered Office Unspecified				

PROOF OF IDENTITY (POI) & PROOF OF ADDRESS (POA)							
POI POA Passport Date of	of Issue D D M M Y Y Y Y Expiry Date D D M M Y Y Y Y Place of Issue						
Details of VISA / Document : Issued by Place of Issue	Date of Issue   D   D   M   M   Y   Y   Y   Expiry Date   D   D   M   M   Y   Y   Y   Y						
POI POA Voter ID							
POI PAN Card	Form 60 Form 49 A Ack. No						
POI POA Driving Licence Value	Driving Licence Expiry Date D M M Y Y Y Y						
POI POA UID (Aadhaar)							
POI POA NREGA Job Card							
POI POA Others (any document notified by the Central Government)							
Other Documents							
Document Name Issue	Date         D         M         M         Y         Y         Y         Expiry Date         D         D         M         M         Y						
Small Account							
DECLARATION							
I hereby certify that the information provided above is true and correct to the best of my k	nowledge. Debit operations in the account is subject to receipt of acknowledgment of Thanks Giving Letter.						
I/we agree to abide by the rules and regulations which have been read/explained to m	e / us. cellation, a nomination once filed will continue to be applicable to the deposit when renewed, whether in part or in full or with						
additional amount or split up into different accounts, but without any change in the name	e and constitution of the account.						
	and consolidate 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 ny account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.						
If by error overdraft is created in my account, I undertake to pay the same with applicable							
If by misrake, the bank creatis cash/ cheques pertaining to other customers to my account the bank in the event of any change.	unt(s), I undertake to inform the bank of the same and refund the same with interest and without any demur, ge in my address within two weeks of such change supported by necessary documents.						
	sent to receiving information from Central KYC registry through SMS / Email on the above registered number / email address.						
I/we accept the Bank's right to take steps to close the account if frequent return of chequ.  Account Closure: I authorize the bank to close my account, with prior intimation to me, in	les for want of funds or any other undesirable feature is observed.  case of a) balance in the account remains zero for 3 months or more b) high occurrences of dishonored payments from my						
account c), no customer induced transactions for 6 months or more.							
	etching my/our e-KYC details from Unique Identification Authority of India (UIDAI) using my/our Aadhaar number(s) / Aadhaar identify / address available in UIDAI database to Dhanlaxmi Bank. I / we also agree to provide the biometric scan of my/our						
finger(s) and the Aadhaar Number(s) / Aadhaar Card(s) details required by Dhanlaxmi Ba	nk for the above purpose.  ecords Registry, only for the purpose of verification of my identity and address from the database of CKYCR Registry.						
I/we hereby provide my/our consent to use combination of my CKYC Identifier N Records /Personal information such as my name, address, date of birth, PAN number	umber along with mobile number or Date of Birth or PIN Code. I understand that my KYC Record includes my KYC						
Records /1 er sorial information such as my hame, address, date of birdi, i Anniai noe	a, etc.						
Place:							
Date:	Applicant's Signature / Thumb Impression  Guardian's Signature / Thumb Impression						

FATOA/ODO Da al mundiana							
FATCA/CRS Declaration  Part I- Please fill in the country for each of the following:							
1 Country of:	Name of Country	ISO 3166 Country Code					
a Birth	,	,					
b Citizenship							
c Residence for Tax Purposes							
2 US Person (Yes/No)							
Part II- Please Note:							
If in all fields above, the country mentioned by you is India ar	nd if you do not have US Pers	on status, please proceed to <b>Part III</b> for signature.					
b. If for any of the above field, the country mentioned by you	•						
Identification Number (TIN) or Functional Equivalent as issued							
TIN							
i) Country of Issue							
TIN							
ii) Country of Issue							
TIN							
iii) Country of Issue							
	ro a US Porcon or a Porcon ro	cident outside of India for tay purpose and you do					
<ul> <li>In case any of the parameters in Part I indicates that you are not have Taxpayer Identification Numbers(TINs)/Functional Equivo</li> </ul>							
b. In case you are declaring US Person status as No but your C		•					
Citizenship. If not available provide reasons for not having reli							
Please also fill <b>Part IV</b> of Self-Certification	inquisi intern confidencia						
Part III- Customer Declaration (Applicable for all Customers)							
(i) Under penalty of perjury, I/We certify that:							
The applicant is (i) an applicant taxable as a US	person under the laws of th	ne United States of America (US) or any state or					
political subdivision thereof or therein, including the							
which is subject to U.S. federal income tax regardle	•	( )					
is identified as a US Person)	•	.,					
<ol> <li>The applicant is an applicant taxable as a tax resic</li> </ol>	dent under the laws of count	ry outside India. (This clause is applicable only if					
the account holder is a Tax resident outside of Inc							
(ii) I/We understand that the Bank is relying on this information	on for the purpose of determ	nining the status of the applicant named above in					
compliance with FATCA/CRS. The Bank is not able to of	fer any tax advice on CRS c	or FATCA or its impact on the applicant. I/We shall					
seek advice from professional tax advisor for any tax que	estions.						
(iii) I/We agree to submit a new form within 30 days if any in:	formation or certification on t	this form becomes incorrect.					
(iv) I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details							
to CBDT or close or suspend my account.							
(v) I/We certify that I/We provide the information on this form and to the best of my/our knowledge and belief the certification is true,							
correct and complete including the Taxpayer Identification Number (TIN) of the applicant.							
Circum arbitrary.							
Signature:							
Name: Date(DE	D/MM/YYYY)						
Part IV-Self Certification:							
To be filled only if-							
(a) Name of the country in <b>Part I</b> is other than India and TIN or functional equivalent is not available, or							
(b) US person is mentioned as Yes in <b>Part I</b> , and TIN is not available							
I confirm that I am neither a US person nor 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 residency in							
India.		Signature					

SITE VERIFICATION REPO	ORT (SVR) FOR INDIVIDUALS (REC	CORD OF PERSONAL V	/ISIT BY BM/ABM / SCALE 1 OR ABOVE O	OFFICER)			
This is to confirm that the undersigned has made a personal visit to the premises of the above party and the details are:  Name of the prospective customer:  Occupation:  Address for Communication:  Land Mark:							
Presently Staying with: Date since staying at the Person met at the prem		Date of visit :	elationship with the prospective custon Time of visit : He	ner : ouse No/Door No:			
Branch Head/ Assistant Branch Manager/Authorized Official (Scale 1 or above) hereby confirm that the address and other details given above matches with the data given in the Application Form and I have personally met the above party at the above address. I have also verified the door number and the photograph submitted is genuine and the party has signed the account opening form and connected papers in my presence.							
I have obtained Copies of Officially Valid Documents for proof of Address and Identity of the relative with whom the prospective customer is living  Declaration from the relative that the said person (prospective customer) proposing to open an account is a relative and is staying with her/him							
Signature with POA No. Name of Branch Official :			Branch Name : Date:				
OTHER PERSONAL INFORM	MATION (FOR BRANCH USE ONLY)						
Credit Card	☐ Yes	□ No					
Vehicle	Two Wheeler Make	Four Wheeler Make	Year of manufacture	Vehicle Insurance D D M M Y Y Y Y Renewal Date			
Also Banking with	■ Nationalized	Private Sector	Co-operative Bank	Bank's Name(Specify)			
Education	☐ Non Matric	Under-Graduate	Grad. / Post Graduate	Professional			
If Salaried Employed with	Govt./PSU/Quasi Govt.	Private Sector	☐ NGO / Trust / Society	Others (Specify)			
Self Employed since	Years Months	Religion 🗌 Hindu	Christian Muslim Sikh	Others			
Profession Doctor Engineer Lawyer Chartered Accountant Cost Accountant Company Secretary Fashion Designer  Actor Artist Information Technology Others (Specify)							
Nature of Business	<ul><li>☐ Manufacturing</li><li>☐ Service Pr</li><li>☐ Real Estate</li></ul>	ovider	Stock Broker Retail Others Specify)	SME Corporate Micro Finance			
Nature of Activity							
Source of Funds Salary Professional Income Business Agriculture Self Employed Pension Small Wages Rent Annual Income Specify  Unemployed Lower Economic Strata of Society Donations / Offerings Other Sources Specify Not Applicable Expected Banking Turnover (Threshold Limit)							
Purpose of account opening		Financial Inclusion Spec	Crediting Salary Unemployed Lower Editive	conomic Strata of Society			
Special Category: Pard	anashin Woman Blind	] Illiterate	tic Mentally Challenged In	capacitated Politically Exposed Person			
Whether Politician or connec	cted/related to Politician (Spouse/son/da	aughter/father/mother/sil	oling) Y N	Face to face customer for Bank $\boxed{\mathbb{N}}$			
Applicant is being investigate	ed for criminal offense as per available in	nformation 🛛 🔃					
Applicant location vis a vis Bran	nch location a) Within 15 km	b) Between 15 and 50 km	and c) Above 50 km				
BRANCH DECLARA	ATION						
I confirm having met the customer and verified the original with the document proof.			<del>-</del>	he due diligence. I hereby certify that applete in all respects and relevant d.			
I have verified the signature. all signatories have signed before me.      Customer does not have mobile number or customer does not		Checked UNSCR Lists and confirm that the name does not appear in the list.					
intend to disclose the mobile number.  Positive address confirmation: SVR Welcome letter		The following risk level to be assigned to the customer					
Application Type Sourced Walk-in			FOM WEDINW HIGH				
Branch Staff Emp No. LG Code LC Code		Employee designation					
Branch Staff Emp Name			. ,	TOA			
Branch Staff Signature _			Employee Signature				