

(A Scheduled Commercial Bank)

## **ACCOUNT OPENING FORM**

FOR RESIDENT INDIVIDUAL (To be filled by applicant in block letters & black ink pen only) (Field Marked with \* are Mandatory)

	account to be opened at:
	ranch Name* Product Code* Product Code*
	Sourcing Branch Name* Sourcing Branch Code*
	CKYC Number
	(Mandatory for A/C opening through CKYC Number)
	IF ID  Anndatory for Existing Customer)  Please paste latest passport size
	I confirm that I do not have any CIF ID apart from mentioned above, in case found otherwise Bank reserves the right to consolidate the CIF as it may decide without photograph of the 1st applicant. Photograph to be signed across
	Date* D D M M Y Y Y Y
	PGK No.
	PGK A/C No.
	Open my/our* Single Joint
	Saving Account Current Account Fixed Deposit Recurring Deposit
_	
(A)	Personal Details  APPLICANT NAME (Leave a space between two words, For e.g. M R R A M K U M A R S I N G H  PREFIX*  Middle Name  Surname*
	Constitution Code * Individual Caste* ST SC OBC GEN Residential Status* Resident Non-Resident Mother's Maiden Name*
	First Name*  Surname*  Other's Name/Spaces page/
	ather's Name/Spouse name/ suardian Name
(B)	Current/ Communication Address
	lat No.* & Bidg Name* Please mention a
	toad No./Name prominent
	andmark* Indicate the ensure that
	District/City* Village/PO* the deliverables
	State* Country* Pin Code* reach you
	Staying Since* MM YY
	ontact details: For new customer contact details are mandatory
	Mobile* + 9 1
	Email ID
_	(Important Note: Details mentioned for 1st applicant will be used for all communication and alerts related to this account)
(C)	Please tick in case permanent address is the same as Current/ Communication address
	lat No.* & Bldg Name* Please
	Road No./Name prominent
	andmark* I I I I I I I I I I I I I I I I I I I
	District/City* Village/PO* the deliverables
	itate* Country* Pin Code* reach you
	staying Since* MM YY
_	
(D)	Applicant Other Details  Religion* Nationality* Mother Tonque*
	Customer Type Blind Blind Blind Differently Abled Others Business Division* Retail Corporate f Applicable)
	Date of Birth*  DDDMMMYYYYY  Gender* MF  T  Minor (Age proof document required)
	Pan No. Form 60 (If PAN not available fill form 60)
	flarital Status* Single Married Others IT Status Code* Individual Sr. citizen (Age proof document required) (Age proof document required) (Age proof document required)
_	
(E)	Applicant Identification Details Officially Valid Documents Acceptable as Proof of identity & address*
	Aadhar Letter/Card Voter's Identity Card Driving Licence Rassport NREGA Card Other Officially Valid Documents
	Document No.1:* Document No.2:* Document No.2:*
	Passport then Expiry Date* D D M M Y Y Y Y If Driving Licence then Expiry Date* D D M M Y Y Y Y
	Pate of Issue* n case of Passport / Driving Licence / Birth Certificate):  D D M M Y Y Y Place of Issue*
_	Trade of Fassport of thing coultion billio obtainate).
(F)	Customized Account No. TOK XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(G)	Cheque Book Facility*   N

(H)	Debit Card* Y N New Card (please note instructions: S	his facility is available for opening Single, either or Survivor only)	Existing Card Linkage: customer can mention their card no. to which they wan to link this account.							
	If yes, Rupay Classic	Rupay Platinum	(please note this facility is available for opening instructions: Single, either or Survivor only)  Card No.:							
	Please select any one: MasterCard Gold	MasterCard Platinum Others								
	Name to be displayed on Debit Card									
	Conditions:									
	Nominee will be same as account nominee, insurance cove     Name should be maximum in 21 characters including space     (Please note this facility is available for opening instructions: \$	•								
(I)	Customer Profile Details:									
	Occupation* Salaried	Self-Employed Retired Student	Housewife Politician Others							
	Self Employed since (If applicable) Years	Months								
	Nature of Business (If applicable) Manufacturing	Service Provider Agriculture Stock Bro	ker Real Estate Trader Gems & Jewellery Others							
	If salaried, employed with Pvt. Ltd.	Public Ltd. Pub. Sector Partnership	Proprietorship Government MNC Others							
	Self employed professional Doctor	CA/CS Lawyer	Architect IT Consultant Others							
	Education* Non Graduate	Graduate Post Graduate	Others							
(J)	I) PGK Acknowledgment (If applicable):  I/we confirm having received the PGK in an untampered/sealed condition and mentioned deliverable have been received by me: Welcome Letter Cheque book Debit Card MITC									
(K)	Existing Banking Relationships*(Mandatory fo									
	I/we declare that I/we do enjoy credit facilities with (If yes)	other Bank Yes No								
	Details of Borrowal Accounts	Bank and Branch	Facility Amount							
		Bank and Branch	Facility Amount							
(L)		griculture Business Income Investment 0,000 - 1 Lac >1 - 3 Lac >3 - 5 Lac	Income Others > 7.5 - 10 Lac > 10 Lac							
		ented/Leased Ancestral/Family Company p								
(M)	Initial Payment Funding*									
	Mode of Payment* Cash Cheque  (To open account with cash, customer must deposit the		SS (from own A/C with other bank)							
	Amount (₹)*	(In words)								
	Cheque No Cheque I	Date D D M M Y Y Drawn on D D	M Y Y Bank Name Branch							
	Account No. & Name* *USFB a/c in case of direct transfer/	Account No.	Account Name							
	*other own bank a/c in case of NEFT/RTGS  RTGS/NEFT UTR No.*									
	Date of Transaction* in case of Cash/NEFT/RTGS/Direct debit	Y   Y								
			Applicant(s) Signature only for Direct Debit from own A/c							
(N)	FATCA - CRS* Tax residence declaration (Tick one a									
	I am tax resident of India and not resident of Please indicate the country/ies in which the e	any other country  Or  I am tax resident on tax purposes and the associated	the country/ies mentioned in the table below  Tax ID Number below:							
	City of Birth* Countr	y of Birth* Address Type for T	x Purpose* Residential Business Registered Office							
Г	I have understood the information of this form and her	eby confirm that the information provided by me on this form is t								
	Country <sup>#</sup> Tax Identification Number%	Identification Type (TIN or Other, Please Specify)%  Comm	Address for Tax Purpose*  unication Address Permanent Address Please note the address below							
-			Landmark							
		Pin*								
		older of USA % in case Tax Identification Number is not available, Kindly pro ong with FATCA/CRS instructions and terms & conditions) and hereby confir								
	true, correct and complete and hereby accept the same.		Signature of Applicant							
(0)	Electronic Banking Facility: Internet / Mobile Bank (Facilities subject to charges, please refer schedule of charges)	king Alerts (SMS & Email) Email Statement Yes	No (In case email statement is opted, physical statement will not be sent)							
— (P)	Operating Instruction*									
	Single Either or Jointly Survivor (Debit Care	Any one of not issued)	r Survivor Minor operated by Guardian Minor Self  (For Minor Account Debit Card is not issued if minor is below 10 years)							
(Q)	Minor Declaration (If applicable) Guard	dian Type: Father Mother Court Ap	pointed							
	Full Name of Guardian									
	I hereby declare that the date of birth of the minor who is my	is // / and I am his/her natural an	I lawful guardian/ guardian							
	I shall represent the said minor in all future transactions of any d	py enclosed). escription in the above account until the said minor attains majority.	Signature of Guardian							
	I indemnify the Bank against the claim of the above minor for an									

## (R) Additional KYC Declaration

Bank shall be entitled, at its discretion, to engage/avail of, at the risk and cost of the customer, services of any person/third party service provider/agent/age relation to/pursuant to any of the products/services offered, including collections, recovery of dues, enforcement of security, getting or verifying any information of the customer/assets, and any necessary or incidental lawful acts/deeds/matters and things connected thereto, as the Bank may deem fit.

The Bank reserves the right, to close my/our account at any point in time by giving me at least 30 days' notice, in case:

- I. Any of the documents/information furnished at the time of account opening or subsequently is found to be fake/forged/defective/incorrect/malafide/invalid.
- II. Unsatisfactory conduct of the account wherein there is no underlying rationale for the transaction routed through theaccount or there are undesirable/illegal transactions, which can be construed as proceeds of crime for money laundering, or the conduct of the account not being in sync with the declared profile.

I have no objection to Utka	-										_					perma	anent	res	idenc	e a	ddres	ss aı	nd ad	ldres	ss of	place	e of b	usines	s.	
S) Nomination (DA1)*																														
Yes, I/We wish to nomin	ate (as pei	r detail b	pelow)		lo, I/We	e have l	oeen e	xplain	ed ab	out the	oenef	its of th	e nom	nation	facilit	y. How	ever, I	wou	ld like	to ir	nform	you	that I	do no	ot wisl	h to p	rovide	nomin	ation fo	r account
Nomination under section 45 ZA of I/we nominate the following person																		urne	d by Ut	tkars	h Smal	II Fin:	ance B	ank I	td by	the ar	count	onenina	hranch	
This nomination will be applicable to								1																CITIC E						
Nominee Name			_		LJL.			<u></u>				_ _									L				Ш		Ш			
Please tick if nomine	ee addres:	s is sar	ne as r	mailing □□□□	addre	ess of t	he ap⊦ ⊐⊏	plicar	nt II				_					7		7		_								
Flat No.* & Bldg Name*			4	╬	4	_	╬				뷰	#	╬		井	4	╬	#	#	4	4	닉			H		Н	<u> </u>	#	
Road No./Name			_		4	_	╬				#	#	╬		4	4	#	#	4	4	4	닉			H		Щ	4	+	
Landmark*												_ _													Ш		Ш			
District/City*										Villa		D*	_									_		_						
State*										Cour		L hin wit	lb don	L			#	#	4	4	4	닉	Pir	n Co	de*		Щ	4	╬	
Tel  Date of Birth of Nominee	Щ		┸			<u> </u>	<u> </u>	Ļ	Ш	Reia	lions	nip wii	ın dep	ositor'	, II a	ШУ		JL.	<u> </u>		_				Ш					
(Mandatory in case of minor)  As nominee is a minor on	this -		M	M	Y	Y	Y	╬	7	7				٦,			7		Re	Relationship with Minor										
date, I appoint, Name			<u> </u>			<u> </u>	上	<u></u>			ᆛ	ᆛ		of ac	ge _	<u> </u>		_	,	,	٦,									
Address			_		Щ	4	<u> </u>	Щ		<u> </u>	<u></u>	<u> </u>		4	<u></u>	4	<u> </u>	L	<u> </u>	Ļ	<u></u>	╀	<u></u>	Ļ	<u></u>	<u> </u>	<u></u>		_	
to receive the emer	nt of the dear				L							lla di min		L	f the r					L		JL		JL		JL	_ _			
to receive the amou	ni oi ine dep	JOSIL III LII	ie accoui	ni on ber	iali oi ti	ne nomii	iee iri u	ie eve	nt of n	ny minor	s dea T	ın dunin T	g the m	inonty c	ii trie i	nominee	<del>,</del>				7									
1st Applicant Sign	ature				2 <sup>nd</sup>	Applic	ant Si	gnatu	ıre					3 <sup>rd</sup>	Appl	icant S	Signa	ture						ý	4 <sup>th</sup> A	Appli	cant S	Signatu	re	
Personal detail of the W	litnoss /Th	numh imn	roccion s	shall be a	ttostod	by 2 witr	100c)				_	_								_										
Witness 1 Name																							1 Sigi	natuı	e					-
Address																				Ļ	Place	e				Da	ate			
Witness 2 Name																					Witne		2 Sig	natuı	e		ate			-
Address																				L	riace									
T) Aadhaar Consent Form (Non-eKYC Authentication)  I hereby submit voluntarily at my own discretion, the physical copy of Aadhaar card/physical e-Aadhaar / masked Aadhaar /offline electronic Aadhaar xml as issued by UIDAI (Aadhaar), to Utkarsh Small Finance Bank Ltd ("Bank") for the purpose of establishing my identity / address proof and voluntarily give my consent to open account / process instructions for the said purpose with Utkarsh Small Finance Bank Ltd in my name/s individual capacity/ies using my Aadhaar or as an authorized signatory/ies in non-individual accounts.  I hereby voluntarily give my consent to the Bank for verification of my Aadhaar to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as per UIDAI or under anyAct or law from time to time.  The consent and purpose of collecting Aadhaar has been explained to me in local language. The Bank has informed me that my Aadhaar submitted to the Bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.  The Bank has informed me that my Aadhaar will be stored along with my account details within the Bank.  I hereby declare that all the information voluntarily furnished by me is true, correct and complete and will not hold Utkarsh Small Finance Bank Ltd or any of its officials responsible in case of any incorrect information provided by me.																														
U) Declaration for Requir	I/we ha	nce* ave unde ave beer													the ba	ank stat	f.													
(To be submitted by the application of the contraction of the contract	// Self-Declaration of Current Address  (To be submitted by the applicant wanting to furnish current address which is different from the Aadhaar address as per the identity information available in the Central Identities Data Repository (CIDR))  I request you to take on record my Current Address as follows, which is at variance with the address available in the CIDR for my Aadhaar Number ending with (last 4 digits).																													
Current address										UNI	7	7			$\overline{}$		04	_4_ [												
Post/Vill./City									Ρ	NIV _							St	ate												
Aadhaar Address							_				<del></del>	7			_			. [												_
Post/Vill./City I also confirm that in the ev	ent of cha	ange in	addres	ss due	to relo	ocation	or an	y oth		PIN ason, I	note	to inti	mate	the ne	w ad	ldress		ate   e Ba	ınk im	nme	diate	ly.								
W) Applicable for Salary	Account	Only																												
Label Code											St	aff En	nploy	ee Id																
						السال					1	1										(			السا		الــــا			
Letter from Employer verify	ing identit	tv IVa	SINA	OR	III) C	ard iss	uen n	$\vee$ $\vdash$ m	DIOW	er Iyoc	No	Si~	nature																	

Authorized Signatory with Company Seal

(X)																					
	Form for declaration to (as per income tax rule  Date of Birth		Y Y	or a person	(not being a	a company	or tirm) who d	ioes not na	ive permar	ient acc	ount nui	mber ar	na wno	enters	into a	ny trans	action	specii	iea in	rule 114	4B
	if applied for PAN and generated enter date of		DD	MM	Y	УУ	and acknow	ledgemen	number												
	if PAN not applied, fill e section 64 of Income to			-				ı	. Agricultur		` '	icome(	₹)								
								ication													
	I, Number and my estima the financial year which		me (includino	g income of	spouse, mir	nor child et		n 64 of Inco	me tax Act	,1961) d	compute		ordanc	e with t	he pro		of Inco	me-Ta			
	Date	Place																			
												L			Signa	ature of	Applic	ant			
_	(In this context, "I", "my" a	and "	to all baldon	a of the coop	unt) have no		ms & Condit			that any		to the 7	F. O	h a avai	labla a	n 4h a a	haita u		ouele l	ank ank	
b wo still skir in so with the FT Tiring and A in in now b bbs affibited as a Ether in the still	Account opening/service; be refunded to me in the fowww.utkarsh.bank. Passb.cheques issued to third pespecial instructions, both fiche Bank to comply with susending from time to time is sending from time to time is sending from time to time is earlier on the Bank to comply with susending from time to time in pay in slips / cheques is signature against each surefuse payment of cheques as to prevent alteration afteredited erroneously. Collewants his / her operative and hel local clearing house tin books in lock and key. Immreses and Charges will be raxes and other statutory in current account; No transactions in time to the statutory of the statutory in current account. No transactions in timation to me except who to assume any liability for will not receive a notice in the same to close my account, but the same to close my account. So the such specific guidelines that are through internet/email/phoinked to my account. Deficition to provide such specific guidelines that are horough internet/email/phoinked to my account. Deficition to provide such specific guidelines that are horough internet/email/phoinked to my account. Deficition to provide such specific guidelines that are horough internet/email/phoinked to my account. Deficition to provide such specific guidelines that are horough internet/email/phoinked to my account. Deficition to provide such specific guidelines that are my spec	irm of a DD only cook: The discrearlies. If there a inancial and noi uch instructions notices / corres to the responsibilities of the responsibilities of the responsibilities of the responsibilities of the responsibilities and the rection of outstatic coount at one bries. Drawal age nediate credit of applicable on might a rediate credit of applicable on might are applicable on responsibilities. The responsibilities of the responsibili	Services: All titor lies with re high inciden-financial in I understand pondences to count holder neques Trunc at a reason and the services of	Il services will a services will on the Bank re ences (i.e. m nature, like s of that if I/we is of the address, and in all the cation system and in all the cation system cansferred to cheques will local cheques will local cheques will local cheques will local cheques will coal cheques will reproduce that the same to time wheme code. Is a Charges, sorize Utkars the fora period of 3 different will be considered to the control of 3 different will be considered to the control of 3 different will be considered to the control of 3 different will be will be control of 3 different will be control of 3 different will be control of 3 different will be will be will be control of 5 different will be wi	Il be provided garding provore than 3 cl standing instruse my four S is provided woor conseque et correspond (TS) instruses the alteration of the corresponding in the correspond	iby Utkarsh, widing pass heque retuructions, stosavings account the Banlinters of t	I Small Finance I books to accour ms for want of from the payment instruction of the payment in	Bank subjeint holders. In tholders. In tholders a transactifications, if a land if altere frawer under deardrawing is lection of cliners actorily ope the Most In In Utkarsh So offer differ ed to me at itable credit rative accoors majority be misused as ank found Notes and tholders. In the cacount. In the cacount. In the cacount of the cacount of the septiment of the	the force micheque Boccheque Bocque, I For Non-Griful signature permissible leques in stiful signature	ajeure ci ajeure ci bk: Satisf lee Bank : eque bot : reserve he applic use (Non Clearing ure as pe e in acco ruments Cheque r aring hou luals Bar m & Con in acco rof interes s in adve mounts ! Freeze: ected by elle or as a note to K ccurrenc f my/our in the cheque r ally com sis: Any ir e provide t do not c Small Fi hat   //we dertake in the ev n Small Fi e www.ul custome ation Nu tions cor would if dustrial i dustrial i dustrial i dustrial i s into for	rcumstar raumstar raumstar raumstar raumstar ractory or reserves oks etc m s the right cant(s) to hair inclearing. Cheques er speciments. The will be d may be te use rules hk accounditions / says interest for amounts of the rays of	ces. Th constant cons	e completed to close to complete to close to communicate ally feech and the condition of the change and either and the condition of the condit	tel list count er cated in the	if servi tails in trails i	ces avail anintaini under in anintaini under in anintaini under in g. Other mas in su dress, if a. a. b. be aut the Ban a b. be a aut the Ban a b. be a aut the Ban eques s e Collect even a b. be aut the Ban and b. be a b. b. be a	able to the state of the state	me will cicient be in the training the training the training training the training t	I be av alance alance alance acustoto be be averaged by a lance acusto to be be a lance acusto to be a lance acusto acu	allable o e to honcomer. An oriending o minding o minding o minding o between the total open developed a way amour custome divis-à-vie e chequich a way amour custome divis-à-vie e chequich a way amour custome divis-à-vie e chequich and operativite of the control of the contro	on or you be lyddlidd ynt erisie s: e ot s, is e thill (leid ryll a leis to lys) no thot e, or ution or
	2nd Applicant Name						Relationship V	Nith 1st Ap	olicant				CI	F TICK							
		TICK I confirm t	hat I do not ha	ave any CIF I	ID apart from	mentioned a	above, in case fou	und otherwis	e Bank rese	rves the r	right to co	nsolidate	e the CIF	ID as it	may d	ecide wit	hout an	y prior	notice t	o me.	
	3rd Applicant Name	Tick I confirm th	nat I do not ha	ave any CIF II	D apart from r	mentioned a	Relationship V			ves the r	ight to co	nsolidate	CI the CIF		may de	ecide with	nout an	v prior r	notice t	n me	
	4th Applicant Name	Tex Testimina	iat i do not ne	ave any on in	D apart from 1	mentioned a	Relationship \		_	ves the h	ight to con	isolidate	CI			Code Will					
Е	/We have read and under Banking, (C) Debit Cards, and Pin details at any point	rstood the Term (D) Mobile Ban (D) tof time. Details	ns and Condit king, (E) Inte	itions govern rnet banking or first applic	ning the open I, (F) SMS Ale eant should be	ning of an ac ert facility, (( e used for al	G) Email Statem Il communication	arsh small f nent. Furthe n and alerts	nance bank r I understar related to th	and tho	ose relati either the nt.	ng to va	rious se	rvices ii	ncludir	g but no	ot limite	ed to (A	) ATM: s/debi	s, (B) Ph	
L	1st Applicant	signature			2 Applica	ant Signatu	re		3 Apr	olicant S	Signature				- #E-	4 <sup>th</sup> App	icant (	signati	ire		

Date: \_ \_ \_ \_ \_

Instruction for Fixed Deposit/Recurring Deposit:								
I/We wish to open Fixed deposit/Recurring deposit as ticked be	elow							
Holding Pattern for FD/RD*		Operating Instruction	Fixed Deposit/Recurring Deposit*					
1st Applicant only 2nd Applicant only 1st & 2nd Applicant only Othersplease specify.	Single Either o		intly For	rmer & Survivor	Norm Staff		r Citizen	
In the event of death of the depositor, premature liquidation of term deposit will be allowed. Such premature liquidation will not attract any penal charge. In the event of death of one of the joint account holder the right to the deposit proceeds does not automatically devolve on the surviving joint deposit holder, unless there is survivor clause. I/we agree that in case of joint deposit with survivorship clause the bank shall be discharged by paying the fixed deposit proceeds prematurely to survivors, on request, in the event of death of one or more joint depositor.								
	FD/RD Tenure*		Interest Paym	nent*	Ma	aturity Instruction*		
FD/RD Amount (₹)*	Months Days	Rate of Interest % Mor	nthly Quarterly	Maturity (Credit F	Closure Principal & Prest)	Renew Principal & Interest	Renew Principal	
Please Debit New A/C / Existing A/C no.			Fo Fo	r RD Instalment/l	FD Booking	and also credit th	e maturity/Interest	
Amount in words:    I/We wish to have the maturity/interest payout through Demand Draft at my mailing address for the above FD/RD.   TDS details for FD: Deduct TDS (if applicable)*   Yes   No   if no attach   Form 15 G/H   Income tax exemption letter   Waiver marked on cust. ID								

## Terms & Conditions (Customer Copy)

(In this context, "1, "my" and "me" refers to all holders of the account) have read and understood the below T&C and understand that any changes to the T&C will be available on the website www.utkarsh.bank.only. Account opening/service provision: All services, including opening of the account is not opened, initial funding amount will be refunded to me in the form of a Don't Services. All services will be provided by Usarsh in Services will be provided by Usarsh in Services and the provided by Usarsh in Services and the provided by Usarsh in Services and the Dear is regarding position of the services of the provided by Usarsh in Services and the Dear is regarding position of the Services and the Services of the Control of the Services of the Ser

Each depositor in Utkarsh Small Finance Bank is insured by DICGC upto a maximum of `5,00,000 (Rupees Five Lakhs) for both principal and interest amount held by him/her in the same right and same capacity as on the date of liquidation/cancellation of bank's licence or the date on which the scheme of amalgamation/merger/reconstruction comes into force.

For Bank	
CRM ID Docum	nents Submitted Field Verification initiated PGK issued for existing customer  Add Proof Photo No cheque book to be issued
Delivery Channel Marketing Channel* Lead C	Generator Code Lead Converter Code*
Value Date    D   D   M   M   Y   Fund Parked A/C No.	
Branch Name Date* D M M Y	Our Employee / Staff Number*
Politically Exposed Person (PEP) Yes No	CIF Id
Account Type Savings Salary Current Fixed Deposit Recurring Deposit	t A/C No.
Customer signed in my presence: Emp. Name	Emp. Code Signature
Tele Confirmation Done: Emp. Name	Emp. Code Signature
DECLARATION BY THE BRANCH	5 10
I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained as per the KYC Guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer.	For Utkarsh Small Finance Bank Limited Branch Head/Authorized Signatory Signature with Stamp
The account may please be set up in CBS.	Name of Official: Designation:
	EIN:         Signature
<u></u>	<u> </u>
	· ·
ACKNOWLED	GMENT SLIP
Reference Number:  Please quote this reference no. for any future communication	Nomination taken Yes No
Bank official name Bank Off	icial EIN
	Signature of Bank official along with Branch Stamp
	Oignature of Daily Official along with Dianol Staffip