

(To be filled by applicant only)

Dhanlaxmi Bank Limited

☐ Bylaw of SHG / JLG

☐ Group Formation minutes indicating the election of Office bearers and Name of SHG / JLG DDMMYYYY

☐ The copy of the minutes, showing the decision to open relationship with the Bank. DDMMYYYY

Whether Registered ☐ Yes ☐ No Registration No. (if registered) _____

☐ Copy of affiliation / registration certificate (if registered)

☐ The registration number provided by the sponsor (If not registered) _____ Dated: DDMMYYYY

☐ Sponsorship letter / recommendation letter (if not registered) Dated: DDMMYYYY

PAN No. (if PAN obtained) _____ Form 60 ☐

Govt. Sponsored SHG/JLG ? ☐ Yes ☐ No

[illegible]Cheque Book Required ☐ Yes ☐ No

Is the entity a tax resident of any country/ies outside India ☐ Yes ☐ No

Authorised Signatory Details	Name	Customer ID	Whether PEP (Yes / No)	Beneficial Owner (Yes / No)
☐ President ☐ Others <u>S P E C I F Y</u>				
☐ Secretary ☐ Others <u>S P E C I F Y</u>				
☐ Treasurer ☐ Others <u>S P E C I F Y</u>				

I/We have read and understood the Terms and Conditions published on the banks website www.dhan.bank.in governing the opening of an account with Dhanlaxmi Bank Limited and those relating to various services including but not limited to ATMs/Debit Card/SMS Banking/Net Banking. I/We accept and agree to be bound by the said Terms and Conditions I/We understand that the Bank may, at its absolute 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 am/are Residents of India. Apart from this, the current Schedule of Charges has been received by me and I agree with the same.

I/We agree that "The Bank reserves the right, at its sole discretion and without prior notice, to block, freeze or place restrictions on the operations of any account, either partially or fully, in the event it is observed that the account is being operated by a third party, or if the transactions in the account are inconsistent with the declared nature and purpose of the account as provided by you at the time of account opening or subsequently updated. I/We agree that The Bank may, at its sole discretion, without prior notice, restrict the operations in such account to branch-only transactions or impose such other conditions as deemed necessary to safeguard the interest of the Bank and to ensure compliance with applicable laws, regulations, and the Bank's internal policies.

☐ I/We agree that The Bank shall not be liable for any loss or inconvenience caused to you due to such restrictions, blockages, or freezing of account operations, undertaken in good faith and in accordance with applicable regulatory and internal compliance requirements."

Dated

D	D	M	M	Y	Y	Y
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 President / Convener Secretary / Joint Convener Treasurer/
Authorised Signatory

☐ I confirm having met the customer and verified the original with the document proof.	☐ I hereby confirm having done the due diligence. I hereby certify that this Application form is complete in all respects and relevant documents have been obtained.
Branch Staff Emp No. _____ LG Code _____ LC Code _____	The following risk level to be assigned to the customer LOW ☐ MEDIUM ☐ HIGH ☐
Branch Staff Emp Name _____	Employee designation _____
Branch Staff Signature _____	Employee Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Employee Name _____ Employee Signature _____