ACCOUNT OPENING FORM

(FOR RESIDENT INDIAN INDIVIDUALS)

Airtel Payments Bank Ltd. (formerly Airtel M Commerce Services Limited) CIN: U65100DL2010PLC201058

Regd. Office: Bharti Crescent, 1 Nelson Mandela Road, Vasant Kunj, Phase II, New Delhi – 110 070, India.

Corp. Office: Airtel Center, Plot No 16, Udyog Vihar, Phase – IV, Gurugram - 122 001, India.

Tel: 400/+91-8800688006, email: wecare@airtelbank.com, Website: www.airtel.in/bank

AFFIX RECENT PASSPORT SIZE PHOTOGRAPH OF THE APPLICANT
Please sign across, sign should overlap on photo & APEF
Cross Signature

Customer Authorization Code

Customer Mobile No. All fields are Mandatory. To be filled in BLOCK letters. Please use a ballpoint pen. PERSONAL DETAILS **Customer Name** Third Gender Date of Birth Father's Name Mother's Name **Marital Status** Others Retired Wage-earner Jeweler/Bullion Occupation Service Arms/Antique () Manufacturing () Lawyer Agriculture Real Estate Company Secretary Architect Business Money Changer Housewife Money Lender Professional Consultant O Doctor () Trader Student Self-employed Stock Broker Salaried **Chartered Accountant** Others 0-2.5 ₹Lakhs 2.5-5 ₹Lakhs 5-10 ₹Lakhs **Annual Income** >10 ₹Lakhs (Please fill Form 60 if you do not have PAN) **Permanent** OVD No. Account No. (PAN) PAN PAN Acknowledgement Date Acknowledgement Nos. Correspondence Address City State Permanent Address

The permanent address is

The permanent address is (In case the permanent address same as local address please was same as above) City Distric State Pin Code Proof of ID (POI) $\ \square$ PAN card (PIs select any one of above also if this is selected) Proof of Address (POA) **NOMINATION** Nominee Name Nominee Address City State Date of Birth Relationship with depositor **Guardian Name Guardian Address** City District State **Guardian Relationship** Date of Birth (with Nominee) I hereby declare that I am a: A Politically Exposed Person Family member of PEP Close associate of PEP Declaration for differently abled customer. Tick if you are differently abled I have read and I am aware of the benefits of selecting a nominee. I choose to not provide a nominee for my savings bank account. I hereby give my consent to Airtel Payments Bank for opening a sweep out savings account with SSFB. I confirm that the terms and conditions for SSFB have been explained to me and I agree with the same. I also provide my explicit consent to voluntarily share my C-KYC information as part of KYC requirement with SSFB in connection with the account opening process. I have no objection in case Airtel Payments Bank (the "Bank") seeks to authenticate the identity information provided by me and thereby accessing my CKYC ID from CERSAI, CKYC registry (CKYCR). I also give my explicit consent to download and store all available KYC information from CKYCR using my CKYC identifier for the purpose of opening a Savings Bank account with Airtel Payments Bank. Declaration I have read the terms and conditions of Airtel Payments Bank Limited Savings Account and agree to comply with the

same.

l accept and authorize Airtel Payments Bank Limited to share my KYC related documents and information/s provided for third party products and purchases limited to the requirement.

I hereby undertake and confirm that the information provided in the application form is correct and complete.

"FORM No. 60"

[See second proviso to rule 114B]

Form for declaration to be filed by an individual or a person (not being a company of firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1		First Name Middle Name																2	Date of Birth/ Incorporation of declarant									
	Š	Surname																	D	D	M	M	Υ	Υ	Υ	Υ		
3	F	-ather's Name																										
4	Flat/Room No.													Floor No.														
6	Name of Premises													Block Name/No.														
8	Road/Street/Lane													Area/Locality														
10	Town/City 11 District											12 S							tate									
13	Pin Code 14 Telephone Number ((With	n STI	STD Code) 15 Mobile Number														
16	P	Amount of trans	sact	ion (Rs.)	17	Da	te of	f trar	nsact	tion	Y	Y	18 In case of transaction in joint names, number of persons involved in the transaction											N/A			
19	Mode of transaction: ☑ Cash ☐ Cheque ☐ Card												Draf	t/Ba	nker	r's C	's Cheque											
20	1	Aadhaar Numbe	er is	suec	l by l	JIDA	\l (if a	avail	able)																		
21		f applied for PA date of applicat																										
22	If PAN not applied, fill estimated total income (including income of spouse, minor child, etc. as per Section-64 of Income-tax Act, 1961) for the financial year in which the above transaction is held																											
	á	a Agricultural	inco	me	(Rs.))																						
	ŀ	Other than A	Agri	cultu	ıral ir	ncon	ne (F	Rs.)																				
23	,										Docu ident		nt ition	num	nber	Name and address of the authority issuing the document												
24	Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)									ment		Docu		nt ition	num	nber	Name and address of the authority issuing the document											
Verification I,																												
Place: (Customer Authentication Code received from UIDA												DAI)																

Note:

^{1.} Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income Tax Act, 1961 and on conviction be punishable, -

i. In a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;

ii. In any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.