

Mobile Number Declaration

I, _____, am holding the afore-mentioned account with Bandhan Bank. I hereby confirm that my present mobile number is _____ and that the same may be updated in the Bank's records for sending any communication related to my above account, as well as translation advises. I also authorise the Bank to contact me on the above-mentioned number for doing verification call backs or checks to confirm the veracity of any transaction, as deemed fit by the Bank. I confirm that the said mobile number is held by me and is not in use by any other third party and I undertake that I shall duly and promptly inform the Bank if and when my mobile number changes.

FATCA-CRS Declaration: (Residence for tax purpose in jurisdiction(s) outside India: Yes No
(If yes, fill Annexure I of FATCA declaration)

CKYC declarations :

Application type New Update CKYC Number (if available)

I/We _____ S/o D/o W/o _____ hereby declare and acknowledge that the CKYC number and relevant details furnished hereby by me/us belong to me/us and are true and correct to best of my/our knowledge. I/We hereby undertake to inform Bandhan Bank Limited ("Bank") of any changes therein, immediately. In case any of the above information is found to be false, untrue, misleading or mis-representing, I am/we are aware that I/we may be held liable for it.

I/We hereby provide my/our explicit consent to the Bank to share and update my/our personal/KYC details with Central KYC Registry ("CKYCR"), strictly for lawful and specified purposes in accordance with applicable laws, including for account opening, periodic KYC updation, and identity/address verification.

I/We hereby consent to receiving information from CKYCR/Bandhan Bank through SMS/email on the registered number/email address.

I/We hereby give my/our consent to the Bank to download/update my KYC records from CKYCR, for the purpose of establishing an account-based relationship, updation/periodic updation or for verification of my/our identity and address, Customer ID (CIF) with the Bank. I/We understand that my/our KYC record includes my/our KYC records/personal information such as my/our name, address, date of birth, PAN number and any other information as available with CKYCR.

I/We hereby agree to indemnify and hold harmless the Bank for any loss or damage that may be suffered by or caused to the Bank on account of me/us providing any incorrect or incomplete information.

Date of declaration:

Place of declaration: _____

SECTION C

(Tick and fill only those that are necessary. Strike off the section if not required)

Account transaction related

I/We understand, agree and acknowledge that Bandhan Bank's schedule of charges as amended from time-to-time is applicable for service requests.

Erroneous credit/debit in account: Cheque No. _____ Date: _____ Amount: _____

Drawn on _____

Details of debit/credit: Date of transaction: Amount: _____

Payee details/required Cheque No. _____ Date: _____ Amount: _____


Returned cheque not received: Cheque No. _____ Date: _____ Amount: _____

Drawn on _____ deposited at _____

Any other request: _____

Signature (1st account holder)

Signature (2nd account holder)

(Tear along the line) 

ACKNOWLEDGEMENT RECEIPT (To be filled by the Bank Staff)

We acknowledge the receipt of customer request/complaint instruction from Mr./Mrs./Ms. _____

relating to account number _____ under service request number _____.

Date

Bank Official (Sign and stamp)
For Bandhan Bank Ltd., _____

Declaration Form For Differently Abled

1. **Differently Abled Status:** Yes No

(If "Yes", please fill the details below)

2. **Type of Impairment:** (Please tick the appropriate impairment(s).)

Code	Type of Impairment	If yes, (✓)
1	Blindness	
2	Low Vision	
3	Hearing Impairment	
4	Locomotor Disability	
5	Leprosy Cured	
6	Cerebral Palsy	
7	Intellectual Disability	
8	Mental Illness	
9	Muscular Dystrophy	
10	Parkinson's Disease	
11	Acid Attack Victim	
12	Sickle Cell Disease	
13	Haemophilia	
14	Thalassemia	
15	Speech and Language Disability	
16	Multiple Sclerosis	
17	Specific Learning Disabilities	
18	Chronic Neurological Conditions	
19	Autism Spectrum Disorder	
20	Dwarfism	
21	Any Other, Specify	

3. **Percentage of Impairment:**

(As certified by competent authority)

4. **UDID Number:**

(As issued by Government of India under Unique Disability ID Project)

Declaration:

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I hereby authorise Bandhan Bank Limited (Bank) to use the above information to facilitate accessibility and provide the banking services as per guidelines issued by the Reserve Bank of India (RBI) (as applicable and amended from time to time).

Name of Account Holder: _____

Signature/Thumb impression of Applicant

In case of the thumb impression of the applicant, the following section is applicable.

Signature of 1st Witness

Name

Address

Signature of 2nd Witness

Name

Address

(Tear along the line)

