☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name* Prefix | First Name | Middle Name | Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number — Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence — Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) — Identification Number

☐ S- Simplified Measures Account-Document Type Code — Identification Number

Please paste latest passport size photograph Customer Signature across photograph	Please paste latest passport size photograph Customer Signature across photograph
Photograph of 1st Applicant	Photograph of 2nd Applicant
☞ Signature of 1st Applicant	☞ Signature of 2nd Applicant
Name of 1st Applicant	Name of 2nd Applicant

For Office Use : A/c No. **CIF No.**

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Correspondence / Local Address

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Self-Certification of documents is mandatory
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) Please read section wise detailed guidelines / instructions at the end.
F) List of State / U.T code as per Indian Motor Vehicle Act, 1986 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) KYC number of applicant is mandatory for update application.
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* ☐ New ☐ Update Account Type* ☐ Normal ☐ Small
(To be filled by financial institution) KYC Number *(Mandatory for KYC update request)*

1. PROOF OF ADDRESS (PoA)*

☐ 1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

☐ **2. CONTACT DETAILS** (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the end))

Tel. (Off) Tel. (Res) Mobile
FAX Email ID

Annexure B1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person

Please check Instruction

A) Fields marked with '*' are mandatory fields.
B) Self-Certification of documents is mandatory
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) Please read section wise detailed guidelines / instructions at the end.
F) List of State / U.T code as per Indian Motor Vehicle Act, 1986 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) KYC number of applicant is mandatory for update application.
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* ☐ New ☐ Update Account Type* ☐ Normal ☐ Small
(To be filled by financial institution) KYC Number *(Mandatory for KYC update request)*

☐ **1. DETAILS OF RELATED PERSON** (Please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Name* Prefix | First Name | Middle Name | Last Name

(If KYC number and name are provided, below details of section 1 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number — Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence — Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- UID (Aadhaar)

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) — Identification Number

☐ S- Simplified Measures Account-Document Type Code — Identification Number

NOMINATION FORM DA 1

Nomination under Sec45ZA of the Banking Regulation Act, 1949, and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposit

☐ ^ I wish to assign a Nomination (Fill Section A & Section B below) ☐ I do not wish to assign a Nomination (go directly to Section B below)

Nominee name to be printed on the fixed deposit advise / account statement Yes ☐ No ☐

Section A

I/We _____

nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by Shinhan bank _____ (Name of the branch where account is held)

Deposit / Account _____ Nature of Deposit _____ distinguishing No. _____

Additional details, if any _____

Full name & address of nominee : _____

Date of birth _____ relationship with the Depositor _____

(to be filled in only if the nominee is a minor)

* As the nominee is a minor on this date, I/We appoint _____ (As guardian)

Name, address and age

_____

to receive the amount of the deposit in the A/c on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

Section B

Signature***	Signature***
1st Applicant Name	2nd Applicant Name
Witness 1 Name_____ Address_____ _____ Signature _____ Date _____	Witness 2 Name_____ Address_____ _____ Signature _____ Date _____

* Where the deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor. *strike out if not a minor.
*** Thumb Impressions must be attested by two witnesses. No witnesses are required incase of signature. Only one person can be nominated per account.
^ While the nomination facility is optional we recommend you avail of the same.

INITIAL DEPOSIT DETAILS

☐ Accept Cash Rs. _____

☐ Accept Cheque No. _____ Date : _____ Drawn on (Bank) _____ for Rs. _____

Shinhan Bank
India

ACCOUNT OPENING FORM
INDIVIDUAL

Shinhan Bank Mumbai Branch
Unit No 001, Ground Floor, Peninsula Tower 1, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013.
Tel: 022 6199 2000
Fax: 022 6199 2010
E-mail: operations.mum@shinhan.com

Shinhan Bank New Delhi Branch
2nd & 3rd Floor, D-5, South Extension Part-2, Ring Road, New Delhi - 110049
Tel: 011 45004800
Fax: 011 45004855
E-mail: operations.del@shinhan.com

Shinhan Bank Poonamallee Branch
No.84/1C281, Madavilakam Village, Nazarathpettai Poonamallee Taluk, Thiruvallur Dist - 600123.
Tel: 044 6714 4400
Fax: 044 6714 4444
E-mail: operations.vel@shinhan.com

Shinhan Bank Pune Branch
Ground Floor, Red Building Plot No 2, Galaxy Society, Boat Club Road, Pune - 411001 Maharashtra, India
Tel: 020 6704 0800 / Fax: 020 6704 0810
E-mail: operations.pune@shinhan.com

Shinhan Bank Ahmedabad Branch
Shapath V, First Floor, Unit 2 and 3, Beside Crowne Plaza Hotel, Opp Karnavati Club, SG Road, Ahmedabad - 380015.
Tel.: 079-7117 0400 Fax: 079-7117 0444
E-mail: operation.ahd@shinhan.com

Shinhan Bank Ranga Reddy Branch
SLN Terminus, 1st Floor, Survey No. 133, Gachibowli, Serilingampally Mandal, Ranga Reddy District, Telangana- 500 032.
Tel: 040 6635 2000 / Fax: 040 6635 2020
E-mail: operations.rr@shinhan.com

Website : www.shinhanbankindia.bank.in

Shinhan Bank

For Bank use only | CIF No. | KYC No. | Account No.

Application Type ☐ New ☐ Update Base - Branch Code : _____

ACCOUNT OPENING FORM (AOF) INDIVIDUAL

Please open my/our account as detailed below:
(USE BLOCK LETTERS TO FILL THE FORM)

Date : _____

Currency : _____

TYPE OF ACCOUNT

☐ Savings A/C (☐ Normal* ☐ BSBD ☐ Small) ☐ Current A/C ☐ Fixed Deposit A/C* ☐ Recurring Deposit A/C
*☐ NRE ☐ NRO *☐ NRE ☐ NRO ☐ Normal FD

CUSTOMER TYPE

☐ Staff ☐ Senior Citizen ☐ Minor ☐ PEP ☐ Others _____

MODE OF OPERATION

☐ Singly ☐ Jointly ☐ Either Of Survivor* ☐ Anyone Or Survivor ☐ Others (Please specify)_____

* We jointly agree and authorize Shinhan Bank to permit premature withdrawals of the fixed deposit by Survivor/s in the event of death of the deposit holder/s before maturity.

☐ FIRST APPLICANT DETAILS (Please refer instruction A at the end)

Prefix | First Name | Middle Name | Last Name

☐ Name* (Same as ID proof)
Maiden Name (If any*)
Father / Spouse Name*
Mother Name*

Date of Birth* D D – M M – Y Y Y Y

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ Politician ☐ X- Not Categorised
Source of Funds ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment Income
Gross Annual Income ☐ Up to 2.5 lac ☐ 2.5 to 5 lac ☐ 5 to 10 lac ☐ 10 to 20 lac ☐ 20 to 50 lac ☐ 50 to 1crore

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
ISO 3166 Country Code of Jurisdiction of Residence*
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card Visa No. Expiry Date D D – M M – Y Y Y Y
☐ C- PAN Card Form 60 (Please tick here and fill form 60) (We note to submit copy of PAN when received by me)
☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) / or issued by State/Local authority Identification Number
☐ S- Simplified Measures Account-Document Type Code Identification Number

4. PROOF OF ADDRESS (PoA)

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others ☐ Simplified Measures Account - Document Type Code

Address
Line 1*
Line 2
Line 3 City / Town / Village*
State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)
☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3 City / Town / Village*
State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile
FAX Email ID

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (If available*)

Related Person Type* ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorized Representative ☐ Beneficial Owner ☐ Beneficiary

Prefix | First Name | Middle Name | Last Name

Name*
(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account-Document Type Code Identification Number

FORM No. 60

[see third provison to rule 114B]
{Form of declaration to be filled by a person who does not have either a PAN or GIR No. and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B}

☐ Are you a Tax Assessee ☐ Yes ☐ No
☐ If Yes, details of Ward/ Circle/ Range where the last return of income was filled _____
Reason for not having PAN _____

Verification:

I _____ do hereby declare that what is stated is true to the best of my knowledge and belief.

Verified at _____ this the _____ day of _____ 20

Date : D D – M M – Y Y Y Y

☞ _____
(Signature of 1st Applicant, if PAN is not available)

Place: _____

For Bank use only | CIF No. | KYC No.

☐ SECOND APPLICANT DETAILS (Please refer Instruction A at the end)

Prefix | First Name | Middle Name | Last Name

☐ Name* (Same as ID proof)
Maiden Name (If any*)
Father / Spouse Name*
Mother Name*
Date of Birth* D D – M M – Y Y Y Y
Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
Marital Status* ☐ Married ☐ Unmarried ☐ Others
Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ Politician ☐ X- Not Categorised
Source of Funds ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment Income
Gross Annual Income ☐ Up to 2.5 lac ☐ 2.5 to 5 lac ☐ 5 to 10 lac ☐ 10 to 20 lac ☐ 20 to 50 lac ☐ 50 to 1crore

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)
ISO 3166 Country Code of Jurisdiction of Residence*
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth* ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y
☐ B- Voter ID Card Visa No. Expiry Date D D – M M – Y Y Y Y
☐ C- PAN Card Form 60 (Please tick here and fill form 60) (We note to submit copy of PAN when received by me)
☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number
☐ S- Simplified Measures Account-Document Type Code Identification Number

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see Instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others ☐ S- Simplified Measures Account-Document Type Code

Address
Line 1*
Line 2
Line 3 City / Town / Village*
State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)
☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3 City / Town / Village*
State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) Tel. (Res) Mobile
FAX Email ID

DEBIT CARD APPLICATION

Kindly issue me the selected Debit Card

Card Type ☐ Classic Domestic ☐ Platinum Domestic Ecommerce ☐ YES ☐ NO
☐ Classic International ☐ Platinum International

Name as Desired on the Debit Card: (Mention if different from page No. 1 of AOF)

(In Block Capital Letters) (Maximum up to 21 characters)

Enable Debit Card for International Transaction ☐ YES ☐ NO

DECLARATION/DEBIT CARD UNDERTAKING

I/We declare and confirm that I/We have understood the terms and conditions available on the website of Shinhan Bank governing the usage of the Debit Card and E-Commerce. I/We accept to be bound by the said terms and conditions and to any changes made there in from time to time by the Bank at its sole discretion without any notice to me/us. I / We have no objection for issuance of debit card in the name of the applicant mentioned above and that I/We have completed 18 years of age.

I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by Reserve Bank of India from time to time.

I/We accept full responsibility for my/our Debit Card and agree not to make any claims against Shinhan Bank India in respect thereto.

☞ ☞

(Applicant's Signature) **(Other Account Holder/s Signature)**

Date : D D – M M – Y Y Y Y Date : D D – M M – Y Y Y Y

(In case of joint account holders, all account holders shall put their signatures)

INTERNET BANKING APPLICATION

I wish to apply for internet banking for the account opened with Shinhan Bank

User ID (length min = 6 & max = 10 - alphabets 3 min & 9 max - digits 1 min & 3 max)	6-10 Alphanumeric (capital letter only) (must include at least 3 characters)

Agreement:
We have read and understood the terms and conditions available on the website of Shinhan Bank governing Shinhan Bank Internet Banking service and agree to abide by the same. We agree that the bank may suspend or terminate internet banking facilities without prior notice if there is a breach of these terms and conditions.

Date : D D – M M – Y Y Y Y ☞

Name and Signature of the Depositor

Agreement:
We have read and understood the terms and conditions available on the website of Shinhan Bank governing Shinhan Bank Internet Banking service and agree to abide by the same. We agree that the bank may suspend or terminate internet banking facilities without prior notice if there is a breach of these terms and conditions.

SMS SERVICE REGISTRATION

I/We wish to avail SMS alerts of the transactions on the mobile number (of the 1st applicant) as mentioned in the AOF for the account opened with Shinhan Bank. I/We have read, understood and agree to the Terms and Conditions related to the SMS service as displayed on the website (www.shinhanbankindia.bank.in)

Date : D D – M M – Y Y Y Y ☞

Name and Signature of the Depositor

SMS ALERTS REGISTRATION

I/We wish to avail SMS alerts for promotional offers on the mobile number (of the 1st applicant) as mentioned in AOF for the Account opened with Shinhan bank. I/We have read, understood and agree to the terms &Conditions related to SMS as displayed as the website (www.shinhanbankindia.bank.in)

☐ YES ☐ NO

Date : D D – M M – Y Y Y Y ☞

Name and Signature of the Depositor

CENTRAL KYC REGISTRY I Instructions / Check list / Guidelines for filling Individual KYC Application Form

General Instructions:

1 Fields marked with '✓' are mandatory fields.
2 Tick'✓' wherever applicable.
3 Self-Certification of documents is mandatory.
4 Please fill the form in English and in BLOCK Letters.
5 Please fill all dates in DD-MM-YYYY format.
6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively, details of which are available at the end.
7 KYC number of applicant is mandatory for updation of KYC details.
8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
9 In case of **'Small Account type'** only personal details in section 1 and 2, photograph, signature and self-certification of documents is required.

A Clarification / Guidelines on filling 'Personal Details' section

1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2 Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1 **Jurisdiction(s) of Residence:** Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
2 **Tax Identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [PoI]' section

1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

1 PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2 State / U.T Code and Pin / Post Code will not mandatory for Overseas addresses.
3 In case of Simplified Measures, Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and under noted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension of family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertaking, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government department, statutory of regulatory bodies, public sector undertaking, scheduled commercial banks, financial and listed companies, Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy of Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2 In case of multiple correspondence / local addresses, please fill 'Annexure A1'

F Clarification / Guidelines on filling 'Contact details' section

1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Details of Related Person' section

1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

1 In case of nominees, proof of identity is not required.
2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

Versus Mar-2022

SELF CERTIFICATION FORM (For Individual) - FATCA

This self-certification is required to be filled with pursuant to Tax Treaty Provisions concerning Automatic Exchange of Financial Account Information under Article 6 of the convention of Mutual Administrative Assistance in tax matters under common reporting standards for reciprocity based periodic exchange of information and relevant Section 285BA of Income Tax Act, 1961.

1. Customer Profile - Name, Address, Date of Birth & Contact Number as per page No.1 (AOF)

2. Whether Overseas Resident or Not

A. Please mark (1) in the applicable box (in the case of (1) and (2), multiple choice is possible)	Choose (V)
1) If you are U.S. resident, please choose the relevant type.	☐ U.S. citizen (Including dual citizenship) ☐ U.S. permanent resident ☐ U.S. resident under U.S. tax law
2) A resident for tax purposes in a country (or region) other than India and the USA	☐
3) Neither (1) or (2) is applicable	☐

B. If you have marked in (1) or (2) in the column of A, please describe English name, English address, country or residence for tax purpose, Tax payer Identification Number (TIN), etc.

English Name	Surname		Given Name	
Address of Current Residence (English)				

	Country of Residence for Tax Purpose (English)	Taxpayer Identification No. (TIN : SSN or ITIN)	Reason for Non-Description of Taxpayer Identification No.
1			☐Non-Issuing country ☐Not requested by tax authority ☐Not acquired
2			☐Non-Issuing country ☐Not requested by tax authority ☐Not acquired
3			☐Non-Issuing country ☐Not requested by tax authority ☐Not acquired

If you have marked in 'Not Acquired', please describe reasons.

3. Confirmation

- I confirm that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. If there is any change in information described herein, I will notify it to the Bank within 30 days.
- If there is a change in my circumstances, I agree that I will submit a new form within 90 days of the date this form is requested to be filled in.
- I received a full explanation and understood that if my account is subject to be reported or if any information requested herein is not provided, my personal information and account (contract) information may be reported to Income Tax Department and provided to the relevant authority of residence, etc.

Name of individual/ sole proprietor	(Seal of sign)	Date : D D – M M – Y Y Y Y	☞ Signature

Name of Representative		(Seal of sign)		Relationship	

How to fill out this form

1. Customer Profile
Please fill in on your name, date of birth, address, and telephone number.
2. Overseas Residency
1) If you tick either (1) OR (2) in item A, please fill in item B in your name in English, current address (in English), country of residence for tax purposes, and taxpayer number.
2) If you are unable to describe your taxpayer number, please select a reason for the non-description. If you tick "Not acquired", please describe the reasons in detail. You must declare your taxpayer number (Social Security Number (SSN) or Individual Tax Identification Number (ITIN) if you are a US resident for tax purpose.
3. Confirmation
Please fill in the date and name and affix your sign or registered seal.

APPLICANTS DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address
- I / We declare and confirm that we have read and understood the 'Terms and Conditions' as applicable to my account as displayed on the website of the bank. I/We accept to be bound by the said terms and conditions and to any changes made there in from time to time by the Bank at its sole discretion without any notice to me/us.
- I/We have read and understood the Terms & Conditions as displayed on the website of the bank (in.shinhanglobal.com) governing the opening of an account with Shinhan Bank and those relating to various services including but not limited to (A) ATMs, (B) Phone Banking, (C) Debit Cards, (D) Net Banking, (E) Email Statements. I/We accept and agree to be bound by the said Terms & Conditions including those excluding /limiting the Bank's liability. I/We understand that the Bank may, at its sole discretion, amend any of the services completely or partially with atleast 30 days notice and /or provide an option to switch to other services to me. I/We agree that the Bank may debit my/our account for the service charges applicable from time to time. I/We authorise the Bank to disclose, from time to time any information relating to my/our savings account to any parent/subsidiary, affiliate and associate of Shinhan Bank, and to third parties engaged by the Bank. I/We confirm that I/We have read the Terms and Conditions which details the rules governing account operations, the Service charges and Fees Brochure which specifies the charges applicable from time to time for various services detailing the instructions and account opening rules. Notwithstanding the documentation and account opening form provided, the bank reserves the right to accept/reject your application. The Bank decision in this regard would be final. In cases of change of address due to relocation or any other reason, I/We would intimate the new address to the bank within 2 weeks of such a change with a valid address proof.

INDEMNITY LETTER

Until further notice, I/We hereby request, authorize and direct the Bank to comply with all my/our instructions (including instructions through fax, e-mail) and/or honour and pay, from time to time, to the debit of the Account, all pre-printed cheques drawn on the Account and bearing the facsimile signatures of the authorized signatories to the Account according to the Bank's record, notwithstanding that any such instruction purported to be given by me / us and / or any such cheques any be void, invalid or unenforceable against me / us by reason of irregularity, fraud, forgery or otherwise.

I/We HEREBY AGREE AND CONFIRM THAT:

(a) I/We shall assume all liabilities for any delay, mistake, omission, forged or unauthorized cheque or any fraudulent act of any party arising out of or in connection with this arrangement howsoever caused;

(b) the Bank shall not be liable for and I/We hereby irrevocably release and discharge the Bank from liability for any loss or damages suffered by me/us or any third parties arising from or in connection with this arrangement or the Bank's failure to carry out the instructions herein (unless such failure is caused by the wilful default of the Bank);

(c) I/We shall hold the Bank harmless and shall indemnify the Bank against all actions, proceedings, claims, liabilities, damages, costs and expenses whatsoever arising out of or in connection with the Bank carrying out the instructions herein;

(d) I/We shall pay all fees, charges and expenses incurred or imposed by the Bank from time to time in connection with the Bank's services herein and the Bank is authorized, at any time without notice, to debit the Account or any of my/our other account(s) so as to obtain payment thereof.

(e) I/We agree that the use of a facsimile signature, fax & e-mail instructions is entirely my/our responsibility and no responsibility shall attach to the Bank should forged facsimile signature be used or facsimile signature fraudulently applied and that I/We shall nevertheless be responsible for all payments made and/or transactions entered into and/or action taken by the Bank in accordance with instructions purporting to bear the facsimile signature as per specimens on file with the Bank even though it should be found that a forged facsimile signature was used or facsimile signature fraudulently applied.

(f) The form shall be governed by and construed in accordance with the laws of India.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant/s

Date : DD – MM – YYYY Place :

	Document Name	ID Proof	Address Proof
a	Passport		
b	Voter ID Card		
c	PAN		NA
d	Driving License		
e	E-UID (Aadhaar)		
f	NREGA Job Card		
g	Others (any document notified by the central Government) Document Name : _____ Number:		
	Documents for Limited Purpose. The customer should submit OVD with current address (a-g) within 3mths of submitting the documents.		
	☐ Utility Bill not more than 2 months old.	NA	
	☐ Property or Municipal Tax Receipt		
	☐ Pension or family pension payment order (PPO'S)		
	☐ Letter of allotment of accommodation from employer issued by state or Central Government departments Statutory or regulatory bodies, PSU's, SCB&FI's & Listed Companies and L&L agreement with such employers allotting official accommodation.		
	☐ Documents issued by Govt. Dept. of Foreign Jurisdiction/Foreign Embassy / Mission in India		

KYC CERTIFICATION :

I have met the account opener/s Mr./Ms._____ Mr./Ms. _____
in person and hereby confirm that KYC norms are fully complied with

OR

I have verified the documents submitted and confirm that KYC Norms are fully complied with.

Signature of Head of the Dept. / Relationship Manager / DGM

Specimen Signature No. _____ High Networth ☐ Y ☐ N

Date : DD – MM – YYYY

Customer Risk Rating ☐ Low ☐ Medium ☐ High

List of two- digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire ICtte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Kcarnçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy ISaint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

FIXED DEPOSIT APPLICATION

I would like to make a term deposit as under:

Amount: (In Figures)	
Amount: (in Word)	
Starting Date	
Tenor	☐ Year ☐☐☐ Days ☐☐ Month @ ____% (Simple Interest Method)

Enclosed herewith cheque No. _____ Drawn on _____ for Rupees _____

Term Deposit in Closure Instructions (please tick any one of the Four options)

☐ Renew on maturity with / without interest for a period of _____ days at prevailing rates.

☐ Auto renewal at prevailing rates.

☐ Credit to my Saving A/c No. _____ on maturity.

☐ NEFT / RTGS transfer proceeds to:

A/c Name: _____ A/c No.: _____

Beneficiary Bank & Branch : _____ IFSC: _____

I/WE UNDERSTAND THAT:

1. TDS will be deducted at applicable rates. If no TDS to be deducted then 15G/15H (as applicable) will have to be submitted, in absence of which the TDS will be deducted.
2. Nomination facility is available with the Bank and Form 45ZA has to be filled for the aforesaid purpose.
3. No partial withdrawals are allowed in the Fixed Deposit special schemes and that if premature withdrawn, the interest will be calculated at the applicable bank rates, for which the fixed deposit has remained with bank.
4. I /We have read and understood the terms and conditions of placing the Fixed Deposit as given in the Customer Service and Deposit Policy of the bank which is displayed on the website of the bank .

☞

Date : DD – MM – YYYY

Name and Signature of the Depositor

RECURRING DEPOSIT ACCOUNT

I would like to open Recurring Deposit as under:

1) Start Date: _____
2) Amount of Monthly Installment: _____
3) Number of Monthly Installments: _____
4) Due Date of Payment: _____
5) Rate of Interest : _____ % p.a.
6) Date of Maturity: _____
7) Incase of Delay in payment: (Please refer Article 9 of the Terms and Conditions)
   - ☐ Deduction from Maturing Amount
   - ☐ Postponement of Maturity Date
8) Nomination:
   - ☐ Yes – I declare that I do wish to make a nomination for this Recurring Deposit. (Please see attached Nomination form)
   - ☐ No – I declare that I do not wish to make a nomination for this Recurring Deposit.

I/We, being desirous of opening a Shinhan Mint Recurring Deposit Account with Shinhan Bank, request you to transfer an above mentioned monthly installment amount, from my/our Savings Bank Account with the Bank towards first & all the consequent monthly installments, under the scheme of Shinhan Mint Recurring Deposit Account.

DECLARATION

I/We, _____ confirm that I/We am/are resident/s of India. I/We hereby confirm and declare that I/We have read and understood the Terms and Conditions available on the Website of Shinhan Bank, governing the opening and operation of Shinhan Mint Recurring Deposit Account and those relating to various services. I/We accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Bank's liabilities. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely

☞

Date : DD – MM – YYYY

Name and Signature of the Depositor