

## APPLICATION FORM FOR BULK SALARY ACCESS For Current Account Holders

Date of account application: \_\_/\_\_/\_\_\_\_

Account Title  
(Name of Entity/HUF)

Account Number

Customer ID

### Corporate User (Authorised Signatory/Director/Partner/Karta) Details

User Name:

User Cust ID:

E-MAIL ID:

Registered Contact Number:

\*For Individual Current Account – 1.Account Name and User Name will be same 2.Customer ID and User Customer ID will be same

- a) I, ----- am the authorized signatory (s) of ----- (“the Company”). The Company has a Current Account ----- with Fino Payments Bank Limited (“the Bank”).
- b) I say that I, for and on behalf of the Company and as duly authorized by the Company vide its Board Resolution dated \_\_\_\_\_, wish to avail the “Bulk Salary Process Access” facility (“the said Facility”) offered by the Bank to its corporate customers, which allows the “Bulk Salary Disbursement” (Applicable only in case of non-individual accounts.)
- c) I say that I have read and understood the “Terms & Conditions” governing the said Facility and I hereby accept the “Terms & Conditions” governing the said Facility.
- d) I confirm that I am authorized by the Company and convey to the Bank, acceptance of the “Terms & Conditions” governing the said Facility, which is displayed/uploaded on the official website of the Bank, which I am fully aware of.
- e) I convey that I am authorized by the Company to execute and sign necessary documents, application forms, the said Form and such other documents as may be required by the Bank for availing the said Facility and to agree to such changes and modifications in the said “Terms and Conditions” as may be suggested by the Bank from time to time.
- f) I convey that I am authorized by the Company to avail the said Facility and revoke and vary mandate given to the Bank in connection with the said Facility from time to time.
- g) I hereby agree and acknowledge that the Bank be and is hereby authorized to accept all instructions in connection of the Company’s accounts with the Bank through the ‘Corporate Internet Banking’ facility, from me/ us in respect of the said Facility. The Company does agree and hereby holds Fino Payments Bank harmless in respect of any claims/losses, damage, proceedings etc. on account of the Bank acting on my/our instructions through Corporate Internet Banking facility in connection with the said Facility.
- h) The authority/mandate as provided below shall continue to be in force and effect until I expressly revoke the same by a notice in writing delivered to the Bank at its branch or through service request.
- i) Any change in the mobile number or the authorized signatories will be notified through subsequent Resolution/Letter.

### Sweep Facility Consent

- I hereby give my consent to Fino Payments Bank for enabling the Sweep Account Facility with Suryoday Small Finance Bank (SSFB), linked with my Fino Payments Bank Account.
- I confirm that the sweep account product features along with terms and conditions hosted on the Fino Bank website have been explained to me in detail and I agree with the same. I also provide my explicit consent voluntarily to Fino Payments Bank for sharing my Aadhaar based eKYC/Normal KYC or C-KYC information with SSFB in case it’s needed.

Signature:

Name of the Authorized Signatory:

Date:

\*Mandatory fields.

## APPLICATION FORM FOR BULK SALARY ACCESS

### Terms and Conditions (T&C)

I/We (In this context "I/We", "my/ours", and "me/us" refers to all holders of the account) have read and understood the below T&C of Fino Payments Bank Limited ("Bank").

Account Freeze: We authorize the Bank to freeze my account in the following circumstances, with written intimation to me except where specified otherwise:

- If it is reasonably believed by the Bank that deposits pertaining to all deposits/transactions by way of NEFT, RTGS etc. in my account are not in accordance with or are in violation of the Laws and Regulations applicable from time to time
- If there is reason to believe that my/our account is being used as a money mule or as a channel for unauthorized money pooling or a conduit for any illegal activity. (I/We will not receive any notice in this case).

Account Closure: I/We authorize the Bank to close my/our account, with prior written intimation to me. In case of any instance which the Bank may decide pursuant to any order, instructions, directions, guidelines issued by any Court/Statutory/Regulatory authorities from time to time. Transactions: Any instructions to Bank regarding the account, both of a financial/non-financial nature (e.g. financial transactions, updation of personal details etc.) will be provided by me through the authorized channels only, which will be specified by the Bank, based on regulatory guidelines prevailing at the time. Bank is not expected to act on instructions that do not come in through the authorized channels, but reserves the right to act upon its discretion to provide such facilities under extraordinary circumstances.

### Declaration

I/We have read, understood and hereby agree to the above terms and conditions and terms and conditions as applicable to the banking services selected by me/us for the operations of my/our account as set forth on the website [https://www.finobank.com/uploads/media/tnc\\_casa\\_detailed\\_with\\_sweep.pdf](https://www.finobank.com/uploads/media/tnc_casa_detailed_with_sweep.pdf) and that I/we will adhere to all the terms and conditions applicable.

I/We are aware of charges applicable for banking services and I/we further authorize Fino Payments Bank Limited to debit my/our account(s) towards any charges for the selected banking services.

I/We declare, confirm and agree:

That all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/we have not withheld any information.

I/We understand that certain particulars given by me/us are required by the operational guidelines governing banking companies. I/We and undertake to provide any further information that Fino Payments Bank Ltd. and its Group Companies may require.

I/We shall keep Bank informed at all times, regarding any changes/alteration in my/our communication address and authorize the Bank to update any such change/alteration in my/our communication address that the Bank may be informed of by me and/or is brought to the notice of the Bank and hereby authorize Bank to contact me /us on such changed/alter address for validation.

I/We shall be solely responsible to ensure that Bank has been informed of the correct address for communication within two weeks from the date of communication received by Bank.

I/We agree to indemnify and hold harmless Bank against any fraud or any loss of damages suffered by Bank due to reason attributable to me/us including due to my/our providing of any incorrect communication address and/or failure on my/our part to communicate the change/alteration in my/our communication.

I/We have had no insolvency proceedings initiated against me/us nor have I/we ever been adjudicated insolvent. I/We hereby give my/our consent and authorize Bank to exchange, use, share or part with all the information/data provided herein including personal and business information with financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations, and standards. I/We shall not hold Bank or its agents/representatives liable in any manner, for using/sharing information provided herein for the said purpose.

I/We have no objection to Fino Payments Bank Limited, its group companies, affiliate, agents/ representatives to provide me / us information on various products, offers and services provided by Fino Payments Bank/ its group companies / other entities through any mode (including without limitation through telephone calls / SMS / E-mail) and authorize Fino Payments Bank / its group companies/its agents/ its representatives for the above purpose.

I/We understand and acknowledge that the accounts for non-individuals with Fino Payments Bank are opened with single authorized signatory. We also confirm that we have furnished suitable board resolution explicitly indicating that single authorized signatory is allowed to access the salary processing portal and perform financial transactions. We also confirm that account opening and operation rights (including salary processing) by a single authorized signatory are not in any way in contravention with the deed or MoA/AoA or any other bye-laws, as applicable.

As an Entity I/we confirm that, the authorized signatory is the only person who will be accessing the salary processing portal. Any misdeed/wrongful activity on my/our part by way of sharing the credentials with any other individuals/entities, shall be the sole responsibility of the Individual/entity. I/We indemnify the Bank from any losses caused in this regard. Bank shall reserve the right to block/freeze the account and/or restrict the access to the salary processing portal, in case such unauthorized access is observed.

I/we shall inform the Bank immediately, in case of any change in authorized signatory, supported with board resolution in order to change the same in Bank's records and modify the access rights.

Signature:

Name of the Authorized Signatory:

Date: