



**DEPOSIT ACCOUNT OPENING FORM (FOR NON-PERSONAL CUSTOMERS ONLY)**

<b>BRANCH</b>										<b>CUSTOMER ID (CIF) NO OF 1ST APPLICANT</b>																				
<b>DATE</b>					<b>ACCOUNT NO.</b>																									
D D M M Y Y Y Y					(Existing Customer to fill Customer ID (CIF No.) - A/c. No. will be given by the Branch)																									
<b>TO BE FILLED IN BY AUTHORISED SIGNATORY</b>																														
<b>TICK APPROPRIATE BOX WHEREVER APPLICABLE</b>																														
<b>FILL UP THE FORM IN CAPITAL LETTERS ONLY</b>																														
Dear Sir, Please open an account					Savings Bank					Current A/C					Term Deposit					Scheme										
With initial deposit of Rs. _____ (Rs. _____) only.																														
1.	Recurring Deposit A/C be opened for _____ instalments. Other Term Deposits _____ year/s _____ months _____ days. Interest Rate @ _____ p.a																													
2.	Current Deposit A/c. be opened in the name of _____ (Title)																													
3.	Savings & Other Term Deposit A/c. be opened in name/s of :										CIF NO																			
	Sole/First Applicant (Business Name)										(Sole / First Applicant's Mentioned Above)																			
	Second Applicant																													
	Third Applicant																													
4.	<b>CONSTITUTION</b>					<b>PROPRIETARY FIRM</b>					<b>PARTNERSHIP FIRM</b>					<b>PRIVATE LTD.CO</b>					<b>PUBLIC LTD.CO</b>					<b>OTHER</b>				
5.	<b>MODE OF OPERATIONS &amp; OTHER INSTRUCTIONS :</b>																													
	<b>(A)</b> Account will be operated by & balance Payable to																													
	BY SOLE PROP.ONLY					BY ANY ONE OF THE PARTNERS					BY KARTA OF HUF					BY P/A HOLDER														
	BY ANY TWO DIRECTORS JOINTLY					BY SECRETARY & TREASURER JOINTLY					ANYOTHER, PL. SPECIFY																			
	<b>(B)</b> Interest Payments (Term Deposit) : Credit interest of Term Deposit at the frequency applicable in the Scheme to Savings / Cash Credit / overdraft account no. _____ with you / with _____ Branch OR by Banker's Cheque / Demand Draft on _____ favouring _____																													
	<b>(C)</b> Instruction for Auto Renewal on Maturity of Deposit																													
	Renew principal with accrued interest					Renew principal only					Others, please specify																			
	<b>(D)</b> Whether you want to claim interest on Term Deposit without Tax deduction at source (TDS)																				YES / NO									
	IF YES, ATTACH FORM 15G / 15H / 15H / COPY OF EXEMPTION CERTIFICATE ETC.																													
	<b>(E)</b> Frequency of Statement of A/c					Daily					Fortnightly					Monthly					Quarterly					Yearly				
	<b>(F)</b> Statement of A/c. to be sent					BY E-mail					By Registered Post					By courier														

6.	<b>OTHER SERVICE REQUIRED</b>																								
	I require the under noted services and agree to abide by the terms and conditions:																								
	<b>(A)</b> ATM- CUM DEBIT CARD:																								
	Sole/1 <sup>st</sup> applicant name as appear on the card																								
	2 <sup>nd</sup> applicant name as appear on the card																								
	Please mention any other account desired to be linked																								
	A/C type		Account No.								Name														
	<b>(B)</b> INTERNET BANKING : Sole/1 <sup>st</sup> applicant :										Account statement					Balance Enquiry :					Funds Transfers				
	2 <sup>nd</sup> applicant :										Account statement					Balance Enquiry :					Funds Transfers				
	<b>(C)</b> SMS Alert(at mobile no. given under CIF Form Col. No. 7										Required					Not required									
	<b>(D)</b> MOBILE BANKING FACILITY REQUIRED										YES					NO									

7.	<b>NOMINATION DETAILS:</b>			
	<b>DETAILS OF NOMINEE UNDER 45ZA BANKING REGULATION ACT, 1949 and Rule 2(1) of the Banking Companies Nomination, Rule 1985 in respect of Bank Deposits. (ONLY FOR PROPRIETARY FIRM)</b>			
	Name of the Nominee*			
	Nominee's Address			
	Nominee's Age _____	Years	Relationship with First Applicant	
*As the nominee is minor on this date. I / We appoint Shri / Smt. _____ _____ (Name, Address & Age) to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.				
8.	<b>DECLARATIONS :</b>			
	WE AFFIRM AND DECLARE THAT :			
	WE HAVE READ AND UNDERSTOOD THE RULES AND REGULATION OF THE PRODUCT(S) /SERVICE(S) RELATED TO THIS APPLICATION AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS THEREOF AS ALSO ANY CHANGES BROUGHT ABOVE THERE IN FROM TIME TO TIME.			
	WE SHALL BE BOUND BY THE RULES, CUSTOMS AND NORMS OF THE BANK.			
	BANK MAY DEBIT MY / OUR ACCOUNT FOR ANY SERVICE CHARGE OR DISCONTINUE MY / OUR ACCOUNT WITHOUT NOTICE TO ME / US.			
	BANK OR ITS AGENT SHALL NOT BE LIABLE FOR ANY LOSS / DAMAGE INCURRED TO ME / US FOR ANY ACTION DONE IN ORDINARY COURSE OF BUSINESS.			
	IN THE EVENT OF DEATH OF DEPOSITOR/S PREMATURE TERMINATION OF THE TERM DEPOSIT WOULD BE ALLOWED TO THE NOMINEE OR TO THE LEGAL HEIR/S OF THE DEPOSITOR/S (IF THERE IS NO NOMINEE) WITHOUT LEVYING ANY PENALTY.			
	THE OPERATIONAL INSTRUCTIONS / MANDATE ONCE EXERCISED WILL REMAIN IN FORCE UNTIL REVOKED / MODIFIED JOINTLY BY ALL.			
	THIS ACCOUNT IS OPENED FOR RUNNING AND PURSUING THE LAWFUL ACTIVITIES.			
	WE SHALL NOT HAVE ANY OBJECTION IF ANY TRANSACTION / RELATED INFORMATION IS APPRAISED TO THE LAW ENFORCEMENT AUTHORITIES			
WE VERIFY THAT THE FACTS STATED ABOVE AND THE CONTENTS OF THE DECLARATIONS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND NOTHING HAS BEEN CONCEALED.				
YOURS FAITHFULLY,		NAME	SIGNATURE	
SOLE/FIRST APPLICANT				
SECOND APPLICANT				
THIRD APPLICANT				
ATTACHMENTS				
1.	FORM 15G / 15H / COPY OF EXEMPTION CERTIFICATE	ATTACHED		NOT REQUIRED
2.				
3.				
NOTE : Branches are requested to obtain any other document/s required as per CO circulars issued from time to time. •				

**FOR OFFICE USE:**

- a) Letter of thanks has been sent to the Customer on \_\_\_\_\_ and acknowledgment is received on \_\_\_\_\_
- b) Physical identification of the applicant's identity (in case of need) has been carried out by Mr./ Mrs.  
------(Officer) \_\_\_\_\_ (Designation) on \_\_\_\_\_
- c) All details mentioned herein above are verified by me and entered into the computer system.

\_\_\_\_\_  
(Signature)

**DATE :**

**Name of the Officer:** \_\_\_\_\_

**PLACE:**

**Specimen Signature Index No.** \_\_\_\_\_

