इंडियन बैंक
Indian Bank

..... Branch

Account Opening Form for Resident Individuals (Single/Joint)

(SB/CURRENT/RD/TERM DEPOSITS)

Date .....

CIF No. of Sole/First Applicant	CIF No. of Joint Applicant	Account No.	VIP Code
			YES ☐ NO ☐
(to be filled by Bank)	(to be filled by Bank)	(to be filled by Bank)	(to be filled by Bank)

I/We request the Bank to open account(s) / provide services opted by me/us in this application. The required details are given below.

Customer Name & Address (ALL IN BLOCK LETTERS PLEASE) (Please ✓ wherever applicable) (Strike out which is not Applicable)

Particulars	Sole/First Applicant	Joint Applicant
TITLE	Mr. / Mrs. / Ms. / Sri. / Smt. /Messers / ……..	Mr. / Mrs. / Ms. / Sri. / Smt. /Messers / ……..
FIRST NAME		
MIDDLE NAME		
LAST NAME		
FATHER/SPOUSE NAME		
ADDRESS # *(RESIDENCE)*		
CITY & PIN CODE		
STATE		
ADDRESS *(PLACE OF WORK)*		
CITY & PIN CODE		
STATE		

#Copy of Passport/Latest Telephone/Electricity/ Credit Card bill/Income/WealthTax assessment order/Ration Card Bank a/c statement/Letter from employer [subject to the satisfaction of the Bank] should be submitted as proof of residence. ***Please produce original for verification.***

DATE OF BIRTH	Age:	Age:
PHONE NO.	Home: Business:	Home: Business:
GENDER	☐ Male ☐ Female	☐ Male ☐ Female
MOBILE/FAX	Mobile: Fax:	Mobile: Fax:
MARITAL STATUS	☐ Married ☐ Unmarried ☐ Others ……	☐ Married ☐ Unmarried ☐ Others ……
OCCUPATION*		
* Staff/Retired Staff should indicate here as *"STAFF/RETIRED STAFF, …… (DESIGNATION) …….. (SR/SSR No.)"*		
E MAIL ID		
PAN/GIR No.@		

@ In the absence of either PAN or GIR Number, the applicant(s) should submit Form 60/61 in duplicate, under Rule 114B of Income Tax rules

MODE OF OPERATION	Affix Recent Passport Size Photograph Here	
	First/Sole Applicant	Joint Applicant
☐ Self only ☐ Jointly ☐ E or S ☐ A or S ☐ Others ..... (specify) We agree that the clause "E or S" / "A or S", includes the right to the survivor(s) to apply before the date of maturity for repayment or for credit facilities against the security of the deposit and/or for addition/deletion/substitution of names in the deposit subject to acceptance by the Bank at its absolute discretion. The Bank may, on receipt of a written request from all of us/any of us/survivor/s of us, in its absolute discretion and subject to such terms and conditions as the Bank may stipulate (a) grant loan/advance against the security of this deposit to be made out in our joint names, (b) close/transfer the account, (c) make pre-mature payment of the proceeds of the deposit to all of us jointly/any of us/ survivor/s of us and none of the legal heirs of any of us has a right to question the said closure, granting of loan or premature payment made by the Bank.		
Signature		

CBS Branches: ***Please note down all the que/reference/journal numbers in the space provided at the bottom of Page 4***

Account No. ☐☐☐☐☐☐☐☐☐☐☐

b *Account Opening Form – for Individuals For SB/Current/RD/Term Deposits*

Customer Identification Details *(Please refer to page 3 for the list of documents of identification)*

Particulars	Sole/First Applicant	Joint Applicant
FIRST ID – TYPE		
ID ISSUED AT		
ID NUMBER & DATE	No. Date:	No. Date:
SECOND ID – TYPE		
ID ISSUED AT		
ID NUMBER & DATE	No. Date:	No. Date:

Account Type / Products / Services **(Please ✓ wherever applicable) (Strike out which is not Applicable)**

☐ **SAVINGS BANK**

☐ Without Cheque Book
☐ With Cheque Book

Initial Amount Rs ☐☐☐☐☐☐

Scheme: ☐ PAFA ☐ Health Plus
☐ Others..... (specify)

Please issue me/us a cheque book

☐ **TERM DEPOSIT**

☐ Fixed Deposit ☐ Re Investment Plan

☐ Others ..... (specify)

Amount Rs. ☐☐☐☐☐☐☐☐☐☐

Period: ..... Years/ ..... Months/ ..... Days

☐ **CURRENT ACCOUNT**

Individuals (Single/Joint) only

Scheme: ☐ Advantage A/c

☐ Others ..... (specify)

Please issue me/us a cheque book containing ..... leaves

☐ **RECURRING DEPOSIT** ***Scheme*** : ☐ Variable RD ☐ Special RD ☐ Others……..... (specify)

Period ☐☐☐ Months Monthly Instalment Rs ☐☐☐☐☐☐

Products/Services - Please (✓) *(Available at select Centres/Branches – Terms & Conditions can be obtained from Branch Manager)*

☐ Internet Banking ☐ ATM Card ☐ Telebanking ☐ Mobile Banking ☐ Debit/Maestro Card ☐ IndBank Billpay

☐ Any Branch Banking through Multicity Cheque Others (Specify) ☐ ....…….....

Senior Citizens (completed 60 years of age): Please provide copy of Secondary School Leaving Certificate/LIC Policy/Voter's Identity Card/Pension Payment Order/Birth Certificate issued by the competent authority/Passport/Any other relevant document providing proof for age.

Declaration for Minor (*In case * first/ * joint applicant is a Minor*)

I declare that the minor ..... (name) is my ..... (relation) and I am his/her *natural and lawful guardian / * guardian appointed in terms of Court's order dated ..... (copy attached). I shall represent the said minor in all future transactions of any description in respect to the above deposit account until the said minor attains majority. I certify that the minor was born on ..... (date). I shall indemnify the Bank against the claim of above minor for any withdrawal/transaction made by me in his/her account.

Name of Guardian ..... Signature .....

Operating Instructions for Joint SB/Current Accounts: We request and authorise you , until any one of us shall give you notice in writing to the contrary, to honour all cheques or other orders drawn or Bills of Exchange accepted or notes made on our behalf signed by 1) .... 2) ..... of us jointly and/or severally and to debit such cheques to our account with you, whether such account be for the time being in credit or overdrawn. We also request you to accept the endorsement by 1) .... 2) ..... of us jointly and/or severally on cheques, orders, bills or notes payable to us. We shall be jointly and severally liable to you for any monies owing to you from time to time in case the account is overdrawn and debit balance is caused including your commission, interest at the appropriate rate and other incidental charges. In the event of death, insolvency or withdrawal of any of us, the survivor/s of us shall have full control of any monies then and thereafter standing to our credit in our account with you, and in that event the survivor/s will have full powers to operate the account and/ or to close the account.

Interest on FD: Please credit the interest payable every month/quarterly/half-yearly/annually to my/our SB/Current account No. .....

RIP/Cash Certificate Deposit: I/We understand that the interest earned every quarter will be reinvested in the RIP/Cash Certificate a/c until maturity date as provided in the scheme.

SWAP: I/We authorise you to transfer amounts in excess of Rs. ..... in my/our SB/Current account No. ..... on any day into a fixed deposit of ..... days tenor in units of Rs.…… I/We further authorise that inadequacy of funds in my/our SB/current account referred above is met any time by prematurely breaking the fixed deposit in units of Rs.1000 and transferring the required amount into the said SB/current account.

Recurring Deposit: Please debit my/our SB/Current account No. ..... with Rs..... every month on ……(date) and credit to my RD / Variable RD account No..... towards the periodical installments upto ……. (date)

Variable Deposit: I/We hereby declare that the core deposit for my/our variable deposit account is Rs..... and I/We hereby agree that the maximum amount of instalment paid in my/our account shall not exceed 10 times of core deposit or Rs.10,000 whichever is less.

Due Date Notice: Please ***send / *do not send*** due date notice to my/our above address. (* strikeout which is not applicable)

Auto Renewal for Term Deposits: Unless the Bank receives a demand for payment or instructions to the contrary from me/us on or before the date of maturity, please renew/continue to renew the deposit *including/ *excluding interest at the Bank's discretion for similar period, *subject to a maximum of one year*, under the same scheme, at the then prevailing rate of interest, without insisting on production of the deposit receipt.

Tax Deduction at Source: Form No.15G/15H for exemption from TDS is enclosed.(*for applicant seeking exemption from TDS*)

Pre-closure: In the event of my/our seeking pre-closure of term deposit/RD, I/We agree that the Bank shall apply the rules for pre-closure of term deposits/RD prevailing on the date of my/our request for such pre-closure

For Current Accounts (Individuals only)

i. * At present I/We do not enjoy any credit facility with any bank/branch. I/We undertake to inform you as and when credit facilities are availed by me/us with other bank(s)/branch(es) of your bank

ii. * At present, I am/We are having account with the following other bank(s)/branch(es)and enjoying facilities

Name of the Bank/Branch	Nature of Facility	Limit Sanctioned	Balance outstanding	Securities

(* strikeout which is not applicable)

Staff: I/We declare that the monies deposited or which may from time to time be deposited hereafter into above mentioned account in my/our name(s) belong to me/us.

Nomination: ☐ Nomination is required for this account/deposit as per details given in **Form DA 1** (enclosed) ☐ Nomination ***is not required***

I/We have read the terms and conditions for providing the products/services opted by me/us and I/we agree to abide by and be bound by them as they are in force now and from time to time in force for such products/ facilities. I/We request you to provide me/us the initital password/ PIN which I/we shall change periodically for maintaining secrecy of my/our account level information. I/We undertake to keep my password/ PIN with myself/ourselves without giving any room for disclosure of the same to any third party. Further, I/we shall be responsible for any disclosure of my/our password/PIN to any third party and the Bank shall not be held responsible for any loss/ damage caused to me/us on account of such disclosures. I/We shall be availing this product/service at my/our request without any liability, either expressed or implied , to the Bank. I/We have read/understood the Bank's rules pertaining to the account/deposit scheme opted by me/us and the terms & conditions governing the same. I/We agree to comply with and be bound by them as they are in force and from time to time in force for such accounts/ deposits/ products/services. The Bank may use the details furnished above for opening any other account for me/us in future with the Bank

Yours faithfully **Signature of Sole/ First Applicant** **Signature of Joint Applicant**

Particulars of Introduction / Identification (Provide A or B or C)

A. If the applicant(s) is/are already a customer of the branch,

	Nature/Type of account	***Account Number***	***Customer ID/PIN***
Sole/First Applicant	.....	.....	.....
Second Applicant	.....	.....	.....

B. Introduction from an existing account holder of the branch

Name of the Introducer ..... Type of account and a/c No.....
Address of the introducer.....
..... PIN CODE..... Phone No..... Account held since .....

I hereby introduce the above named applicant(s) and certify that I know Mr/Ms.....
for the past ..... months/years and confirm his/her occupation and address as stated in this application. I also attest his/her signature(s).

..... Signature of the Introducer	Signature of the introducer verified by me. Signature of the verifying Official ..... Name of the verifying officer with SS No. .....

C. i. Copy of the Passport alone where the address on the passport is the same as the address on the account opening form **(OR)**

ii. Any one document from each of the under-noted 2 lists, for a Photo ID and a proof of residence

List I (latest/recent)	First appl.	Jt. applcnt	List II (latest/recent)	First appl.	Jt. applcnt
1. Passport where the address differs	☐	☐	1. Telephone Bill	☐	☐
2. Voter's Identity Card	☐	☐	2. Bank Account Statement	☐	☐
3. PAN Card	☐	☐	3. Income/Wealth tax assessment order	☐	☐
4. Driving Licence	☐	☐	4. Credit Card Statement	☐	☐
5. Govt. /Defence ID card	☐	☐	5. Electricity Bill	☐	☐
6. ID cards of reputed employers	☐	☐	6. Ration Card	☐	☐
7. * Letter from a recognised public authority or Public servant verifying the identity and residence of the applicant	☐	☐	7. * Letter from Employer	☐	☐

* *subject to the Bank's satisfaction*

Account No. | | | | | | | | | | | |

FOR BANK'S USE

1. Applicant(s) interviewed and the purpose of opening a/c as ascertained is ..... …….

2. Introducer called at the branch and interviewed (or) Introducer did not call at the branch but confirmation obtained by .... (mode of confirmation) / Particulars of identification verified with the originals and copies obtained

Signature of the official ..... **Name and SS No.** .....

3. **Authorisation for Account Opening**

Eligible for ☐ Internet Banking ☐ ATM Card ☐ Telebanking ☐ Mobile Banking ☐ Debit/Maestro Card ☐ Multicity Cheque
Others …….. (specify)

☐ Account may be opened — **Signature of BM/ ABM/ Authorised Signatory** .....

☐ Cheque Book may be / need not be issued — **Name and SS No.** …….....

Date: .....

4. Account opened on …… (Date) in the system by Mr/Ms…… ……(Name of staff).	**First Applicant CIF No.**	**Second Applicant CIF No.**

5. Verified the opening of the account in the system. Letter of thanks sent to the customer on …… and to introducer on ……
6. Acknowledgement received from customer on …… and from introducer on ……
7. Passbook/TDR/ STD Receipt No. ……. delivered to the customer on ……
8. The specimen signature(s) of the applicant/s was scanned and linked to the account by…….. (staff name). Verified the scanning of the specimen signature(s) and linking to the account.
9. Nomination details entered in the system/ nomination register on ..... vide Registration No.....
10. ATM/Debit/Maestro Card No.....……..... / Internet Banking/Telebanking ID despatched on ..... *(if sent subsequent to date of opening, to be filled in immediately after despatch)*

Risk Classification and Fixing of Threshold Limit *(Refer HO: O&M Division Circular on KYC - GENL.03/05-06 dated 8.4.05 M6 S608)*

11. Potential activity expected in the Account (Monthly/ Annual turnover) Rs.
12. Source(s) of Funds:
13. Annual Income Rs……. The threshold limit is fixed at Rs. ……..
14. Risk Classification ☐ Low ☐ Medium ☐ High
15. Reasons for risk classification made:

Signature of the official ..... **Name and SS No.** .....

Date: ……

Space for Noting the que/reference/journal numbers in CBS branches

इंडियन बैंक
Indian Bank

..... Branch

NOMINATION FORM - DA 1

Note: (i). Only one person can be appointed as nominee (ii). Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor (iii). If the applicant(s) is/are illiterate, his/her thumb impression(s) shall be attested by two witnesses.

I/We.....

..... [Name(s) and Address(es)]

nominate the following person to whom in the event of my/our/minor's death, the amount of Savings Banks/ Term Deposit/ Current Account (Individuals & Sole Proprietor only) may be returned by Indian Bank .....Branch.

Please * ***mention*** / * ***do not mention*** the nominee's name in the passbook/deposit receipt/acknowledgement (* strikeout which is not applicable)

Nominee Particulars

Name and Address	Relationship with depositor if any	Age	If minor $ date of birth

Deposit Particulars

Type / Scheme	Account / Receipt No.	Date	Amount	Maturity Date

$ As the nominee is a minor on this date, I/We appoint Mr/Ms.. .....

..... (Name, Address and age)

to receive the amount in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

(Delete this para if the nominee is not a minor)

Place : .....

Date : .....

1. .....

2. .....

Signature / @Thumb impression of the Depositor/s

@ **Witnesses for Thumb Impression(s)**	
1. Signature :	2. Signature :
Name :	Name :
Address :	Address :
Place : Date :	Place : Date :

Nomination accepted and registered vide Registration. No..... dated ..... and details noted in the Nomination Register	..... **Signature of Asst. Manager/Manager**

✂----------✂---------- ✂

Acknowledgement (To be returned to the depositor)

Name and Address of the depositor	Name of the Nominee *(fill up only if opted for)*	Regn. No.	Registered on
	For Indian Bank		
SB/CA/TDR a/c No	Branch Seal	**Asst. Manager / Manager**	