KGB F 1001/R/xxx xxxxx



DP Code No:

Branch :

# SAVINGS BANK & CURRENT ACCOUNT OPENING FORM

## Request & Declaration

(For new customers, the customer registration form must be obtained for each constituent)

I/We request you to ope	en a Savings Bank A/c / Curr	ent A/c as per details provid	ed below in my/our name/s or in the name of		
1					
3		4			
I/We have understood the	rules for the above mentioned	account and agree to comply v	vith and be bound by Bank's rules now in force and		
from time to time in force fo	or conduct of such accounts. I/M	/e declare that I am /We are Ind	ian Nationals and residents / non residents in India.		
			Yours faithfully		
Name, Signature /Thumb	impression of				
1) First / Sole applicant	1)		Customer ID		
2) Second applicant	2)		Customer ID		
3) Third applicant	3)		Customer ID		
4) Fourth applicant	4)		Customer ID		
Place : Date :					
Type of Account	Savings Bank	Current Account	Constitution		
SB / CA Product	SB Domestic	Basics Savings Bank	SB NRE SB NRO		
	Current	Current NRI	Current NRO SB No Frill		
	Others (Please Specify		)		
Mode of Operation	Self	Former or survivor	Either or survivor Guardian		
	Severally	Jointly by	and		
Other Service Facilities	ATM / Debit Card	Cheque Book	Credit Card SMS / Alert		
required	Mobile Banking	Net Banking			
Statement of account	By post	By hand	Email Not required		
through	Frequency	Monthly	Quarterly		
In case the account is opened in the name of minor or mentally challenged person, Name of the guardian & Customer ID.					
Name : Mr./Mrs./Miss			Customer ID		
Relationship			Date of Birth of minor		
L					

# For Office use Only Declaration by the Bank Official

I have met the account opener /s in person and hereby confirm that KYC norms are fully complied with. Verified the documents attached as per KYC / PMLA Guidelines, Permitted to open the account.

### **TERMS & CONDITIONS & DECLARATION**

I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts/services/products/fee & charges which contained in the brochures of the Bank from time to time.

- 1. Please issue Multi-city / Normal cheque book and recover charges from my/our account as per norms of the bank (Give Option)
- 2. Account will be operated and balance along with interest payable as per operational instructions given above.
- 3. I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.
- 4. I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.
- 5. I/We also agree to maintain the minimum/quarterly average balance which the Bank may prescribe as the minimum/ quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum/ quarterly average balance is not maintained and any other charges stipulated by the Bank. I/We understand that any change in this respect will be notified by the Bank on its website and also will be displayed on the notice board of the branches one month in advance.
- 6. I/We authorize the Bank/its Group Companies or its/their agents to make references and enquiries as may be deemed necessary in their descretion with regard to the information furnished in this application. The Bank and relating to my/our application inter se among themselves or to other Banks/Financial Institutions / Credit Bureaues/Agencies/Statutory Bodies/such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information/ data by such person/s or for furnishing of the processed information /data /products thereof to other Banks / Financial Institutions / Credit Bureaues/Agencies / Users registered with such agencies.
- 7. I/We hereby authorize you to send the instrument tendered by me for collection, through courier service. I/We also undertake not to hold the bank responsible for any loss or damage sustained by me if such items are lost in transit. I/We also understand and agree that I/We shall not be eligible for any compensation in such and eventuality other than what is is compensated by the Courier service to the Bank.
- For Debit cum ATM Card to be issued in the operative deposit account:
- 1. I/We have read and understood the terms & conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms & conditions and to any changes made therein from time to time by the Bank at its sole discretion. I/We authorize the Bank to issue a Debit cum ATM Card to the person/s as name mentioned in the application of account opening form. I confirm that I am the sole account holder or have the required mandate to operate the account singly line to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.
- 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.
- 3. I/We accept full responsibility for my/our Debit Card and agree not to make any claims against the Bank in respect thereto.

#### Full signature (in running handwriting)

1	2	3	4

### ADDITIONAL INFORMATION FOR KYC NORMS

#### KERALA GRAMIN BANK

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The Manager,

Dear	S	ir
DCai		ш,

Sub: Savings Bank / Current / Over Draft / OCC Account Noin my / our				
Name	opened on			
I/We hereby declare that I/we am/are engaged i	nactivity and my / our annual income / turnover from			
the same is Rs	for operating the account, I/We request you to permit a threshold limit of Rs			
(Rupees	) per transaction.			

In case the limit fixed is found insufficient, at a later date, I/we shall request for revision of the threshold limit for permitting further transaction in the account as required by the Bank/Reserve Bank of India.

Also I/we do hereby agree for periodical submission of my/our latest/current Photographs, address proof and identity proof as required by the Bank / Reserve Bank of India on completing 5/2 years from the date of opening the above account enabling to comply the obligation of the Bank pertaining to Know Your Customer (KYC) norms, Prevention of Anti-Money Laundering Act (PMLA), Combating Financing of Terrorism (CFT) Act etc and I/we shall abide by the Rules of law. I/we am/are also aware that failure to do so will attract closure of the account by the bank with out any notice and consequential actions against me/us under the Acts Thereof.

# **CUSTOMER PROFILE**

Particulars	
Name	
Location	
Telephone No: Res:	: Mobile:
Customer Identity (Details of proof Verified)	
Social / Financial Status	
Annual Income	
Anticipated Turnover	
Source of Funds	
Net worth	
Threshold limit accepted	
Risk categorisation of customer Low	Medium High

Signature of the Customer Date:.....

Signature of Branch Head Date:....

Details of Review

### Form DA-1 Nomination Form

### Nomination under section 45ZAto 45ZF of the Banking Regulation Act 1949 and 2(1) of the Banking Companies.

### (Nomination) Rules 1985 in respect of bank deposits.

I/We ------ name(s) and address (es) nominate the following persons to whom in the event of my/our/minor's death, the amount of deposit, particulars where of are given below may be returned by the Bank......Branch

Deposit			Nominee				
Nature of Deposit	Distinguishing No.	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If Nominee is minor date of birth #

# As the nominee is a minor on this date, I/We appoint Shri/Smt/Kumari .....

#### Place: .....

Date: .....

### # Strike out if nominee is not a minor

@Signature, Name and Address of Witnesses			# Signature /Thumb Impression of Depositors
	Witness 1	Witness 2	
Signature			
Name			
Address			

# Where deposit is made in the name of a minor the nomination should be singed by a person lawfully entitled to act on behalf of the minor @ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two persons.

#### Letter of undertaking from illiterate person

With reference to the above application, I hereby undertake to call on person for withdrawing money from the account and not to issue cheques in favour of third parties. You are at liberty to dishonour by nonpayment of cheque, if any, drawn by me in favour of third parties and I will indemnify you against losses, claims etc., that may arise consequent upon such dishonour. You are also not bound to act upon any instruction, I may issue in regard to the account unless I personally call on you to convey the same.

Contents of this letter have been explained to me and I have understood the same.

## Date:

Depositor

Yours faithfully

The contents of this letter account opening form and rules of business have been explained by me to the depositor and the depositor has affixed his left/right hand thumb impression in my presence.

Signature of witness: Name and address:

### Date:

### For Office use

Signed before me and verified with the customer Registration form, permitted to open the account

Date:

Assistant Manger

Manager / Senior Manager / Chief Manager