Catholic Syrian Bank

CSB

Current Account/Savings Bank Account Opening Form for Non-Individuals

A 144-CASA Version 2

(Office Use Only)
Name of the branch: Date: (dd/mm/yyyy)

Account No.: Branch Code | Client ID | Product Code/No. ORN:

Instructions: **1**. Please fill in BLOCK letters only. Leave one box blank between words. **2**. Tick (✓) the appropriate boxes. **3**. Fields marked with asterix (*) are mandatory.

I/We request you to open an Account as per the details furnished herewith

Account Type*	Scheme* (AQB - Average Quarterly Balance AMB - Average Monthly Balance)				
☐ Saving Bank A/c	☐ CSB Orange SA (AQB ₹500 for Rural/ Semi Urban branches AQB ₹1,000 for Urban/ Metro branches)	☐ CSB Silver SA (AQB ₹5,000)	☐ CSB Gold SA (AQB ₹25,000)	☐ CSB Platinum SA (AQB ₹1 Lakh)	
☐ Current A/c	☐ CSB Orange CA (AMB ₹5,000)	☐ CSB Silver CA (AMB ₹25,000)	☐ CSB Gold CA (AMB ₹50,000)	☐ CSB Platinum CA (AMB ₹1 Lakh)	☐ CSB Smart CA

Constitution Type*

☐ Proprietor ☐ Registered Partnership ☐ LLP ☐ Club ☐ Society ☐ Association ☐ HUF ☐ PSU
☐ Trust ☐ Pvt. Ltd. Company ☐ Ltd. Company ☐ Central Govt. ☐ State Govt. ☐ Local Self Govt.
☐ Unincorporated Entities/Unregistered Partnership/Others (Specify)

For Profit Organization* ☐ Yes ☐ No

Mode of Operation*

☐ Single ☐ Jointly by any Two ☐ Jointly by all ☐ POA ☐ As per Resolution (Give Details)

☐ (A-63) Letter of Authority ☐ Other mode (Specify)

Applicant Firm/Company/Entity Name* (in CAPITAL letters)

Account Address* (Corporate/Office address)

Submit address proof with this application

Line - 1*
Line - 2
Line - 3
City District*
State* Pin*

Address for Communication - to be furnished only if other than Account Address mentioned above

Submit address proof with this application

Title :
Line - 1*
Line - 2
Line - 3
City District*
State* Pin*

Value Added Services (Please tick (✓) the services you need)

1. **ATM / Global Support card** **Domestic** ☐ Visa ☐ Master card ☐ Rupay ☐ **International** (EMV Chip Card)

Name to be printed on name embossed card: (Not Exceeding 20 characters)

2. ☐ **Passbook** 3. ☐ **Account Statement** 4. ☐ **SMS Alerts** 5. ☐ **E-mail Alerts** 6. ☐ **Mobile Banking**
7. ☐ **E-passbook** 8. **E-mail Statements:** ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half yearly
9. ☐ **Internet Banking** (Choose one option →) ☐ Viewing rights ☐ View and Transaction rights

Mobile No. to be linked (Mobile Number mandatory for Net/Mobile Banking & SMS alerts)

(E-mail ID mandatory for Net Banking, E-mail alerts & E-statements)

E-mail ID (in block letters)

Security questions for Net/Mobile Banking user

Date of Birth (dd/mm/yyyy)

Mother's Maiden Name

Initial Deposit Details*:

Amount (Figures) Amount (words)

☐ Cash ☐ RTGS/NEFT UTR No.

☐ Cheque / DD No. Date MICR Code enclosed.

☐ CSB Cheque ☐ Other Bank Cheque, Bank Name

Request/Agreement/Undertaking*

To, The Branch Manager, The Catholic Syrian Bank Ltd., Branch.

Please open an account in my/our name/s as per the particulars furnished above & in the annexure/s submitted herewith. I/We have read, understood & unconditionally agree to comply with the rules of the bank in force from time to time governing the conduct of the account & other value added services*. I/We agree to maintain the minimum average balance as applicable from time to time in the product variant chosen by me/us and that the Bank shall be at liberty to deduct service charges, as per rules in force, for non-maintenance of requisite minimum average balance.

*(The Terms & Conditions regarding conduct and operation of the account and the Value Added services applied for (ATM Cum Debit Card/CSB Internet Banking/Mobile Banking) which are available in the Banks website www.csb.co.in and also at all CSB branches; are subject to change from time to time).

Signature and Seal of Authorised Signatory

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Nomination*

1. Applicable/Available only to Proprietory Concerns 2. Nominee has to be a Natural Person To be signed even if nomination is not required

Nomination ☐ Required ☐ Not required

Name of Nominee

Relationship with Depositor Age Date of Birth (if minor)

Address of Nominee

*As the nominee is a minor on this date, I appoint
(Name, Address & Age) to receive the amount of the deposit on behalf of the minor nominee in the event of my/minor's death during the minority of the nominee.

Signature(s) of Depositor(s) (Signature mandatory for Individual appllicants/Proprietory concerns even if nomination is not required)

Signature of Proprietor

Name & Address of Witness

Date Place

***Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor, Strike out if nominee is not a minor.**

Signature of witness

For Office Use Only

Account Opening Channel: ☐ Walk in Customer ☐ Staff/ Marketing Team ☐ Others

Lead Generated by (EMP Code)

Lead Closed by (EMP Code)

Seal & Signature of Section Officer/ Marketing Executive

For CPC Use **Entered by:** Employee Code **Verified by:** Employee Code

Signature

Signature