

(Office Use Only)														
Name of the branch: <div style="display: flex; border: 1px solid black; width: 100%; height: 20px;"></div>														
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 20%;"> Account No.: <div style="display: flex; border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 30%; text-align: center;"> <div style="display: flex; border: 1px solid black; width: 100%; height: 20px;"></div> <p>Branch Code</p> </div> <div style="width: 30%; text-align: center;"> <div style="display: flex; border: 1px solid black; width: 100%; height: 20px;"></div> <p>Apex Client ID</p> </div> <div style="width: 20%; text-align: center;"> <div style="display: flex; border: 1px solid black; width: 100%; height: 20px;"></div> <p>Product Code/No.</p> </div> </div>														
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> ORN : <div style="display: flex; border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 40%; text-align: center;"> <div style="display: flex; border: 1px solid black; width: 100%; height: 20px;"></div> <p>Date: (dd/mm/yyyy)</p> </div> </div>														

1. Please fill in BLOCK letters only. Tick (✓) the appropriate boxes and leave one box blank between words/names. 2. Fields marked with asterix (*) are mandatory. 3. Furnish separate CKYC Individual Customer Profile Form for each applicant.

Account Type*	Scheme*				AMB - Average Monthly Balance			
<input type="checkbox"/> Savings A/c	<input type="checkbox"/> CSB Blue SA <small>(AMB ₹2,500 for Rural/Semi Urban branches AMB ₹5,000 for Urban/Metro branches)</small>	<input type="checkbox"/> CSB Silver Plus SA <small>(AMB ₹10,000)</small>	<input type="checkbox"/> CSB Gold SA <small>(AMB ₹25,000)</small>	<input type="checkbox"/> CSB Platinum SA <small>(AMB ₹1 Lakh)</small>				
	<input type="checkbox"/> Suvidha (Salary)	<input type="checkbox"/> Students Support	<input type="checkbox"/> Social Support (BSBDA)	<input type="checkbox"/> Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Current A/c	<input type="checkbox"/> CSB Blue CA <small>(AMB ₹10,000)</small>	<input type="checkbox"/> CSB Silver CA <small>(AMB ₹25,000)</small>	<input type="checkbox"/> CSB Gold CA <small>(AMB ₹50,000)</small>	<input type="checkbox"/> CSB Platinum CA <small>(AMB ₹1 Lakh)</small>	<input type="checkbox"/> CSB Smart CA	<input type="checkbox"/> Others	<input type="text"/>	<input type="text"/>

	Title (Mr./Mrs./Miss)	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
1st Applicant (Primary A/C holder)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Applicant (Joint holder)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Applicant (Joint holder)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If joint applicant is NRI/PIO, relationship with 1st applicant <input type="text"/>							(If the joint applicant is NRI/PIO, he/she should be a "close relative" to the primary holder. Close relative is as defined in Sec.6 of Companies Act, 1956)									
Customer ID: (Office use only)	1st Applicant <input type="text"/>						2nd Applicant <input type="text"/>						3rd Applicant <input type="text"/>			

☐ Single ☐ Either or survivor ☐ Former or survivor ☐ Anyone or survivor

☐ Jointly by all ☐ By Guardian (till the minor attains majority) ☐ Authorized signatory/POA

Deliverables to be sent to: ☐ Correspondence/Local Address of 1st Applicant/ Primary Holder (or) ☐ Current/Permanent Address of 1st Applicant/ Primary Holder

Amount (₹)		Amount (words)	
<input type="checkbox"/> Cash	<input type="checkbox"/> RTGS/NEFT	UTR No.	
<input type="checkbox"/> Chq/DD No.		Date	
<input type="checkbox"/> CSB Cheque	<input type="checkbox"/> Bank Name (if Other Bank Cheque)		

Note: Mobile Number & E-mail ID of 1st applicant will be linked for Digital Banking Services (Internet / Mobile Banking & Alerts)

Nomination for the Account* (Signature mandatory for individual accounts. Nomination to be signed by Guardian, in case of minor accounts.)

Nomination	<input type="checkbox"/> Required <input type="checkbox"/> Not required	CKYC Number of Nominee: (If already registered)	
Name of Nominee			
Relationship with Depositor		Age	Date of Birth (if minor)
Address of Nominee			

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

Signature(s) of Depositor(s)	Signature of 1 st Applicant	Signature of 2 nd Applicant	Signature of 3 rd Applicant
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#Strike out if nominee is not a minor
In case of thumb impression of account holder, the same shall be attested by Branch Official under seal.

Minor's Account (Not required for Student Support accounts)

Name of the Parent/Guardian	
Minor's Date of Birth (Proof to be provided)	CKYC Number of Guardian: (If already registered)
Relationship with Minor	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Testamentary Guardian

Declaration:

I/We hereby declare that the date of birth of (name of Minor), who is my (relationship) is d d m m y y y y and I am his/her natural/legal guardian appointed by court order dated (copy enclosed).

1. Applicable for A/cs in representative capacity : I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against any claim of above minor for any transactions made by my me in his/her account.
2. Applicable for A/cs opened in individual capacity of minor : I hereby declare that the minor has sufficient knowledge about operating the bank account.

Signature of Guardian

Terms & Conditions/Declaration*

I/ We have read, understood & unconditionally agree to comply with the Bank's Most Important Terms & Conditions in force from time to time governing the conduct of the account & other services, including value added services, as applied for ie; ATM/ Debit Card/ CSB Internet Banking/ Mobile Banking (details available on the Bank's website www.csb.co.in).

The User ID, Password, PIN Number or any other security systems provided for the operation of Internet Banking, Mobile Banking, ATM operations shall be kept by me/us as confidential information. I/We should not divulge the same due to my/our carelessness or otherwise and if any loss or damage is occurred to Bank due to the access got to it by any other person. I will be truly responsible and the Bank is fully indemnified to the loss that may occur due to such unauthorized access.

I/ We accept and agree to be bound by the said Bank's Conditions including those limiting the Bank's liability. I/ We understand that bank may at its absolute discretion, discontinue any of the service/s completely or partially without any notice to me/ us. I/ We agree to maintain the minimum balance as applicable from time to time in the account & that the Bank shall be at liberty to deduct service charges as per rules in force for non-maintenance of requisite minimum balance. I/ We also agree that we have no objection to the Bank debiting my/ our account for any other service charges applicable from time to time. I/ We authorize the Bank to keep providing me/ us the information of the Bank's new products and offers through my/ our preferred mode of contact or through a phone call as convenient.

I/ We hereby irrevocably authorize the Bank to disclose from time to time any information on or relating to my/ our account(s) with the Bank to any other branch of CSB BANK LIMITED / other Banks / Financial Institution/ Agencies/ Statutory Bodies/ Persons as the Bank may deem necessary. We undertake to inform the Bank any change in my address and to provide any further information/ updated KYC document that the CSB BANK LIMITED may require from time to time. I/we also agree that the original account opening form and photocopy of KYC documents shall be retained by the Bank, for record purposes.

Information pursuant to Anti-Money Laundering (Applicable for all Savings/Current Accounts)

1. I/ We confirm that the account will not be used for any money laundering purposes.
2. I/ We am/ are the beneficial owner of all assets run through my/ our own account.
3. The beneficial owner of some/ all assets run through the account is/ are (name and address of person for whom the account(s)are maintained):

The Branch of CSB BANK LIMITED where my/ our account is maintained will be the base branch accountable for repayments/settlements. I request and authorize you to honour all cheques, Bill of Exchange, Promissory Notes and others, drawn, accepted or made on the said account by me whether the account be in credit / overdrawn.

Change In Rules:

The bank reserves the right to alter, delete or add to any of the Rules and/or service charges for which the customer will be duly notified. The detailed rules are available on the Banks website www.csb.co.in and/or branch notice board.

I/We hereby also affirm and declare that my/our mailing address is as indicated overleaf. I/We understand that the positive confirmation letter sent by the bank to that address, if returned undelivered, may result in the bank stopping all operations of my/our account, without further notice.

Signature of 1st ApplicantSignature of 2nd ApplicantSignature of 3rd Applicant**For office use only**

For Suvidha A/c ->	Employer Code	Employer Name	Gross Monthly Salary(₹) of applicant
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Account Sourcing Channel:

<input type="checkbox"/> Walk in Customer	<input type="checkbox"/> Staff / Marketing Team	Lead Generated by	EMP Code	Lead Closed by	EMP Code
<input type="checkbox"/> Customer Referral	Individual apex Client ID	Lead Closed by	EMP Code	<input type="checkbox"/> BC / DSA	BC / DSA Code
<input type="checkbox"/> Other Channels		Campaign Code:			

Name of Branch Operations Manager (BOM)/ Branch Manager (BM)	
Designation	EMP Code
	Date

Risk profile categorization of applicant/ joint applicant(s) confirmed & account opened

Signature of BOM/BM