

Resident Savings Bank/Current Account Opening Form

(Office Use Only)										Date (dd/mm/yyyy)														
Name of the branch																								
Account No					Branch Code					Apex Client ID					Product Code/No.					Ref No.				

Instructions for filling the form

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

I/We request you to open an Account as detailed below

Account Type*	Scheme*		AMB - Average Monthly Balance, TRV - Total Relationship Value (CA/SA+TD)	
<input type="checkbox"/> Savings A/C	<input type="checkbox"/> CSB Blue SA (AMB ₹2,500 for Rural/Semi Urban Branches AMB ₹5,000 for Urban/Metro branches)	<input type="checkbox"/> CSB Silver Plus SA (AMB ₹10,000)	<input type="checkbox"/> CSB Gold SA (AMB ₹25,000)	<input type="checkbox"/> CSB Platinum SA (AMB ₹1 Lakh)
	<input type="checkbox"/> Suvidha (Salary).....	<input type="checkbox"/> Students Support	<input type="checkbox"/> Social Support (BSBDA)	<input type="checkbox"/> Others
	Premier Banking Program			
	<input type="checkbox"/> Prime (AMB 50,000/TRV 3 Lakh)	<input type="checkbox"/> Elite (AMB 1 Lakh/TRV 5 Lakh)	<input type="checkbox"/> Zenith (AMB 3 Lakh/TRV 15 Lakh)	<input type="checkbox"/> Others
<input type="checkbox"/> Current A/C	<input type="checkbox"/> CSB Blue CA (AMB ₹10,000)	<input type="checkbox"/> CSB Silver CA (AMB ₹25,000)	<input type="checkbox"/> CSB Gold CA (AMB ₹50,000)	<input type="checkbox"/> CSB Platinum CA (AMB ₹1 Lakh)
	<input type="checkbox"/> CSB Smart CA	<input type="checkbox"/> Others		
	Premier Banking Program			
	<input type="checkbox"/> Prime (AMB 50,000/TRV 3 Lakh)	<input type="checkbox"/> Elite (AMB 1 Lakh/TRV 5 Lakh)	<input type="checkbox"/> Zenith (AMB 3 Lakh/TRV 15 Lakh)	<input type="checkbox"/> Others

Applicant's Full Name*

1st Applicant (Primary A/C holder)	Title (Mr./Mrs./Miss)	FIRST	MIDDLE	LAST
2nd Applicant (Joint Holder)				
3rd Applicant (Joint Holder)				

If joint applicant is NRI/PIO, relationship with 1st applicant () (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 2nd Applicant 3rd Applicant

Mode of Operation*

☐ Single ☐ Either or survivor ☐ Former of survivor ☐ Anyone or survivor ☐ Jointly by all

☐ By Guardian (till the minor attains majority) ☐ Authorized signatory/POA ☐ Others

Mailing Address* (Please tick any one of the following)

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

Details of Initial Remittance

Amount ₹ Amount (words) Cash

☐ Cheque No. Date D D M M Y Y Y Y MICR Code enclosed.

☐ CSB Cheque ☐ Bank Name (if Other Bank Cheque)

Digital Banking - Value Added Services (*Internet/Mobile Banking not available for social support accounts and accounts of minors in individual capacity)

Your Account will be enabled with digital channel services including Debit card, Internet Banking, Mobile Banking, SMS alerts, E-mail alerts/statements.

If you do not want to avail any of the said services please strike out the item in the appropriate boxes below (X) :

☒ ATM/Debit Card ☒ Internet Banking# ☒ Mobile Banking# ☒ SMS Alerts (nominal charges apply) ☒ E-mail Alerts ☒ E-mail Statements (Monthly)

ATM/Debit Card Usage:

ATM ☒ Domestic ☐ International POS ☒ Domestic ☐ International ECOMM ☒ Domestic ☐ International

Preference if any, for higher debit card variants ☐ Rupay Platinum ☐ Visa Platinum ☐ Others

(Annual charges as per card variant shall be applicable. For students support & BSBDA schemes, the debit card option shall be limited to Rupay Classic)

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)	<input type="text"/>
Name of Nominee	<input type="text"/>		
Relationship with Depositor	<input type="text"/>	Age	<input type="text"/>
Address of Nominee	<input type="text"/>		

#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/Thumb Impression of 1st Applicant

Signature/Thumb Impression of 2nd Applicant

Signature/Thumb Impression of 3rd Applicant

#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	<input type="text"/>		
Minor's Date of Birth (Proof to be provided)	<input type="text"/>	CKYC Number of Guardian (if already registered)	<input type="text"/>
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 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 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/Thumb Impression 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 understood 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.

I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank shall have the right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/FEMA/GoI from time to time. I/We also authorise the Bank and agree to close/discontinue my account without any notice to me in case of any violation of laws/rules/regulations or terms and conditions maintaining the account.

Initial Payment Funding Declaration: I/We am/are depositing/deposited funds from my/our own bank account and not from Third Party Bank account. I/We understand and accept that Bank can refuse to open the account at its discretion if any discrepancy is found. The Bank will return the IP funds/IP funding cheque to me/us if the account opening could not be processed on account of non- submission of KYC documents by me/us. I/We also hereby agree to, pay the Bank/the Bank deducting from my/our funds lying with the Bank, the processing fee as notified by the Bank from time to time in its website www.csb.co.in along with tax, if the account is closed/is not activated due to non- submission of KYC documents by me/us as per the extant guidelines of the Bank

Applicable for Suidha accounts: I understand and accept that, if monthly salary is not credited in this Suidha account continuously for 3 months, this account will be converted to regular savings account variant.

Applicable for Premier Banking Program/Accounts: I/We understand and accept that if I/We am/are not maintaining the minimum balance as applicable from time to time in the account, this account will be converted to regular savings/current account variant as decided by the bank from time to time.

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/Thumb Impression of 1 st Applicant	Signature/Thumb Impression of 2 nd Applicant	Signature/Thumb Impression of 3 rd Applicant
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Witnesses (Thumb impression shall be attested by two witnesses)

1. Signature : _____ Name : _____ Address : _____ Place & Date : _____	2. Signature : _____ Name : _____ Address : _____ Place & Date : _____
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For Office Use Only

For Suvudha A/c ->	Employer Code	Employer Name	Gross Monthly Salary (₹) of applicant
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For Premier Banking Program

Family Group code	Relationship with primary client
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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 Client ID	Lead Closed by	Emp. Code	<input type="checkbox"/> BC/DSA	BC/DSA Code
<input type="checkbox"/> Others Channels	Campaign Code				

Name of Branch Operations Manager (BOM)/Branch Manager (BM)

Designation Emp. Code Date

D	D	M	M	Y	Y	Y	Y
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☐ Risk profile categorization of applicant(s) confirmed & account opened. ☐ Applicant(s) signed in my presence

Signature of BOM/BM