

Non Resid	lent - Savi	ngs	Ban	k/Cı	ırren	t A	ccou	nt ()pe	nin	g F	orr	n fo	or Ir	ndi	vid	ua	ls												
(Office Use Only) Name of the	branch																				Da	te	D	D	M	M	Υ	Υ	Υ	Υ
Account No)	Bra	ınch (Code			Ар	ex Cl	ient	ID				Pro	duc	t Co	ode/	No.		Ref	No.						Ī			
Instructions for filling the form																														
	in BLOCK lette parate Centra														vee	n w	ord	s/na	ımes	s. 2.	Field	ds m	arke	ed a	steri	x (*)	are	mai	ndat	ory.
I/We requ	est you to op	oen a	ın Ac	coun	t as d	etai	led be	low																						
NRE/NRO*	Account Typ	pe*							Sch	eme) *						ΑN	1B - A	verage	Mont	hly Bal	lance,	TRV -	- Total	Relati	ionshi	p Value	e (CA/	SA+T	D)
	Savings A	√c		(AMB ₹2,50 Urban brand for Urban/M	lue SA 00 for Rural/5 ches. AMB ₹ letro branch	5,000 es)		CSB S amb ₹1			s SA			B Go B ₹25,0		Α _			Plati 1 Lakh		SA		Othe	ers	I					
NRE NRE	Davings AVC		Premier Banking Program Prime QAMB ₹50,000/TRV ₹3 Lakh) Elite QAMB ₹1 Lakh/TRV ₹5 Lakh) C(AMB ₹3 Lakh/TRV ₹15 Lakh) Others																											
NRO			CSB Blue CA CSB Silver CA CSB Gold CA CSB Platinum CA (AMB ₹10,000) (AMB ₹25,000) (AMB ₹50,000) (AMB ₹50,000)																											
	Current A	/c	Premier Banking Program Prime Prime AMB ₹1 Lakh/TRV ₹5 Lakh) (AMB ₹50,000/TRV ₹3 Lakh) (AMB ₹1 Lakh/TRV ₹5 Lakh) (AMB ₹3 Lakh/TRV ₹15 La																											
Annlicant	's Full Name	*		(AIVID COO,C	J00/111V (31	Lakiij		AIVID (I I	Zani / III	V \ J La	NI)		((ANN)	J (J Lan	VIIIV	. IJ Lan	a 1)			,										
1st Applicant			Viss)		FIRS	ST										MID	DLE	<u> </u>										LA	ST	
(Primary A/C holder) 2nd Applican	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																<u> </u>												
(Joint A/C holder) 3rd Applican	t 🗎																<u> </u>	<u> </u>												
(Joint A/C holder) If joint applicant is	s resident, relations	ship wit	h 1st ap	plicant		_						<u> </u>	<u> </u>														d be a			
Customer ID	1 st Appli		i T						2 nd	Annli	cant				to tr	ie prir	mary	noid	er. Gio	7	auve Appli		deline	ea in S	ес. 6	OI CC	ompan	ies A	CL, TS	(96)
(Office use only) Mode of (oune							_	, ibbii	ount										, ibbii	ount								
Mode of Operation* Single Either or survivor Former or survivor Anyone or survivor Jointly by all By Guardian (till the minor attains majority) Authorized signatory/POA Others If the joint holder is a resident Indian, operation will be restricted to Former or Survivor (F or S) only. If POA is given to the resident joint holder, he/she shall be eligible to operate the account as a POA holder during the life time of the primary holder.																														
	ddress* (Pleas	e tick	anv on	e of the	followi	na)													110 000	Ourice	5410	ATIOIG	or dur	ing the		TIC OI	uic piii	nary i	ioidei	
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Details of	Initial Remit	tanc]	СОРОІ	idonoc	<i>,,</i> LO	oui Au	ui oo	, OI		iai y	7,0	1101	u01																
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Digital Banking - Value Added Services (#Internet/Mobile Banking not available for accounts of minors in individual capacity) Account of the applicant entity 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/De	ebit Card# 🗸	Int	erne	t Ban	king#	✓	Mobi	le Ba	anki	ing#	ŧ	√	_	IS A minal	_		apply	()	✓	E-	mail	Ale	rts	✓		E- m a (Mont	ail S thly)	tate	eme	nts
	ATM/Debit Card Usage: ATM																													
ATM 🗸	Domestic	Int	ernat	ional		F	POS \	✓ D	ome	estic	:	In	terna	ation	al				E	COM	M	✓	Do	mes	tic	L	Inte	erna	tion	al
Preference if	any, for highe	er del	bit ca	rd var	iants		Rupa	y Pla	tinu	m		Vi	sa P	latin	um			(Othe	rs					L					

(Annual charges as per card variant shall be applicable)

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

Nomination for t	Nomination for the Account* (Signature mandatory for individual accounts. Nomination to be signed by Guardian, in case of minor accounts.)																														
Nomination	Re	quir	ed		Not re	quir	ed					oer of		min	ee																\equiv
Name of Nominee									(11 (11)	cauy i	ogic																				=
Relationship with De	positor		\Box			Ť											Α	ge			Dat (if m	e of	Birth	D	D	M	M	Υ	Υ	Υ	Υ
Address of Nominee			\Box																			11101)									=
#As the nominee is a	minor	on tl	hie d	ate v	we ann	noint																									
(Name, Address & Ag								sit (on b	ehalf	of	the n	ninc	or no	min	ee i	n the	e ev	ent	of m	ıy de	eath	duri	⊥ ing tl	he m	ninor	ity o	of the	non s	nine	e.
Signature(s) of Deposi	tor(s)		Sig	gnature/	Thumb In	npressi	ion of 1 st	Applic	cant			S	iignat	ture/Th	numb Ir	mpres	ssion of	f 2 nd A	pplica	nt			S	ignatur	e/Thur	nb Imp	ression	n of 3 rd	¹ Applio	cant	
#Strike out if nominee is r	not a min	or. In	case	of thu	mb impi	ressio	n of ac	coun	nt hold	der, the	e sa	ime sh	all b	e att	ested	by E	Brancl	h Off	icial ı	ınder	seal										
Minor's Account	t* (Not re	equir	ed for	r Stud	ent Sup	port	accour	its)																							
Name of the Parent/Guardian																															
Minor's Date of Birth (Proof to be provided)	h									C	CKY	/C Nu																			
(Proof to be provided) (If already registered) (If alr																															
Declaration	hat tha	doto	of hi	irth o							_		_														\neg	(no	 .	f Min	201
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who is my									nship) is	d	d	m	m	У	У	У	У	an	dlar	n his	s/her	natu	ıral/le	egal (guard	lian a	appoi	nted	by co	ourt
order dated d d m m y y y y (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. Declaration/Undertaking by applicant(s)* (Please tick as applicable - NRI/PIO/Seafarer or Mariner)																															
Declaration/Und	ertakı	ıg b	у ар	plic	ant(s)	_																									
I/We			4				I hereby										an/s h	oldir	ng Ind	lian P	assp	ort									
I/We							I hereby			_						g					4							Ⅎ`		g coui	-,
	passport/s, satisfying one of the following conditions, for which proof is attached. I/We held an Indian Passport hold a PIO card am Spouse of an Indian Citizen am Spouse of a PIO																														
Father/mother/gran	·			`	<i>'</i> L								4		i	s/wa	as a ci	tizen	of Inc	lia by	virtue	of th	e cor	stituti	on of	India	or the	Citize	nship	Act 1	955.
I/We hereby declare	and con	firm t	hat I/V	Ne am	/are Nor	_						L																			
						(na	me and	addr	ress o	f the sh	nipp	ing cor	npar	ny) re	gister	ed in													Ш	(cour	ıtry)
I/We have read, understoother services, including																															nt &
In respect of NRO/NRE/FCNR A/C s, all the debits and credits will be carried out strictly as per FEMA regulations. I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival. I/We agree that no claim will be made by me/us for any interest on the deposit/s for any period after the date/s of maturity of the deposit(s).I/We hereby declare that only legitimate dues in India which would include current income like rent, dividend, pension, interest, etc sale proceeds of assets including immovable property acquired out of rupee/foreign currency funds by way of legacy/inheritance will be deposited in my/our NRO account with the prevailing stipulations, laid by RBI. 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 the 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 of any change in my address and to provide any further information/updated KYC document that the CSB BANK LIMITED may request at any 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 (Gol)/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/Gol 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	e account.							•						.550u	44161	iout	arry 11		111		(urry	*1016		·······································	, i ulti	J. ogl	, iddi()	01	-011110	anu
1. I/We confirm that the ac		-		_					-				•	ne be	neficia	al ov	vner d	of all	asset	ts run	thro	ugh r	ny/oı	ır owr	n acco	ount. :	3. The	e ben	eficia	l owne	er of
some / all assets run throu	ugh the ac	coun	it is / a	are (na	ıme and	addr	ess of p	erso	n for	whom	the	accou	nt(s)	are i	nainta	ainec	d):														
Thebranch of CSB Bank Limited where my/our account is maintained will be the base branch accountable for repayments/settlements. I request and authorise 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 is 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 duty 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.

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 on 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 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 a regular savings/current account variant as decided by the bank from time to time.

Signature/Thumb Impression of 1st Applicant	Signature/Thumb Ir	npression of 2 nd Applicant	Signature/Thumb Impression of 3 rd Applicant							
Witnesses (Thumb impression shall be	e attested by two witnesses)									
1. Signature : Name : Address : Place & Date :		2. Signature Name Address Place & Date	:							
For Office Use Only										
Family Group Code	Relationship	with primary client								
Account Sourcing Channel										
Walk in Customer Staff	f/Marketing Team Lead Generate	ed by Emp. Cod	e Lead Closed by	Emp. Code						
Customer Referral Indi	lividual Client ID Lead Close	ed by Emp. Cod	e BC/DSA	BC/DSA Code						
Others Channels	Campaign (Code								
Name of Branch Operations Manager (BOM)/Branch Manager (BM) Designation	Emp. Code	Date		Signature of BOM/BM						
Risk profile categorization of										