

(designation) be issued ID/Password/PIN by the Bank for the purpose of Internet Banking/Mobile banking/Debit card facility and be permitted to access/operate the account using the ID/Password/PIN and is authorised to execute necessary documents/undertakings on behalf of the entity in connection with the CSB Internet Banking/Mobile Banking/Debit card facility offered by the bank. I/We also agree and undertake that all acts, deeds including the execution of necessary documents/undertakings on my/our behalf in connection with the CSB internet banking/mobile banking/debit card etc., done or omitted to be done by him/her shall be binding on me/us and shall not question the same.

**Nomination\***

1. Applicable/Available only to proprietary Concerns 2. Nominee has to be a Natural Person 3. To be signed by proprietor even if nomination is not required.

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

#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 death during the minority of the nominee.

Signature of Proprietor

#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.

**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 certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.

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 would be within its 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 of maintaining the account.

I/We undertake and unconditionally agree that in respect of this account, the amount invested & the transactions in this account will be strict as per FEMA regulations, and also the entity does/will not involve in any Restricted business activity as per FEMA & RBI regulations.

Initial Payment Funding Declaration: that I/we am/are depositing/deposited funds from my/our own/entities' 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.

**Information pursuant to Anti-Money Laundering (Applicable for all Current/Savings 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 the 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 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 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.

|  |  |  |
|--|--|--|
| <input type="text"/>                     | <input type="text"/>                     | <input type="text"/>                     |
| Signature & Seal of Authorised Signatory | Signature & Seal of Authorised Signatory | Signature & Seal of Authorised Signatory |

**For Office Use Only****Account Sourcing Channel**

|  |   |                   |                                |                                 |                                  |
|--|---|-------------------|--------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Walk in Customer  | <input type="checkbox"/> Staff/Marketing Team | Lead Generated by | <input type="text"/> Emp. Code | Lead Closed by                  | <input type="text"/> Emp. Code   |
| <input type="checkbox"/> Customer Referral | <input type="text"/> Individual Client ID     | Lead Closed by    | <input type="text"/> Emp. Code | <input type="checkbox"/> BC/DSA | <input type="text"/> BC/DSA Code |
| <input type="checkbox"/> Others Channels   | <input type="text"/>                          | Campaign Code     | <input type="text"/>           |                                 |                                  |

|  |   |
|--|---|
| Name of Branch Operations Manager<br>(BOM)/Branch Manager (BM) | <input type="text"/>  |
| Designation  | <input type="text"/> Emp. Code <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

Signature of BOM/BM