

**NRI TERM DEPOSIT ACCOUNT OPENING FORM (APPLICABLE ONLY FOR EXISTING NRI SB ACCOUNT HOLDERS)**

(Office Use Only)

Name of the branch:

Date:

d	d	m	m	y	y	y	y
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**Account No.:**

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**INSTRUCTIONS FOR FILLING THE FORM**

1. Please fill up in BLOCK letters only. Please leave one box blank between two words. Tick (✓)the appropriate boxes.
2. Please submit address proof for all addresses taken into account.

**I/WE REQUEST YOU TO OPEN AN A/C AS PER THE DETAILS FURNISHED HEREWITH**

<b>Type of Account:</b>	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others <input style="width: 50px;" type="text"/>
<b>Account Sub Type</b>	<input type="checkbox"/> FD (Income)	<input type="checkbox"/> FWD (Growth)	<input type="checkbox"/> CDA (Recurring Deposit)	
<b>Mode of Operation</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Jointly by all	<input type="checkbox"/> Former or survivor
	<input type="checkbox"/> Anyone or survivor	<input type="checkbox"/> By guardian (till the minor attains majority)		<input type="checkbox"/> Authorized signatory

**APPLICANTS FULL NAME (IN CAPITAL LETTERS)**

	Title (Mr./Mrs./Ms./etc.)	<input style="width: 100%;" type="text"/>
<b>1st Applicant</b> <small>(Primary A/C holder)</small>		<input style="width: 100%;" type="text"/>
<b>2nd Applicant</b> <small>(Joint A/C holder)</small>		<input style="width: 100%;" type="text"/>
<b>3rd Applicant</b> <small>(Joint A/C holder)</small>		<input style="width: 100%;" type="text"/>
<small>Customer ID: 1st Applicant</small>	<small>2nd Applicant</small>	<small>3rd Applicant</small>
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

**ACCOUNT/COMMUNICATION ADDRESS (OVERSEAS ADDRESS)**

Title:	<input style="width: 90%;" type="text"/>
Line - 1	<input style="width: 90%;" type="text"/>
Line - 2	<input style="width: 90%;" type="text"/>
Line - 3	<input style="width: 90%;" type="text"/>
Country	<input style="width: 80%;" type="text"/> Postal/Zip Code <input style="width: 20%;" type="text"/>

<b>Mobile No. to be Linked</b>	Country Code	<input style="width: 90%;" type="text"/>	Mobile number will be used for sending SMS alerts:	E-mail address will be used for sending e mail alerts & e statements
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<b>E-mail Address</b> <small>(in block letters)</small>	<input style="width: 80%;" type="text"/>
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<b>PAN No.</b> <small>(If an assessee)</small>	<input style="width: 90%;" type="text"/>	<input type="checkbox"/> *TRC & Form 1 OF enclosed	*Compulsary for availing benefit of lower tax deduction at source on interest under applicable double taxation avoidance agreements in the case of NRO accounts.
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(If PAN is not produced, TDS will be deducted at the applicable rate from time to time in the case of NRO accounts)
**Details of Remittance:**

Currency	<input type="checkbox"/> INR	<input type="checkbox"/> USD	<input type="checkbox"/> Euro	<input type="checkbox"/> GBP	<input type="checkbox"/> AUD	<input type="checkbox"/> CAD	<input type="checkbox"/> JPY	<input type="checkbox"/> CHF	
Amount (Figures)	<input style="width: 40%;" type="text"/>		Amount (Words)	<input style="width: 80%;" type="text"/>					
<input type="checkbox"/> Cash (Foreign Currency)	<input type="checkbox"/> RTGS/NEFT - UTR No.	<input style="width: 90%;" type="text"/>							
<input type="checkbox"/> Chq/DD No.	<input style="width: 150px;" type="text"/>	Date	<input style="width: 100px;" type="text"/>	Bank	<input style="width: 200px;" type="text"/>	enclosed.			
<input type="checkbox"/> Swift /Wire Transfer No.	<input style="width: 150px;" type="text"/>	Dated	<input style="width: 100px;" type="text"/>	Remitting Bank/Exchange Co.	<input style="width: 300px;" type="text"/>				
<input type="checkbox"/> Others	<input style="width: 950px;" type="text"/>								

**TERM DEPOSIT DETAILS (APPLICABLE ONLY FOR TERM DEPOSIT A/C'S)**

Currency	<input type="checkbox"/> INR	<input type="checkbox"/> USD	<input type="checkbox"/> Euro	<input type="checkbox"/> GBP	<input type="checkbox"/> AUD	<input type="checkbox"/> CAD	<input type="checkbox"/> JPY	<input type="checkbox"/> CHF	Period of deposit:	<input style="width: 100px;" type="text"/>	months	<input style="width: 50px;" type="text"/>	days
Amount (Figures)	<input style="width: 40%;" type="text"/>		Amount (Words)	<input style="width: 80%;" type="text"/>									

**FOR CDA (RECURRING DEPOSIT ACCOUNT)**

Period (Months)	<input style="width: 100px;" type="text"/>	Monthly Instalment(Rs)	<input style="width: 150px;" type="text"/>	(For registering standing instruction mandate)
Whether to debit from SB account:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, Account Number	<input style="width: 200px;" type="text"/>

**MATURITY INSTRUCTIONS**

<b>Renew*</b>	<input type="checkbox"/> Principal and Interest	<input type="checkbox"/> Principal - *Credit Interest to NRE/NRO A/C No.	<input style="width: 200px;" type="text"/>	IFSC Code	<input style="width: 100px;" type="text"/>
*Not applicable for CDA	<input type="checkbox"/> Bank Name	<input style="width: 300px;" type="text"/>		Branch	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> DD	<input type="checkbox"/> Bankers Cheque				
<b>Repay</b>	<input type="checkbox"/> Principal and Interest - *Credit to - NRE/NRO A/C No.	<input style="width: 200px;" type="text"/>	IFSC Code	<input style="width: 100px;" type="text"/>	
	Bank name	<input style="width: 300px;" type="text"/>		Branch	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> DD	<input type="checkbox"/> Bankers Cheque				

\*Repayment cannot be credited to third party's account
(In the absence of specific instructions, the maturity proceeds of the deposit will be automatically renewed for a similar period at such terms and conditions that are prevalent at the time of maturity). In the event of death of the depositor/anyone of the joint holder(s), premature closure option will available to the nominee/survivor(s).

**INSTRUCTIONS FOR AUTOMATIC RENEWAL/ENCASHMENT/AVAILING LOAN AGAINST THE DEPOSIT**

Strike the types of accounts which are not related to the request

**FD/FWD/FCNR/RFC/CDA\*** Account No. .... Amount : Rs. .... Date of deposit.....

The above deposit may be renewed with/without interest on maturity at the prevailing rate on date of maturity until instruction to the contrary is not received from me/us.

I/We also agree that the bank may, on receipt of a written application from Shri./Smt. .... the first/second/third named of us/either or survivor/s of us, in its absolute discretion and subject to such terms and conditions as the bank may stipulate, grant a loan against the security of the above deposit opened in our joint names or make premature payment to any one of us. Principal with accrued interest may be paid at the time of encashment to any one/either of us or the survivors in the event of death of anyone of us.

I/We accept the following terms and conditions as binding upon me/us.

- Deposits made under automatic renewal facility shall be renewed upon maturity for an identical period on an ongoing basis until instruction to the contrary is received from the depositor/s.
- The rate at which the deposit is renewed will be at the rate applicable for the period prevailing at the time of renewal of the deposit.
- No interest will be paid for fractional periods of less than the minimum period of term deposit as per the bank's/RBI rules.
- For availing of loan or for encashment of the deposit, the depositor/s will have to produce the deposit receipt duly discharged.

**Signature(s) of Depositor(s)**

Date:  Signature/Thumb impression of 1st Applicant  Signature/Thumb impression of 2nd Applicant  Signature/Thumb impression of 3rd Applicant

The above instructions have been duly recorded for compliance.

Date:  Seal & Signature of Section Officer

\*Automatic renewal not applicable for CDA

**NOMINATION (FORM DA-1)**

If not required please write "Nomination not required" in the space provided below. **Nomination Form** - To be signed even if nomination is not required

Nomination under Sec. 45 ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We ..... (Name(s)) do hereby nominate the person named herein to whom, in the event of my/our/minor's death, the amount of deposit, may be returned by The CSB Bank Ltd., ..... branch.

Deposit Details		Name & Address of Nominee	Relationship with Depositor, if any	Age	If Nominee is a minor* his/her date of birth
Nature					
A/c No.					

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

Name & Address of Witness .....

Date: ..... Place ..... Signature of Witness ..... \*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.

**MINOR'S ACCOUNT**

**Name of the Parent/Guardian**  **Minor's Date of Birth**

**Relationship with Minor**  Father  Mother  By Court Order  Others

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/lawful guardian appointed by court order dated ..... (copy enclosed).

I shall represent the said minor in all future transaction of any description in the above account until the said minor attains maturity. I indemnify the bank against any claim of above minor for any transactions made by me in his/her account. Signature of Guardian

**DECLARATION/UNDERTAKING BY APPLICANT(S)**

I/We have read and understood the terms and conditions and rules and regulations pertaining to NRE/NRO/FCNR term deposits. I/We do hereby agree to be bound by them. 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 all particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I, and other joint holders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any information that The CSB Bank Limited may require. I agree and understand that the bank reserves the right to reject any application without providing any reason there of. I agree and understand that the bank reserves the right to retain the application forms, and the documents provided therewith and will not return the same to me. I/We also acknowledge that the bank may from time to time change the terms and conditions. The latest terms and conditions shall be published in the website of the bank, www.csb.co.in or shall be made available in the branch premises. I/We hereby declare that the transactions in the above account will be governed by the applicable laws in India and all disputes or differences arising out of or related to or connected with transaction or matters in relation to the above account shall be subject to 'Jurisdiction of Indian Courts'

Signature/Thumb Impression of 1st Applicant  Signature/Thumb Impression of 2nd Applicant  Signature/Thumb Impression of 3rd Applicant

**FOR OFFICE USE ONLY**

**Account sub type:**  Public  Staff  Single  Joint **Account Opening Channel:**  Walk in Customer/Staff  Marketing Team  Others

**Lead Generated by**  (Emp. Code) **Lead Closed by**  (Emp. Code)

**DECLARATION BY THE BRANCH**

Verified the attached documents with the originals, as per the KYC/AML guidelines

Date ..... Name & Designation .....

**Risk Categorization:** Profile of the Customer Based on Risk Categorization  High  Medium  Low

Date ..... Name & Designation .....

Seal & Signature of Section Officer/Marketing Executive  
Identity of the applicant/s verified and account opened  
 Seal & Signature of Principal Officer