

MOST IMPORTANT TERMS & CONDITIONS (MITC) FOR CREATION/MODIFICATION OF CLIENT ID THROUGH CSB DIGITAL MODE (RESIDENT CLIENT)

- ✓ I hereby confirm that the Bank official has explained to me and I have read and understood the Terms and Conditions governing the Creation/Modification of client ID using CSB Digital mode of CSB Bank Ltd.
- ✓ Disclosure of Information: I authorize the Bank to share my details with regulatory/enforcement authorities whenever such information is called for.
- ✓ Communication/Correspondence Address Declaration: I hereby affirm and declare that my address for correspondence is as mentioned in the digital mode of account opening. I understand that the address (positive) confirmation letter sent by the bank to that address, if returned undelivered, will result in the bank stopping all operations of my account, without further notice.
- ✓ I undertake and confirm that all the data shared by me to the Bank Official, has been documented in the Electronic Application Form in my presence and with my consent.
- ✓ I hereby state that I have no objection in and I hereby authorise CSB Bank validating and fetching my PAN with NSDL and my Aadhaar details from Unique Identification Authority of India (UIDAI) portal. I further authorise UIDAI to release my identity (name, father's name, gender, date of birth, address, biometric details etc.) available in UIDAI database to CSB bank Ltd. for verification of my identity for the purpose of creation/modification of client id. I also agree to provide the biometric scan of my finger(s) and the Aadhaar card details to/by CSB Bank Ltd. for the above purpose.
- ✓ I hereby give my consent that my personal/KYC details may be shared with/retrieved from Central KYC Registry. Further I give my consent to receiving information from Central KYC Registry through SMS/E-mail on the registered mobile number/E-mail address.
- ✓ I give my consent to receive information with respect to alerts, payments due and updates on existing and new products, servicing of accounts, for sales and marketing, servicing my relationship with CSB Bank Ltd., its group companies/ associates or agents through telephone/mobile/SMS/e-mails etc.
- ✓ I understand that the Bank/channel partners/vendors reserves their right to modify/discontinue any of the complimentary offers at their own discretion based on change in product proposition and based on contracted terms and conditions with its channel partners and vendors. I further understand that I shall have no claim against the Bank for offers by channel partner/vendor.
- ✓ I hereby declare that the details given to the Bank are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes, therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it and that the Bank is entitled to freeze/ suspend the client ID in such an event.
- ✓ I hereby undertake to update my KYC records at such periodicity as prescribed by the Bank from time to time and I hereby authorize the Bank to freeze/suspend the Client ID on my failure to so update as per the instructions of the Bank.
- ✓ For Clients in the names of Minors: I hereby understand that on attaining majority, the erstwhile minor shall confirm the balance in the account(s), submit fresh KYC documents and fresh operating instructions (if the account(s) is/are operated by the natural guardian / legal guardian). If my client/account(s) is/are not updated with the fresh KYC documents/operating instructions within three months from the date of attaining majority, I understand and agree that the account(s)/client id shall be liable to be frozen/suspended, and further operations in the accounts(s)/client shall be permitted only after updating the KYC details

FOR MINOR CLIENT ONLY

I 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).

I hereby state that I have no objection in and I hereby authorise CSB Bank fetching/validating minor's PAN with NSDL and minor's Aadhaar details from Unique Identification Authority of India (UIDAI) portal. I further authorise UIDAI to release/share Aadhaar card details (name, father's name, gender, date of birth, address, biometric details etc.) of the minor available in UIDAI database to CSB Bank Ltd. for verification of minor's identity for the purpose of opening/operation of bank accounts with CSB Bank Ltd. and creation/modification of client ID in that connection and for services provided by its third party service providers on behalf of the Bank or otherwise.

1. Applicable for Client ID/Accounts in Representative Capacity: I shall represent the said minor in all future transactions of any description in the Minor's 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 Client ID/Accounts opened in individual capacity of minor: I hereby declare by that the minor has sufficient knowledge operating the Bank account.

Date: _____ Place: _____ Name of Guardian : _____

Signature / Thumb Impression of Guardian

- ✓ Mobile number & e-mail id declaration: I hereby request for registration/ updation of my mobile number _____ (with country code) and e-mail id _____ in your records and for sending any communication related to my Client ID, as well as transaction advices.
- I further confirm that the said mobile number/e-mail id is held by me and is not in use by any third party.

- ✓ I confirm receipt of copy of this Most Important Terms and Conditions (MITC) document, for my records and accept and agree to abide by the same.

- ✓ Declaration in case of mismatch in Father's name with the details in KYC documents submitted: I hereby declare that the name of my father is _____ which is as per the data fetched from UIDAI data base/ name printed in _____. This declared name shall be updated in bank records.

Date: _____ Place: _____ Name of Applicant : _____

Signature / Thumb Impression of Applicant

Witnesses (Thumb impression shall be attested by two witnesses)

1. Signature : _____
 Name : _____
 Address : _____
 Place & Date : _____

2. Signature : _____
 Name : _____
 Address : _____
 Place & Date : _____

FOR OFFICE USE ONLY:

Client/Customer id (to be filled in by Bank official): _____ Ref. No. _____

☐ Full KYC verification carried out by conducting biometric/OTP authentication & due diligence ☐ Customer signed in my presence.

☐ Full KYC verification carried out by meeting the customer and conducting physical verification of OVD with originals & due diligence.

☐ Vernacular language declaration: The details of the Client ID creation/modification form have been read over and explained to this applicant in the language in which signatory is signing and have made him understood the contents thereof.

Employee Name : _____

Designation : _____

Employee Code : _____ Date : _____

Signature : _____