

I-16\_2024

## SAFE DEPOSIT LOCKER APPLICATION FORM CUM INDEX CARD

(Office use only) Name of the branch	Branch Code									
Locker A/C No.	Rented On d d m m y y y	У								
Instructions for Filling	the Form									
Please fill up in BLOCK letters only. Please leave one box blank between two words. Tick (✓) the appropriate boxes.										
I/We request you to allot me/us a cubicle of Locker as per the locker agreement and the details furnished herewith.										
Applicants Full Name (In CAPITAL Letters)										
	tle (Mr./Mrs./Ms./etc.)									
1st Applicant (Primary A/C holder)										
2nd Applicant (Joint A/C holder)										
3rd Applicant (Joint A/C holder)										
Customer ID (Office use only)	1st Applicant 2nd Applicant 3rd Applicant Applicant									
Account/Communication Address										
Title										
Line - 1		$\overline{\exists}$								
Line - 2										
Line - 3										
Country	Postal/Zip Code									
Contact No.	Country Gode Country Gode									
E-mail (In block letters)										
Safe Deposit Locker De	etails									
Nature/Type of Locker	Small Medium Large Extra-Large Others									
Mode of Operation/ Operating Mandate	Single Either or Survivor Jointly by all Former or Survivor Anyone or Survivor									
	As Per Resolution Specify									
	Letter of Authority/POA Others									
Declaration for Nomination [applicable only for locker accounts of individuals (singly or jointly) & sole proprietorship] :										
For this locker, I/we confirm having chosen nomination facility as,										
Nomination Required (If required, ensure that nominee details are given in 'Form SL1 – for nomination by sole hirer' OR 'Form SL1A – for nomination by joint hirers).  OR										
Nomination Not Required. The Bank officials have briefed me/us about the advantages of having nomination and requested to fill the										
nominee details. After considering Bank's request, I/we have decided not to opt for nomination and request Bank to allocate locker facility without nomination. I/We understand & acknowledge the risk consequences associated with not opting for nomination.										
I/We hereby give my/our consent that my/our/the entity's/firm's KYC details may be shared with/retrieved from Central KYC Registry. Further I/we give my consent to receiving information from Central KYC Registry/Bank through SMS/E-mail on the registered mobile number/E-mail address.										
Signature:		$\neg$								
[*In case where the Customer is a										
non-individual, Signature with seal mentioning the designation/capacity]	*Signature of 1st Applicant *Signature of 2nd Applicant *Signature of 3rd Applicant									

Standing Instruction	on for I	Locker	Rer	nt Payn	nent																						
I/We hereby authorise you to debit my/our/entity's SB/Current/OD/CC account for effecting the payment towards locker rent (every year payable in advance, as may be revised from time to time) for locker account number:    Cocker account name of																											
I/We undertake to I																,					,		ank	from	anv	liah	ility for
delay or omission to	•					ιο σα	IIIX I	11 010	ici to	CITO	JL 111	ιο αρ	ргор	niati	0113/	ραγι	11011	ισα	iiu	CACII	ipt ti	СБ	ann	110111	апу	παυ	ility ioi
Debit From,	,																										
Account Name																											
Account Number	· [																										
Signature: [*In case where the Customer is a non-individual, Signature with seal mentioning the designation/capacity]	*Signature	e of CA/SA/OD	D/CC Acc	count Holder(	s)/ Authori	sed Sign	atory		*Sign	nature of C	A/SA/OI	D/CC Ac	count Ho	older(s)/	Authoris	sed Sign	atory			*Signatu	re of CA/S	SA/OD/(	CC Accou	unt Holde	r(s)/ Autl	horised	Signatory
Name(s):																											
Date:	d d	m r	n y	У	у																						
For Office use only	/																										
Locker No.	[					Key	No.					L	ocke	er Id	entif	icati	on I	Vo.									
Locker Security Dep A/C No.	oosit																			Sec	urity	Am	ount				
Account sub type:			Publ	lic	Staff				Sing	le	Jo	oint		Noi	n-Ind	divid	ual										
Account Opening (	Channe	el:	Wall	k in Cus	stome	er/Sta	aff		Mark	keting	Tea	am		Oth	ners												
Lead Generated by	1					(E	mp	. Cod	e)	Lead	l Clo	sed	by							(Em	p. Co	de)					
Identity of the applicant(s) verified. The applicant customer(s) are fully compliant with the Customer Due Diligence (CDD) criteria as per bank's KYC policy. Applicant(s) signed in my presence.																											
Date:																											
Certified that this locker request form is complete in all respects and all the relevant documents including the locker agreement have been obtained. Risk profile categorization of applicant(s) confirmed & locker account opened. Allotted a cubicle of the locker and the details are entered in Safe Deposit Locker Register.																											
Date:		Na	me 8	& desig	natior	າ:																Seal	& Signat	ure of BN	I/BOM		
Receipt																											
Received from CSB Bank Ltd.,																											
[*In case where the Customer is a non-individual, Signature with seal mentioning the designation/capacity]		*Si(	gnature	of 1st Appl	icant						*Si(	gnature	of 2nd	Applica	ant							*Sign	ature of	f 3rd App	olicant		
Name(s):																											
Date: d d m m y y y y																											
Release																											
I/We hereby termin of CSB Bank Ltd., No property belonging		is	suec	d to me	 e/us is	s als								(l	bran	ch)	and	sur	ren	der a	all my	y/ou	ır rig	hts t	here	und	er. Key
Signature: [*In case where the Customer is a non-individual, Signature with seal mentioning the designation/capacity]		*Siį	gnature	of 1st Appli	icant						*Siç	gnature	of 2nd	Applica	ant							*Sign	ature of	3rd App	olicant		
Name(s):																		_									

Date:

Customer Acknowledgement for Surrender of Locker & Key	
	of Locker No
	Yours faithfully,
Date: d d m m y y y y	Signature of Bank official with seal