

TERM DEPOSIT OPENING FORM

(FOR EXISTING INDIVIDUAL/ NON-INDIVIDUAL CUSTOMERS)

AOF-TD_2025

(Office use only)

Name of the branch

Branch Code

Deposit Account No.

Deposit No.

Date

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 open an account as per the details furnished herewith

Deposit Category	<input type="checkbox"/> Resident (Domestic)	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> NRE Plus	<input type="checkbox"/> Others	<input type="text"/>
Deposit Type	<input type="checkbox"/> FD Interest Payout	<input type="checkbox"/> Cumulative FD (Reinvestment)	<input type="checkbox"/> Recurring Deposit (RD)	<input type="checkbox"/> Others	<input type="text"/>		
Deposit Sub-Type (If applicable)	<input type="checkbox"/> Tax Saving	<input type="checkbox"/> Sr. Citizen	<input type="checkbox"/> Others	<input type="text"/>			
Callable/Non-Callable	<input type="checkbox"/> Callable	<input type="checkbox"/> Non-Callable (Premature closure is not allowed)					
Mode of Operation	<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"/> Letter of Authority/POA	<input type="checkbox"/> Others	<input type="text"/>			
	<input type="checkbox"/> As Per Resolution	Specify <input type="text"/>					

Applicant(s) Full Name (in CAPITAL Letters)

	Title (Mr./Mrs./Ms./etc.)	<input type="text"/>
1st Applicant (Primary A/C holder)	<input type="text"/>	<input type="text"/>
2nd Applicant (Joint A/C holder)	<input type="text"/>	<input type="text"/>
3rd Applicant (Joint A/C holder)	<input type="text"/>	<input type="text"/>
Customer ID (Office use only)	1st Applicant	2nd Applicant
	<input type="text"/>	<input type="text"/>
	3rd Applicant	<input type="text"/>

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"/> Others	<input type="text"/>
Amount (Figures)	<input type="text"/>		Amount (Words)	<input type="text"/>					
<input type="checkbox"/> Cash (Foreign Currency)	<input type="checkbox"/> RTGS/NEFT - UTR No. <input type="text"/>								
<input type="checkbox"/> Chq/DD No.	<input type="text"/>	Date:	<input type="text"/>	Bank	<input type="text"/>	enclosed.			
<input type="checkbox"/> Swift/Wire Transfer No.	<input type="text"/>	Dated	<input type="text"/>	Remitting Bank/Exchange Co.		<input type="text"/>			
<input type="checkbox"/> Others	<input type="text"/>								

Term Deposit (TD) Details (Applicable for term deposits other than RD)

Period of deposit	Months <input type="text"/>	Days <input type="text"/>	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"/> Others	<input type="text"/>
Amount (Figures)	<input type="text"/>		Amount (Words)	<input type="text"/>								
Whether to debit from Current/SB account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, A/C No.	<input type="text"/>								

For Recurring Deposit (RD) Account

Period (Months)	<input type="text"/>	Monthly Instalment (₹)	<input type="text"/>
Whether to debit from Current/SB account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, A/C No. <input type="text"/>

(For registering to stand instruction mandate)

Interest Payout Option (For FD Interest Payout Account)

Interest Payment	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> At Maturity (applicable only for FD with tenure less than 6 months)
<input type="checkbox"/> Credit to CSB BANK A/C No.	<input type="text"/>		
<input type="checkbox"/> Transfer fund through NEFT/RTGS to A/C No.	<input type="text"/>	with	<input type="text"/>
<input type="text"/>	Bank having IFSC Code	<input type="text"/>	

Maturity Instructions

☐ Renew both Principal & Interest (not applicable for Recurring Deposit, NRE Plus, Tax Saving, Non-Callable & any other deposit products not having auto-renewal feature)

☐ Renew Principal Only. Interest to be credited to my CSB BANK A/C No.

OR through NEFT/RTGS to my A/C No. with Bank having IFSC Code

☐ No Automatic Renewal. Repay Principle & Interest to my CSB BANK A/C No.

OR Transfer fund through NEFT/RTGS to my A/C No. with Bank having IFSC Code

Auto-Renewal facility on Due Date is enabled by default. Please specify, if you don't wish to avail of this facility

[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. Auto-renewal feature is not applicable for Recurring Deposit, NRE Plus, Tax Saving, Non-Callable & any other deposit products not having auto-renewal feature. Repayment cannot be given to a third party's account.]

Additional Details for Security/Earnest Money Deposits

a. Purpose of the deposit:

b. Under whose orders the security is releasable:

c. To whom the deposit amount is repayable after the release:

Nomination Details [applicable only for Term Deposit accounts of individuals (singly or jointly) & sole proprietorship]

For this Term Deposit, I/we confirm having chosen nomination facility as,

☐ Nomination Required (If required, ensure that nominee details are given in 'Form DA1' given below).

Whether nominee name to be displayed in TD receipt/advice/statement: ☐ Yes ☐ No

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 open Term Deposit without nomination. I/We understand & acknowledge the risk and consequences associated with not opting for nomination.

Form DA-1 [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) & Address(es)] nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit, particulars where of are given below, may be returned by 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 Shri./ Smt./ Kum.
 (Name & Address) aged years to receive the amount of the deposit on behalf of the 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

#Witnesses

Name:	Name:
Address:	Address:
Signature:	Signature:
Place:	Place:
Date:	Date:

Note: *Where deposit is made in the name of a minor; the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

**Strike out if nominee is not minor. #Thumb impression shall be attested by two witnesses.

Minor's Account

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

D	D	M	M	Y	Y	Y	Y
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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 transactions of any description in the above account until the said minor attains maturity. I indemnify the bank against any claim of the above minor for any transactions made by me in his/her account.

Signature of Guardian

Declaration/Undertaking by Depositor(s)

I/We have read and understood the terms and conditions and rules and regulations and the bank's policy pertaining to term deposits. I/We do hereby agree to be bound by them. I/We hereby undertake to intimate you about my change in residential status. I/We agree that no claim will be made by me/us for any interest on the deposit for any period after the date of maturity of the deposit. 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/We understand that certain particulars given by me are required by the operational guidelines governing banking companies. I/We agree and undertake to provide any information that CSB Bank Limited may require. I/ We agree and understand that the bank reserves the right to reject any application without providing any reason thereof. I/We 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 on the website of the bank, www.csb.co.in or shall be made available on the branch premises. I/We hereby declare that the transactions in the above account will be governed by the regulatory guidelines as well as applicable laws in India and all disputes or differences arising out of or related to or connected with transactions or matters in relation to the above account shall be subject to 'Jurisdiction of Indian Courts'.

I/We understand that the Bank may issue a Term Deposit receipt or Term Deposit Advice to a Deposit holder on opening a Term Deposit account. In case of Deposits where a Term Deposit receipt is issued, I/we hereby agree that, during the time of deposit closure, the Term Deposit Receipt shall be duly discharged by me/us as per the mode of operation. Also, I/we hereby agree and understand that the proceeds of the deposit getting credited to the settlement account opted by me/us is deemed to be the discharge of the deposit receipt.

I/We hereby agree that the Term Deposit (other than Recurring Deposit) placed by me/us shall be under Auto-Renewal, for the original period of the deposit unless contrary instructions are provided by me/us any time prior to the date of maturity and as per the mode of operation of the account. However, Term Deposits under Tax Savings Scheme, Recurring Deposits, Non-callable Deposits, NRE Plus and any other deposit products not having auto-renewal feature shall not be auto-renewed.

Premature termination of Term Deposits: Facility of premature termination of term deposit is allowed and also in the event of death of depositor(s) subject to the bank's policy and terms & conditions applicable from time to time. I/We/am/are aware that in case of joint term deposits having premature withdrawal option and mode of operation as 'Either or Survivor', 'Anyone or Survivor' or 'Former or Survivor', the bank shall repay the deposit to the surviving Depositor(s) before the maturity of the deposit in case such a request is received in accordance with the operating instructions of the deposit. I/We hereby authorise the bank that in event of the death of anyone or more of the Depositor(s), the bank on receipt of a written request from the surviving Depositor(s), as per the mode of operation, to allow the surviving Depositor(s) to prematurely withdraw the term deposit without seeking concurrence from the legal heirs of the deceased depositor(s) [Not applicable for accounts with the mode of operation – jointly]. I/We am/are aware that Term Deposit booked under 'Tax Savings scheme' cannot be withdrawn till the completion of the lock-in period applicable for that deposit. I/We am/are aware that Term Deposit booked under 'Premature withdrawal not allowed scheme' (eg; non-callable TD) cannot be withdrawn till the maturity of that deposit. I/We further declare and confirm that any modification to the above mentioned mandate/authorization shall be only by the way of joint instructions by all the applicants/joint holders. I/We/are aware that penal charges will be levied for the premature withdrawal of deposits as per the applicable terms and conditions of the bank and I/We have been informed about the applicable penal interest rate for premature withdrawal.

I/We understand that the interest earned on Term deposit and the Maturity value is subject to TDS (Tax Deducted at Source) as per extant guidelines of Income Tax.

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.

Declaration for Payment of Additional Interest Rate (staff benefit) on Domestic Deposits:

- ☐ I am a staff or a retired staff of this bank and I hereby declare that the monies deposited into this account belongs to me only.
OR
- ☐ I am a staff or a retired staff of this bank and this account is held jointly with my family member(s). I hereby declare that the monies deposited into this account belong to me only.
OR
- ☐ I am the spouse of a 'deceased staff of this bank' or a 'deceased retired staff of this bank'. I hereby declare that the monies deposited into this account belong to me only.
OR
- ☐ I/We hereby declare that this account is for the Association or a fund in which the members of the association are staff or retired staff of this bank. I/We hereby declare that the monies deposited or which may be deposited from time to time into this account belong to this Association or fund only.

*Signature/#Thumb Impression of 1st Applicant

*Signature/#Thumb Impression of 2nd Applicant

*Signature/#Thumb Impression of 3rd Applicant

#Witnesses			
Name:		Name:	
Address:		Address:	
Signature:		Signature:	
Place:	Date:	Place:	Date:

Note: #Thumb impression shall be attested by two witnesses.

For Office use only

Account sub type: ☐ Public ☐ Staff ☐ Single ☐ Joint ☐ Non-Individual

Account Opening Channel: ☐ Staff/Marketing team ☐ Walk in Customer ☐ Others

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

Declaration by the Branch

Identity of the applicant(s) verified. The customer(s) is/are KYC complied as per the KYC/AML guidelines.
Applicant(s) signed in my presence.

Date: Name & designation:

Seal & Signature of Section Officer/Marketing Executive

Risk profile categorization of applicant(s) confirmed & account opened.

Date: Name & designation:

Seal & Signature of BM/BOM



ACKNOWLEDGEMENT - DA1 (Nomination)

CSB Bank Ltd., branch

We acknowledge receipt of nomination made by you in favour of
(name of nominee), age years, with respect to your Account No.

Date:

Your Faithfully,

Signature of Bank official with seal