A-135 TD

CSB Bank
Formerly The Catholic Syrian Bank Ltd.

RESIDENT FIXED DEPOSIT / CDA ACCOUNT OPENING FORM

Branch:..

(Office use only)

Date:

Product code

Account No.

Term Deposit ○ Domestic FD ○ Domestic FWD ○ Tax Saving FD ○ Tax Saving FWD ○ Acharya FD ○ Acharya FWD

○ Margin Money Deposit ○ Others...

Recurring Deposit ○ CDA ○ Acharya CDA ○ Others________________________

Account Details (Fill in Block Letters)

Name	Title	First	Middle	Last	Customer ID (for joint a/c)
Customer					
Joint Customer					
Joint Customer					

Line - 1

Line - 2

Line - 3

City District

State P I N

Mode of Operation

○ Single ○ Either /Any One or Survivor ○ Former or Survivor ○ Jointly by All ○ Letter of Authority

○ Others________________________(Specify) ○ As per resolution Specify ________________________

PAN NO

Recurring / Fixed Deposits Details

Amount ₹ Period

○ Income ○ Growth

Interest Payout ○ Credit A/c ○ Issue DD/PO

Interest Payment ○ At Maturity ○ Monthly ○ Quarterly ○ Half Yearly ○ Yearly

Maturity Instructions ○ Renew Principal and Interest ○ Issue DD/PO

○ Credit Principal and Interest to A/c

○ Renew Principal Only ○ Credit Interest to A/c

DD/PO Payable at ○ To be sent to Communication Address ○ Others ________________________

Declaration by Depositor/s (CSB Tax Savings Support)

I/We hereby declare that the amount invested in 'CSB...Tax Savings Support' is as per Finance Act 2006 and the deposit is governed as per the terms and rules of Government notification No 203/2006 dated 28-07-2006 and such other notification issued by the central government from time to time and the amount invested is not encashable before the maturity period of the deposit. Further I will not Pledge the said deposit to secure loan or as security to any other purpose.

Information pursuant to Anti-Money Laundering

1) I/We am/are the beneficial owner of all assets run through my/our own account
2) The beneficial owner of some/all assets runs through the account is/are (name and address of person for whom the account(s) are maintained)..
3) We confirmed that the account will not be used for money laundering purposes.

The Branch of CSB Bank Limited ________________________ (State / Country) where my/our account is kept (the "Accountable Branch") is the sole branch of account for repayment of any credit balance in the account and any interest accounting thereon which will only be made at the "Accountable Branch" and in the currency in which the credit balance is denominated. Accordingly, CSB Bank Limited shall not be required to repay any such credit balance or interest at its Head Office or any branch other than the Accountable branch for so long as and to the extent that the Accountable Branch cannot repay the balance or instrumentality of or in________________________(State/Country) (whether de jure orde facto) preventing such repayment. The competent court within whose jurisdiction the Accountable Branch is situated shall have exclusive jurisdiction in respect of any claims against CSB Bank Limited. However, this will not affect the Bank's general lien and right of set-off over all my/our accounts at all branches of CSB Bank Limited and for this purpose CSB Bank Limited shall be entitled to combine and consolidate all or any of such accounts.

Flexi - Sweep in / out FD

I wish to avail the opton against the above mentioned Current / Savings Account Number. Please honour my cheque / allow withdrawal by transfering funds to my current/saving account by breaking units of my Fixed Deposit.

Premature Termination of Term Deposits

Facility for premature termination of term deposits is allowed and also in the event of death of the depositor, subject to the bank's terms and conditions, as applicable from time to time.

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 DD............MM.............YY............. 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

☐ **Minor Account** ☐ **Power of Attorney**

Nomination ☐ Required ☐ Not Required **Nomination Details (To be signed even if not required)**

Name & Address of Nominee	Relationship with Depositor	Age/if minor, Date of Birth also

*As the nominee is a minor on this date, /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) 1..2...3..

Name, Address & Signature of Witness ....

Date.......................................Place...Signature..***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.**

Instructions for Automatic Renewal / Encashment / Availing Loan Against the Deposit

FD/ Account No. .... Amount : Rs..Date of deposit.....................................

The above deposit may be renewed with interest on maturity at the prevailing rate on that date until instruction to the contrary is 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 the above name 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.

1. Deposits made under automatic renewal facility shall be renewed as per instructions, as a continuing process, until instruction to the contrary is received from the depositor/s.
2. 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.
3. For availing of loan or for encashment of the deposit, the depositor/s will have to produce the deposit receipt duly discharged
4. We shall abide by the terms & conditions which are subject to change from time to time.

Date: Signature of the Depositor/s

1..2..3..

The above instructions have been duly recorded for compliance. Signature of the Officer Date:

Signature Name	Signature Name	Signature Name
1st Applicant	**2nd Applicant**	**3rd Applicant**

All the above particulars have been filled in my presence & the account opened as requested in the form
I also certify that the account name does not match with any individual / entity included in the UNSCR 1988 (2011) & Al Qaida Sanctions List.

Date : **Seal / Signature of Section Officer / Marketing Executive**