Annexure 4

्रियन वै क Indian Bank	
	Branch

Account Opening Form for Deposits

(Individuals / Joint)

I/We request the Bank to open account(s) / provide services opted by me / us as given below: Account Name & Customer Particulars (ALL IN BLOCK LETTERS PLEASE) (Please ✓ wherever applicable)

Account Name		ACCC	DUNT NUMBER
CIF Nos. for the Account	Name of the Customer	Mode of	Operation
		Single	Joint 🛛
		Either or Survivor	Others (PI specify)
		Former or Survivor	
		Anyone or Survivor	

Affix passport size photo of customer	Affix passport size photo of customer	Affix passport size photo of customer		Affix passport size photo of customer		
CIF Number	CIF Number	CIF Number		CIF Number		
Account Type / Products / Se						
		,,,				
Without Cheque Book		TERM DEPOSIT Fixed Deposit Re Investment Plan				
□ With Cheque Book				<i>Scheme</i> : □ Advantage A/c □ Premium A/c		
Initial Amount ₹		□ Others (specify)				
				□ Others (specify)		
Scheme: PAFA Platinum	Amount ₹.	Amount ₹.		nt₹.		
□ IB Smart Kid □ Health Plus □ Vikas katha □ Small Accounts	Period:	Period:				
	Years/	Years/ Months/ Days		Please issue me/us a cheque book		
Chers (spec	• *	c		containing leaves		
Please issue me/us a cheque boo	ok 🛛					
	eme: Variable RD Spe	ecial RD D Other	rs	(specify)		
Period Months Monthly Instalment ₹						
PRODUCTS/SERVICES - Please (\checkmark)(Available at select Centres/Branches – separate application forms can be obtained from Branch Manager)						
Internet Banking ATM / D	ebit Card 🛛 Telebanking	Mobile Banking	IndBank E	Billpay 🛛 Multicity Cheque		
Others (Specify)		-				

Other Terms & Conditions

Senior Citizens (completed 60 years of age): Please provide copy of Secondary School Leaving Certificate/LIC Policy/Voter's Identity Card/Pension Payment Order/Birth Certificate issued by the competent authority/Passport/Any other relevant document providing proof for age.

Declaration for Minor (In case * first/ * joint applicant is a Minor)

Name of Guardian

 Operating Instructions for Joint SB/Current Accounts:
 We request and authorise you , until any one of us shall give you notice in writing to the contrary, to honour all cheques or other orders drawn or Bills of Exchange accepted or notes made on our behalf signed by 1)

 2)
 3)

 4)
 of us jointly and/or severally and to debit such cheques to our account with you,

whether such account be for the time being in credit or overdrawn. We also request you to accept the endorsement by

4) of us jointly and/or severally on cheques, orders, bills or notes payable to us. We shall be jointly and severally liable to you for any monies owing to you from time to time in case the account is overdrawn and debit balance is caused including your commission, interest at the appropriate rate and other incidental charges. In the event of death, insolvency or withdrawal of any of us, the survivor/s of us shall have full control of any monies then and thereafter standing to our credit in our account with you, and in that event the survivor/s will have full powers to operate the account and/ or to close the account.

Interest on FD: Please credit the interest payable every month/quarterly/half-yearly/annually to my/our SB/CA/Loan A/C No.....

ReInvestment Plan: I/We understand that the interest earned every quarter will be reinvested in the RIP a/c until maturity date as provided in the scheme.

Variable R D: I/We hereby declare that the core deposit for my/our VRD account is ₹..... and I/We hereby agree that the maximum amount of installment paid in my/our account shall not exceed ₹.10 lakhs.

Due Date Notice: Please *send / *do not send due date notice to my/our above address.

Auto Renewal for Term Deposits: Unless the Bank receives a demand for payment or instructions to the contrary from me/us on or before the date of maturity, please renew/continue to renew the deposit *including/ *excluding interest at the Bank's discretion for similar period, under the same scheme, at the then prevailing rate of interest, without insisting on production of the deposit receipt.

Tax Deduction at Source: Form No.15G/15H for exemption from TDS is enclosed.(for applicant seeking exemption from TDS)

Pre-closure: In the event of my/our seeking pre-closure of term deposit/RD, I/We agree that the Bank shall apply the rules for pre-closure of term deposits/RD prevailing on the date of my/our request for such pre-closure. In case of automatic renewal, if I/We seek to prematurely close or renew the deposit for a period shorter than the remaining period of contract, I/We agree that the Bank shall apply the rules for pre closure of Term Deposits/RD prevailing on the date of my/our request.

For Current Accounts (Individuals only)

- i. * At present I/We do not enjoy any credit facility with any bank/branch. I/We undertake to inform you as and when credit facilities are availed by me/us with other bank(s)/branch(es) of your bank
- ii. * At present, I am/We are having account with the following other bank(s)/branch(es)and enjoying facilities

Name of the Bank/Branch	Nature of Facility	Limit Sanctioned	Balance Outstanding	Securities

Staff: I/We declare that the money deposited from time to time or to be deposited hereafter into above mentioned account in my/our name(s) belong to me/us.

(* strikeout which is not applicable)

Other Account Details

Do you have any account/s in any of our Branch(es), If so, give details	
Do you have any account/s in other Bank(s) in this city/town, If so, give details	

For No-Frill Accounts

Initial deposit and minimum balance may be NIL. Mode of withdrawals will be by way of withdrawal slips only accompanied by pass book. 10 transactions (total credit and debit entries) per month are free. Transaction charges of Rs.6/= will be levied for each transaction beyond 10 transactions per month. One DD/BPO shall be issued free of commission to meet the payment requirement. ATM cards will be issued at the discretion of the branch manager with off line limit of rupee one. The relaxed KYC procedures are to be followed for obtention of introduction/photograph for opening the account. At any point of time when the total balance in all the accounts FD/SB/CA) with the Bank taken together exceeds Rs.50,000/= or the total credit summation in all the accounts exceeds Rs.1,00,000/= in a year, no further transactions will be permitted until full KYC procedure is completed. The existing rules and regulations governing Savings Bank accounts are also applicable. For availing the value added services offered to other SB accounts then the customer have to fulfill full KYC procedures and minimum balance requirements as applicable to such SB customers.

For All Accounts

I/We have read the terms and conditions for providing the products/services opted by me/us and I/we agree to abide by and be bound by them as they are in force now and from time to time in force for such products/ facilities. I/We request you to provide me/us the initial password/ PIN which I/we shall change periodically for maintaining secrecy of my/our account level information. I/We undertake to keep my password/ PIN with myself/ourselves without giving any room for disclosure of the same to any third party. Further, I/we shall be responsible for any disclosure of my/our password/PIN to any third party and the Bank shall not be held responsible for any loss/ damage caused to me/us on account of such disclosures. I/We shall be availing this product/service at my/our request without any liability, either expressed or implied , to the Bank. I/We have read/understood the Bank's rules pertaining to the account/deposit scheme opted by me/us and the terms & conditions governing the same. I/We agree to comply with and be bound by them as they are in force and from time to time in force for such accounts/ deposits/ products/services. The Bank may use the details furnished above for opening any other account for me/us in future with the Bank

Nomination:

□ Nomination is required for this account/deposit as per details given in **Form DA 1** (enclosed)

□ Nomination *is not required*

CIF number	Name	Signature

SIGNATURE OF THE APPLICANT/S

Place :

Date : ____/ ___/ ____

Authorisation for Account Opening

Eligible for D Internet Banking	ATM / Debit Card	Telebankir	ig D Mobile Banking	Multicity Cheque
Others		(1))		
 Cheque Book may be issue Source(s) of Funds / Annua Potential activity expected (Annual turnover) Threshold Limit : ₹ 	al Income : ₹ in the Account : ₹		Account may be opened Signature of BM/ ABM/ A Name and SS No.	

ईंडियन बेंक Indian Bank		Branch	Nomination Form - DA 1			
Note: (i). Only one person can be appointed person lawfully entitled to act on behalf of the witnesses.	l as nominee (ii). W	here deposit is mad				
I/We						
Name(s) and Address(es)] nominate t Savings Banks/ Term Deposit/ Curre	nt Account (Indi	ividuals & Sole	-			
Please * <i>mention / * do not mention</i> the no	ominee's name in th	ne passbook/depos	sit receipt/acknowledg	ement (* stri	ikeout which	is not applicable
Nominee Particulars				T	· · ·	s
Name and Ac	ldress		Relationship with depositor if any	Age		f minor ^{\$} te of birth
Deposit Particulars						
Type / Scheme	Account /	Receipt No.	Date	Amo	unt	Maturity Date
As the nominee is	a minor	on t	his date,	I/We	appoint	Mr/Ms
Place : Date : @ Witnesses for Thumb Impression(s)	2		4 Signature / [®] Th			
1. Signature :		2. Signa	ature :			
Name :		Name :				
Address :		Address	:			
Place :	Date :	Place :	Date :			
CIF for Nomination Purpose opened. CIF No.	ls	·				
lomination accepted and registered vide Reg						
dated and details noted in	the Nomination Re	egister	Signature o	of Asst. Ma	anager/M	anager
<		×				×
cknowledgement (To be returned to the d Name and Address of the depositor	epositor)	Name of the Nor	ninee (fill up only if opted)	for) R	egn. No.	Registered on
					For	Indian Bank