



# Account Opening Form for Deposits (INDIVIDUALS-SINGLE/JOINT)

..... Branch

SB / CA / FD / STD / RIP / RD ACCOUNT NUMBER

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I/We request the Bank to open account / provide services opted by me / us, as given below:

(PLEASE FILL IN BLOCK LETTERS) (Please ✓ wherever applicable)

<b>Account to be opened in the Name of</b>	
<b>CIF No. of the Customer</b>	<b>Name of the Customer</b>
	Mr/Mrs/Ms/Mx
	Mr/Mrs/Ms/Mx
	Mr/Mrs/Ms/Mx
	Mr/Mrs/Ms/Mx

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 .....

<p><input type="checkbox"/> <b>SAVINGS BANK</b></p> <p><input type="checkbox"/> Without Cheque Book <input type="checkbox"/> With Cheque Book</p> <p>Initial Amount ₹ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><b>Scheme:</b></p> <p><input type="checkbox"/> PAFA      <input type="checkbox"/> Platinum <input type="checkbox"/> IB Smart Kid    <input type="checkbox"/> SB SILVER / GOLD <input type="checkbox"/> BSBDA      <input type="checkbox"/> Small Accounts <input type="checkbox"/> Others..... (specify)</p> <p><b>Please issue me/us a cheque book</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> <b>CURRENT ACCOUNT</b></p> <p><b>Scheme:</b></p> <p><input type="checkbox"/> Premium A/c    <input type="checkbox"/> Supreme A/c <input type="checkbox"/> Others ..... (specify)</p> <p>Initial Amount ₹. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><b>Please issue me/us a cheque book containing ..... leaves.</b></p>	<p><input type="checkbox"/> <b>TERM DEPOSIT</b></p> <p><input type="checkbox"/> Fixed Deposit    <input type="checkbox"/> Re Investment Plan <input type="checkbox"/> STD    <input type="checkbox"/> Others .....(specify)</p> <p>Amount ₹. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Period: ..... Years/ ..... Months/ ..... Days</p> <p><b>In case of FD:</b> Please credit the interest payable every month/ quarterly/ Half-yearly/ Annually to my/our SB/CA/Loan A/c No.....</p> <p><b>If the interest to be transferred to other Bank:</b> Name of the Bank: ..... Name of the branch: ..... IFSC code:..... A/c No.....</p>
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**RECURRING DEPOSIT**

**Scheme :**     Variable RD     Special RD     Others..... (specify)

Period :  Months    Monthly Instalment ₹. ....

Standing Instructions:  Yes     No    If 'YES',

Please debit my/our SB / CA No..... for credit to this RD account on ..... of every month upto .....

**Mode of Operation** (In case other than Single)      **SPECIFY whether the account to be operated as -**  
 Joint     Either or Survivor     Former or Survivor     Anyone or Survivor    Others (Pl specify) .....

**Mandate in case of Term Deposit accounts with Survivor clause**

Whether willing to opt the facility of allowing closure / premature termination of the deposit by the Survivor(s), without the concurrence of the legal heirs of the deceased Joint Deposit Holder(s), in the event of death of any of the depositor(s) -     YES     NO

Other **PRODUCTS/ SERVICES** willing to avail – Please (✓)(Separate application for each facility to be obtained from Branch and attached)

- ATM / Debit Card     Internet Banking     Telebanking     Mobile Banking     Multicity Cheque
- Others (Specify)  .....

**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)

I declare that the minor ..... (name) is my ..... (relation) and I am his/her \*natural and lawful guardian / \* guardian appointed in terms of Court's order dated ..... (copy attached). I shall represent the said minor in all future transactions of any description in respect to the above deposit account until the said minor attains majority. I certify that the minor was born on ..... (date). I shall indemnify the Bank against the claim of above minor for any withdrawal/transaction made by me in his/her account.

Name of Guardian .....

Signature .....

**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

1) ..... 2) ..... 3) .....

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.

**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.

**SWEEP:** I/We authorise you to transfer amounts in excess of ₹. .... in my/our SB/Current account No. .... on any day into a term deposit of ..... days tenor in units of ₹..... I/We further authorise that inadequacy of funds in my/our SB/current account referred above is met any time by prematurely breaking the term deposit in units of ₹.5000 and transferring the required amount into the said SB/current account.

**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, I/We agree that the Bank shall apply the rules for pre-closure of term deposits 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 prevailing on the date of my/our request.

I am/We are willing to opt the facility of allowing closure / premature termination of the deposit by the Survivor(s), without the concurrence of the legal heirs of the deceased Joint Deposit Holder(s), in the event of death of any of the depositor(s).

**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 branch(es) of your bank / bank(s).

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.

**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 Basic Savings Bank Deposit Accounts:**

Initial deposit and minimum balance may be NIL. Mode of withdrawals will be by way of withdrawal slips only accompanied by pass book. There is no limit on the number of deposits in a month. Maximum 4 withdrawals including ATM withdrawals in a month are free. Transaction charges of Rs.6/- will be levied for each transaction beyond 4 withdrawals in a month. No charges will be levied for non operation/activation of in-operative BSBDA. Other services available include deposit and withdrawal of cash at Branches as well as ATMs (charges as applicable to normal SB accounts), Receipt/Credit of money through Electronic payment channels or by means of deposit/collection of cheques drawn by Central/State govt. agencies and Dept. One DD/BPO shall be issued free of commission to meet the payment requirement. ATM cards shall be issued to the account holders of BSBDA. If the account is opened on the basis of simplified KYC norms then these accounts would be treated as **small** account. The account holder should not have any other SB account with us, and in case if he/she is having, the same should be closed within 30 days. To avail other value added services, customer has to comply with (a) full KYC procedures and (b) other stipulated guidelines for the respective services. The other existing Rules and Regulations governing Savings Bank accounts are also applicable.

**For Small Accounts:**

Initial deposit and minimum balance may be NIL. Mode of withdrawals will be by way of withdrawal slips only accompanied by pass book. ATM cards will be issued to the account holder at the discretion of the BM. The aggregate of all credits in a financial year does not exceed Rs.1 lakh. The aggregate of all withdrawals and transfers during the month does not exceed Rs.10,000/-. The balance at any point of time does exceed Rs.50,000/-. The account will be upgraded as normal SB account as and when the customer fulfills full KYC documents/norms. Foreign remittance will not be allowed to be credited, unless identity is fully established. To avail other value added services, customer has to comply with (a) full KYC procedures and (b) other stipulated guidelines for the respective services. The other existing Rules and Regulations governing Savings Bank accounts are also applicable.

**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**

I/We have read and understood the RULES, TERMS & CONDITIONS stipulated by the Bank and agree that the Bank shall apply the rules prevailing on the date of my/our request.

**SIGNATURE OF THE APPLICANT/s**

Name	Signature

Place : .....

Date : \_\_\_ / \_\_\_ / \_\_\_\_


**For the use of the Bank**

Eligible for <input type="checkbox"/> ATM / Debit Card <input type="checkbox"/> Internet Banking <input type="checkbox"/> Teleshopping <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Multicity Cheque Others ..... (specify) (Separate application forms for these services has to be obtained from customer) <ul style="list-style-type: none"> <li>• Cheque Book may be issued / need not be issued</li> <li>• Source(s) of Funds / Annual Income: ₹. _____</li> <li>• Potential activity expected in the Account: ₹. _____ (Annual turnover)</li> <li>• Threshold Limit: ₹. _____</li> </ul>	SB / CA / FD / STD / RIP / RD Account may be opened.  <p style="text-align: center;"><b>Signature of BM / ABM / Authorised Signatory</b></p> Name: _____ SR No: _____ Date : _____
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**'Q' Numbers** .....

The relevant account has been opened and the respective A/c No. is .....

(\* *strikeout whichever is not applicable*)

 <b>इंडियन बैंक</b> <b>Indian Bank</b> ..... <b>Branch</b>	<b>Nomination Form - DA 1</b>
<p><b>Note:</b> (i) Only one person can be appointed as nominee (ii) 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 (iii) If the applicant(s) is/are illiterate, his/her thumb impression(s) shall be attested by two witnesses.</p>	
I/We..... ..... Name(s) and Address(es)] nominate the following person to whom in the event of my/our/minor's death, the amount of Savings Banks/ Term Deposit/ Current Account (Individuals & Sole Proprietor only) may be returned by Indian Bank ..... Branch.	
Please * <b>mention</b> / * <b>do not mention</b> the nominee's name in the passbook/deposit receipt/acknowledgement (* <b>strikeout</b> which is not applicable)	

**Nominee Particulars**

Name and Address	Relationship with depositor if any	Age	If minor <sup>§</sup> date of birth

**Deposit Particulars**

Type / Scheme	Account / Receipt No.	Date	Amount	Maturity Date

<sup>§</sup>As the nominee is a minor on this date, I/We appoint Mr/Ms .....  
 ..... (Name, Address and age)  
 to receive the amount in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

(Delete this para if the nominee is not a minor) 1. .... 3. ....

Place : ..... 2. .... 4. ....

Date : .....

**Signature / @Thumb impression of the Depositor/s**

@ Witnesses for Thumb Impression(s)

1. Signature :	2. Signature :
Name :	Name :
Address :	Address :
Place :	Place :
Date :	Date :

CIF for Nomination Purpose opened. CIF No. Is .....	
Nomination accepted and registered vide Registration. No..... dated .....	..... <b>Signature of Asst. Manager/Manager</b>

✂-----✂-----✂

**Acknowledgement (To be returned to the depositor)**

Name and Address of the depositor	Name of the Nominee (fill up only if opted for)	Regn. No.	Registered on
SB/CA/TDR a/c No .....	<b>Branch Seal</b>	<b>Asst. Manager / Manager</b>	