

ACCOUNT OPENING FORM (NON INDIVIDUALS)

[illegible]

- A. Fields marked with * are mandatory fields.
- B. Tick ☐ wherever applicable in DD-MM-YYYY format.
- C. Please fill the form in English and in BLOCK Letters.
- D. Please read section wise detailed guidelines / instructions.
- E. List of two character ISO 3166 country codes and List of State/UT Code as per Indian Motor Vehicle Act, 1988 is available in the General Instructions.
- F. For particular section update, please tick () in the box available before the section number and strike for the sections not required to be updated.
- G. KYC number is Mandatory for Update Application
- H. Definition of Important Terms are at the End

[illegible]

1. ENTITY DETAILS* (Please refer General Guidelines Point 'C')

NAME OF THE ENTITY*: (IN BLOCK LETTERS)											
DATE OF COMMENCEMENT OF BUSINESS*:			(APPLICABLE IN CASE OF PUBLIC LIMITED COMPANIES)								
DATE OF INCORPORATION/ FORMATION*:			PAN*:					OR FORM 60		(FOR ENTITIES OTHER THEN COMPANIES AND PARTNERSHIPS)	
PLACE OF INCORPORATION/ FORMATION*:			(FOR ENTITIES TAX RESIDENT OF INDIA ONLY, PAN IS EQUIVALENT TO TIN)								
			COUNTRY OF INCORPORATION/ FORMATION* (CODE- ISO 3166):						(REFER GENERAL INSTRUCTIONS)		
GSTN:					IDENTIFICATION TYPE*:		(PLEASE REFER GENERAL INSTRUCTIONS 'C2', IF O-OTHERS (SPECIFY) _____)				
ENTITY CONSTITUTION TYPE*:		(PLEASE REFER INSTRUCTION B IN GENERAL INSTRUCTIONS)									
CIN:					(ONLY APPLICABLE IN CASE OF A COMPANY)						

2. PROOF OF IDENTITY (Pol)* (Please refer 'D' in General Instructions)

☐ CERTIFICATE OF INCORPORATION / FORMATION
 ☐ REGISTRATION CERTIFICATE
 ☐ OTHER _____

☐ OFFICIALLY VALID DOCUMENT(S) IN RESPECT OF PERSON AUTHORIZED TO TRANACT
 ☐ RESOLUTION OF BOARD / MANAGING COMMITTEE

☐ MEMORANDUM AND ARTICLE OF ASSOCIATION / PARTNERSHIP DEED/ TRUST DOCUMENT
 ☐ ACTIVITY PROOF (FOR SOLE PROPRIETORSHIP ONLY)

3. DETAILS OF RELATED PERSON/ BENEFICIAL OWNER*

(An Annexure II* to be filled for each related person please refer point 'G' in General Instructions)

NUMBER OF RELATED PERSONS*:

--	--

 (A RELATED PERSON CAN BE DIRECTOR, PROMOTER, KARTA, TRUSTEE, PARTNER, AUTHORISED SIGNATORY, BENEFICIARY, BENEFICIAL OWNER, COURT APPOINTED OFFICIAL)

NUMBER OF BENEFICIAL OWNERS*:

--	--

 (THOUGH A BENEFICIAL OWNER IS A RELATED PERSON, THE NUMBER OF BENEFICIAL OWNER SHOULD BE DETERMINED SEPARATELY OUT OF NUMBER OF RELATED PERSON, BENEFICIAL OWNER IS A PART / SUBSET OF RELATED PERSON) (FOR DEFINITION SEE PAGE NO. 18)

4. PROOF OF ADDRESS (PoA)* (Certified copies of the documents, as applicable, need to be submitted) (Please see instruction 'E' at the end)

3.1 CURRENT / PERMANENT/OVERSEAS ADDRESS DETAILS*

☐ REGISTERED OFFICE ADDRESS IN INDIA (IF APPLICABLE) / PLACE OF BUSINESS*

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

PROOF OF ADDRESS*: ☐ CERTIFICATE OF INCORPORATION / FORMATION ☐ REGISTRATION CERTIFICATE

LINE 1*:

LINE 2*:

LINE 3*:

CITY/TOWN/VILLAGE*:

DISTRICT*:

PIN/POST CODE*:

STATE / UT NAME CODE*: COUNTRY CODE*: (ISO 3166)

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

☐ SAME AS CURRENT / PERMANENT ADDRESS DETAILS (IN CASE OF MULTIPLE CORRESPONDENCE / LOCAL ADDRESSES, PLEASE FILL 'ANNEXURE III')

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

PROOF OF ADDRESS*: ☐ CERTIFICATE OF INCORPORATION / FORMATION ☐ REGISTRATION CERTIFICATE

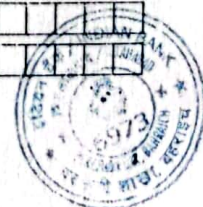
LINE 1*:

LINE 2*:

LINE 3*: CITY / TOWN / VILLAGE*:

DISTRICT*: PIN / POST CODE*:

STATE / UT NAME CODE*: (ISO 3166) COUNTRY CODE*:



3.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*

☐ SAME AS CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS
 ☐ SAME AS CORRESPONDENCE / LOCAL ADDRESS DETAILS

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS
 ☐ RESIDENTIAL
 ☐ BUSINESS
 ☐ REGISTERED OFFICE
 ☐ UNSPECIFIED

PROOF OF ADDRESS (FOR ENTITIES REGISTERED OUTSIDE INDIA)*: ☐ REGISTRATION CERTIFICATE OR EQUIVALENT
 ☐ CERTIFICATE OF INCORPORATION/FORMATION

LINE 1*:

LINE 2*:

LINE 3*:

CITY / TOWN / VILLAGE*:

STATE*:
 ZIP / POST CODE*:
 COUNTRY CODE*: (ISO 3166)

5. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer Instruction 'F' at the end)

TEL. (OFF):
 TEL. (RES):

FAX:

MOBILE 1:
 MOBILE 2:

EMAIL ID 1:

EMAIL ID 2:

6. NATURE OF BUSINESS

☐ MANUFACTURER
 ☐ TRADER
 ☐ RETAILER
 ☐ SERVICE PROVIDER
 ☐ EXPORT / IMPORT
 ☐ OTHERS _____

INDUSTRY CODE*: (PLEASE REFER TO INDUSTRY CODES ON PAGE 7)
 OTHERS: _____

ANNUAL TURNOVER

☐ 0-5 LAKH
 ☐ 5-10 LAKH
 ☐ 10-25 LAKH
 ☐ 25 LAKH- 1CR.
 ☐ 1-5 CR.
 ☐ 5-50 CR.
 ☐ 50-100 CR.
 ☐ 100 CR <

DEALING WITH INDIAN BANK: SINCE (YEAR) _____ AT _____ BRANCH.

NATURE OF ACCOUNT: _____ CREDIT FACILITIES (INDIAN BANK) (IF ANY) _____

7. TYPE OF ACCOUNT

☐ CURRENT ACCOUNT
 ☐ SAVINGS BANK ACCOUNT
 ☐ RECURRING DEPOSIT
 ☐ TERM DEPOSIT
 ☐ SPECIAL TERM DEPOSIT

☐ OTHER PLEASE SPECIFY: _____

8. MODE OF OPERATIONS

☐ SINGLY
 ☐ JOINTLY
 ☐ SEVERALLY
 ☐ AS PER BOARD RESOLUTION
 ☐ OTHERS: (PLEASE SPECIFY) _____

9. SERVICES REQUIRED (Tick the required service (Charges may be applicable))

CORPORATE INTERNET BANKING: VIEWING RIGHTS ☐
 TRANSACTION RIGHTS ☐
 CHEQUE BOOK ☐
 BUSINESS DEBIT CARD ☐

POS FACILITY (CARD SWIPING MACHINE) ☐
 SMS ALERTS ☐
 CASH PICK UP FACILITY ☐
 IB "V" COLLECT ☐

E - HAND SHAKE INSTA DEPOSIT CARD (HOST TO HOST INTEGRATION) ☐
 XPRESS DEBIT CARD ☐
 OTHER _____ ☐

STATEMENT FREQUENCY: MONTHLY ☐
 QUARTERLY ☐
 HALF-YEARLY ☐

E-STATEMENT TO BE SENT TO EMAIL ID:

SMS ALERTS TO BE SENT ON : MOBILE 1 ☐ OR MOBILE 2 ☐ (PLEASE REFER TO THE MOBILE NUMBERS GIVEN IN CONTACT DETAILS IN AOF PART 1)

10. ACCOUNT VARIANT

ACCOUNT VARIANT NAME: _____

(PLEASE VISIT OUR WEBSITE OR VISIT NEAREST BRANCH)

11. UNDERTAKING : CREDIT FACILITY FROM OTHER BANK / FINANCIAL INSTITUTION

☐ I/WE AM/ARE NOT AVAILING ANY CREDIT FACILITY(IES) / LOAN(S) FROM ANY OTHER BANK(S)/ FINANCIAL INSTITUTION (S) OR

☐ I/WE AM/ ARE AVAILING CREDIT FACILITY(IES)/ LOAN(S) FROM OTHER BANKS/ FINANCIAL INSTITUTIONS AS DETAILED BELOW:

DATE

SR. NO.	NAME OF THE LENDING BANKS/FIS	BRANCH	ADDRESS OF THE BRANCH (WITH EMAIL AND PIN NUMBER)	ACCOUNT NUMBER	"FOR OFFICE USE" NOC RECEIVED
					YES ☐ NO ☐
					YES ☐ NO ☐
					YES ☐ NO ☐

Care: NOCs to be obtained from all the Lending Banks before opening of the Account.

OTHER ENTITY DETAILS:

DETERMINE* WHETHER THE ENTITY IS 'FI' OR 'NFE' (AN ENTITY CAN BE EITHER AN 'FI' OR 'NFE', IT CAN NOT BE BOTH)

☐ **FINANCIAL INSTITUTION (FI):** (IF FINANCIAL INSTITUTION (FI) IS TICKED, PLEASE ALSO FILL ANNEXURE I & ANNEXURE II FOR ALL THE RELATED PERSON) (BANKS, INSURANCE AGENCIES, NBFCs ETC.) OR

☐ **NON FINANCIAL ENTITY (NFE):** IF ENTITY IS NFE, WHETHER IT IS*: ☐ **ACTIVE NFE** OR ☐ **PASSIVE NFE**

(AN ENTITY CAN BE EITHER AN 'ACTIVE NFE' OR A 'PASSIVE NFE', IT CAN NOT BE BOTH - SEE INSTRUCTIONS 'H' IN GENERAL GUIDELINES FOR ACTIVE & PASSIVE NFE)

NUMBER OF CONTROLLING PERSON(S): (APPLICABLE ONLY IN CASE OF PASSIVE NFE, FILL ANNEXURE II FOR EACH CONTROLLING PERSON)

DIRECT REPORTING NON FINANCIAL FOREIGN ENTITY (NFFE): ☐ YES ☐ NO

IF YES PLEASE PROVIDE GIIN OF DIRECT REPORTING NFFE:

LEGAL ENTITY IDENTIFIER (L.E.I. CODE. NO.):
(AS & WHEN APPLICABLE)

COUNTRY OF RESIDENCE AS PER TAX LAWS *

TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA YES ☐ NO ☐

(IF TICKED 'YES' THEN THERE IS NO NEED TO FILL IN THE BOX BELOW)

FATCA & CRS BOX

TAX RESIDENT OF US: YES ☐ NO ☐ (IF 'YES', PLEASE PROVIDE US TIN) US TIN:

IF TAX RESIDENT OF US, WHETHER THE PERSON IS

A US PERSON YES ☐ NO ☐ (A TAX RESIDENT OF US IS US PERSON, SEE INSTRUCTION 'J')

A SPECIFIED US PERSON (SEE INSTRUCTIONS 'K') YES ☐ NO ☐ (IF SPECIFIED US PERSON IS YES, THEN THE ENTITY IS US REPORTABLE)

TAX RESIDENT OUTSIDE INDIA OTHER THAN US: YES ☐ NO ☐

IF 'YES', PLEASE PROVIDE COUNTRY CODE & TIN / FUNCTIONAL EQUIVALENT:

IF TAX RESIDENT OUTSIDE INDIA OTHER THAN US IS 'YES', WHETHER ENTITY FALLS IN ANY OF THE FOLLOWING CATEGORY (TICK FROM THE FOLLOWING CATEGORY AS APPLICABLE - IF NONE OF THE FOLLOWING CATEGORY IS MARKED 'YES' THEN THE ACCOUNT IS AN 'OTHER REPORTABLE ACCOUNT')

I. ANY CORPORATION THE STOCK OF WHICH IS REGULARLY TRADED ON ONE OR MORE ESTABLISHED SECURITIES MARKET YES ☐ NO ☐

II. ANY CORPORATION THAT IS A RELATED ENTITY OF A CORPORATION DESCRIBED IN (I) ABOVE YES ☐ NO ☐

III. A GOVERNMENTAL ENTITY YES ☐ NO ☐

IV. AN INTERNATIONAL ORGANIZATION YES ☐ NO ☐

V. A CENTRAL BANK YES ☐ NO ☐

VI. A FINANCIAL INSTITUTION YES ☐ NO ☐

NO RESIDENCE FOR TAX PURPOSE YES ☐ NO ☐

IF ANY OF THE ITEM (I) TO (VI) IS TICKED 'YES' THE ACCOUNT IS NOT AN 'OTHER REPORTABLE ACCOUNT'

IF ENTITY IS NEITHER A TAX RESIDENT OF INDIA OR US NOR A TAX RESIDENT OUTSIDE INDIA OTHER THAN US, THEN THE FIELD NO RESIDENCE FOR TAX PURPOSE WILL BE 'YES'

IF 'YES' PLEASE PROVIDE, COUNTRY CODE WHERE THE PRINCIPAL OFFICE OF THE ENTITY LOCATED

COUNTRY CODE

MULTIPLE TAX RESIDENCY*: YES ☐ NO ☐ (IF 'YES', PLEASE FILL THE TABLE BELOW)

1. IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY.

2. IF IT IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY, HAS MULTIPLE TAX RESIDENCY.

COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)
ADDRESS* LINE 1: LINE 2: LINE 3: CITY: STATE: PIN:		
COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)
ADDRESS* LINE 1: LINE 2: LINE 3: CITY: STATE: PIN:		

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION

& THE ACKNOWLEDGEMENT NUMBER

IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR THE FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS)

OTHER THAN AGRICULTURAL INCOME

VERIFICATION

I, do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the day of 20.....

Place:

Signature of the Declarant

NOMINATION : Applicable Only For Sole Proprietorship☐

I/WE WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT OR

☐

I/WE DO NOT WANT TO MAKE A NOMINATION IN MY/OUR ACCOUNT

NOMINATION FORM (DA1)

Nomination under Section 45Z of the Banking Regulation Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in the respect of Bank Deposits.

I/ We nominate the following person to whom in the event of my /our /minor's death the amount of Deposit, particulars whereof are given below, may be returned by Indian Bank (Name and address of branch / office in which the deposit held).

NOMINATION
SERIAL NO.**DETAILS OF DEPOSIT :**

Type of Deposit :

ACCOUNT NO:

DETAILS OF THE NOMINEE

NAME:

RELATIONSHIP WITH THE DEPOSITOR :

AGE:

DATE OF BIRTH OF NOMINEE:

ADDRESS:

CITY:

PIN:

STATE:

CIF NO. OF NOMINEE (to be filled by LCPC):

As the nominee is a minor on this date, I/We appoint Shri/Smt. age years

Address

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 / Thumb impression of the Applicant(s)

Personal Details of Witnesses : (Witnesses are required only in case if applicant is illiterate and is affixing thumb impression)

Witness 1 Name :

Witness 1 Name :

Address :

Address :

Signature / Thumb impression

Signature / Thumb impression

Place : Date :

Place : Date :

APPLICANT DECLARATION

1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
2. I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
3. I/We certify and declare that The Company does belong to the class of companies specified in sub-rule (2) of the Companies Rules 2017 (Restrictions on number of Layers) and it (Company) does not have more than two layers of subsidiaries. (As per the details given in Ministry of Corporate Affairs, Gazette notification No. 793 dated 21st Sept 2017.
4. I/We affirm and declare that I/We have read over and understood the rules and regulations of the Indian Bank ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-banking/Mobile Banking/Virtual Banking and any other facilities. I/We agree to abide by the same as amended/modified from time to time by the Bank/ Regulator/ Government published through circulars, notifications, notice board/ websites/ newspaper publications, etc. I/We waive the rights, if any, to have personal notice in respect of such amendments/ modifications. I/We agree that the transactions and requests executed in my/our account(s) by me/authorized person through internet, mobile, tele-banking or virtual banking under my/our User ID and password/PIN/OTP will be legally binding on me/us & I/We am/are responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/ details/OTP/PIN, etc., in such matters. I/We agree that Bank has got all the rights to debit my/our account for any service charge, expenses or other dues which the Bank is entitled/ liable to recover from me. I/We also authorise the Bank and agree to close/ discontinue my account without any notice to me in case of any violation of laws/rules/ regulations or terms and conditions of maintaining the account. I/We hereby undertake to inform the Bank on any change in my communication address or constitution, and I/We shall submit the address proof in case of transfer of my account from one branch to another branch.
5. In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI for identification and / or address proof towards the compliance of KYC norms under the PMLA, 2002 and I hereby agree that the Bank may verify the same with UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank.
6. I/We confirm and declare that I/We am/are not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
7. I/We agree that my/our personal KYC details may be shared with Central KYC registry or any other competent authority. I/We hereby consent to receive information from the Bank/Central KYC Registry/Gol/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I/We also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
8. I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
9. I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign

Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.

10. I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.
11. I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self-certification as above is provided to the Bank.
12. I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (Gol)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/Gol from time to time.
13. I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
14. I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me/us.
15. I/We undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
16. I/We understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
17. I/We have been advised of Monthly average/minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision/change and such revision/changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect.
18. I/We Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account, failing to which I understand my account will cease to be operational as per GOI guidelines, amending Prevention of Money laundering (Maintenance of Records) Rules 2005. (In case the account is opened without Aadhaar / PAN)
19. In case, deemed OVDs are submitted for current address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing to which I understand that my account may cease to be operational as per GOI guidelines at the material time.
20. I confirm and undertake that I will not deal in Virtual Currencies and will not use my account for any services related Virtual Currencies or facilitate any person or entity, in dealing with or settling virtual currencies.
21. I/ We undertake to keep MAB (Monthly Average Balance) in the account as prescribed under the respective account scheme and agree to pay the penalty if MAB is not maintained.

Please paste
photograph
here

Signature of Authorized Signatory 1 (Do not overlap)

Name:	
Designation:	
Date:	
Name, Signature, Seal and S.S No. of the Verifying Official	

Please paste
photograph
here

Signature of Authorized Signatory 2 (Do not overlap)

Name:	
Designation:	
Date:	
Name, Signature, Seal and S.S No. of the Verifying Official	

Please paste
photograph
here

Signature of Authorized Signatory 3 (Do not overlap)

Name:	
Designation:	
Date:	
Name, Signature, Seal and S.S No. of the Verifying Official	

FOR OFFICE USE ONLY

1. APPLICANT(S) INTERVIEWED AND PURPOSE ASCERTAINED (SPECIFY THE PURPOSE): _____

2. WHETHER SELF - CERTIFICATION & DOCUMENTS SUBMITTED BY THE CUSTOMERS HAVE BEEN VERIFIED AND FOUND CORRECT AND RELIABLE: ☐ YES ☐ NO
(CARE : BRANCH TO PROCEED WITH OPENING OF ACCOUNT ONLY WHEN THIS CERTIFICATION IS "YES")

3. THRESHOLD LIMIT IS RS: _____

4. DOCUMENTS RECEIVED: ☐ SELF CERTIFIED ☐ TRUE COPIES ☐ NOTARY

5. RISK CATEGORY: ☐ HIGH ☐ MEDIUM ☐ LOW

6. IN PERSON VERIFICATION CARRIED OUT AND SIGNATURE OF THE APPLICANT VERIFIED BY: IDENTITY VERIFICATION:

☐ DONE

7. AUTHORISED OFFICIAL HAS VERIFIED THE ACTIVITY OF PROPRIETARY CONCERN AT THE ADDRESS MENTION IN ACCOUNT OPENING FORM: ☐ YES ☐ NO

OFFICIAL NAME: _____

PF NO: _____

DESIGNATION: _____

DATE: _____

SS NO: _____

SIGNATURE: _____

OPEN CIF

QUEUE NO.

INITIALS

DATE: _____

(AUTHORISED SIGNATORY)

CIF: _____

OPEN THE ACCOUNT

BRANCH MANAGER / AUTHORISED OFFICIAL (SIGNATURE)

ACCOUNT OPENED ON: _____

ACCOUNT NUMBER: _____

REMARKS (IF ANY): _____

ASSISTANT (SIGNATURE)

NAME: _____

EMP/OFFICIAL NAME: _____

S.S No. / P.F No.: _____

EMP/OFF DESIGNATION: _____

EMP/OFF BRANCH: _____

OFFICER (SIGNATURE)

NAME: _____

EMP/OFFICIAL NAME: _____

S.S No. / P.F No.: _____

EMP/OFF DESIGNATION: _____

EMP/OFF BRANCH: _____

ACCOUNT CLOSED ON: _____

ACCOUNT TRANSFERRED TO _____

BRANCH ON _____

AUTHORISED OFFICIAL (SIGNATURE)

CURRENT ACCOUNT RULES

- Whenever the customer does not use alternate channels for opening the Current Account, payments to credit of an account with the Bank should ordinarily be accompanied by a pay-in slip duly signed by the constituent. Slips with counterfoils will be supplied in book form and the entry of the transactions made in the counterfoil will be authenticated by the initials of an authorised employee of the Bank. The depositor should satisfy himself that the transaction is so certified.
- Cheques must be drawn on the Bank's printed forms. The Bank reserves its right to refuse payment of any cheque drawn otherwise. The bank reserves the right to refuse payment of cheques that have been altered in any way unless the alteration is authenticated by the drawer under full signature. Cheques should be drawn in such a way as to prevent alteration after issue, and the signature should be uniform with that on record at the Bank.
- Constituents should not overdraw their accounts, even for small amounts without having made previous arrangements. Overdraft are granted in current accounts on terms as per extant instructions. Interest will be charged at the rates stipulated by the Bank and calculated upon the daily balances.
- The Bank will register instructions from the drawer regarding cheques lost, stolen, etc. but cannot guarantee depositors against loss in such cases in the event of such a cheque being paid.
- The bank collects bills, drafts, cheques, pay and pension bills, etc. on behalf of constituents. In personal accounts, the Bank offers up to a specified limit immediate credit in respect of cheques, drafts, dividend warrants, etc., payable at outstation branches.
- Local cheques, etc. will be cleared under CTS Clearing
- Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against until they have been realised.
- Bills, notes, etc. not payable on demand, intended for realisation by the Bank, should be sent at least one clear day before due date.
- The Bank accepts standing instructions on accounts for making periodic remittances, etc.
- Statements of accounts will be sent to constituents periodically and can be obtained at any time on application. The entries of accounts should be carefully examined by the constituent, and, if any errors or omissions are discovered, the attention of the Bank must be drawn to them immediately. The Bank will not be responsible for any loss arising from neglect of this precaution.
- Any change in the address of the constituent must be promptly advised to the Bank. In all their correspondence with the Bank and on pay-in slips etc. constituents should clearly mention the account number allotted at the time of opening of the account.
- Accounts may be transferred at the request of the constituents to any other office of the Bank.
- The Bank accepts securities and shares for safe custody and realisation of interest, dividends, etc. on terms which may be had on application.
- The Bank reserves the right to alter/add to/delete any of these rules at any time.

INDUSTRY CODES

01. AIRLINES / AVIATION
02. ADVERTISING AGENCY
03. AGRICULTURE / ALLIED INDUSTRIES
04. AUTOMOBILES
05. AUTOPARTS
06. AUTO FINANCE
07. ARMS DEALER
08. BANKING / FINANCIAL SERVICES
09. ENGINEERING / CAPITAL GOODS
10. FERTILIZERS / CHEMICALS / SEEDS /
11. PESTICIDES
12. FISHERIES / POULTRY
13. GEMS / JEWELLERY
14. CALL CENTERS / BPO

15. CASINOS
16. CEMENTS / PAINTS
17. CHIT FUNDS
18. CONSUMER DURABLES
19. COURIER / CARGO
20. CONSTRUCTION / REAL ESTATE
21. CONSULTANCY
22. ELECTRONICS
23. FURNITURE / TIMBER
24. GOVERNMENT BODIES
25. HOTELS / RESTAURANTS
26. HOSPITALS / CLINICS / NURSING HOME
27. INFRASTRUCTURE
28. INSURANCE

29. IMPORT / EXPORT
30. MANUFACTURING
31. MONEY LENDER
32. MEDIA / ENTERTAINMENT
33. MEDICAL / HEALTHCARE
34. MARBLE & GRAINITE
35. OIL & GAS
36. PETROL PUMPS
37. PHARMACEUTICALS
38. POWER / ELECTRICITY
39. PRINTING / PUBLISHING
40. RELIGIOUS INSTITUTIONS
41. SCIENCE & TECHNOLOGY
42. SCHOOL / COLLEGES / INSTITUTES

43. STEEL / HARDWARE
44. STOCKS & SHARES
45. TECH STARTUPS
46. TELECOMMUNICATION
47. TEXTILES / GARMENTS
48. TRAVEL & TOURISM
49. TRANSPORTATION & LOGISTICS
50. FOREX DEALERS / BULLION
51. PROFESSIONALS (DOCTOR, LAWYER, ENGG. CONSULTING, HR)
52. RETAIL CHAIN / FMCG
53. IT SERVICES

DECLARATION OF BENEFICIAL OWNERSHIP

ANNEXURE - IV

(APPLICABLE TO COMPANY (EXCEPT THE COMPANY LISTED ON A STOCK EXCHANGE OR IN CASE OF A SUBSIDIARY OF SUCH A COMPANY), PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS).

1. NAME OF THE CUSTOMER : _____
(COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS)
2. REGISTERED NUMBER : _____
(IF AVAILABLE)
3. REGISTERED ADDRESS : _____

THE CUSTOMER AS STATED ABOVE HEREBY CONFIRMS AND DECLARES THAT AS ON DATE:

--	--	--	--	--	--

THE FOLLOWING NATURAL PERSON(S) (LISTED IN TABLE BELOW) EXERCISE CONTROL OR ULTIMATELY HAVE A CONTROLLING OWNERSHIP INTEREST I.E. HAVING OWNERSHIP /ENTITLEMENT OF MORE THAN 25% (COMPANY) / MORE THAN 15% (PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OF INDIVIDUALS) / MORE THAN OR EQUAL TO 15% (TRUST) OF CAPITAL/PROFITS/PROPERTY OR CONTROLLING THROUGH VOTING RIGHTS, AGREEMENT, ARRANGEMENT ETC.

(FOR DEFINITION OF BENEFICIAL OWNER, SEE AT PAGE NO. 18)

SL NO.	FULL NAME OF BENEFICIAL OWNER / CONTROLLING NATURAL PERSON(S)	DATE OF BIRTH	NATIONALITY	ADDRESS	TYPE OF KYC DOCUMENTS	CONTROLLING OWNERSHIP INTEREST (%)

WE CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND CORRECT. WE UNDERTAKE AND AGREE THAT WE WILL NOTIFY INDIAN BANK WITHOUT DELAY OF ANY CHANGES IN THE CONTROLLING PERSONS, PERSON EXERCISING CONTROL OR HAVING CONTROLLING OWNERSHIP INTEREST IN THE COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS, AS DECLARED IN THE TABLE ABOVE.

FOR AND ON BEHALF OF [NAME OF COMPANY, PARTNERSHIP FIRM, UNINCORPORATED ASSOCIATION OR BODY OF INDIVIDUALS AND TRUSTS]:

SIGNATURE OF THE AUTHORIZED OFFICIAL*: _____

FULL NAME OF THE AUTHORIZED OFFICIAL: _____

DESIGNATION / POSITION: _____

DATE:

PLACE:

(*The declaration should be signed by an active / designated partner in case of Partnership Firm, a trustee in case of Trust)

For Branch use Only

We certify that the beneficial owner (s) of the said firm has / have been determined on the basis of declaration made by the above mentioned Company / Firm / Trust and the details furnished above have been verified from information, whenever available, in public domain.

(Signature of the Branch Manager)

Name: _____

S.S No. / PF No.: _____

Date: _____





KYC form for Existing Customers :

दिनांक :

आधोहस्ताक्षरी द्वारा आपकी शाखा.....से संबन्धित अपने खाते में केवाईसी के अध्यातन हेतु
संबन्धित पते व पहचान संबंधी दस्तावेज प्रस्तुत किए जा रहे हैं। -

खाते का प्रकार : बचत/घालू खाता /सीसी/लोन खाता	ईकेवाईसी रजिस्टर्ड : हॉ/नही	सीकेवाईसी संख्या	
शाखा का नाम :	खाता कोड	फोटो	
ग्राहक का नाम :	खाता संख्या :		
जन्मतिथि :	धर्म व जाति :		
नाम (स्पष्ट अक्षरों में पूरा नाम) :			
पिता का नाम :			
माता का नाम :			
वैवाहिक स्थिति (विवाहित/अविवाहित)	पति पत्नी का नाम :		
नागरिकता :	लिंग पुरुष/महिला/अन्य		
पहचान का प्रमाणपत्र (POI) प्रस्तुत किए जाने वाले प्रमाण पत्र का नाम व संख्या	पते का प्रमाण(POI) प्रमाण पत्र का नाम व संख्या		
पैन प्रस्तुत किया जा रहा है: हॉ/नही (यदि नही, तो कृपया फारम-60 प्रस्तुत करें)	पैन संख्या :	आधार संख्या :	आधार के अनुसार नाम :
स्थायी पता :			
पत्रचार हेतु पता :			
मोबाइल संख्या :	ईमेल :		
फोन नंबर. (आवास/कार्या.)	शैक्षिक योग्यता :		
व्यवसाय का प्रकार :	वार्षिक आय :		
नियोक्ता का नाम :	अनुमति सालाना टर्नओवर		
नियोक्ता का पता :			
आश्रितों की संख्या :	नेट वर्थ :	आवासीय :	भारतीय नागरिक/एनआरआई/FN/PIO
संबन्धित व्यक्ति : (नाबालिगो हेतु)	संबन्धित व्यक्ति का नाम :		
संबन्धित व्यक्ति का सीआईएफ :	संबन्धित व्यक्ति की सीकेवाईसी संख्या :	संबन्धित व्यक्ति से संबंध :	

- My personal/KYC details may be shared with central KYC Registry. I hereby consent to receiving information from Central KYC registry through SMS/email on the registered number/e-mail address.
- I have authorized UIDAI (AADHAAR) bio-metrically to allow the Bank to fetch my details from UIDIA.
- I hereby declare that the details furnished below are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the below information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I confirm having checked my Mobile number, the number be registered in the Banks record for sending any communication related to my account, as well as transaction advices, I also authorize the Bank to contact me on the above mentioned number for verification call back or checks to confirm the veracity of any transaction, as deemed fit by the Bank. I confirm that the said Mobile number is held by me and is not in use by any third party and I undertake that I shall duly and promptly inform the Bank if and when my Mobile number/Email ID changes.

दिनांक :

स्थान

(*Mandatory Field)

खतेदार का हस्ताक्षर/अंगूठे का निशान

Acknowledgment

Received the personal details as well as the KYC documents from _____ against the CIF No.

on _____ The details will be updated in CBS very shortly.

Signature of the branch officials