

Account Opening Form for Resident Individual (Domestic Accounts)

Please open my/our/joint Account at : _____ Branch

Date _____
 (To be filled by applicant only)

(Please fill the form in Block Letters only - All Fields marked "*" are MANDATORY)

A) *PERSONAL DETAILS (THIS IS A MACHINE READABLE FORM AND WILL PASS THROUGH A SCANNER)

APPL **Mr/Ms Initial Name**

1st _____
 2nd _____

If you are an existing customer please move directly to section 'B'

APPL **Father's Name** _____ *** Mother's Maiden Name** _____

1st _____
 2nd _____

APPL *** Date of Birth** *** Gender Male / Female** *** PAN No. (If not available attach Form 60/61)** **Form 60/61 Attached** **Spouse Name**

1st _____
 2nd _____

Minor Account

Name of the Guardian _____

Father Mother By Court Order (Affix a copy) Staff Yes No

MAILING ADDRESS:

*Flat/Plot No & Bldg. Name _____ Mobile No. _____

* Road Name _____ STD Code _____

* Land Mark _____ Tel (R) _____

* City _____ Tel (O) _____

* District _____ *State _____ * Pin Code _____

Email Id _____

B) If any of the applicants are EXISTING ACCOUNT HOLDERS, please mention the Customer Identification No.

1st Appl Cust. Id _____ 2nd Appl Cust. Id _____

C)* INTRODUCTION DETAILS CITY UNION BANK Customer (Introducer's) Name _____

Address _____ SB CA CCOD Deposit Loan

I confirm that I am an account holder with CITY UNION BANK Ltd for over six months

I confirm that personally know the applicant/s detailed above for more than 6 months and confirm his /her identity, occupation and address.

A/c No. _____ Customer ID _____

Date : _____

Signature : _____

Customer identification procedure (KYC)
 Attach document for ID Proof and address Proof

1. Passport 2. Driving License 3. Voter ID 4. Pan Card 5. Bill
 6. Ration Card 7. Others (Specify).....

(A) ID proof specify Sl. No. Valid upto _____
 No.
 Issued by & place

(B) Address proof specify Sl. No. Valid upto _____
 No.
 Issued by & place

For Bank Use

Introducer's Signature Verified Yes

Date of A/c Opened

Signature of POA _____

POA Number: _____

D) NOMINATION: No Yes If yes, Name of nominee _____

(Please attach Nomination Form)

Nominee relation _____

E) PAYMENT DETAILS

Amount Rs. _____ Ps. _____ Cash Cheque Cheque No. _____

Drawn On _____ Bank _____ Branch _____ Chq. Date _____

Transfer SB CA CCOD A/c No. _____

F) PERMANENT ADDRESS Please tick in case permanent address is the same as given in the mailing address

*Flat/Plot No & Bldg. Name

* Road Name

* Land Mark

* City * Pin Code

* State Country

STD Code Tel (R)

Mobile No. Email ID

G) Account Options

Savings Fixed Deposit CCD Sri Chakra M.S.D. Others (Specify)

Current Amount Period Year Months Days

Account to be Operated by me Jointly by us Any one of us Either or Survivor of us PA / Mandate Holder

FIXED Deposit Details

Interest Payment Monthly Quarterly Half Yearly TDS to be deducted Yes No (if No, form 15H/15G to be submitted)

Interest Payment by Pay order DD Br Code Maturity Intimation to be sent Yes No

favouring Renewal to be made Yes No

SB CA CCOD A/c No.

DECLARATION: 1) I/We agree to abide by and to be bound by the rules of the bank now in force and that may be made from time to time. 2) I/We confirm that I / We am/are resident of India. 3) I/We declare that all the particulars and informations given in the Application form are true, correct, complete and upto date in all respects and I/We have not withheld any information. 4) I/We understand that the above accounts will be opened on the basis of the statement / declaration made by me/us. I/We further agree that any false / misleading information given by me / us, or suppression of any material fact will render me/our account liable for termination and further action. 5) I/We confirm that the authorised signatories as approved by me/ us are authorised to operate the account. 6) In case of collection of cheques and drafts sent by me/us to you, I/We request you, on the strength of my/our guarantee and on my/our responsibility to confirm my/our guarantee of the prior endorsements. I/We undertake to indemnify you against all losses, damages or detriment and keep you to protect from all claims, actions and expenses by reason of your so confirming my/our guarantee. As I/We send you from time to time cheque and bills on places where your bank has no branches, I/We hereby authorise you on my/our responsibility to accept this letter as your authority for sending such cheques and bills for collection through other source or direct for payment to the bankers on which the cheques and bills drawn. I/We hereby undertake to hold you harmless in this connection if the instrument is lost in transit or otherwise and I/We further undertake to receive the proceeds of such bills only after the same has been cashed by you. In the event of bills discounted by you, I/We further undertake to repay your bank immediately, on demand, the proceeds of such bills. 7) I/We am/are not enjoying any credit facility / ies with any other bank/s any other branches of your bank and I/We undertake to inform you, in writing, as soon as any credit facility availed by me/us from any other bank/s any other branch of your bank. 8) I/We am/are enjoying credit facilities with other bank(s) /branch(es) of your bank as details given in the enclosed sheet. 9) I/We accept the Bank's right to take steps to close the account if frequent return of cheques for want of funds or any other undesirable feature is observed. 10) I hereby declare that I shall represent minor applicant in all present and future transactions of any description. I shall indemnify the Bank against the claim of the minor for any withdrawal / transactions made by me in his / her account. I / We agree that the bank may debit my / our account for service charges as applicable from time to time.



I/We have also understood that non maintenance of above specified Average Quarterly Balance will attract charges of Rs. /- per quarter for accounts with Average quarterly Balance requirement of Rs. /- and other charges for Net Banking, ATM & Branch services as detailed in the schedule of charges.

1) Please sign in black ink inside the box provided below. Photographs should be signed across by the applicants. 2) Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

I/We confirm that I/We have read and understood the Declaration given above and confirm that all the details provided on the form are correct. I/We also confirm that my / our account has been opened by Bank Officer Mr / Mrs..... and I/We have signed in his /her presence.

Name Name

Date Date

For Office Use

Signed before me. Introducer's Signature tallied. Introduction is found in order. Document are verified for names and addresses. Permitted to Open Account. KYC norms observed.

Cheque Book/s issued Nos. from to

Do not issue Cheque book. Nomination Registered Yes No

Issue Visa Card Yes No Enable Net banking Yes No } Necessary forms obtained

Enable SMS Yes No

Signature of Authorised Official with POA No.