



For Office Use  
 Serial No. **210** **034346**  
 A/c. No. \_\_\_\_\_  
 Customer ID1 \_\_\_\_\_

**Account Opening Form for Resident Individual (Domestic Accounts)**

Please open my/our/joint Account at : \_\_\_\_\_ Branch \_\_\_\_\_ Date \_\_\_\_\_  
 (Please fill the form in Block Letters only - All Fields marked "\*" are MANDATORY)  
 (To be filled by applicant only)

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

APPL **Mr/Ms** Initial Name  
 1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_

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

APPL\* **Father's Name** \_\_\_\_\_ \* **Mother's Maiden Name** \_\_\_\_\_  
 1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_

APPL \* **Date of Birth** \* **Gender** \* **PAN No. (If not available attach Form 60/61)** **Form 60/61 Attached** **Spouse Name**  
 Male / Female / Third Gender  
 1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_

**Minor Account**

Name of the Guardian \_\_\_\_\_  
 Father  Mother  By Court Order (Affix a copy)  Staff   
 Yes  No

**MAILING ADDRESS:**

\*Flat/Plot No & Bldg. Name \_\_\_\_\_ Caste \_\_\_\_\_  
 \* Road Name \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 \* Land Mark \_\_\_\_\_ STD Code \_\_\_\_\_  
 \* City \_\_\_\_\_ Tel (R) \_\_\_\_\_  
 \* District \_\_\_\_\_ \* State \_\_\_\_\_ Tel (O) \_\_\_\_\_  
 \* 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 A/c. \_\_\_\_\_ Customer ID \_\_\_\_\_  
 I confirm that personally know the applicant/s detailed above for more than 6 months No. \_\_\_\_\_  
 and confirm his /her identity, occupation and address.

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

Signature : \_\_\_\_\_

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

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 \_\_\_\_\_

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Introducer's Signature Verified  Yes  
 Date of A/c Opened \_\_\_\_\_  
 Signature of POA \_\_\_\_\_  
 POA Number \_\_\_\_\_  
 Student A/c  Salary A/c

**D) NOMINATION:** No  Yes  If yes, Name of nominee \_\_\_\_\_

(Please attach Nomination Form) Date of Birth \_\_\_\_\_ 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. \_\_\_\_\_

Enclosure: "Profile Form" which is mandatory for all the accounts

**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

Interest Payment / Closure Instructions by DD  Br Code  RTGS/NEFT/ECS

TDS to be deducted Yes  No  (if No, form 15H/15G to be submitted)

A/c. Number

Auto renewal to be made Yes  No

IFSC Code / MICR Code

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 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. 11/We agree that the bank may debit my / our account for service charges as applicable from time to time.

Please Paste  
PHOTO  
of 1st Applicant

Please Paste  
PHOTO  
of 2nd Applicant

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

/- per quarter for accounts with Average quarterly Balance requirement of

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 \_\_\_\_\_

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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

Visa Card  Yes  No Internet Banking  Yes  No

Enable SMS Alert  Yes  No Mobile Banking  Yes  No

Necessary forms obtained

Signature of Authorised Official with POA No. \_\_\_\_\_

VIP  DSA No.  SHG

Activity Code

Annual Income ₹

JL/Deposit