

## SVC-KIDZ

### RULES AND REGULATIONS

1. Account shall be in the name of Minors in the age group of 0 yrs. to below 18 yrs.
2. In case of minors in the age group of 0 yrs. to below 12 yrs. Account shall be operated by their Parent/Guardian.
3. Minors in the age group of 12 yrs. to below 18 yrs. shall be allowed to open and operate the savings account on their own. Withdrawal shall be via withdrawal slip. No cheque book shall be issued.
4. In case the account is opened when the child is below the age of 12 yrs. photograph of minor with the signature of the Parent/Guardian on the rear of the photograph to be submitted. When the child crosses the age of 12 yrs. can operate the account by herself/himself.
5. The account holder being minors shall be allowed to maintain zero balance in the account. However at the time of opening the account it has to be opened with a minimum balance of Rs. 100/-
6. Minors who have completed 14 yrs. of age shall be issued free ATM cum Debit Visa Card with a daily cash withdrawal limit of Rs. 5000/- only.
7. All KYC norms to be followed while opening the account. Parent/Guardian to submit proof of identity and proof of residence. If the child has a Passport/PAN card/Identity card. copy of the same also can be kept on record.
8. On the minor attaining majority he/she shall have to inform the Bank in writing and shall have to maintain the minimum balance as stipulated in the account.
9. Rate of interest on Minor savings account shall be as applicable to normal savings account.

Signature of Guardian/Minor.

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### DECLARATION

I/We have read, understood and hereby agree to the Terms and Conditions in respect of the SVC KIDZ Account Facility. The Bank at its discretion may modify/vary the terms and conditions without reference to me and I shall be bound by the same.

I/We undertake to inform the Bank about any changes in the status of account holders/accounts or disputes arising between the account holders or in respect of the above accounts and hereby indemnify the Bank and its officials against any loss or damages suffered or incurred by the Bank by reason of failure by me/us to inform the Bank of any change/disputes.

I/We state and declare that in case I/We desire to discontinue the said facility, we shall by a written notice inform the Bank about the same.

I/We minor/Parents/Guardians \_\_\_\_\_ hereby declare that it has the authority to make necessary application for availing the SVC-KIDZ Account Facility and that I/ We is/are bound by all the terms and conditions applicable for availing the said facility.

I/We indemnify and agree to keep the Bank indemnified for all and/or any losses, cost, expenses, etc.. suffered or incurred by the Bank by reason of incorrect/incomplete information being furnished and/or by reason of misuse of the SVC-KIDZ Account Facility .

Signature of Account holders/Applicants:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

For office use

1. Account No. tallied with Branch record : Yes/No
2. Mode of operation of Account Verified and is in order: Yes/No
3. Signatures of the Account Holder/s verified : Yes/No

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

Signature of Authorized Official