



## Account Opening Form



## Checklist for Savings Account

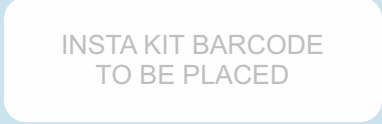
Checklist for Individuals / Minors / Applicant(s):		For the Applicants	
1	Self attested copy of PAN submitted by all applicants	<input type="checkbox"/>	<input type="checkbox"/>
2	Proof of Identity / Address - Submit supporting officially valid documents	<input type="checkbox"/>	<input type="checkbox"/>
3	KYC form is duly filled, signed and submitted by ALL applicants	<input type="checkbox"/>	<input type="checkbox"/>
4	Latest photograph with clear background and signed across such that part of the signature is on the Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>
5	On the CKYC-1 form, signature to be affixed on the space provided below the photograph	<input type="checkbox"/>	<input type="checkbox"/>
6	Complete address of the applicant, i.e Name and Address in full with Pincode is provided	<input type="checkbox"/>	<input type="checkbox"/>
<b>FTR CHECKLIST</b>			
1	All the relevant fields on the Account Opening Form & CKYC-1 are completely filled in	<input type="checkbox"/>	<input type="checkbox"/>
2	Please check that Customer has signed the Account Opening Form and CKYC-1 in all the required boxes	<input type="checkbox"/>	<input type="checkbox"/>
3	KYC document should be legible	<input type="checkbox"/>	<input type="checkbox"/>
4	Original seen & verification stamp is affixed on KYC document obtained with PA/RP stamp of the branch official	<input type="checkbox"/>	<input type="checkbox"/>
5	All alterations/corrections are attested by the customer	<input type="checkbox"/>	<input type="checkbox"/>
6	Name of the customer on both the Account Opening Form & CKYC-1 form should match exactly as per Proof of identity	<input type="checkbox"/>	<input type="checkbox"/>
7	Product declaration obtained as applicable.	<input type="checkbox"/>	<input type="checkbox"/>
8	In case of Joint Account, relationship of all the holders with the primary holder is to be clearly mentioned on the Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>



- Whiteners strictly not allowed on Form.\*\*Any cancellation/overwriting on the form to be countersigned by the customer/s only
- Name of the customer to be as per document submitted as ID proof. For details on acceptable KYC document, refer Page 2 on CKYC-1 Form

Branch  Branch code  A/c. No.

Date  Canvassed By



### 1. ACCOUNT DETAILS\*

Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Fixed Deposit / Recurring Deposit	Account Scheme	<input type="checkbox"/> General <input type="checkbox"/> Staff
Interest Category	<input type="checkbox"/> Public <input type="checkbox"/> Staff / Retired Staff <input type="checkbox"/> Senior Citizen	Segment	<input type="checkbox"/> Personal <input type="checkbox"/> Privilege
Customer Type (1st holder)	<input type="checkbox"/> Public <input type="checkbox"/> Minor <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Staff <input type="checkbox"/> Retired Staff		

### 2. ACCOUNT HOLDERS\* (Name should be as per proof of identity submitted, Separate CKYC-1 form to be submitted for each applicant)

Sr. No.	Title	First Name	Middle name	Surname	Relation with Primary Holder
1					
2					
3					
4					

\* First holder's Address, Email ID and Contact details will be marked for all communications.

In case of Minor account, select appropriate option from below:

- The transaction in this account will be clubbed under my PAN (PAN no. of the guardian):
- The transaction will be in the name of the Minor under his PAN (PAN no. of the Minor):

\* I/We understand, agree & assent to my /our KYC details being shared by SVC Co-op Bank with Third Party for providing me/us with better services.

### 3. IF ACCOUNT IS A TERM DEPOSIT - TD DETAILS :

TD Scheme	<input type="checkbox"/> FD (Fixed Deposit) <input type="checkbox"/> RD (Recurring Deposit)* <input type="checkbox"/> Tax Exemption*
<input type="checkbox"/> Others (Specify) <input type="text"/>	
Renewal Instruction	<input checked="" type="checkbox"/> ATR (Auto Renew) with interest <input type="checkbox"/> ATR (Auto Renew) only principal <input type="checkbox"/> Auto Closure <small>Fixed Deposit will be Auto Renewed with interest if no other instructions are given.</small>
Deposit Amount	₹ <input type="text"/> Period <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years                    ROI <input type="text"/> % p. a.
Interest Payment Type	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> On Maturity (applicable as per scheme)
Interest / Maturity Payment Instruction	<input type="checkbox"/> Credit to My/our Account No. <input type="text"/> with SVC Co-Op. Bank Ltd. <input type="text"/> Branch <input type="text"/>
	<input type="checkbox"/> NACH Credit
	<input type="checkbox"/> NEFT Credit to A/c No <input type="text"/> Bank <input type="text"/> Branch <input type="text"/> IFSC Code <input type="text"/>

\*Autorenewal is not available with this product.

- Short Term and ATR period range would be 15 days to 364 days, with interest payment on maturity.
- TDS as applicable will be deducted.
- Penal Interest is applicable to all premature withdrawals/reinvestments as per rates decided by the bank and subject to change from time to time.

### 4. INITIAL DEPOSIT / FD FUNDING DETAILS\* :

Amount	₹ <input type="text"/> (in Words <input type="text"/> )									
Mode of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> SVC Co-op. Bank account transfer <input type="checkbox"/> Cheque									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>SVC Bank Account no./Cheque No.</th> <th>Cheque Date</th> <th>Bank Name</th> <th>Branch</th> <th>IFSC Code</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	SVC Bank Account no./Cheque No.	Cheque Date	Bank Name	Branch	IFSC Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SVC Bank Account no./Cheque No.	Cheque Date	Bank Name	Branch	IFSC Code						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
(cheque to be self drawn from applicants' existing account and to be crossed account payee payable to "SVC Co-op. Bank Ltd. a/c. <name of 1st holder>")										

\*In case of Recurring Deposits, select appropriate option from below:

- I/We authorize SVC Co-op. Bank Ltd. to debit ₹  per month on date  from my/our A/c No.  with  Branch OR
- I/We opt for mandate management system to debit my account with  Bank  Branch (separate mandate to be filled)

**5. MODE OF OPERATION\* :**

Self  
  Either or Survivor  
  Former or Survivor  
  Any one or Survivor/s  
  All Jointly  
 Minor operated by self  
  Minor operated by guardian  
  Others (Specify) \_\_\_\_\_

**Savings Account:** We hereby give our express consent that in case of death of any or more but not all joint account holder, SVC Co-Op. Bank Ltd. is permitted to allow operations of the said account to the surviving joint account holder/holders without referring the matter to the legal heir of the deceased account holder/s

**Fixed Deposit (all types):** We hereby give our express consent that in case of death of any one of the joint depositor/s SVC Co-Op. Bank Ltd. is permitted to make payment of deposits prematurely being principal along with the interest, to the surviving depositor.

Self attestation and round stamp of the branch across all photos	Passport size latest colour photo of Applicant 1	Passport size latest colour photo of Applicant 2	Passport size latest colour photo of Applicant 3	Passport size latest colour photo of Applicant 4
	Signature	Signature	Signature	Signature
Name	_____	_____	_____	_____
CustID	_____	_____	_____	_____
CKYC No.	_____	_____	_____	_____

**6. CHANNEL FACILITY :** (The Bank offers the following facilities to all customers please indicate if you want to opt out of any of these):

(Mobile No. and email ID of the primary holder will be registered for all requests.) Cheque book and Debit card will be issued as per applicable rules and delivered to the correspondence address only.

**Debit Card**    RuPay    VISA

Name to be embossed on Debit Card : \_\_\_\_\_  
(if no details are provided, the debit card will be issued in 1st account holders name)

Monthly eStatements  
  NetBanking / Mobile Banking  
  Banc@cell  
  Cheque Book  
 \_\_\_\_\_ NAME TO BE PRINTED \_\_\_\_\_

I wish to opt out for the following services from the ones listed above.

I/We request to collect my/our Cheque Book & Debit Card from Home Branch, and don't want it to be delivered to my/our correspondence address.

**7. NOMINATION\* (Form DA 1) (Mandatory in case of accounts with Mode of Operation as Self/Jointly)**

Nomination under Section 45 ZA read with section 56 of the Banking Regulation act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985, in respect of the Bank deposits. The nomination facility is available for all type of accounts & the account holder are advised to avail the facility for smooth settlement of claim by legal heir in unforeseen circumstances & nomination be made in favour of only one individual.

**Nomination required :**

I/We nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account, may be returned by SVC Co-op. Bank Ltd.

Full Name of Nominee	Address of Nominee	Relationship with Nominee	Date of Birth*	Age

\*As the nominee is a minor / specially abled on this date, appoint Mr./Mrs. \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Contact No. \_\_\_\_\_ Relation with Minor \_\_\_\_\_

To receive the amount of deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

\*\*where the deposit is made in the name of minor, the nomination should be signed by the person lawfully entitled to act on behalf of the minor.

In case the customer prefers not to nominate, the same has to be recorded on this form. Joint account / deposit holder having availed the survivorship benefit, saving/current can be operated by the survivor/s and / or deposit are payable to survivor/s in case of death of one or more but not all of the joint account / deposit holder.

I/We are aware that in case of no nomination, we will abide by the Death Claim procedure of the Bank as applicable to us.

**Nomination not required :**

I/We, hereby, decline to presently nominate any individual & understand the risks & consequences of my failure to give nomination.

Signature	Signature	Signature	Signature
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Name : 1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

**(Two witness mandatory in case of thumb impression)**

Nomination Registration No. : \_\_\_\_\_ Place: \_\_\_\_\_ Date : DD MM YYYY

	Name	Address	Signature
Witness 1			
Witness 2			

## DECLARATION :

1. I/We confirm that I am /we are resident/s of India.
2. I/We hereby declare that all the above information voluntarily submitted by me, is true, correct & complete.
3. I/We have read and understood the terms and conditions as displayed on the Banks Website (www.svcbank.com), governing the opening of an account with SVC Co-operative Bank Ltd. and those relating to use of various services including but not limited to ATM /SVC International Visa / RuPay Debit Card / Banc@Cell(SMS Banking) / Banc@Cell (Phone Banking) / Banc@ease (NetBanking).
4. I/We authorize SVC Co-operative Bank Ltd. to issue me / us SVC International Visa/RuPay Debit cum ATM card.
5. I/We declare and state that we will adhere to stipulated norms related to Debit Cards specified by the Bank.
6. I/We further agree that the Bank shall be under no duty to verify the identity or authority of the person giving any instruction or the authenticity of such instruction apart from verifying my / our Internet Banking ID and Password.
7. I/We agree that I/We shall be entirely responsible for any funds transferred from my / our Internet Banking registered account/s to any third party beneficiary/s account/s that I / we register using Internet Banking.
8. 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 for by reason of misuse of the Banc@Cell(SMS Banking) / Banc@Cell (Phone Banking) etc.
9. I/We state and declare that in case I/we desire to discontinue any facility, I/we shall by a request notice inform the Bank about the same by phone or SMS from registered number as per Bank records.
10. I/We shall take all precautions to protect my / our account details to avoid any unauthorized use. SVC Co-op Bank Ltd. shall not be liable for any losses arising from my / our sharing / disclosing of Login id, Password, Cards, Card numbers or PIN (personal identification number) to anyone, nor shall make claims on the bank for any unauthorized use.
11. I/We do hereby solemnly declare that the information provided above with respect to my/our account is up to date and correct.
12. I/We hereby agree to the Bank merging my/our customer identification number across all my relationship with the Bank so that the Bank shall allot me an Unique Customer Identification Code as mandated by the Reserve Bank of India.
13. I/We accept and agree to be bound by the said terms & conditions including those excluding/limiting the banks liability.
14. I/We understand that the bank at its absolute discretion may discontinue any of the services completely or partially without any notice to me/us.
15. I/We agree that the bank may debit my account for the service charges as applicable from time to time.
16. I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulation and in the event of any failure to do so, I/we will be liable for the action under the Foreign Exchange Management Act 1999 and the amendments thereof stipulated by the Reserve Bank of India.
17. I/We have to advise that SVC Co-operative Bank Ltd. may pay to anyone of us, any day either before or on due date, on or after due date and where no due date is fixed, on demand, the principal along with interest. Payment to any one of us is discharge to the bank from all of us, until you receive a notice contrary to it from both/all of us. In case of death of any one, amount is to be paid to the survivor(s) as applicable if opted for survivorship mandate.
18. 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 damage suffered or incurred by the Bank by reason of failure by me / us to inform the Bank about any changes/disputes.
19. In case I/We fail to submit the copy of PAN card as per Gazette Notification within the period of six months from the date of opening the account, I/We authorize the Bank to freeze the account for further operations till such submissions.
20. I/We agree that my/our employer has full rights to reserve any instruction given by them to debit my/our

\*Account will be activated subject to KYC compliance and verification of documents.

account for any amount within a period of three working days and I/we will not dispute or hold the Bank responsible for any such debits in my account. I/We understand that it is my/our responsibility to inform the Bank immediately of termination of my/our employment with my/our current employer where upon I/We will cease to enjoy any or all benefits under Salary Account Scheme. If no salary credits are sighted in the account for consecutive six months, the Bank reserves the right to change the status of Corporate Salary account to Savings account of the Bank without any intimation to the account holder and the Terms and Conditions as applicable to the Savings account of the Bank shall apply to the account from the date of change of the status.

21. Fixed Deposit: In case the depositor fails to submit the original receipt duly discharged within 14 days from the maturity date to the branch, interest as per prevailing savings rate will be paid from the maturity date till the date of submission of the deposit receipt to the bank.
22. The Depositor is insured in DICGC upto a maximum amount of ₹5,00,000/- in case of liquidation of the Bank.
23. The terms and conditions of opening and maintaining the savings account have been explained to me by the Branch officials and I/we agree to be bound by the same.
24. The Bank offers passbook facility to all individual account holders. Please tick here  to opt in for the facility.
25. I/We declare that the above information provided by me is true and correct to the best of my knowledge. I am aware that I may be held liable for all the charges incurred if dispute is found invalid. I/We hereby declare and agree to pay the said charges, the disputed amount along-with interest if the said investigation is found invalid.
26. In case of minor a/c the guardian will represent the said minor in all transaction of any description in the minor account until the said attains maturity. The guardian indemnifies the bank against the claim of the minor for any withdrawals/transactions made in his/her account and the amount withdrawal will be for benefit of the minor.
27. Sharing of Information/Disclosure:
  - a. The customer by opening & maintaining any account with the bank gives the bank the right to share/disclose customer account/personal information as available with bank with any entity which has the right to access such information which may include but may not be limited to:
    - i. Reserve Bank of India (RBI)
    - ii. Government of India through its authorized representative/body
    - iii. Courts/investigating agencies
    - iv. Securities Exchange Board of India (SEBI)
    - v. Authorized representatives of the Stock exchanges
    - vi. Auditors, professional advisors
    - vii. Third party service providers with whom the bank has executed legal contract on 'services/products' and who will need to access the information
    - viii. Any other legal entity/authorized individual who is entitled to such information
    - ix. Credit Information Bureaus including but not limited to CIBIL
  - b. The bank reserves the right to source for any other accounts/financial condition as may be deemed fit by the bank through whatever sources are available to the bank.
  - c. SVC Co-operative Bank Ltd. uses customers contact information for service and promotional
28. I, say that whatever stated hereinabove is stated with full state of mind without any coercion, undue influence, fraud or misrepresentation and is true to the best of my knowledge.

- d. Take action/ steps as deemed necessary to have proceeds of the instruments lodged.
- e. The Bank is hereby empowered to recover the various charges, if any by debiting the same to the account holder.
13. The Bank reserves the right to close the account in case KYC documents provided for opening the account is not found satisfactory.
14. Sharing of Information/Disclosure:
  - a. The customer by opening & maintaining any account with the bank gives the bank the right to share/disclose customer account/personal information as available with bank with any entity which has the right to access such information which may include but may not be limited to:
    - i. Reserve Bank of India (RBI)
    - ii. Government of India through its authorized representative/body
    - iii. Courts/investigating agencies
    - iv. Securities Exchange Board of India (SEBI)
    - v. Authorized representatives of the Stock exchanges
    - vi. Auditors, professional advisors
    - vii. Third party service providers with whom the bank has executed legal contract on 'services/products' and who will need to access the information
    - viii. Any other legal entity/authorized individual who is entitled to such information
    - ix. Credit Information Bureaus including but not limited to CIBIL
  - b. The bank reserves the right to source for any other information about the customer or his accounts/financial condition as may be deemed fit by the bank through whatever sources are available to the bank.
  - c. SVC Co-op Bank Ltd. uses customers contact information for service and promotional

7. Any special instructions, both financial and non-financial in nature, like Standing Instructions, Stop Payment instructions, Issuance of cheque books, Demand Drafts, Pay Orders, Issuance of duplicate card / PIN must be communicated in writing. Otherwise, it shall not be binding on the Bank to comply with such instructions. Charges as applicable will be levied to the customer.
8. Request for Hot marking of Debit cards / Net Banking / New Cheque book / Account statement / Balance certificate can be processed by calling SVC Care Toll Free number 1800 313 2120 from customer's registered mobile number.
9. The Savings Bank Account entitles free access to SVC Co-Operative Bank Ltd. Internet Banking unless otherwise stated.
10. Availing of the Anywhere Branch Banking (ABB) facility and the At Par Cheque facility is contingent upon the limits and service charges stipulated for these facilities.
11. Any change of address should be immediately communicated in writing to the Bank along with Address Proof.
12. The Bank at its options but at the risk and responsibility of the account holder may
  - a. Collect proceeds of the instrument lodged by the account holder from time to time.
  - b. Appoint an agent/s to collect the proceeds of the instrument lodged by the account holder and as such agent/s appointed shall be the agent/s of the account holder to collect such instrument.
  - c. Recover proceeds of instrument lodged by the account holder by way of bank draft /cheques or any other mandate in lieu of cash.

## SAVINGS BANK ACCOUNT - RULES AND REGULATIONS:

1. The savings bank accounts should be used to route transactions of only non-business / non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and/or close the accounts.
2. Interest on the Savings Bank Deposit is calculated at a rate fixed by the RBI from time to time. This interest will be paid at half yearly rests on the daily balance in the account.
3. The customer should maintain minimum Average Quarterly Balance as may be required from time to time in the account as communicated at the time of opening of the account. Changes in the bank / services charges or minimum balance requirements are displayed on the notice board of the branches and on the website. The non-maintenance of the adequate balance shall automatically entitle the Bank to levy the charges for non-maintenance of the average balance. In such an event, the Bank shall have first right to set-off any available credit that may be available in the account including from amounts flowing into the said account from the collection proceeds or any deposits.
4. Notwithstanding the above, if the Bank is of the opinion that if the customer does not maintain the average quarterly balance and / or if the account remains a Zero balance account and / or the overall conduct of the account is not satisfactory, the Bank shall have a right to close the account by issuing fifteen days notice. In the event, if the said account is funded within fifteen days period the Bank may not exercise the said right to closure. If not, the Bank shall close the account without any further notice to the customer.
5. If there is no transaction in the account for 2 years the account automatically gets classified as a dormant account whereupon further debit transactions are not permitted in the ordinary course. A request for activation of the account has to be made by the customer with fresh KYC document. Satisfactory conduct of the account entails maintaining stipulated minimum quarterly average

Signature : (Applicant 1)

Signature : (Applicant 2)

Signature : (Applicant 3)

Signature : (Applicant 4)

- activities. For this SVC Co-operative Bank Ltd. may share the customers information with other arm of the Banks group company (s) or any such third party that are bound by conditions (on use of customer information provided by SVC Co-op Bank Ltd.). SVC Co-operative Bank Ltd. takes express consent from customer on this aspect during account opening.
15. Information written on the Cheque must be legible. No alteration or overwriting is allowed under CTS Clearing. The date field can be altered by attesting the revised date with your complete signature.
16. Any person resident in India collecting and effecting/remitting payments directly/indirectly outside India in any form towards overseas foreign exchange trading through electronic / internet trading portals would make himself / herself / themselves liable to be proceeded against with for contravention of the Foreign Exchange Management Act (FEMA), 1998 besides being liable for violation of regulations relating to Know Your Customer (KYC) Norms/Anti Money Laundering (AML) standards.
17. If no salary credits are made in the account for continuous six months since the date of opening the account, the Bank reserves the right to change the status of the Corporate Salary Account to regular Savings account and the Terms and Conditions as applicable to the regular Savings Account of the Bank shall apply to the account from the date of change of the status.
18. The Bank, upon receipt of written instructions from the employer has full right to reserve an instruction given by the employer to debit the salary account for any amount within a period of three working days from the day of debit. Bank will not be held responsible for any such debits in customers' salary account.
19. It is responsibility of the customer to inform the Bank immediately of termination of his/her employment with his/her current employer whereupon the customer will cease to enjoy any or all benefits under Salary Account Scheme.
20. The Bank reserves the right to make any changes, alterations, cancellations, in the above rules at any time without notice. Any person opening the account shall be bound by the rules governing the account.
21. You will be bound by and abided by the Bank's General Terms & Conditions available on Bank's website and Savings Bank Rules as mentioned overleaf.
22. The Depositor is insured in DICGC upto a maximum amount of ₹5,00,000/- in case of liquidation of the Bank.
23. The Bank shall have the right to close an account by giving the customer a written notice of 30 days without assigning any reasons.

**ACKNOWLEDGEMENT COPY**

You have signed up for product \_\_\_\_\_ and agree to maintain applicable quarterly / monthly balance of ₹ \_\_\_\_\_

This account shall be subject to verification of document, clearance of initial payment cheque & bank is authorized to reject/cancel your account in case any discrepancies or suspicious transactions are observed in this account.

A/c. No./Ref. No. \_\_\_\_\_ Date: \_\_\_\_\_

Initial Payment: \_\_\_\_\_ Nomination: \_\_\_\_\_

Nomination Details	
NAME	RELATIONSHIP
AGE	

Branch official's sign & stamp

**Terms & Conditions of Auto Renewal Term Deposit**

- The Term Deposit on maturity will be automatically renewed for the same period for which it was originally kept at the rate of interest prevailing on the date of maturity. Total duration of Term Deposit auto renewal including initial Term Deposit contract shall not exceed 10 years.
- Interest on deposit/ maturity value is subject to TDS as per applicable Income Tax Rules. The Bank will issue TDS certificates for the tax deducted.
- In case of cumulative- SVCC (Auto renewal) Term Deposit: the interest accrued thereon (net of TDS) is reinvested. Hence the maturity proceeds of the auto renewed receipts shall be net of TDS amount so deducted during the period of receipt.
- If depositor is exempt from the deduction of income tax at source, he/ she should furnish in duplicate, Form 15 G/H on or before 15 April every financial year or at the time of booking fresh Term Deposit at the branch where Term deposit is maintained. The Bank shall not be liable for any consequences or losses arising due to delay or non submission of Form 15G/H. Depositor is also required to submit proof of PAN along with the Form 15 G/H.
- Payment of Monthly interest will be at discounted rate. Interest will be paid at the contracted rate irrespective of change in the rates thereafter.
- Instruction for disposal of maturity proceeds of the Bank are to be given at the time of booking the Term Deposit. Change in maturity instructions, if any, are to be informed one week prior to date of maturity of the Bank. Please quote the account number for future correspondence with the Bank.
- Any instructions before maturity, including encashment of Term Deposit before maturity requires the signature of all the depositors.
- All the rules of premature encashment will be applicable on any request for change in tenure/ Terms and Conditions of the auto renewed Term Deposit, by the customer. On encashment of Term Deposit or reinvestment, the original Term Deposit will stand cancelled.
- The Term Deposit receipt is not transferable by endorsement. In absence of special instruction, the amount will be paid only to the depositor in person by way of Demand Draft / Pay Order.
- The Bank at its discretion may allow premature withdrawal of Term Deposit, subject to payment of penal interest specified on Bank's website. The Bank shall be at liberty to revise / modify the rate of penal interest.
- Interest payable on encashment of Term Deposit before maturity for all depositors except NRE, FCNR & RFC Account, is calculated as per period as under:
  - Less than 15 days : NIL
  - 15 days and above: Applicable Rate of Interest for the actual period for which the Term Deposit is kept with the Bank less the applicable penalty as mentioned on Bank's website.
- Interest payable on encashment of Term Deposit before maturity for NRE, FCNR & RFC Account, is calculated as per period as under:
  - Less than 365 days : NIL
  - Above 365 days: Applicable Rate of Interest for the actual period for which the Term Deposit is kept with the Bank less the applicable penalty as mentioned on Bank's website.
- In the event of the death of one of the depositor, premature termination and payment of Term Deposits held in 'Either or Survivor' or Former or Survivor' or 'any one' basis shall be allowed to survivor /s. For such payment, survivor/s shall give valid discharge to the Bank. Such premature withdrawal shall not attract any penal charges.
- If any FD Scheme with specific Number of days slab is discontinued by the Bank, after 1st May, 2019, then such FDs should be auto renewed with the next highest tenure.
- If the Term Deposit remains unclaimed for more than 10 years post maturity, it will be transferred to RBI's DEAF (Deposit Education and Awareness Fund) scheme as per extant RBI guidelines.
- The Bank would not be responsible for any dispute with respect to proceeds being transferred to Savings account irrespective of difference in the nominees. I.e. if nominee for the Term Deposit accounts and nominee for the Savings account where mandate is given are different, the Bank would not be responsible for the same. The mandate given by the customer while placing the Term Deposit will be construed as final.
- Auto Renewal Facility is not available for Institution accounts with Term Deposit amount above Rs 1 Cr.
- In case of death of any one of the joint depositor(s) the Bank is permitted to make payment of Term Deposit prematurely being principal along with the interest, to the surviving depositor.
- The Bank reserves the right to change the rules from time to time without prior notice to the depositors and such rules shall be applicable from the date they are made effective.

**FOR BRANCH USE ONLY**

Tracker ID No. / Document No. \_\_\_\_\_

Date of Form Sent to CAO: \_\_\_\_\_ Promo Code \_\_\_\_\_

Product/Company Code \_\_\_\_\_ Product Name \_\_\_\_\_

Relationship Code \_\_\_\_\_

LG Code \_\_\_\_\_ LC Code \_\_\_\_\_

EMPL. Code : \_\_\_\_\_

Telephone Verification Done  Yes

Risk Classification of a/c \_\_\_\_\_

Branch CPV Report / PAMAC (as required)  Branch  PAMAC  Not Applicable

Approvals If Any  Yes Mail Dated : \_\_\_\_\_

from \_\_\_\_\_ attached \_\_\_\_\_  
Signature of Officer with & PA/RP stamp

Applicant/s Signed in my presence \_\_\_\_\_ Branch Head Approval: \_\_\_\_\_

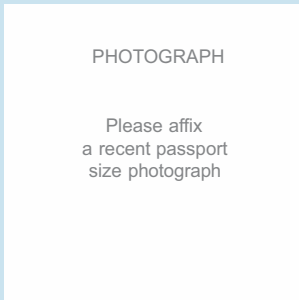
(Signature & PA/RP stamp of official whose presence the account)

(Signature & PA/RP stamp of Branch Head)

**For office use only** Application Type\*  New  Update  Delete If existing, CBS ID: \_\_\_\_\_  
 KYC Number \_\_\_\_\_ (Mandatory for KYC update request) Doc. No.: \_\_\_\_\_  
 Account Type\*  Normal  Minor  Aadhaar OTP based EKYC (non face to face mode)

**1. INDIVIDUAL DETAILS** (Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available, father's name is mandatory.)

<b>Purpose</b>	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Deposits <input type="checkbox"/> Others, specify _____
<b>Role Type</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Related Person ( <input type="checkbox"/> Guardian for Minor <input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Proprietor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Court Appointment Official <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Other (Please specify) _____
<b>Name of Applicant Name*</b> (as per ID Proof)	Title _____ First _____ Middle _____ Last _____
<b>Preferred Name</b>	Title _____ First _____ Middle _____ Last _____
<b>Maiden Name*</b> (Fathers Name mandatory in absence of PAN)	Title _____ First _____ Middle _____ Last _____
<b>Father's/Spouse Name*</b>	Title _____ First _____ Middle _____ Last _____
<b>Mother's Name*</b>	Title _____ First _____ Middle _____ Last _____
<b>Gender*</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <b>Date of Birth*</b> D D M M Y Y Y Y
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow <input type="checkbox"/> Others
<b>Status*</b>	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National (Passport copy mandatory for NRIs & Foreign Nationals)
<b>Nationality*</b>	<input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify) _____
<b>PAN*</b>	_____ <b>Form 60</b> (Please enclose a self attested copy of your PAN Card / Form60 only in case eligible under Income Tax Act 1962 Rule No. 114B)
<b>Preferred Mobile*</b>	_____ <b>Preferred E-mail ID*</b> _____
<b>Qualification</b>	<input type="checkbox"/> Illiterate <input type="checkbox"/> Non Matric <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Other _____
<b>Occupation Type*</b>	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B - Business <input type="checkbox"/> X- Not Categorised
<b>Profession</b>	_____
<b>Religion</b>	_____ <b>Caste</b> _____
<b>Average Income (In ₹)</b>	<input type="checkbox"/> Nil <input type="checkbox"/> 1 to <60,000 <input type="checkbox"/> 60,001 to < 1,20,000 <input type="checkbox"/> 1,20,001 to <6,00,000 <input type="checkbox"/> 6,00,001 to < 12,00,000 <input type="checkbox"/> > 12,00,000
<b>Political Exposure:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Disability:</b> <input type="checkbox"/> Yes, Type of Disability _____ (Medical certificate required incase of differently/Specially abled)



SIGNATURE

**The following details are mandatory in case Residence for tax purposes in jurisdiction(s) outside India**

Country of Jurisdiction of Residence\* \_\_\_\_\_  
 TIN (If issued by jurisdiction)\*\* \_\_\_\_\_ TIN issuing country \_\_\_\_\_  
 Place/City of Birth\* \_\_\_\_\_ Country of Birth \_\_\_\_\_

+ Tax Identification Number (TIN): TIN needs to be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include a social security/insurance number, citizen/personal identification / service code/number, and resident registration number. If you have any questions about your tax residency, please contact your tax advisor.

**2. ADDRESS**

**Permanent Address (Overseas address incase of NRI)**

Address Type  Resident / Business / Overseas  Residential  Business  Registered office  Unspecified

Line1\* \_\_\_\_\_  
 Line2 \_\_\_\_\_  
 Line3 \_\_\_\_\_ City/Town/Village\* \_\_\_\_\_  
 District\* \_\_\_\_\_ State/U.T Code\* \_\_\_\_\_ Zip/Pin Code\* \_\_\_\_\_ ISO 3166 Code \_\_\_\_\_

**Current Address Details** (Current address of primary holder will be marked as account address and all deliverables for account will be sent to this address)  
 Permanent address will be taken as communication address, if no address is mentioned in correspondence address. For NRI - local address is mandatory

Address Type  Resident / Business / Overseas  Residential  Business  Registered office  Unspecified

Line1\* \_\_\_\_\_  
 Line2 \_\_\_\_\_  
 Line3 \_\_\_\_\_ City/Town/Village\* \_\_\_\_\_  
 District\* \_\_\_\_\_ Zip/Pin Code\* \_\_\_\_\_ State/U.T Code\* \_\_\_\_\_ ISO 3166 Code \_\_\_\_\_

Contact Details (All communications will be sent to contact details of primary holder)  
 Tel.: (off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_  
 You may convey promotional information through Calls/SMS/Letters

**3. APPLICANT DECLARATION**

- I/We hereby declare that the details furnished are true and correct to the best of my knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We are aware that I/We may be held liable for it.
- I/We hereby confirm that my/our latest photograph has been affixed and I/We have submitted a self attested photocopy KYC document in support of POI & POA. The information provided by us/me on this Form is true, correct, and complete. I/We also confirm that I/We are aware of the FATCA / CRS Terms and Conditions and hereby accept the same.
- I/We certify that the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us 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 the account as a Reportable Account or otherwise.
- I/We permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate my/our application and the Bank would be within its rights to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) / RBI for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me/us within the stipulated period.
- I/We hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Bank.
- Should there be any change in information/incorrect provided by me/us, I/we declare and undertake the responsibility to intimate the bank within 30 days the date of change with supporting documentary evidence.
- It shall be my/our responsibilities to educate myself/ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the rules thereunder.
- I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in

- this subject matter herein.
- I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
  - The details provided by me / us in the form is as per the notified rules 114G to 114H of the income tax act 1962.
  - I/We have read, understood and hereby accept & agree to the Terms & Conditions given for all the products & services I/We have requested.
  - I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
  - I/We have been explained about the nature of information that may be shared upon authentication. I/We have been given to understand that my information submitted to the bank, herewith, shall not be used for any other purpose than mentioned above, or as per requirements of law.
  - I/We hereby declare that all the above information voluntarily furnished by me is true, correct and complete.
  - If there is a mismatch in my Date of Birth / Name / Middle Name / Surname in the document(s) submitted by me. I, hereby, confirm that the Date of Birth / Name / Middle Name / Surname mentioned in this form is/are correct. I/We, hereby, indemnify SVC Co-operative Bank Ltd. against any claims and damages incurred by SVC Co-operative Bank Ltd. for relying on and acting on this declaration.
  - I have affixed my present signature in the Account Opening Form. Since, I do not have any document with my present signature, I have signed in the presence of Bank staff and have submitted my latest identity proof document - \_\_\_\_\_ . I confirm my identity; a copy of my identity proof is enclosed, herewith. Request you to consider my signature on the Account Opening Form, as my present signature.
  - I/We hereby agree that in the event of any change in my correspondence address, I/We will immediately inform the Bank. In case the address submitted by me as proof, undergoes a change, I/We note to submit the fresh proof of address to the Branch for updating in the account records. I/We further confirm that if the copy of the proof of address if not submitted to the satisfaction of the bank, within 6 months, the Bank shall have the right to freeze / close the account. I/We, hereby, indemnify SVC Co-operative Bank Ltd. against any claims and damages incurred by SVC Co-operative Bank Ltd. for relying on and acting on this declaration.

Date :

Place :

\_\_\_\_\_  
 Signature / Thumb Impression of Applicant

**ATTESTATION / FOR OFFICE USE ONLY**

**KYC Verification carried out by:**

Date

Emp. Name

Emp. Code  P. A. No.

Emp. Designation

Emp. Branch

CBIS ID:

If politically exposed, approval obtained

Zero day calling done

AML UN match list verification done and no match found

Branch Officer Signature with Branch Round Stamp

**For CAO Use**

AOF details verified with KYC documents:

Signature of KYC scrutiny CAO Official with Name & PA / RP stamp and date

Cust ID Customer details verified and authorized:

Signature of CAO authoriser with Name & PA / RP stamp and date

- Documents Received**
- Certified Copies  EKYC Data received from UIDAI
- Equivalent E-Document  Digital KYC Process
- Data Received From Offline Verification

Document Name	ID Proof	Address Proof
Passport Number <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport Expiry Date <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>		
Voter ID Card <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving License <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving License Expiry Date <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>		
NREGA Job Card <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
National Population Register Letter <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of possession of Aadhaar <input type="text" value="X X X X X X X X"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biometric ref. no. <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
E-KYC Authentication <input type="text" value="X X X X X X X X"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offline Verification of Aadhaar <input type="text" value="X X X X X X X X"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deemed POA <input type="text" value=""/>		<input type="checkbox"/>
Self Declaration for Mailing Address <input type="text" value=""/>		<input type="checkbox"/>

**REMARKS (If any)**

<input type="text" value=""/>
<input type="text" value=""/>
<input type="text" value=""/>