

(To be signed by Minor & Parent(s) (Natural Guardian))
STAR Savings Account
RULES AND REGULATIONS

1. Account shall be in the name of Minor in the age group of 10 yrs. to below 18 yrs.
2. Account shall be operated by the Minor himself/herself only.
3. Withdrawal shall be via withdrawal slip only. No cheque book shall be issued.
4. The account holder being Minor shall be allowed to maintain ZERO balance in the account.
5. However at the time of opening the account it has to be opened with a minimum balance of Rs. 100/-*.
6. ATM Card with a Daily ATM Cash Limit of Rs: 5000/- *
7. All KYC norms to be followed while opening the account. Parent(s) (Natural Guardian) to submit proof of identity and proof of residence. Copy of Minors Passport/PAN card/Identity card should also be submitted. On attaining majority, the Account Holder should submit the relevant documents along with the letter to continue operations in the account.
8. Rate of Interest on STAR Savings Account shall be as applicable to normal savings account.
9. Penalty of Rs: 100/-* will be levied in case of account is closed within 1 year from the date of opening the account.

Signature of Parent(s) (Natural Guardian)/ Account Holders/ Applicants:

1. _____ 2. _____

3. _____ 4. _____

***Subject to change at the sole discretion of SVC Bank. GST Applicable for all Charges/Penalties**

**STAR Savings Account
DECLARATION
(To be signed by Minor & Parent(s) (Natural Guardian))**

I/We have read, understood and hereby agree to the Terms and Conditions in respect of the STAR Savings 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 & Parent(s)(Natural Guardian) _____ & _____ hereby declare that I/we have the authority to make necessary application for availing the STAR Savings 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 STAR Savings Account Facility.

Signature of Parent(s) (Natural Guardian)/ Account Holders/ Applicants:

1. _____

2. _____

3. _____

4. _____

For office use
Verified By

1. _____

Authorized By

1. _____