

# Account Opening Form (Deposit Account)

For Resident Individuals



**The Sultan's Battery  
Co-operative Urban Bank Ltd.  
No. D 2034**





# The Sultan's Battery

Co-operative Urban Bank Ltd. No. D.2034

## Account Opening Form

Date

Account No.  (For Office use only)

Branch to affix rubber stamp with name and code no.

### Type of Account

Savings Bank Account	<input type="checkbox"/>	Recurring Deposit	<input type="checkbox"/>
Savings Bank Account (without cheque book)	<input type="checkbox"/>	Term Deposit	<input type="checkbox"/>
Basic Savings Bank Deposit Account	<input type="checkbox"/>	Special Term Deposit	<input type="checkbox"/>
Savings Students Account	<input type="checkbox"/>	Cash Certificate	<input type="checkbox"/>
Premium Savings Scheme	<input type="checkbox"/>	Others (Please Specify) _____	
Current Account	<input type="checkbox"/>		

Please tick the type of account to be opened. To know more about various schemes please contact Bank officials

### Details of Applicant (s)

Sole/First Holder Name :  CKYC No.  CID no.

Second Holder Name :  CKYC No.  CID no.

Third Holder Name :  CKYC No.  CID no.

### Account Name

Account name as would appear on passbook/account statement

### Service Required

1. ATM - CUM - DEBIT CARD : (for International card and its variants, separate application is to be submitted )

Applicant no.	Card Type	Name as would appear on the card
<input type="checkbox"/> 1st	<input type="checkbox"/> Domestic <input type="checkbox"/> _____	<input type="text"/>
<input type="checkbox"/> 2nd	<input type="checkbox"/> Domestic <input type="checkbox"/> _____	<input type="text"/>
<input type="checkbox"/> 3rd	<input type="checkbox"/> Domestic <input type="checkbox"/> _____	<input type="text"/>

Please mention any other account desired to be linked

2. INTERNET BANKING Viewing rights :  1st  2nd  3rd applicant Transaction rights :  1st  2nd  3rd applicant (please tick)
3. MOBILE BANKING Mobile Banking Service to be enabled on this No \_\_\_\_\_
4. SMS ALERTS SMS Alerts on mobile number as mentioned. Mobile No. \_\_\_\_\_  Required  Not required
5. CHEQUE BOOK : Type of Cheque Book :  Ordinary  Multicity\*  Both \*Charges applicable for Multicity Cheques
6. STATEMENT FREQUENCY :  Monthly  Quarterly  Half - yearly (FOR CURRENT ACCOUNT) e-statement to be sent to e-mail id as mentioned. e-mail ID \_\_\_\_\_  Required  Not required

### Mode of Operation

Self only  Either or Survivor  Former or Survivor  Any one or Survivor  Jointly  Other \_\_\_\_\_

### Specimen Signature (s)

Paste a passport size Photograph inside this box

1st Applicant

Paste a passport size Photograph inside this box

2nd Applicant

Paste a passport size Photograph inside this box

3rd Applicant

Signature (s)/Thumb impression(s) Sole/First Holder

Signature (s)/Thumb impression(s) Second Holder

Signature (s)/Thumb impression(s) Third Holder

Signature and Name of Verifying officer

Signature and Name of Verifying officer

Signature and Name of Verifying officer

Please Sign in black ink only





# The Sultan's Battery

Co-operative Urban Bank Ltd. No. D.2034

## 1. TERM DEPOSIT / SPECIAL TERM DEPOSIT CASH CERTIFICATE

Amount: Rs. \_\_\_\_\_ (inwords) \_\_\_\_\_

Period: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s) \_\_\_\_\_ days. In case of Term Deposit, interest payable:  monthly  Quarterly

Maturity instruction:		Payment instruction (Maturity Proceeds/Residual Amount):
<input type="checkbox"/> Auto renew* principal	Auto renew for period: _____ year(s) _____ month(s) _____ day(s)	<input type="checkbox"/> By credit to my bank account no.
<input type="checkbox"/> Auto renew* principal & interest		<input type="checkbox"/> By Banker's Cheque / Demand Draft
<input type="checkbox"/> Auto renew* Rs _____		
<input type="checkbox"/> Pay principal & Interest <input type="checkbox"/> Pay principal		

\*Renewal will be done at the then prevailing interest rate

## 2. MULTI-OPTION DEPOSIT SCHEME

I/We hereby give consent for debiting my/our account for recovering service charges as normally applicable to Savings Bank and Current Account.

Linked Saving Bank/Current Account No.

## 3. RECURRING DEPOSIT

Monthly installment : Rs \_\_\_\_\_

Period \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

Standing instruction(if any) Debit Account No.

On Maturity, Credit Proceeds to Account No.

## 4. NO-FRILLS ACCOUNT

I declare that my present gross monthly income is not more than Rs. 5,000. I shall inform you whenever it exceeds Rs. 5,000. I understand that if the value of my business connection, including other liability products like Recurring Deposit or Term Deposit exceed Rs. 10,000/- This account will cease to be a 'No-frills' account. The account will then be treated as a normal Savings Bank account, governed by the terms and conditions applicable to such accounts. I shall abide by the 'know Your Customer' norms as stipulated from time to time.

## 5. FOR JOINT ACCOUNTS WITH 'EITHER OR SURVIVOR' OR 'ANYONE OR SURVIVOR' MODE OF OPERATION

We have to advise that The Sultan's Battery Co-op Urban 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 alongwith 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)

## 6. SPECIAL CLAUSE IN THE APPLICATION / ACCOUNT OPENING FORM FOR TERM DEPOSIT RECEIPT

The Bank may, on receipt of written application from Shri/Smt. \_\_\_\_\_ the former/the latter/the first name the second name etc. of us or Either or Survivor of us, in its, Any one or Survivors of Survivor of us, absolute discretion and subject to such terms and conditions as the Bank may stipulate, (a) grant a loan /advance against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceeds of the deposit to the former/the latter /the first named of us/either the second or survivor of us etc...name of us/any one of us or survivors or survivor or us

I/We have read and understood the rules and regulations of the product(s)/Service(s) opted for and agree abide by the terms and conditions relating to the conduct thereof as also my any changes brought about therein from time to time. A copy of the Savings Bank rules and regulations has been made available to me by the mode of tearoff. Further, I/We understand that I/We have the option to operate this account through my mobile handset using MPIN as per terms and conditions displayed on Bank's website www.sbcub.com Further I/We have read and understood the provisions contained in the "Terms of Service document of online Banking" on the Bank's website www.sbcub.com and accept them. I/We agree that the transaction executed over online Banking under my username and password will be binding. The Bank is entitled to amend " Terms of Service document" of "Online Banking" from time to time

Signature of 1st Applicant	Signature of 2nd Applicant	Signature of 3rd Applicant
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Please Sign in black ink only





# The Sultan's Battery

Co-operative Urban Bank Ltd. No. D.2034

## Nomination :

Nomination, if required fill Form DA-1, otherwise sign below

I/We do not want to nominate any person in this account

Please Sign in black ink only

## FOR OFFICE USE

Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Open account: Date <input type="text"/>	Account number generated : <input type="text"/>
(Authorised Signatory)	(Authorised Signatory)

i) Internet Banking (INB) Kit No : <input type="text"/>	vii) Account sourced by Business Correspondent/Business Facilitator - Yes/No <input type="text"/>
ii) INB Viewing <input type="checkbox"/> Transaction <input type="checkbox"/> rights given on : <input type="text"/>	If yes, Name / Designation : _____
iii) Mobile Banking MPIN given on <input type="text"/>	Code no. of BC/BF: <input type="text"/>
iv) ATM Card date transmitted on <input type="text"/>	viii) Account transferred / Home branch changed on : <input type="text"/>
v) Nomination Serial No.: <input type="text"/>	ix) Account closed on : <input type="text"/>
vi) Threshold (KYC) limit : Rs. <input type="text"/>	

## Form DA-1 (Nomination Form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits I/We \_\_\_\_\_ nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Sultan's Battery Co-op Urban Bank Ltd. \_\_\_\_\_

Nomination Serial No. \_\_\_\_\_

(Name and address of branch/office in which deposit is held)

## Details of Deposits:

Type of deposit: \_\_\_\_\_ Account number

Additional details, if any \_\_\_\_\_

## Details of the Nominee

Name:

Relationship with the depositor: \_\_\_\_\_ Age:  Date of birth of nominee

Address

City:  PIN:  State:

Nomination No.

As the nominee is a minor on this date, I/We appoint Shri/Smt./ \_\_\_\_\_ age: \_\_\_\_\_ years

Address \_\_\_\_\_

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

Date:

Place: \_\_\_\_\_

Signature(s)/Thumb impressions (s) of depositor(s)

Please Sign in black ink only

Signature/Thumb impression of 1st witness** Name _____ Address _____	Signature/Thumb impression of 1st witness** Name _____ Address _____
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\*Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor  
\*\*Thumb impression(s) shall be attested by two persons

















# Sultan's Battery

Co-operative Urban Bank Ltd. No. D.2034

## CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application Form /Legal Entity

### Important Instructions:

- a) Fields marked with \* are mandatory fields
- b) Please Fill the form in English and in BLOCK Letters.
- c) List of Two character ISO-3166 country codes is available at the end.
- d) List of State/U.T. code as per Indian Motor vehicle Act. 1988 is available at the end
- e) KYC number of entity is mandatory for update application+



### For Office use only

(To be filled financial institution)

Application Type\*  New  Update

KYC Number

(Mandatory for KYC update request)

Account Holder Type\* US Reportable

Other Reportable

(Please refer instruction A at the end)

Nature of Business / Entity Constitution Type\*

(Please refer instruction B at the end)

### 1. ENTITY DETAILS (Please refer instruction C at the end)

#### Name\*

Date of Incorporation\*  Date of Commencement of Business\*

Place of Incorporation\*  Country of Incorporation\*  Country of Residence as per Tax laws\*

Identification Type  Tax Identification Number (TIN)  TIN Issuing Country

PAN

Number of controlling person(s) resident outside India for tax purposes

(Please provide details of each controlling Person resident outside India for Tax purposes separately in Annexure C2)

### 2. PROOF OF IDENTITY (POL)\* (Please refer instruction D at the end)

(Certified copy of any one of the following proof of Identity [Pol] needs to be submitted)

- Certificate of Incorporation / Formation  Registration Certificate
- Resolution of Board / Managing Committee  Memorandum and Article of Association / Partnership Deed / Trust Deed
- Officially valid documents(s) in respect of person authorised to transact

### 3. PROOF OF ADDRESS (PoA)\* (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) (Please see Instruction E at the end)

#### 3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS\*

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Certificate of Incorporation / Formation  Registration Certificate

Line 1\*

Line 2

Line 3  City / Town / Village\*

State / U.T. Code\*  Pin / Post Code\*  ISO 3166 Country Code\*

#### 3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS\*

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A2')

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Certificate of Incorporation / Formation  Registration Certificate

Line 1\*

Line 2

Line 3  City / Town / Village\*

State / U.T. Code\*  Pin / Post Code\*  ISO 3166 Country Code\*

#### 3.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\*

Same as Current / Permanent/Overseas Address details  Same as Correspondence / Local Address details

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Certificate of Incorporation / Formation  Registration Certificate

Line 1\*

Line 2

Line 3  City / Town / Village\*

State\*  ZIP / Post Code\*  ISO 3166 Country Code\*

### 4. CONTACT DETAILS (All communications will be sent on provided Mobile no. Email ID) (Please refer Instruction F at the end)

Tel. (Off)  Tel. (Res)  Mobile

FAX  Email ID

### 5. DETAILS OF RELATED PERSON\* (In case of additional related persons, Please fill Annexure B2) (Please refer instruction G at the end)

Addition of Related Person  Deletion of Related Person  Update Related Person details

KYC Number of Related Person (if available)\*  If KYC number is available, only Related Person Type\* and Name is mand

Related Person Type\*  Director  Promoter  Karta  Trustee  Partner  Authorised Signatory  Court Appointed Official  Beneficiary



