

# 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  Required  Not required
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

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

**CENTRAL KYC REGISTRY Know Your Customer (KYC) Application Form Individual**



**Important Instructions :**

- A) Fields marked with "\*" are mandatory fields.
- B) Self-Certification of documents is mandatory
- C) Please fill the form in English and in BLOCK Letters.
- D) Please fill the date in DD-MM-YY format.
- E) Please read section wise detailed guidelines / instructions at the end.
- F) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available.
- H) KYC number of applicant is mandatory of update application.
- I) For particular section update, please tick ( ) in the box available before the section number and strike off the sections not required to be updated.

**For Office use only** Application Type\*  New  Update Account Type\*  Normal  Small  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

**1. PERSONAL DETAILS (Please refer instruction A at the end)**

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>			
Maiden Name (If any*)	<input type="text"/>			
Father / Spouse Name*	<input type="text"/>			
Mother Name*	<input type="text"/>			
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Nationality*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<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"/> X-Not Categorised <input type="checkbox"/> B-Business			

**PHOTO**

Signature / Thumb Impression

**2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSE IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)**

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  ISO 3166 Country Code of Birth\*

**3. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)**

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

<input type="checkbox"/> A-Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B-Voter ID Card <input type="text"/>	
<input type="checkbox"/> C-PAN Card <input type="text"/>	
<input type="checkbox"/> D-Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E-UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F-NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z-Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>

**4. Proof of Address (PoA)\***

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please refer instruction D at the end)**

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)	<input type="text"/>	
	<input type="checkbox"/> Passport	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text"/>	

**Address**

Line 1\*

Line 2\*

Line 3

State / U.T. Code\*  Pin / Post Code\*  City / Town / Village\*

ISO 3166 Country Code\*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS\* (Please refer instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local address, please fill 'Annexure A-1')

Line 1\*

Line 2

Line 3  City / Town / Village\*

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

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

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

Line 1\*

Line 2

Line 3 State\*  City / Town / Village\*

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

5. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email - ID) (Please instruction F at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile

FAX  -  Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1) (Please instruction G at the end)

Addition of Related Person  Deletion of Related Person  KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Nominee  Assignee  Authorized Representative  Beneficial Owner  Beneficiary

Prefix First Name Middle Name Last Name

Name\*

(If KYC number and name are provided, below details of section 6 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction (H) at the end)

A-Passport Number  Passport Expiry Date  -  -

B-Voter ID Card

C-PAN Card

D-Driving Licence  Driving Licence Expiry Date  -  -

E-UID (Aadhaar)

F-NREGA Job Card

Z-Others (any document notified by the central government)  Identification Number

7. REMARKS (If any)

OTHER DETAILS

Income Range :  Below 1 Lac  5 Lac to 10 Lac  10 Lac to 15 Lac  15 Lac to 25 Lac  25 Lac and above

Net worth (In INR) :  As on :

Educational Qualification :  Below SSC  SSC  HSC  Graduate  Masters  Professional (CA, CS, CMA, Others)

Please Tick if Applicable :  Politically Exposed Person  Related to Politically Exposed person

Any Other information :

**8. APPLICANT DECLARATION**

- I hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I 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 am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date :  -  -  Place :  Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

Documents Received  Self-Certified  True Copies  Notary  Risk Category  High  Medium  Low

**IN PERSON VERIFICATION CARRIED OUT BY**

Identity Verification  Done Date

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

**INSTITUTION DETAILS**

Name

Code

Employee's Signature

Institution Stamp