

Accounts with other Bank(s) / Other Branches of TMB:

Bank	Branch / Address	Account Type	Account No.

Non-Resident Details

General Declaration

- ◆ I hereby declare that the details furnished above are true and correct to the best of my 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 am aware that I 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
 - ◆ I hereby give my voluntary consent in seeding my Aadhaar Number to all my bank accounts exist under my customer ID
 - ◆ I have no objection in authenticating myself with Aadhaar based Authentication system and hereby give my voluntary consent as required under the Aadhaar Act 2016 and Regulations framed thereunder for seeding my Aadhaar number to my bank account & to provide my identity information (Aadhaar number, biometric information & demographic information) for Aadhaar based authentication for the purpose of availing of the banking services.
 - ◆ I here by authorise to use my linked Aadhaar enabled bank account for receiving Government payment across schemes that I am eligible & or any other payment using Aadhaar based information and NPCI may MAP my primary account in the Aadhaar Mapper of NPCI.
 - ◆ I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above or as per requirements of law.

Is FATCA / CRS applicable Yes No (If Yes, Please fill up FATCA Declaration Form)

I Wish to Register Name in "Do Not Call" Register Yes No

Signature

Documents Section (Bank use)

Please Tick (✓) ID/Address Proof as applicable

Document Name	ID Proof	Address Proof
Passport Number		
Passport Expiry Date	D D M M Y Y Y Y	
VISA Number		
VISA Valid Upto	D D M M Y Y Y Y	
Voter ID Card		
PAN		
Driving License		
Driving License Expiry Date	D D M M Y Y Y Y	
E-UID (Aadhaar)		
NREGA Job Card		
Others (any document notified by the Central Government)		
Document Name:		
Document No. :		
Simplified Document No.		
<input type="checkbox"/> Identity card with applicant's photograph issued by Govt. Dept.		NA
<input type="checkbox"/> Letter issued by a Gazetted Officer		
Simplified Document (Deemed Address Proof)		
<input type="checkbox"/> Utility Bill (EB / Water / Telephone / Postpaid mobile / Piped Gas bill within 2 months old)		
<input type="checkbox"/> Property or Municipal Tax Receipt		
<input type="checkbox"/> Self Declaration & Positive Confirmation Certificate		NA
<input type="checkbox"/> Pension or family pension payment orders (PPOs)		
<input type="checkbox"/> Letter of allotment of accommodation from employer issued by State or Central Government departments		
<input type="checkbox"/> Documents issued by Govt. Dept. of Foreign Jurisdiction / Foreign Embassy / Mission in India		

Applicant Declaration

I Confirm that, I have read and understood the above declaration and that the details provided on the form are correct.

Please paste latest
passport size photo of the
Applicant

Photo to be signed across.

Account Holder Signature

Do not sign this form if it is BLANK, please ensure all relevant sections and columns are complete, filled to your satisfaction and then only sign the form.

Name :

Place:

Date:

DECLARATION BY THE BRANCH

KYC Verification Carried Out By (BANK USE)

I hereby declare that this form is complete in all respects. All the signatures have been made in my presence. All KYC norms are fully complied with. Relevant documents have been obtained. I have verified the documents produced for identity and address proof with the original and certified to that effect on the copies for opening of the account.

Risk Categorization

Risk Categorization

Threshold Limit:

11

Name								P.A. No.		
Date	D	D	M	M	Y	Y	Y	Y	EMP. No.	

DECLARATION BY CPC

FINACLE Core Banking System is authorized by me.	
Signature	Seal
Name <input type="text"/>	P.A. No. <input type="text"/>
Date <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	EMP. No. <input type="text"/>

Additional Declarations (Please tick [✓] whichever is applicable)

Signatures Mismatch Declaration (in case of major mismatch customer needs to submit an affidavit)

The signature on the ID proof / Address / Cheque provided is different from my signature on the Account Opening Form. Please consider the signature on the Account Opening Form as my updated signature in your Bank records.

Old signature
As per documents/
Existing Customer ID
Not Mandatory

New signature
As per account
opening form

I agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties (including attorney fees) suffered and/or incurred by for any act done or omitted to be done on account of the above declaration.

Form 60 Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

I) If applied for PAN and it is not yet generated enter date of application DD MM YY YY YY and acknowledgement number _____

II) If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held

a. Agricultural income (₹) _____

b. Other than Agricultural income (₹) _____

VERIFICATION

I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax. Verified today, the _____ day of 20 _____

Date: _____ Place: _____

Signature

Note: 1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income tax Act, 1961 and on conviction be punishable, - (i) in a case where tax sought to be evaded exceeds twenty five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine; (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine. 2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item (II) (b) exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column (I) is duly filled

FATCA - CRS DECLARATION Please tick the applicable tax resident declaration (Any one)*

I am a tax resident of India and not resident of any other country OR I am a tax resident of the country/ies mentioned in the table below:

Please indicate the country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below:

City of Birth* _____ Country of Birth* _____ Address Type for Tax Purpose*- Residential Business Registered office

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)%	Address For Tax Purpose*
			<input type="checkbox"/> Communication Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Please note the address below
			Landmark
			Pin <u>_____</u> State <u>_____</u> Country <u>_____</u>

To also include USA, where the individual is a citizen/ green card holder of USA % In case Tax Identification Number is not available, kindly provide functional equivalent\$ FATCA- CRS Certification: I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature

FATCA-CRS Terms and Conditions

The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies/ withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Minor Declaration

Type of Guardian Father Mother Court Appointed Testamentary Guardian

Guardian Cust. ID _____

Full Name of Guardian _____

I hereby declare that the date of birth of the minor who is my _____ is _____ / _____ / _____ and I am his/her natural and lawful guardian/guardian appointed by court order, dated _____ / _____ / _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority and also I declare that the minor does not have any income chargeable to income tax to the best of my knowledge and belief . I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Signature of Guardian



Regd. Office : 57, V.E.Road,
Thoothukudi - 628 002.
Website: www.tmb.in

Branch Name : _____
A/c Opened on : _____
Customer ID : _____
A/C No. : _____

ACCOUNT OPENING FORM (For Non Resident Indians)

NATURE OF ACCOUNT

- | | | | | | |
|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | NRE SAVINGS BANK A/C | <input type="checkbox"/> | NRE TERM DEPOSIT A/C | <input type="checkbox"/> | NRO SAVINGS BANK A/C |
| <input type="checkbox"/> | NRE PREMIUM SB A/C | <input type="checkbox"/> | FCNR-B DEPOSIT A/C | <input type="checkbox"/> | NRO TERM DEPOSIT A/C |
| <input type="checkbox"/> | RFC TERM DEPOSIT A/C | <input type="checkbox"/> | | <input type="checkbox"/> | |

If existing account holder

Customer ID Account No.

Name of the Customer : _____

FOR BANK USE ONLY

Customer ID 1 <input type="text"/>	New Account No. <input type="text"/>
Customer ID 2 <input type="text"/>	Customer ID 3 <input type="text"/>

DOCUMENTATION CHECK LIST

- (I) In case you are an NRI (Non Resident Indian)
 - (a) Photocopy of the relevant pages of your current passport where your name, address, date of birth, date and place of issue, expiry date, photograph, signature & stamp regarding stay out side India appear.
 - (b) Photocopy of valid work permit/employment visa (in case of expired visa, duly acknowledged petition made of the Visa Authorities for renewal of visa will be accepted as valid document)
- (II) In case you 're a PIO (Person of Indian Origin)
 - (a) Photocopy of the relevant pages of your current passport.
 - (b) Any one of the following:
Copy of PIO card or Copy of past Indian passport of self/parent/Grand-parent along with a self-declaration about Indian Origin or Self declaration for PIO.
- (III) In case if the Opening form and other documents are not submitted in person
 - (a) Attestation of the photocopies of all the above documents to be done by a Banker/Indian Embassy/Notary or equivalent of Notary as per applicable law.

To The Branch Manager, Tamilnad Mercantile Bank Ltd.,
Please open my / our / Joint account at your

Branch.

PERSONAL DETAILS

APPLICANT	TITLE	(In the order of First Name, Middle Name and surname)	Date of Birth (DD/MM/YYYY)
FIRST Mr./Ms./Mrs.			
SECOND Mr./Ms./Mrs.			
THIRD Mr./Ms./Mrs.			

	SEX M / F	FATHER'S / HUSBAND'S NAME	PAN NUMBER	MARITAL STATUS	RELATIONSHIP WITH THE FIRST APPLICANT
FIRST					
SECOND					
THIRD					

OVERSEAS ADDRESS (MANDATORY). PLEASE TICK THE ADDRESS TO WHICH THE-mails ARE TO BE SENT

DOOR NUMBER :	ROAD NAME :		
AREA :	LAND MARK :		
CITY :	STATE :	PINCODE	
PHONE NO (OFF):	PHONE NO (RES)	MOBILE NO.	
E-MAIL ID :			

INDIAN ADDRESS (MANDATORY). PLEASE TICK THE ADDRESS TO WHICH THE-mails ARE TO BE SENT

DOOR NUMBER :	ROAD NAME :		
AREA :	LAND MARK :		
CITY :	STATE :	PINCODE	
PHONE NO (OFF):	PHONE NO (RES)	MOBILE NO.	
E-MAIL ID :			

PASSPORT DETAILS

	PASSPORT NO.	DATE OF ISSUE	PLACE OF ISSUE	NATIONALITY	EXPIRY DATE
FIRST APPLICANT					
SECOND APPLICANT					
THIRD APPLICANT					

OCCUPATION SERVICE HOUSE WIFE STUDENT RETIRED DOCTOR NURSE
 ENGINEER SELF EMPLOYED IT PROFESSIONAL _____

MODE OF OPERATION SINGLE EITHER OR SURVIVOR FORMER OR SURVIVOR JOINTLY BY ALL
 ANY ONE OF US OR SURVIVOR LATER OR SURVIVOR _____

Deposit Amount. Rs. (Rupees)

Deposit Period: ROI : % Deposit Maturity Amount Rs.:

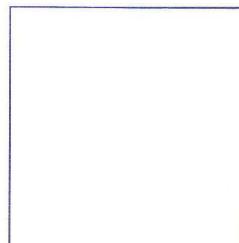
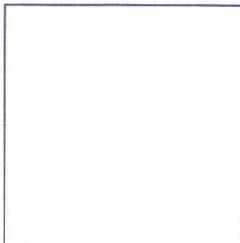
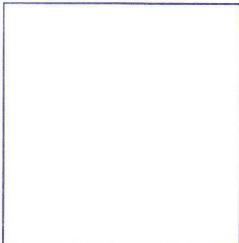
On Maturity of Deposit: Renew principal plus interest Renew principal only Do not renew Pay Cash
 (Automatically) (Automatically) (if maturity value is <Rs.20000)
 Issue Local Draft / DD. Credit to account No.

For Regular Interest Payment Monthly Quarterly Half Yearly Yearly
 Issue Local Draft / DD. Credit to account No.

Do you want to receive due advice: Yes No

REMITTANCE DETAILS

- DEBIT MY / OUR A/c No. _____ WITH TMB _____ BRANCH
- CHEQUE / DEMAND DRAFT No. _____ DATED _____ DRAWN ON _____ BANK
ENCLOSED.
- TT No. _____ DATED FOR AMOUNT _____

SPECIMEN SIGNATURE AND PHOTO

1. _____

2. _____

3. _____

DECLARATION

(1) I/We hereby declare that I am/we are non-resident Indian(s)/ of Indian Origin. (2) I/We understand that the above account will be opened on the basis of the statement / declarations made by me/us, and I/We also agree that if any of the statements/declarations made herein is found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me/us. (3) I/We agree that no claim will be made by me/us for any interest on the deposit/s for any period after date of maturity of the deposits. (4) I/We agree to abide by the foreign currency (Non-Resident) Account/Non resident (external) account scheme, non resident(ordinary) account scheme. (5) I/We hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival. (6) I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing rules and regulations, laid down by Reserve Bank of India in this regard. (7) I/We authorize the bank to automatically renew the deposit on the due date for an identical period unless the instruction to the contrary from me/us is received by the Bank before maturity. I/We understand that the renewal will be in accordance with the provisions of the Reserve Bank of India scheme in force at the time of renewal. (8) I/We further understand that the interest applicable on renewal will be at the applicable ruling rates on the date of maturity and that the renewed receipt will be made available on my/our presenting duly discharged original receipt on the maturity date or later for payment.

DECLARATION CUM UNDERTAKING OF NRI

(Under Section 10(5), Chapter III of Foreign Exchange Management Act, 1999)

I/We hereby declare that the transaction(s) the details of which are specifically mentioned in the Schedule hereunder does not involve and is not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act, or any rule, regulation, notification, direction or order made there under. I/We also hereby agree and undertake to give such information/documents, before the Bank undertakes the transaction(s) and as may be required from time to time as will reasonably satisfy you about the transaction(s) in terms of the above declaration. I/We also understand that if I/We refuse to comply with any such requirement or make unsatisfactory compliance therewith, the bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me/us shall report the matter to Reserve Bank of India.

(Signature of the 1st applicant)

(Signature of the 2nd applicant)

(Signature of the 3rd applicant)

INTRODUCTION DETAILS

NAME : _____

ACCOUNT NUMBER _____

CUSTOMER ID : _____

I confirm that I am an account holder with Tamilnad Mercantile Bank Ltd for over 6 months. I confirm that, I personally know the applicant/s detailed herein for more than 6 months and confirm his/her identity and address.

Signature of Introducer

FOR BANK USE

I hereby declare that this account opening form is complete in all respects. I have verified the signature of the introducer and it is found correct. All the signatories have signed in my presence. All KYC norms are fully complied with. Relevant documents have been obtained. I have verified the documents produced for identity and address proof with the original and certified to that effect on the copies. I authorise opening of the account.

Signature of officer

Name & P.A.No.

ATM CUM INTERNATIONAL DEBIT CARD APPLICATION FORM

Name of the Branch	Customer ID	Type of Account												
APPLICANT NAME IN FULL: _____														
ACCOUNT NUMBER	<input type="text"/>													
DATE OF BIRTH	<input type="text"/>													
NAME TO BE EMBOSSED	<input type="text"/>													
I would also like to link my following TMB SB/Current Account to my ATM Cum Debit card														
ACCOUNT NUMBER (Primary account Number)	<input type="text"/>													
TMB ATM CARD NUMBER (If already obtained)	<input type="text"/>													
MOTHER'S NAME: _____														
DECLARATION														
I hereby authorize Tamilnad Mercantile Bank Ltd., to issue me DEBIT CARD as desired by me and to debit the above account(s) for all withdrawals/payments to be made by using the DEBIT card including Bank's charges / fee from time to time. I hereby declare that the above particulars furnished by me are true / correct. Further I have read, fully understood and do accept the 'DEBIT CARD' terms and conditions and agree to be bound by the changes that may be made therein from time to time.														
Date :	Signature of the Applicant													
For Joint Account Holder(s) (E or S) Only :														
I/We the joint account holder/s, state that I/We have no objection for issue of the DEBIT CARD to the above applicant and hereby authorize Tamilnad Mercantile Bank Ltd., to debit the above account(s) held by us jointly towards all withdrawals / payment made by the applicant by using the DEBIT Card, including the bank's charges / fees from time to time.														
Date :	Signature of the Applicant(s)													
FOR BRANCH USE														
APPLICATION NUMBER														
The Signature(s) of the applicant(s) verified. The application is in order. Recommended to issue DEBIT CARD.														
PLACE	Signature of MANAGER / ASSISTANT MANAGER													
DATE	NAME: PA NO:													

APPLICATION FORM - TMB eConnect (RETAIL)

(PLEASE FILL IN CAPITAL LETTERS)

Name of Applicant : _____ Branch: _____

Name of the Firm : _____

CUSTOMER ID : To be filled in by the customer with the help of Branch

Internet Banking User ID [Choice 1] : [Min. 6 Characters]

[Choice 2] : [Min. 6 Characters]

(Special characters and blank spaces not allowed in User - ID)

Address : _____

City : _____ State : _____ Pin code:

Telephone No. (O) _____ (R) _____ Fax No. _____

Mobile No : _____ Email address : _____

Date of Birth Mother's Maiden Name: _____

Anniversary Date PAN :

Gender : Male Female Marital Status : Single Married

DECLARATION

I/we have read the Terms and Conditions applicable to TMB eConnect Retail services and agree to them. I/we are aware that the usage of TMB eConnect Retail facility is governed by the Terms and Conditions which are displayed on <http://www.tmb.in>. in the site maintained by Tamilnad Mercantile Bank Ltd and I/we have reviewed the contents of the same. Further, I/we accept the Terms and Conditions governing internet banking of Tamilnad Mercantile Bank Ltd applicable for bank accounts as displayed on bank's website/mentioned in various pamphlets. I/we accept that I/we would be deemed to be aware of the contents of the Terms and Conditions and that all my rights and liabilities would be governed by the said Terms and Conditions by my act of accessing on <http://www.tmb.in>. I/we thereby agree to be subject to and comply with all the provisions of the Terms and Conditions which are incorporated by reference herein and deemed to be part of this Application Form to the same extent as if such provisions had been set forth in full herein. Necessary mandate is enclosed.

ADDITIONAL TERMS AND CONDITIONS FOR NRI CUSTOMERS :

I/We agree that the facility of TMB eConnect shall be available only in specified type of accounts notified by Bank as eligible for internet banking facility from the time to time. I/we do hereby undertake that I/We shall not make available to any persons resident in India Foreign currency against reimbursement in rupees or in any other manner in India. I/we further confirm that all debits to my/our accounts for the purpose of investment in India and credit representing sale proceeds of investment in India are covered either by general or special permission of Reserve Bank of India. I/we agree that the facility of Internet Banking is available intra bank only and no fund transfer can be effected from other banks to my/our account maintained at Tamilnad Mercantile Bank Ltd as well as no fund transfer is permissible from Tamilnad Mercantile Bank Ltd to accounts maintained with other Banks. I/we further undertake and declare that any request made by me/us through TMB eConnect facility for transfer of fund shall be for the approved bona fide transactions of domestic nature only and in any event such request will not be in contravention to the various regulations framed under Foreign Exchange Management Act, 1999, Foreign Exchange Management [Deposit] Regulations 2000 and other rules and regulations laid down by Reserve Bank of India including Exchange Control Regulations.

I/we do hereby indemnify and forever keep indemnified the Bank and its successors and assigns from and against any and all claims, actions, penalties that may be made, suffered or incurred by the Bank by reason of non compliance of any of the Terms and Conditions mentioned therein.

Place :

Date :

Signature

MANDATE FOR JOINT ACCOUNT HOLDERS

To

The Branch Manager,
Tamilnad Mercantile Bank Ltd
..... Branch

Dear Sir,

Sub : Our Account in the name/s of with you.
I/We am / are maintaining the above referred account in the name/s mentioned above with you and the account is being operated by individually / jointly. We wish to register our account with you for using the internet banking services, known as TMB eConnect. I/We hereby authorize Mr/Ms. to open internet banking services account with you and avail of the services provided by the Bank. I/We also agree and undertake that all the acts, deeds, things etc done or omitted to be done by the said Mr/Ms. shall be binding on me/us and I/We shall not question the same. I/We also agree the various terms and conditions accepted and signed by the said Mr./Ms. are ratified and shall be, binding on me/us.

Yours faithfully,

Joint Account holder I

Joint Account holder II

Joint Account holder III

FOR BANK / BRANCH USE

Application Number :					
* Address verified with CUMM and Sign : * Address Type in CUMM matched by Staff No:					
<p>Certified that the Name / Firm, Customer ID, address signature/s of the account holder/s are as per branch records. Resolution/mandate, wherever required, has been obtained and kept on record. We recommend for providing TMB-eConnect services to the applicant and he/she can be categorized as Retail customer for charges and activation.</p>					
DATE	Branch Manager's Signature				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;"></td> </tr> <tr> <td>P.A.</td> <td></td> </tr> </table>		Name		P.A.	
Name					
P.A.					

*** (For Branch Use -** Please ensure that the address mentioned by the customer is already incorporated in the Finacle menu CUMM and check whether it matches with the field Address Type i.e. if the address mentioned here matches with Communication Address then the Address Type should be 'C' If it matches with Permanent Address then the Address Type should be 'P'

INTERNET BANKING CELL USE

	Date	Staff. No.	Initial
BDTM entered on			
USER ID created on			
BRCM linked on			
Password set on			
USER ID Printed on			
Password Printed on			
USER ID dispatched on			
Password dispatched on			
USER ID Allotted			
user Category			

Signature of the processing Officer

Name	
Staff No.	

NOMINATION DETAILS: I/We, at present, do not want to nominate any one, I/We will contact the bank/branch if needed in future

Date :

Signature of Account Holder / s

NOMINATION FORM - DA1

(to be obtained in case of deposit A/cs in the name of Individuals in Single/Joint names)

Registration No. _____

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 deposits particulars whereof are given below, may be returned by (name and address of branch office in which deposit is held)

NOMINEE (Only One Nominee per Deposit Account)

Nature of Account & No.	Name & address	Relationship if any	Age	If Minor** his / her date of birth	Additional details (if any)

** As the nominee is a minor as on this date, I/We appoint Mr/Mrs. _____

aged _____ Resident of _____

to receive the amount of deposit in the account 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 Impression (s) of Depositor (s)

Witness (es):*** 1. _____ 2. _____

*When deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor.
** Strike out if nominee is not a minor. ***Witness is required only for thumb impression and not for Signature.



ACKNOWLEDGMENT FOR NOMINATION REGISTRATION (TO BE RETURNED TO THE CUSTOMER AFTER REGISTRATION OF NOMINATION)

Name of the Depositors / and Address		Account Number
Nomination in favour of	Registered on	For Tamilnad Mercantile Bank Ltd Officer/Manager.