



A 145-NR

Instructions for filling the form

1. Please fill in BLOCK letters only. Tick (✓) appropriate boxes & leave a box blank between words. 2. Furnish address proof for all addresses taken into account. 3. Fields marked with asterisk (*) are mandatory.

I/We request you to open an A/C as per the details furnished herewith

Applicant's Full Name* (in CAPITAL letters)

If joint applicant is resident, relationship with applicant _____ (If joint applicant is resident, should be a "close relative" as per Sec.6 of Companies Act, 1956 and operational instruction should be "former or survivor" with no eligibility to operate the account during the lifetime of the first applicant)

Customer ID: (Office use only) 1st Applicant 2nd Applicant 3rd Applicant

Specimen Signature(s)*

Colour Photo (1 st Applicant)	Colour Photo (2 nd Applicant)	Colour Photo (3 rd Applicant)	Mode of Operation* <input type="checkbox"/> Single <input type="checkbox"/> Jointly by all <input type="checkbox"/> Anyone or survivor <input type="checkbox"/> By Guardian (till the minor attains majority) <input type="checkbox"/> Authorized signatory
Signature of 1 st Applicant	Signature of 2 nd Applicant	Signature of 3 rd Applicant	<div style="border: 1px solid black; padding: 5px;"> FOR OFFICE USE </div> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>

Overseas Address* (Account Address)[illegible]

Preferred Mailing Address*: ☐ Overseas Address (Account Address) ☐ Alternate Overseas Address (as in Page 3 of this form) ☐ Present/Permanent Address in India (as in Page 3 of this form)

Details of Initial Remittance

Currency:	<input type="checkbox"/> INR	<input type="checkbox"/> USD	<input type="checkbox"/> Euro	<input type="checkbox"/> GBP	<input type="checkbox"/> AUD	<input type="checkbox"/> CAD	<input type="checkbox"/> JPY	<input type="checkbox"/> CHF	<input type="checkbox"/> Others (Specify)											
Amount (Figures)										Amount (words)										
<input type="checkbox"/> Cash (Foreign Currency)	<input type="checkbox"/> RTGS/NEFT - UTR No.																			
<input type="checkbox"/> Chq/DD No.						Date						Bank								
<input type="checkbox"/> Swift/Wire Transfer No.												Remitting Bank/Exchange Co.								
Dated						<input type="checkbox"/> Others														

Value Added Services (Please tick (✓) the services you need)

1. ☐ **ATM/ Debit/ Shopping card-International** (EMV Chip Card) 2. ☐ **Mobile Banking** 3. ☐ **SMS Alerts** 4. ☐ **Passbook** 5. ☐ **E - Passbook**
6. ☐ **Internet Banking** (Choose one option →) ☐ **Viewing rights** ☐ **View and Transaction rights**
7. ☐ **E-mail Alerts** 8. **E-mail Statements:** ☐ Daily ☐ Monthly

Mobile No. to be linked**E-mail Address**
(in block letters)**Security questions for Net/Mobile Banking user:****Date of Birth** (dd/mm/yyyy)**Mother's Maiden Name****Term Deposit Details (Applicable only for term deposit A/C's)****Currency** ☐ INR ☐ USD ☐ Euro ☐ GBP ☐ AUD ☐ CAD ☐ JPY ☐ CHF **Period of deposit:** months days**Amount (Figures)** **Amount (words)** **For CDA (Recurring Deposit Account)****Period (Months)** **Monthly Installment(Rs)**

For registering standing instruction mandate.

Whether to debit from SB account: ☐ Yes ☐ NoIf yes, Account Number **Maturity Instructions****Renew*** ☐ Principal and Interest ☐ Principal*
(Not applicable for CDA)**Repay** ☐ Principal and Interest*
(Repayment cannot be credited to third party's account)*Credit proceedings to - NRE/NRO A/C No. IFSC Code Bank name Branch **Mode of Payment:** ☐ DD ☐ Bankers Cheque**Instructions for Automatic Renewal/ Encashment/ Availing Loan Against the Term Deposit**

Strike the types of accounts which are not related to the request

FD / FWD / FCNR / RFC / CDA*

Account Number

#Automatic renewal not applicable for CDA

Amount: Rs. **Date of deposit**

The above deposit may be renewed with/ without interest on maturity at the prevailing rate on date of maturity until instruction to the contrary is received from me/us.

I/We also agree that the Bank may, on receipt of a written application from Shri./Smt. the first/second/third named of us/either or survivor/s of us, in its absolute discretion and subject to such terms and conditions as the Bank may stipulate, grant a loan against the security of the above deposit opened in our joint names or make premature payment to any one of us.

Principal with accrued interest may be paid at the time of encashment to any one/either of us or the survivors in the event of death of any one of us.

I/We accept the following terms and conditions as binding upon me/us.

- Deposits made under automatic renewal facility shall be renewed upon maturity for an identical period on an ongoing basis until instruction to the contrary is received from the depositor/s.
- The rate at which the deposit is renewed will be at the rate applicable for the period prevailing at the time of renewal of the deposit.
- No interest will be paid for fractional periods of less than the minimum period of term deposit as per the bank's rules.
- For availing of loan or for encashment of the deposit, the depositor/s will have to produce the deposit receipt duly discharged.

Signature(s) of Applicant(s)*Signature
of 1st
ApplicantSignature
of 2nd
ApplicantSignature
of 3rd
Applicant**Date:**

The above instructions have been duly recorded for compliance.

Date: Seal & Signature
of Section Officer**Nomination* (Form DA-1)**

To be signed even if nomination is not required

Nomination ☐ Required ☐ Not required**Nature of Deposit** **Account Number** **Name of Nominee** **Relationship with Depositor** **Age** **Date of Birth**
(if minor) **Address of Nominee**

#As the nominee is a minor on this date, we appoint

(Name, Address & Age) to receive the amount of the deposit on behalf of the minor nominee in the event of my/ our/ minor's death during the minority of the nominee.

Signature(s) of Depositor(s)Signature
of 1st
ApplicantSignature
of 2nd
ApplicantSignature
of 3rd
Applicant**Name & Address of Witness** **Date** **Place** **Signature of witness**

#Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor, Strike out if nominee is not a minor.

Declaration/ Undertaking by applicant(s)* (Please tick as applicable - NRI/PIO/Seafarer or Mariner)

☐ I/We hereby declare that I/We am/are Non-resident Indian/s holding Indian Passport

☐ I/We hereby declare that I/We am/are Person/s of Indian origin holding (issuing country)

passport/s, satisfying one of the following conditions, for which proof is attached. I/We ☐ held an Indian Passport ☐ hold a PIO card ☐ am Spouse of an Indian Citizen ☐ am Spouse of a PIO

☐ Father/mother/grandfather/grandmother (name) is/was a citizen of India by virtue of the constitution of India or the Citizenship Act 1955.

☐ I/We hereby declare and confirm that I/we am/are Non-Resident Indian/s on contract with

(name and address of the shipping company) registered in (country)

I/We confirm having read/been explained and understood the Rules pertaining to various Accounts/Services as also the Citizens' Charter and I/We do hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/We am/are opening with The Catholic Syrian Bank Limited and amendments thereto made from time to time and those relating to various services including but not limited to ATM Card / Mobile Banking / Internet Banking / Mobile Alerts etc., I agree that changes from time to time as per Bank's rules relating to my/our different accounts and/or other services would be made available to me/us on the Bank's website. And that I would be bound by such changes in terms and conditions pertaining to the different accounts/services. I/We also agree to comply with / be bound by the instructions regarding the conduct of Non-resident External / Ordinary / FCNR accounts and use of debit/credit card(s) issued by Reserve Bank of India and / Government of India and / or any other regulatory / statutory authorities from time to time. In respect of NRO / NRE / FCNR A/C s, all the debits and credits will be carried out strictly as per FEMA regulations. I/We hereby undertake to intimate you about my / our return to India for permanent residence immediately on arrival. I/we agree that no claim will be made by me / us for any interest on the deposit/s for any period after the date/s of maturity of the deposit(s). I/ We hereby declare that only legitimate dues in India which would include current income like rent, dividend, pension, interest, etc sale proceeds of assets including immovable property acquired out of rupee / foreign currency funds by way of legacy / inheritance will be deposited in my / our NRO account with the prevailing stipulations, laid by RBI. I/ We agree that Bank may debit my account for service charges as applicable from time to time. I/ We authorize the Bank to keep providing me / us the information of the Bank's new products and offers through my / our preferred mode of contact or through a phone call as convenient. I/We hereby declare that all particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I, and other joint holders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any information that The Catholic Syrian Bank Limited may require. I agree and understand that The Bank reserves the right to reject any application without providing any reason there of. I agree and understand that The Bank reserves the right to retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me. In the event of any information or document or copy of documents furnished by me subsequently found to be false or forged the Bank is at full liberty to withdraw all facilities and stop operations in the accounts. The User ID, Password, PIN Number or any other security systems provided for the operation of Internet Banking, Mobile Banking, ATM operations should be kept by me/us as confidential information. I/We should not divulge the same due to my/our carelessness or otherwise and if any loss or damage is occurred to Bank due to the access got to it by any other person. I will be truly responsible and the Bank is fully indemnified to the loss that may occur due to such unauthorized access. I/We hereby declare that the transactions in the above account will be governed by the applicable laws in India and all disputes or differences arising out of or related to or connected with transaction or matters in relation to the above account shall be subject to 'Jurisdiction of Indian Courts'. I/we understand that in the absence of specific instructions, the maturity proceeds of deposits will be automatically renewed for a similar period at such terms and conditions that are prevalent at the time of maturity and that in the event of death of the depositor/anyone of the joint holder(s), premature closure option will be available to the nominee/survivor(s). Tick (✓) the appropriate box, as applicable.

☐ I/We hereby affirm and declare that my/our present/permanent address in India is as mentioned below for which proof is attached. ☐ I/We bring to your notice that the address mentioned in the documentary evidence submitted by me/us for the purpose of opening my/our account at your bank is different from my/our present/permanent address in India.

I/We hereby affirm and declare that all the correspondence can be made by the bank to the mailing address mentioned in page 1 of this form. I/We also understand that the positive confirmation letter/any correspondence sent by the bank to that address if returned undelivered for any reason will result in the bank stopping all operations in my account without further notice. I/We also confirm that incase of change in the mailing address I/We shall intimate the bank immediately.

Signature
of 1st
ApplicantSignature
of 2nd
ApplicantSignature
of 3rd
Applicant**Customer Profile Form - 1st Applicant/ Primary Account Holder (Use separate form for each joint holder)**

(Office use only) Branch Code Customer ID

Title Code* ☐ Mr. ☐ Mrs. ☐ Ms.

Name of Individual*

Gender* ☐ Male ☐ Female ☐ Others

Father's Name*

Mother's Name*

Alternate Overseas Address***Present/Permanent Address in India**

☐ Tick (✓) if same as Overseas address as in page 1 of this form

Line-1* Line-1

Line-2 Line-2

Line-3 Line-3

Country* Line-4 PIN

Postal/Zip Code* State

E-mail Address

Date of Birth* Place of Birth*

(dd/mm/yyyy)

Aadhaar No. Aadhaar No. to be linked with account number ☐ Yes ☐ No
(Only for NRO SB Accounts)

Additional Details (wherever applicable)

Religion* : ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Others

Category* : ☐ General ☐ OBC ☐ SC ☐ ST ☐ Weaker Section (Specify)

Literate* : ☐ Yes ☐ No Physically Challenged: ☐ Yes ☐ No Mentally Challenged: ☐ Yes ☐ No

Educational Qualification: ☐ Matriculate ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Others

Nationality* : ☐ Indian ☐ Person of Indian Origin (Attach Supporting Documents) ☐ Others

Mother Tongue* Marital Status* : ☐ Married ☐ Single

If Married, Name of Spouse Wedding Date

Occupation Details

Annual Income*: ☐ <1 lakh ☐ >1 lakh <5 lakh ☐ >5 lakh <10 lakh ☐ >10 lakh <25 lakh ☐ Above 25 lakh (Rs.)

Occupation Type: ☐ Salaried ☐ Professional ☐ Self-employed or Business ☐ Agriculture

☐ Retired ☐ Student ☐ Housewife ☐ Others

Employer Details

Employer's Name (If applicable):

Designation/Profession:

Employee Number (If applicable): ☐ If self employed professional ☐ Name of the enterprise (if any)

Document Details*

Enclose self attested copies of relevant KYC document

PAN No. (If an assessee) ☐ #TRC & Form 10F enclosed

(If PAN is not produced, TDS will be deducted at the applicable rate from time to time in the case of NRO accounts)

#Compulsary for availing benefit of lower tax deduction at source on interest under applicable double taxation avoidance agreements in the case of NRO accounts

Passport Number: Issue date: Expiry date:

Place/Country of Issue:

Visa Number: Issue dt.: Expiry dt.:

Place/Country of Issue:

Other Valid Documents (Tick (✓) the appropriate box)

☐ OCI/PIO Card ☐ Residence Permit ☐ Employment Contract/ID Card ☐ Labour Card issued by foreign Govt.

☐ Seafarer's Continuous Discharge Certificate (CDC) ☐ Other documents (Please specify)

Contact Details

Country Code Mobile Residence Office

Ph. No.*:

Contact No. in India:

Other Details

Vehicle: ☐ Four wheeler ☐ Two wheeler ☐ Other

Insurance Policy Information*: ☐ Policy Holder ☐ Yes ☐ No

Existing Loans: ☐ Vehicle Loan ☐ Home Loan ☐ Personal Loan ☐ Education Loan ☐ Business/Agriculture

House*: ☐ Ancestral ☐ Owned ☐ Rented ☐ Company Provided

Relation with CSB*: ☐ Not an Employee ☐ Employee ☐ Staff Family Member ☐ Former Employee ☐ Director CSB EMP Code

Proof for Address in India (If applicable)

Address proof to be furnished

☐ Aadhaar Card/Aadhaar Letter ☐ Voter's ID Card ☐ Driving License ☐ Passport ☐ NREGA Card ☐ Govt. ID

Address Proof Document No.:

Issued at: Issue date:

Expiry date: Date:

Signature of 1st Applicant

Form 60/61 (To be filled by those who do not have PAN)

☐ **Form 60** Are you an Income Tax Assessee ☐ Yes ☐ No if yes

a) Details of Ward/ Circle/ Range where the last return of income was filed:

b) Reason for not having PAN Card:

☐ **Form 61**

To be filled by a person who has only agricultural income and no other income chargeable to income tax.

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

Verification: I, do hereby declare that what is stated is true to the best of my knowledge and belief. Verified today, the day of month year

Date: Place: Signature of 1st Applicant

For office use only

Account sub type: ☐ Public ☐ Staff and ☐ Single ☐ Joint

Account Opening Channel: ☐ Walk in Customer/ Staff ☐ Marketing Team ☐ Others

Lead Generated by (EMP Code) Lead Closed by (EMP Code)

Declaration by the Branch

Verified the attached documents with the originals, as per the KYC/ AML guidelines

Name

Designation Date

Risk Categorization: Profile of the Customer Based on Risk Categorization ☐ High ☐ Medium ☐ Low

Identity of the applicant/s verified and account opened

Name

Designation Date

Seal & Signature of Section Officer/ Marketing Executive

Seal & Signature of Principal Officer

For CPC Use

Entered by:

Employee Code

Signature

Verified by:

Employee Code

Signature