



A 144-CASA

| | |
|--|--------------------|
| (Office Use Only) | |
| Name of the branch: | Date: (dd/mm/yyyy) |
| Account No.: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">Branch Code</div> <div style="border: 1px solid black; padding: 2px 5px;">Client ID</div> <div style="border: 1px solid black; padding: 2px 5px;">Product Code/No.</div> </div> | Ref. No: |

Instructions: 1. Please fill in BLOCK letters only. Leave one box blank between words. 2. Tick (✓) the appropriate boxes. 3. Fields marked with asterix (*) are mandatory.

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

| Account Type* | Scheme* | | | | | AQB - Average Quarterly Balance | AMB - Average Monthly Balance |
|--|--|--|--|---|---|--|-------------------------------|
| <input type="checkbox"/> Saving Bank A/c | <input type="checkbox"/> Regular SB with Cheque book | <input type="checkbox"/> SB Silver (AQB >=10000) | <input type="checkbox"/> SB Gold (AQB >=25000) | <input type="checkbox"/> SB Diamond (AQB >=50000) | <input type="checkbox"/> SB Platinum (AQB >=100000) | | |
| <input type="checkbox"/> Current A/c | <input type="checkbox"/> Classic Current Account | <input type="checkbox"/> Classic Silver (AMB >=10000) | <input type="checkbox"/> Classic Gold (AMB >=25000) | <input type="checkbox"/> Classic Diamond (AMB >=50000) | <input type="checkbox"/> Classic Platinum (AMB >=100000) | <input type="checkbox"/> Smart Current Account | |

Constitution Type*

| | | | | | | | |
|--|---|---------------------------------------|--|--------------------------------------|---|------------------------------|------------------------------|
| <input type="checkbox"/> Proprietor | <input type="checkbox"/> Registered Partnership | <input type="checkbox"/> LLP | <input type="checkbox"/> Club | <input type="checkbox"/> Society | <input type="checkbox"/> Association | <input type="checkbox"/> HUF | <input type="checkbox"/> PSU |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Pvt. Ltd. Company | <input type="checkbox"/> Ltd. Company | <input type="checkbox"/> Central Govt. | <input type="checkbox"/> State Govt. | <input type="checkbox"/> Local Self Govt. | | |
| <input type="checkbox"/> Unincorporated Entities/Unregistered Partnership/Others (Specify) | | | | | | | |

For Profit Organization* ☐ Yes ☐ No

Mode of Operation*

[illegible]**Applicant Firm/Company/Entity Name*** (in CAPITAL letters)[illegible]**Account Address* (Corporate/Office address)**

Submit address proof with this application

[illegible]**Address for Communication** - to be furnished only if other than Account Address mentioned above

Submit address proof with this application

[illegible]**Value Added Services** (Please tick (✓) the services you need)

| | | |
|---|---|---|
| 1. ATM / Global Support card | Domestic <input type="checkbox"/> Visa <input type="checkbox"/> Master card <input type="checkbox"/> Rupay | <input type="checkbox"/> International (EMV Chip Card) Name to be printed on name embossed card: <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; height: 20px;"></div> Not Exceeding 20 characters |
| 2. <input type="checkbox"/> Passbook | 3. <input type="checkbox"/> Account Statement | 4. <input type="checkbox"/> SMS Alerts |
| 7. <input type="checkbox"/> E-passbook | 5. <input type="checkbox"/> E-mail Alerts 6. <input type="checkbox"/> Mobile Banking 8. E-mail Statements: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly | |
| 9. <input type="checkbox"/> Internet Banking (Choose one option →) <input type="checkbox"/> Viewing rights <input type="checkbox"/> View and Transaction rights | | |
| Mobile No. to be linked | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px;"></div> Mobile Number mandatory for Net/Mobile Banking & SMS alerts | |
| E-mail ID (in block letters) | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 250px; height: 20px;"></div> E-mail ID mandatory for Net Banking, E-mail alerts & E-statements | |

Security questions for Net/Mobile Banking user

[illegible]

Initial Deposit Details*

| | | | |
|-------------------------------------|------------------------------|----------------|----------------------|
| Amount (Figures) | <input type="text"/> | Amount (words) | <input type="text"/> |
| <input type="text"/> | | | |
| <input type="checkbox"/> Chq/DD No. | <input type="text"/> | Date | <input type="text"/> |
| | | Bank | <input type="text"/> |
| <input type="checkbox"/> enclosed. | | | |
| <input type="checkbox"/> RTGS/NEFT | UTR No. <input type="text"/> | | |
| <input type="checkbox"/> Cash | | | |

Request/Agreement/Undertaking*

To, **The Branch Manager, The Catholic Syrian Bank Ltd.,** Branch.
Please open an account in my/our name/s as per the particulars furnished above & in the annexure/s submitted herewith. I/We have read, understood & unconditionally agree to comply with the rules of the bank in force from time to time governing the conduct of the account & other value added services*.
*(The Terms & Conditions regarding conduct and operation of the account and the Value Added services applied for (ATM Cum Debit Card/CSB Internet Banking/Mobile Banking) which are available in the Banks website www.csb.co.in and also at all CSB branches; are subject to change from time to time).

Signature
and Seal of
Authorised
SignatorySignature
and Seal of
Authorised
SignatorySignature
and Seal of
Authorised
Signatory**Nomination***

1. Applicable/Available only to Proprietary Concerns 2. Nominee has to be a Natural Person

To be signed even if nomination is not required

Nomination ☐ Required ☐ Not requiredName of Nominee Relationship with Depositor Age Date of Birth (if minor) Address of Nominee

#As the nominee is a minor on this date, I appoint
(Name, Address & Age) to receive the amount of the deposit on behalf of the minor nominee in the event of my/minor's death during the minority of the nominee.

Signature(s) of Depositor(s) (Signature mandatory for Individual applicants/Proprietary concerns even if nomination is not required)Signature
of
ProprietorName & Address of Witness Date Place

#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.

Signature
of witness**For Office Use Only**Account Opening Channel: ☐ Walk in Customer/ Staff ☐ Marketing Team ☐ Others Lead Generated by (EMP Code)Lead Closed by (EMP Code)Seal & Signature
of Section Officer/
Marketing Executive**For CPC Use**Entered by: Employee Code Verified by: Employee Code

Signature

Signature