

The Catholic Syrian Bank Ltd

(Regd. Office: Thrissur)								
Application for "CSB Tax Savings Support"								
	nk's use only)							
Account Number Branch								
Options (Please	specify) Income Growth							
Status of applicant(s) Single Joint HUF*		Dhata	Photo					
*In case of HUF Accounts declaration should be obtained from the Kartha		Photo						
If joint account, mode of operation	n Either or Survivor D Joint D Survivor D							
Particulars of the	applicants	(First Applicant)	(Second Applicant)					
Name	1. Mr./ Ms	2. Mr./ Ms						
(in block letters) Address								
Address								
	Place							
	StatePIN	State	PIN					
	PAN NO.	PAN NO.						
	Date of Birth D D M M Y Y Y Y	Date of Birth	MM YYYY					
	Ph:(O)(R)		(R)					
	Fax(Mob.)	Fax	. (Mob.)					
	E-mail							
	Specimen Signature	Specimen Signature						
	Occupation/Source of Funds : Salaried Self employed prof. Business Retired Student							
	Monthly Income : Upto Rs. 50,000 Above Rs. 50,000 Above Rs. 1,00,000 Above Rs. 2,00,000							
	Annual Turnover : Upto Rs. 1,00,000 Above Rs. 1,00,000 Above Rs. 2,00,000 Above Rs. 3,00,000							
	Dealings with other Banks : SB/CD Account Fixed Deposit Account Credit Facilities SD Locker							
	Details of Bank							
	Current Banking activities with CSB : SB/CD Account Fixed Deposit Account Credit Facilities							
	Name of the Branch & Account No.							
	Marital Status : Married Single							
	Educational Qualification : Under Graduate Graduate Post Graduate Professional							
	Educational Qualification of spouse: Under Graduate Graduate Post Graduate Professional							
	Details regarding children : One	Two Three	Nil					
	Other Personal Details : Car	Two wheeler Credit of	ard Insurance policy					

I/We hereby declare that the amount i of Government notification No. 203/2 invested is not encashable before the	nvested in 'CSB Tax Savings Supp 006 dated 28-07-2006 and such ot	her notification issued by the Cent	ral Governme	ent from time to time and the a	mount	
Signature(s) of the Depositor(s) (1)		(2)				
Nomination						
Nomination under Sec. 45 Z of the Bankin	g Regulation Act 1949 and Rule 2 (1) of	the Banking Companies (Nomination) R	lules 1985 in re	espect of bank deposits.		
I/We				(Name(s)) do	hereby	
nominate the person named here in Ltd	•	•			Bank	
Deposit Details	Name & Address of Nominee	Relationship with Depositor, if any	Age	If Nominee is a minor* his/her date of birth		
Nature						
A/c No.						
* As the nominee is a minor on this d			(Name & Address & A	ge) to		
receive the amount of the deposit on	behalf of the minor nominee in the	event of my/our/minor's death durin	ng the minor	ity of the nominee.		
Signature(s) of Depositor(s) 1		2				
Name, Address & Signature of \	Vitness					
Date	Place	Signature	Signature			
*where deposit is made in the name of m	inor, the nomination should be signed b	y a person lawfully entitled to act on be	ehalf of the mir	nor. Strike out if nominee is not a r	ninor.	
Introduction						
Identity of the applicant(s) as give	en above confirmed.					
(By another person k	(By another Bank/ Notary Public/ other Statutory Body)					
Signature		Signature				
Name	Name	Name				
Nature of Account	Account No	Designation				
Address	Office					
	Address					
		Address			••••	
Place Date)	Office Stamp	Da	te		
For Bank use only						
	KY	C Certification				
I have met Mr./Ms						
and Mr./Ms		(and the identity, a	ddress and	relationship has been filled	in my	
presence.)						
			Signa	ture of Section Officer		
Profile of the Customer Based or	n Risk Categorisation					
High	Medium	Low				
Identity of the applicant/s verified	and account opened.					

Authorised Signatory

Name and Designation:

Date: