



Savings Bank	/Curre	nt A	Acco	un	t O	pe	nir	ng	Fo	rm	fo	r R	Res	idei	nt I	ndi	vi	dua	l/s						A 1	43-	CASA		
(Office Use Only) Name of the branch:					I		Τ	Τ			I							I	Dat (dd/m	e: m/yyyy)						I			
Account No.:	Branch Co	de			Cl	lient I[			L			Prod	duct	Code/No	0.		R	lef. N	o:	L									
Instructions for fil																													
<ol> <li>Please fill in BLOCK letters of the state of</li></ol>			e box bla	ank be	etweer	n word	ls. Ticl	k (✔) :	the a	ppro	priate	boxe	s. I	2. Please	submi	it addr	ess p	roof fo	prese	nt/per	mane	nt add	dress 1	taken	into ad	coun	t.		
I/We request you t	to open	an A	ccoui	nt as	s pe	r th	e de	etai	ls f	urn	ish	ed l	hei	ewith	1														
Account Type*														cheme					AQE	- Avera	ge Qua	rterly Ba	alance	AMB	- Averag	e Montl	nly Balance		
Saving Bank A/c		ular S que b	B with ook			gular eque			out			S Silve DB >=1		))		B Go AQB >=		0)				mon 50000)					num 00000)		
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Current A/c		ssic Cu ount	urrent	rent Classic Silver (AMB >=10000)							Classic Gold Classic I (AMB >= 25000)									Diamond Classic Platinum (AMB >=100000)									
Applicant's Full Na	ame* (in	CAP	PITAL	lett	ers)																								
Title (Mr.	/Mrs./Miss)					R S	Т							М	I D	D L	. E						L	A S	Т				
1st Applicant (Primary A/C holder)																											Ш		
2 <sup>nd</sup> Applicant (Joint A/C holder)																				$\perp$		L							
3 <sup>rd</sup> Applicant (Joint A/C holder)																													
Customer ID: (Office use only)	cant							2 <sup>nd</sup> A	Appli	cant								3	<sup>rd</sup> App	licant									
Specimen Signatu	ıre(s)*																												
Colour Phot (1 <sup>st</sup> Applicar	Colour Photo (2 <sup>nd</sup> Applicant)									Colour Photo By Gua									gle ntly b rone Guard horiz	oy al or s dian zed s	Either or survivor  all Former or survivor  or survivor  ian (till the minor attains majority)  ed signatory/POA								
Signature of 1st App  Account Address*		resp				nd App			or Pe	erman				of 3 <sup>rd</sup> Ap											esign				
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Line - 3				<u> </u>			$\dashv$	$\dashv$	<u> </u>		_	_		+				<u> </u>		<u> </u>	<u> </u>				<u> </u>	$\frac{\perp}{\parallel}$	+		
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State* Initial Deposit Detai	ils*:																					111							
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KIGS/NEFT UIR No	D																							ш					

Value Add	ed Servi	ces (	Plea	ise t	ick	<b>(√</b> ) †	the	serv	vices	yo	u n	eed	)																				
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2. Passbo	ook							3	3. 🗆	E-	Pas	sbo	ok																				
4. Mobile	Banking						5. SMS Alerts																										
6. Internet Banking (Choose one option →) Viewing rights									iew a	nd T	rans	actio	on ri	ghts																			
	Alerts	,	8. E-mail Statements: Daily Weekly Fortnightly Monthly Quarterly Half ye										yearly	y																			
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Address of No	ominee																																╛
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(Name, Addres	s & Age) to	receiv	e the	amo	unt	of th	e de	posit	on b	ehal	f of t	he r	nino	r non	nine	e in t	he ev	vent	of m	y/ oı	ur/ m	ninor	's de	ath c	lurin	g the	min	ority	of th	ie no	mine	e.	
Signature														ignature Signature																			
Signature(s) of Depositor(s) of 1st Applicant														2 <sup>nd</sup> licant										of 3 Appli									
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Terms & Co	ndition	s/De	cla	ratio	n*	K-																											
I/ We have read ur business relations																			holic S				colo b	ranch	of acc	ount	of rope	n/mo				ur acco ance in	
including but not I/ We accept and a	limited to Acco	ounts. A	ATM/ D	ebit/ :	Shop	ping C	ard, C	SB In	ternet	Banki	ing/ N	1obile	e Banl	king.	ä	accou	nt and	lany	intere	st acc	ruing	there	on w	hich w	ill onl	y be r	nade a	at the	"Acco	untabl	e Brar	nch" and	d in
Bank liability. I/ W completely or par	e understood	that ba	ınk ma	y at it	s abs	solute	discre	etion,	discon	tinue	any o	of the	serv	ice/s	9	set-off	over	all m	y/ our	acco	unts a	at all l	branc	hes of	Cath	olic Sy	rian B	ank a	and fo	this p	urpos	e Cath	olic
applicable from tin per rules in force	me to time in t	he acco	ount &	that th	ne Ba	nk sha	ll be a	at libe	rty to	dedu	ct serv	vice c	harge	es as	ä	autho	ize yo	u to l	honou	ır all c	hequ	es, Bill	l of Ex	chang	ge, Pro	misso		tes ar	d oth			ccepte	
objection to the B	ank debiting m	ny/ our	accou	nt for a	any o	ther se	ervice	charg	ges app	licab	le fro	m tim	ne to t	ime.																s is as	men	tioned	d in
through my/ our p	through my/ our preferred mode of contact or through a phone call as convenient. I/We hereby irrevocably authorize the Bank to disclose from time to time any information on or relating to my/ our account(s) with the address confirmation letter sent by the bank to that address, if returns the address confirmation letter sent by the bank to that address, if returns the address confirmation letter sent by the bank to that address, if returns the address confirmation letter sent by the bank to that address.																																
the Bank to any o	the Bank to any other branch of Catholic Syrian Bank Ltd./ other Banks/ Financial Institution/ Agencies/ Statutory Bodies/ Persons as the Bank may deem necessary. The Bank's General Business conditions receipt  notice.								ıt furtl	her																							
and acceptance of which I/ We herewith confirm, and all other rules and conditions of the Bank, shall apply to each of the accounts and all documentation in relation thereto. We undertake to inform the Bank any																																	
change in my resid Syrian Bank may re	dence and to p	orovide	any fu												1	The ba	nk res	serve	s the ri													which	
Information pursu											coun	ts)			1	Detail	ed rule	es ava	ailabĺe	on th	e ban	ks we	bsite	www.	.csb.c	o.in o	on re	quest	at all	branch	ies.		
2. I/ We am/ are the 3. The beneficial of	e beneficial ow	ner of	all asse	ets run	thro	ugh m	y/ ou	r own	accou	nt.	ddres	s of r	ersor	n for																		the ba includi	
whom the accoun															1	the T	erms	& C	ondit	ions	of se	ervice	es (if	appl	ied f	or) ie	; ATN	И/ G	lobal		ort C	ard/ C	
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Signature of 1st										gnat of 2 <sup>r</sup>												Si	ignat of 3										
Applicant										oplic												А	pplic										

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.  Miss	
Name of Individual*	
Gender*	
Father's Name*	
Mother's Name*	
Contact Mobile Residence Office  Details:Ph.No.*	
E-mail Address	
(in block letters)  Date of Birth* (Id/Imm (Nana))  Place of Birth*  Mother Tongue*	
Note that the property of the	7, 7,
Aadhaar No. to be linked with account number Yes No	Yes No
PAN No.  OR Form 60/61   If PAN is not available please fill up form 60/61	
Literate* Yes No Marital Status*: Married Single	
If Married, Name of Spouse Wedding Date	
Present Address*	
☐ Tick (✓) if Same as Account address	
Line - 1*	
Line - 2	
Line - 3	
City District*	
State* Pin*	
Permanent Address*	
☐ Tick (✓) if Same as Account address ☐ Tick (✓) if Same as Present address	
Line - 1*	
Line - 2	
Line - 3	
City District*	
State* Pin*	
Additional Details (wherever applicable)	
Religion*:	
Category*: General OBC SC ST Weaker Section (Specify)	
Educational Qualification: Matriculate Graduate Post Graduate Others	
Annual Income*: \( < 1 \) lakh \( < 2.5 \) lakh \( < 5 \) lakh \( < 5 \) lakh \( < 5 \) lakh \( (Rs.) \)	
Occupation Type*: Salaried Professional Self-employed or Business	Agriculture
Retired Student Housewife Others	
Source of Income*: Salary Business Agriculture Pension Others	
Organisation's Name (if salaried)  Designation/Profession:	
Vehicle:	
Insurance Policy Information*: Policy Holder Yes No	
Insurance Policy Information*: Policy Holder Yes No  Existing Loans: Vehicle Loan Home Loan Personal Loan Education Loan Business/Agriculture	
Insurance Policy Information*: Policy Holder Yes No	Director

Account with other banks Yes No
Sl.no Type Bank / Branch Account Number
1)
2)
3)
KYC Details* (ID Proof & Local/Permanent Address Proof)
Aadhaar Card/Aadhaar Letter Voter's ID Card Driving License Passport NREGA Card Govt. ID
KYC Document No.:
Issued at: Expiry date.:
Note: If present communication address is different from the address mentioned in the officially valid KYC document submitted, a self declaration regarding present address as reproduced in the declaration coloumn of the account opening form (A143- CASA) will suffice.
Introduced/Referred by (if available)
Branch Manager/ Staff/ Marketing Executive: EMP Code Name:
☐ Introduced by Existing Customer, Name:
Existing Customer's A/C No.:
Name of Head of Company/Institution:
Name of Company/ Institution: Introducers Signature  Signature of Applicant*
Signature of Applicant*
Signature of Applicant
Form 60/61 (To be filled by those who do not have PAN)
Form 60  To be filled by a person who has only agricultural income
Are you an Income Tax Assessee Yes No if yes  a) Details of Ward/ Circle/ Range where the last return of income was filed:
I hereby declare that my source of income is from agriculture and
b) Reason for not having PAN Card:
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 Signature of 1st
Date: Place: Applicant
For office use only
Account sub type: Public Staff and Single Joint Organisation/Company Code (For Suvidha A/C)
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 Date
Risk Categorization  Seal & Signature of Section Officer/ Marketing Executive
Profile of the Customer Based on Risk Categorization High Medium Low
Identity of the applicant/s verified and account opened
Name Name
Designation Date Seal & Signature of Principal Officer
For CPC Use
Entered by: Employee Code Verified by: Employee Code
Signature Signature