



**ACCOUNT OPENING FORM FOR SAVINGS BANK/CURRENT ACCOUNT**

I / We request you to open in your books a (tick '✓' whichever is applicable)

- Savings Bank     Current     CorpElite     CorpJunior
- CorpSenior     CorpClassic     CorpPayroll     CorpPremium

Account in my/our name(s) as per details given below for which I/we initially deposit Rs..... (Rupees..... only).

A/C. No.	<input type="text"/>
Date	<input type="text"/>
Phone No.	<input type="text"/>
Fax No.	<input type="text"/>

**ACCOUNT NAME** (For accounts of firms, companies, trusts, associations etc.) : .....

<b>FULL NAME OF APPLICANT/S</b> (Mention names of individuals, proprietor, partners, directors, trustees, office bearers etc., with designation in applicable cases)	<b>Father's / Husband's Name</b>
1. Mr./Mrs./Ms. <input type="text"/>	
2. Mr./Mrs./Ms. <input type="text"/>	
3. Mr./Mrs./Ms. <input type="text"/>	

<b>DATE OF BIRTH</b> (Mandatory if applying for CorpConvenience Card.)	<b>PAN/GIR No.</b> (Submit F60/61 in the absence of PAN/GIR No.)	<b>OCCUPATION CODE</b> (refer end of third page)	<b>TELEPHONE/ MOBILE NO.</b>
1 <sup>st</sup> Applicant <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <sup>nd</sup> Applicant <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <sup>rd</sup> Applicant <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>1. Residential Address of the first named person</b> (in case of individual's a/c)/ <b>Regd. Address</b> (in case of business a/c)	<b>2. Business/Employer's Office Address</b>	<b>Applicable for CorpPayroll Account</b>
<input type="text"/>	<input type="text"/>	Designation: <input type="text"/>
<input type="text"/>	<input type="text"/>	EMP No.: <input type="text"/>
<input type="text"/>	<input type="text"/>	Department: <input type="text"/>
<input type="text"/>	Telephone No. <input type="text"/>	

**CORPCLASSIC ACCOUNT -** For my/our CorpClassic account I/we choose the following options :

- Maintain minimum balance of Rs..... (Rupees..... only) in CorpClassic A/c for operations. [This should not be less than the minimum prescribed under the scheme.]
- Segregate amounts over and above the balance amount prescribed above but in multiples of Rs. .... Rupees .....(in thousands only) [This should not be less than the minimum prescribed under the scheme.] as term deposit and invest the segregated amount/s under your  Fixed Deposit Scheme with monthly/quarterly/half yearly interest payment by credit to the CorpClassic account  Kshemanidhi Cash Certificate Scheme for:
  - Fixed period of .....days / ..... months
  - All the term deposits to fall due on .....
  - Minimum period to get maximum interest rate [depends upon the effective interest rate structure of deposits ruling on the date of investment in term deposits/ reinvestment of term deposits].
  - Renew the term deposits on maturity automatically for the period as mentioned above.

**FURTHER, I/WE REQUEST YOU TO EXTEND ME / US THE FOLLOWING FACILITY/IES.** (tick '✓' whichever is applicable)

- CORPDIAL FACILITY**     **CORPJEEVAN RAKSHA** (Separate application to be submitted for the facility)     **PERSONALISED CHEQUE BOOK FACILITY\***  
\*available at select branches.

**CORPNET - INTERNET BANKING** (Customers other than individuals (single or joint) should use separate form for CorpNet facility.)

User ID preference	1 <sup>st</sup> Choice <input type="text"/>	2 <sup>nd</sup> Choice <input type="text"/>	3 <sup>rd</sup> Choice <input type="text"/>
	(Please specify 3 choices, minimum 6 letters & or numbers and maximum 16 letters & or numbers. Use only small letters)		

Kindly approve the following beneficiaries for effecting Funds Transfer under CorpNet Banking/ Corp E cheque facility: (This portion need not be filled up if you do not wish to transfer money to other persons' accounts through CorpNet)

	I	II	III	IV
Beneficiary Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary Bank & Branch Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary Account Type & Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary code (for easy identification), if required.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## DECLARATIONS

1. **Following documents are submitted by me/us:**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Letter of Proprietorship (ID891)                   | <input type="checkbox"/> HUF Letter (ID303)                             | <input type="checkbox"/> Letter of Mandate (ID304)          |
| <input type="checkbox"/> Certificate of incorporation                       | <input type="checkbox"/> Partnership Letter (ID892)                     | <input type="checkbox"/> Partnership Deed                   |
| <input type="checkbox"/> Certificate of ROC for commencement of business    | <input type="checkbox"/> Copies of Memorandum & Articles of Association | <input type="checkbox"/> Certified copy of Board Resolution |
| <input type="checkbox"/> My/our/authorised signatories specimen signature/s | <input type="checkbox"/> Trust deed                                     | <input type="checkbox"/> Bye Laws                           |
2. **\*Declaration about other accounts and credit facilities:**
- I/We are operating/not operating account with any other bank.  I/We am/are not enjoying credit facilities with any other bank/branch of your bank and undertake to inform you as and when credit facilities are availed by me/us with other banks/branches of your bank.
- I/We am/are enjoying credit facilities with .....(bank & branch name)
3. **\* Declaration in case of Minor's Account:**
- Guardian's Name .....
- Nature of guardianship  Natural  By Court order
- Relationship with minor  Son  Daughter  Others (specify) .....
- Source of funds  Self funds  Minor's funds
- I shall indemnify the Bank against the claim of above minor for any transaction/withdrawal made by me in his/her account

## NOMINATION FORM DA-1

DETAILS OF NOMINEE	DETAILS OF APPOINTEE FOR MINOR	WITNESS/ES
Name:.....	Name:.....	1. Name:.....
Address:.....	Age.....	Address:.....
.....	Address:.....	.....
City ..... Pin Code .....	.....	Signature:.....
Phone No. ....	.....	2. Name:.....
Date of Birth (If Minor):.....	City ..... Pin Code .....	Address:.....
Relationship with Depositor.....	.....	.....
		Signature:.....

## FORM NO. 60

1. Full name of the declarant.			
2. Particulars of transactions: New ..... Account No. ....			
3. Amount of transaction: Rs. ....			
4. Are you assessed to Tax?	Yes / No	Yes / No	Yes / No
5. If Yes,			
i) Details of Ward/Circle/Range where the last return of income was filed?	.....	.....	.....
ii) Reasons for not having Permanent Account No./ General Index Register No.?	.....	.....	.....
6. Details of document* being produced in support of the address in Column no.1.	.....	.....	.....
<b>Verification:</b> I/We .....do hereby declare that what is stated above is true to the best of my knowledge & belief.			
Verified today, the ..... day of .....			
Date:			
Place:	Signature/s		

\*Documents which can be produced in support of the address are:- 1.Passport. 2. Driving Licence. 3. Identity Card issued by the institution. 4. Copy of the electricity bill/telephone bill showing residential address. 5. Any document or communication issued by any authority of Central or State Govt. or local bodies showing residential address. 6. Any other documentary evidence (Copies should be verified with originals and held as records.)

## RELATIONSHIP INFORMATION

1. Family Details	3. Asset Details
Name          Vocation          D O B          Earning	Vehicle <input type="checkbox"/> Four Wheeler <input type="checkbox"/> Brand ..... Reg. No. ....
Spouse..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card Issued by.....
Children ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned House : Owned by .....
Parents..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Address .....
2. Business / Profession / Employment Details	4. Income details: Sources <input type="checkbox"/> Business/Profession <input type="checkbox"/> Salary <input type="checkbox"/> Rent on <input type="checkbox"/> Property <input type="checkbox"/> Investment
.....	Level of investment (Rs.) <input type="checkbox"/> Below 2.0 lac <input type="checkbox"/> 2.0 lac to 5.0 lac <input type="checkbox"/> Above 5.0 lac
	Preferred Investments <input type="checkbox"/> Term Deposits in Banks <input type="checkbox"/> Insurance Policies <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Relief Bonds <input type="checkbox"/> Government Securities <input type="checkbox"/> Shares

PERFORATION

**OCCUPATION CODES:** 01 SERVICE. 02 BUSINESS. 03 HOUSE WIFE. 04 DOCTOR. 05 ENGINEER. 06 ADVOCATE. 07 TEACHER. 08 AGRICULTURIST. 09 LANDLORD. 10 LABOURER. 11 DRIVER. 12 INDUSTRIALIST. 13 INSURANCE AGENT. 14 HOTELIER. 15 SHARE BROKER. 16 PHOTOGRAPHER. 17 JEWELLER. 18 MERCHANTS. 19 PRINTERS & PUBLISHERS. 20 TRANSPORT OPERATORS. 21 BUILDING CONTRACTORS/CONSTRUCTION. 22 ELECTRICAL CONTRACTORS/ELECTRICIAN. 23 STUDENT. 24 RETD./ PENSIONERS. 25 EDUCATIONAL INSTITUTION. 26 FINANCIERS/ FINANCE COMPANIES. 27 BOAT/SHIP BUILDING. 28 MARKETING /ADVERTISING. 29 EXPORT BUSINESS. 30 DISTRIBUTORS. 31 ENGINEERS - REPAIRS & MAINTENANCE. 32 TIMBER MERCHANTS . 33 FILM EXHIBITORS. 34 COMMISSION AGENTS. 35 FABRICATORS. 36 DEALERS IN PETROLEUM PRODUCTS. 37 NURSE/MID-WIFE. 38 CONSULTANTS. 39 TAILORING / FASHION DESIGNERS. 40 SALESMAN/ SALESWOMAN. 41 AUTOMOBILE GARAGE/MECHANIC. 42 FISHERMAN. 43 EDUCATIONIST. 44 CHARITABLE INSTITUTION. 45 PRIEST. 46 CHARTERED ACCOUNTANT. 47 CARPENTER. 48 PAINTER. 49 GOLD SMITH. 50 ACCOUNTANT. 51 BARBER. 52 MAGICIAN. 53 PILOT. 54 AIR HOSTESS. 55 COMPUTER PROFESSIONAL. 56 CINE ARTIST. 57 TRAVEL AGENT. 58 REPORTER/JOURNALIST. 59 PLUMBER. 97 SERVICE - GOVERNMENT. 98 OTHERS (Specify)..... 99 NOT AVAILABLE.

I/We have understood the Bank's rules for .....(the type of account) and agree to comply with and be bound by them as they are in force now and from time to time in force for such accounts. I/we undertake to advise the Bank in writing of any change in my/ our constitution/ partners/ directors/ articles of Association.

I/We have read the terms and conditions for providing the aforesaid facilities and I/We agree to abide by and be bound by them as they are in force now and from time to time in force for such facilities. I/We request you to provide me/us the Card, the initial Password / PIN (Personal Identification number) which I/we shall change periodically for maintaining secrecy of my/our account level information. I/We undertake to keep my Password / PIN with myself/ourselves without giving any room for disclosure of the same to any third party. Further, I/We shall be responsible for any disclosure of my/our Password / PIN or Account Level Information to any third party and the Bank shall not be held responsible for any loss/damage caused to me/us on account of such disclosure. I/We shall be availing this facility at my/our request without any liability, either expressed or implied, to the Bank.

**INTRODUCTION**

I/We certify that I/We have known .....for the past ..... months/years and confirm his/her/their occupation and address as stated in this application. My Association/Relationship with applicant/s is .....

Name: ..... Account No.: .....

Address: .....

..... Phone No.....

Signature of introducer

**Yours Faithfully**


Signature/s of depositor/s  
(Affix property seal, if applicable)

**1.**

Paste a recent passport photograph of each of the account holder and obtain his/her signature on the bust portion thereof.

**2.**

Paste a recent passport photograph of each of the account holder and obtain his/her signature on the bust portion thereof.

**3.**

Paste a recent passport photograph of each of the account holder and obtain his/her signature on the bust portion thereof.

**FOR BRANCH USE**

- Signed before me. Introducer's signature tallied. Introduction is found in order. Document verified for name and address.
- Permitted to open account.
  - (i) Issue/Do not issue Ordinary /Personalised cheque book
  - (ii) Send Letter of Thanks to the account holder/s.
  - (iii) Send Letter of Confirmation of Introduction to the Introducer.
- The account is classified as
  - Low Risk  Medium Risk  High Risk
- Threshold limit for monitoring transactions is (for medium /high Risk a/c):  
Single Transaction Rs..... Annual Transaction Rs.....

Date: \_\_\_\_\_  
Signature of authorised official  
Name..... E. No.....

**FOR BRANCH USE**

Party Code No ..... Account mobilised by .....

Cheque book issued -  Yes  No

Letter of Thanks sent to the a/c holder -  Yes  No

Letter of Confirmation of Introduction sent to the Introducer -  Yes  No

Whether Nomination Registered? :  Yes  No

If yes, Nomination registration No.: .....

If No, reason for non registration: .....

Specimen Signature scanned and tagged by .....

Date: \_\_\_\_\_

Party Master Number: .....

Party Master Entered by : Name..... Sign.....

Party Master Checked by : Name..... Sign.....

**AT WEB CENTRE**

Registration Form No.....Serial No..... /200\_ Received from the Base Branch (Name) .....

CorpNet Password/ Mailer sent on .....

Date: \_\_\_\_\_  
Seal of Web Centre \_\_\_\_\_ Signature of Authorised Officer

**FOR CORPNET / CORPCONVENIENCE / CORPBILLPAY**

Secondary Branch Name	CERTIFIED THAT				CorpNet, Corpconvenience, and Corpbillpay facility is	Name & Sign code of official	Signature with seal
	Party Code is	Account Number is	Mode of Operation	Signature is			
	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Recommended <input type="checkbox"/> Rejected (Reason .....		
	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Recommended <input type="checkbox"/> Rejected (Reason .....		
	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Recommended <input type="checkbox"/> Rejected (Reason .....		

**ACKNOWLEDGEMENT BY CORPORATION BANK**

To \_\_\_\_\_ Branch: \_\_\_\_\_

We acknowledge your Nomination instruction relating to \_\_\_\_\_ Account No. \_\_\_\_\_ held with us.  
Please quote the Nomination Registration No. \_\_\_\_\_ in all your future correspondence with us.

Date: \_\_\_\_\_ Signature

