

SOURCE CODE: _____

ACCOUNT OPENING FORM

Individuals (Residents only)



PERSONAL DETAILS

(PLEASE FILL IN BLOCK LETTERS ONLY)

| * First Name | Middle Name | * Surname |
|---------------|-------------|-----------|
| 1st Applicant | | |
| 2nd Applicant | | |
| 3rd Applicant | | |

| 1st Applicant | 2nd Applicant | 3rd Applicant |
|--|---------------|---------------|
| * Date of Birth: _____ | _____ | _____ |
| * Sex (M / F): _____ | _____ | _____ |
| Marital Status: _____ <small>(Single / Married)</small> | _____ | _____ |
| Occupation: _____ | _____ | _____ |
| * Mother's Maiden Name: _____ | _____ | _____ |
| Relationship with 1st Applicant: _____ SELF _____ | _____ | _____ |

PAN/GIR No. of the First Applicant _____
(please fill Form No.60, if you don't have PAN/GIR no.)

Home Address: _____

Pin: _____ Telephone: _____
Fax: _____ Mobile: _____
E-mail: _____

Mailing Address (If different from above):
Pin: _____ Telephone: _____
Fax: _____ Mobile: _____

MODE OF OPERATION

Self Former or Survivor Either or Survivor Jointly Any other (Please specify): _____

ACCOUNT TYPE

SAVINGS Classic Premium Freestyle Other
CURRENT Classic Plus Premium Excel Privilege Other

INITIAL PAYMENT DETAILS

PAYMENT BY Cash Cheque No.: _____
 Drawn on: (Bank) _____ Amount Rs.: _____
 Debit to A/c No.: _____

POWER DEPOSIT DETAILS

Facility required: - Yes No
(Please Tick appropriate options)

Facility desired to be availed: -

Reverse Sweep

(Transfer of funds from Savings Account to Term Deposit Account)

Sweep

(Transfer of funds from Term Deposit account to Savings Account)

Both

Please Note: - Minimum Sweep Amount is Rs 1000/-. Minimum Reverse Sweep Amount is Rs 5000/-. Reverse Sweep to TD a/c shall happen only, if the balance in SB a/c exceeds Rs 25000/-. All deposits will be for a period of 12 months under RIC scheme with mandatory auto renewal for 12 months.

TERM DEPOSIT DETAILS

Amount Rs.: _____ Tenure: _____ D _____ M _____ Y

Amount in words: _____

Interest Payment Instructions:

Monthly

Quarterly

On Maturity (Reinvestment Certificate)

Maturity Instructions:

Renew Principal + Interest

Renew Principal only

Repay the deposit

Other

Renew for further period of: _____ D _____ M _____ Y

Maturity proceeds of deposit or interest:

Transfer to my A/c No.: _____ with _____ (Branch)

Manager's cheque mailed to the address on record

RECURRING DEPOSIT DETAILS

Amount of Installment: _____ Period: _____

Rs.

Months

Rate of Interest: _____ % p.a.

Monthly Installment will be collected through: Cash / Cheque _____ Debit to Account No. _____

On Maturity:

Credit the proceeds to my/our A/c No. _____ Send the proceeds by pay order / demand draft drawn on _____ (Place)

PHOTOGRAPH

1st Applicant

2nd Applicant

3rd Applicant

1. Applicant(s) should sign across photograph(s)
 2. Guardian's photograph and signature (if applicant is a minor)
- #. Fields with (*) are mandatory.

INTRODUCTION
(By DCB Account Holder)

I confirm the identity and address of the Applicant(s). I have known the applicant(s) for the last _____ months / years.

Signature of Introducer: _____

Introducer's Name: _____

A/c No.: _____

Branch: _____

Tel. No.: _____

Signed in my presence: _____ (MCS/BM/RM)

CORPORATE PAYROLL ACCOUNT

Code: _____ Employee No.: _____

Name of the Company: _____

Address: _____

Tel No.: _____ Fax: _____

I/we hereby confirm that the Identity, Signature and Mailing Address of the employee is as per the company's records.

Name of authorised signatory

Signature with seal

DECLARATION WHERE APPLICANT IS MINOR

I hereby declare that I am the natural guardian / lawful guardian appointed by the Court order dated _____
(copy enclosed) of Master / Miss _____ (applicant's name)

I shall represent the said minor in operating the bank account till he / she attains majority. I agree to indemnify the Bank against any claims for any transactions made in the account(s).

Guardian's signature: _____ Guardian's name: _____

Guardian's Address (if different from the Applicant): _____

NOMINATION FORM DA1

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We _____
Name(s) and address(es) of depositor(s)

nominate the following person to whom, in the event of my / our / minor's death, the amount of deposit in the account(s), particulars whereof are given below, may be returned by Development Credit Bank Ltd.(DCB)

_____ Branch.

All Deposits under Customer Code No. _____

This nomination shall apply to all types of deposit accounts under this Customer Code made from time to time including renewals thereof.

Name: _____

Address: _____

Age: _____ Date of Birth: (if minor) _____

Relationship: _____

**As the nominee is a minor on this date, I / we appoint Shri. / Smt. / Kum. _____ Age: _____

Address: _____

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

*Signature(s) / Thumb Impression(s)
of depositor(s)

Witness(es)*** _____

Name _____ Name: _____

Signature:*** _____ Signature:*** _____

Address: _____ Address: _____

Place: _____ Date: _____

Nomination No.: _____

For DCB Ltd.: _____

(Authorised Signatory)

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

***Thumb impression(s) shall be attested by two witnesses and signature(s) will be attested by one witness.

HELP US KNOW YOU BETTER

Personal: Single Married

Education: Under Graduate Graduate
 Post Graduate Professional

Other: _____

Occupation: Middle / Sr. Management Executive Professional

Self Employed Business Non-Executive Housewife Retired Student

Other: _____

Name of employer: _____

Monthly Income: Less than Rs. 10000 Rs. 10000 - Rs. 25000 Rs. 25000 – Rs. 50000 Rs. 50000 and above

Other Banks:

| Bank | Branch | Type of Account |
|-------|--------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Credit Card: Visa Master Amex Diners

House Ownership: Owned Rented Company Provided Living with parents

Vehicle Ownership: 2 Wheeler 4 Wheeler

Model: _____

Club Membership: Yes No

Name of the Club: _____

Loans: Housing Vehicle Personal Education

Insurance: Life Home Auto Accident

FOR BANK USE

Opening Date: _____ Customer Code: _____

Account Number: _____

Signature on Account opening Form Tallies with the signature on the Cash Deposit Slip.

I authorize opening of the account

Signature of the MCS/ BM _____, **Code No:** _____

SSU/RPC/NPC:

Opened By: _____ Signature: _____ Code No: _____

Verified By: _____ Signature: _____ Code No: _____

Thank You Letter to Introducer Sent on: _____ (DD/MM/YYYY)

Welcome Letter to Customer Sent on: _____ (DD/MM/YYYY)

ACKNOWLEDGEMENT

We acknowledge your Nomination Form DA1 relating to, Customer Code: _____
in the name of _____ held with us. Please quote the Nomination Number _____
in all future correspondence with us in this regard. For DCB Ltd. _____
(Authorised Signatory)

FORM 60/61

(to be filled by those who do not have either PAN or GIR No.)

Form of Declaration to be filled by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114 B

1. Full name and address of the declarant _____
2. Particulars of transaction _____
3. Amount of the transaction _____

Are you a Tax Assessee Yes No

If yes, details of Ward/Circle/Range where the last return of income was filed

Reason for not having PAN No. _____

I _____ do hereby declare that what is stated is true to the best of my knowledge and belief.

Verified at _____ this _____ day of _____ 200 ____

Signature of the declarant