

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS WITH LOAN



DOCUMENTATION REQUIREMENTS

Sr. No.:

Please submit at least one document from each of the following 3 lists (A, B & C)

Description of Documents	Identity (List A)	Signature (List B)	Address (List C)
Passport	✓	✓	✓
Permanent Driving License	✓	✓	✓
Letter from the Employer (Reputed Firms / Pvt / Ltd Co.) Holding an account with the bank	✓	✓	✓
Letter from any Schedule Bank	✓	✓	✓
PAN Card	✓	✓	✗
Pan Allotment / Intimation letter, which is less than 5 years old from the date of issue	✗	✗	✓
Voters ID Card	✓	✗	✓
Pass Book with attested photograph	✓	✗	✓
Photo Ration Card	✓	✗	✓
Ration Card	✗	✗	✓
RURAL & SEMI URBAN BRANCHES: Letter from village Pradhan, Village Accountant or Block Development Officer / Revenue Officials / Photo Ration Card for Head of the Family	✓	✗	✓
MAPIN issued by NSDL on behalf of SEBI	✓	✓	✗
Photo Credit / Debit Card with signature	✓	✓	✗
BSF/Defense/Govt./Public Sector/Reputed MNCs / Public Ltd Co - ID Card	✓	✓	✗
Dependent's Card issued by Defense Authorities	✓	✓	✗
Self Cheque of another bank	✗	✓	✗
Pass Book / Bank Statement - Not more than 3 months old	✗	✗	✓
Credit Card Statement - Not more than 3 months old	✗	✗	✓
Electricity / Telephone Bill - Not more than 3 months old	✗	✗	✓
Latest House Tax Receipt from Municipal Office	✗	✗	✓
LIC Policy OR Latest Premium Notice	✗	✗	✓
IT Assessment Order or Acknowledgement copy of IT Return with PAN	✗	✗	✓
Lease Agreement or Purchase Agreement - Subject to conditions	✗	✗	✓
Cooking Gas Consumer Book / Vehicle Registration Certificate	✗	✗	✓
Senior Citizen's card issued by Govt. Agencies	✓	✗	✗
Letter from recognised public authority	✓	✓	✗

MANDATORIES: 1) 1 Passport size Photograph of each joint applicant. 2) Cash / self-drawn Cheque for AOA.
3) PAN Card / Form No. 60

Customer ID No:	<input type="text"/>
Account No. :	<input type="text"/>
Branch Code:	<input type="text"/>
Branch Name:	<input type="text"/>
(To be filled by bank only)	

Segment Code:	<input type="text"/>
Account Manager Code:	<input type="text"/>
Account Sourced By:	<input type="text"/>
Lead Generated By:	<input type="text"/>
Date:	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY

(To be filled by applicant only)

Please open an account at your branch

(Please fill the form in BLOCK LETTERS only. All fields marked with "*" are mandatory. All fields marked with "###" are mandatory for loan overdraft against term deposits)

(A.) APPLICANT DETAILS

Personal Details*

Existing Customer ID (If Applicable):

First Applicant:

Title First Name Middle Name Surname

Short Name: (upto 19 characters) (This name would appear on the Debit Card)

Mother's Maiden Name: Date of Birth: DD / MM / YYYY Sex: Male Female

Marital Status: Single Married Nationality: Indian Others:

Permanent Account Number (PAN): (If not available, please fill up form 60/61 in this booklet)

Email-id: (Required for email Statement of Account):

Education: Under Graduate Graduate Post Graduate Professional Others

Resident Address*:

Flat No. & Bldg/Rd.:

Landmark: City: State:

Pin: Telephone: STD Code: Res.: Fax.:

Mobile (Required for Mobile Banking Facility):

Office Address*:

Company Name & Bldg/Rd.:

Landmark: City: State:

Pin: Telephone: STD Code: Res.: Fax:

Preferred Mailing Address (Applicable to all accounts held with the bank): Residence Address Office Address
 Please tick the appropriate box for updating the same address for 2nd and 3rd applicant: 2nd Applicant 3rd Applicant

2nd Applicant Personal Details (If Applicable)*

Existing Customer ID (If Applicable):

Second Applicant:

Title	First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Short Name: (upto 19 characters) (This name would appear on the Debit Card)

Mother's Maiden Name: Date of Birth: DD / MM / YYYY Sex: Male Female

Marital Status: Single Married Nationality: Indian Others:

Permanent Account Number (PAN):

Email-id:

Occupation: Middle / Sr. Management Executive Professional Self Employed
 Business Non-Executive Housewife Retired Student
 Other:

Relationship with 1st Applicant:

Objective of opening joint account:

Mailing Address: (only in case if address is different from 1st applicant)

Company Name/ Flat No & Bldg/Rd.:

Landmark: City: State:

Pin: Telephone: STD Code: Res.: Fax:

Mobile (Required for Mobile Banking Facility):

3rd Applicant Personal Details (If Applicable)*

Existing Customer ID (If Applicable):

Third Applicant:

Title	First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Short Name: (upto 19 characters) (This name would appear on the Debit Card)

Mother's Maiden Name: Date of Birth: DD / MM / YYYY Sex: Male Female

Marital Status: Single Married Nationality: Indian Others:

Permanent Account Number (PAN):

Email-id:

Occupation: Middle / Sr. Management Executive Professional Self Employed
 Business Non-Executive Housewife Retired Student
 Other:

Relationship with 1st Applicant:

Objective of opening joint account:

Mailing Address: (only in case if address is different from 1st applicant)

Company Name/ Flat No & Bldg/Rd.:

Landmark: City: State:

Pin: Telephone: STD Code: Res.: Fax:

Mobile (Required for Mobile Banking Facility):

(B.) OPERATIVE ACCOUNT PARTICULARS***ACCOUNT PARTICULARS**

SAVINGS: Classic Premium Free Style Value
 Privilege Banking (HNI) Privilege Banking (Super HNI) TRIO
 Corporate Payroll (Basic) Corporate Payroll (Plus)
 Other (please specify)

CURRENT: Classic Premium M-Power Excel
 Privilege Other (please Specify)

MODE OF OPERATION

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

NOMINATION: Yes (If yes, please fill up the attached DA1 form)
 No (I hereby declare that benefits of nomination facility has been explained to me and I am not interested to avail the nomination facility)

INITIAL PAYMENT DETAILS

PAYMENT BY Cash (To be deposited by the customer at teller counter)
 Cheque No.: Cheque Dated.: / /
Drawn on: (Bank) Amount Rs.:
Amount in words:
 Debit to A/c No.:

[Please note all cheques should be CROSSED and in favour of 'Development Credit Bank Ltd. A/c. (Your Name).']

(C.) ACCOUNT SERVICES DETAILS

Please Activate the following services:

Cheque Book: Yes No

Statement of Account by Email:

1st Applicant Yes No

2nd Applicant Yes No

3rd Applicant Yes No

Since I / We have registered for email statement of account, I / We hereby give my / our consent to the Bank to send me / us physical statement of account only once in a year on completion of financial year : Yes No

Debit Card holder: Are you an existing Debit Card Holder Yes No

If yes, your new account would be linked to existing customer code specified in section "A". Accounts with operation mode Self, Any one or Survivor, Either or Survivor are eligible for Debit Card. If no, please confirm if you would like to apply for Debit Card.

1st Applicant Yes No

2nd Applicant Yes No

3rd Applicant Yes No

Phone Banking: Authorised signatories are by default eligible for free Phone Banking facility. You will receive your T-Pin (Telephone Personal Identification Number) at your mailing address. If in case you do not wish to avail Phone Banking facility, please specify: Not required

Mobile Banking: Authorised signatories are by default eligible for free Mobile Banking facility. Your mobile number as mentioned by you in the application form under personal details will be registered for this facility. If in case you do not wish to avail Mobile Banking facility, please specify: Not required

Please specify whether you would like to avail the Weekly Balance Alert under the Mobile Banking facility: (Nominal Annual Charges applicable for Weekly Balance Alert)
 Yes No

Internet Banking: (Accounts of individual customers with operation mode as Self / Either or Survivor / Anyone or Survivor)

Undertaking by Joint Account Holders:

I / We, the joint account holders of the account hereby give our express consent and authorize DCB to grant Internet Banking facility to the undermentioned applicant's:

1st Applicant: Yes No Name of the applicant: _____

2nd Applicant: Yes No Name of the applicant: _____

3rd Applicant: Yes No Name of the applicant: _____

I / We understand that all correspondence in the account will be addressed to the first applicant only.

I / We are aware and shall be bound jointly and severally on all the transactions made and / or arising from the use of Internet Banking facility by the account holder as stated above and authorised by me / us.

I / We affirm and confirm and undertake that we have read and understood the Terms and Conditions for usage of the Internet Banking service of DCB as set forth in www.dcb.com, and that we will adhere to all Terms and Conditions of opening / applying / availing / maintaining / operating for usage of the Internet Banking service of DCB as may be in force from time to time.

Bill Payment Facility: - Utility Bill Payment (Please fill up attached Biller Information form)

Other Instructions:

I / We hereby give our consent to the Bank to inform us by any means of communication not limited to letters, emails, messages, phone, mobile, etc. about the products and services of the Bank or corporation with whom the Bank has entered into an arrangement in connection with providing of services / products, including without limitation, cross selling of various financial products: Yes No

Account Statement Frequency: Daily Weekly Monthly Quarterly

(Charges will be applicable as per the product category availed by you)

(D.) TAX DEDUCTION AT SOURCETDS to be deducted if applicable: Yes NoIf No, TDS exempt reference no. (Form 15G / 15H, etc. to be submitted every financial year)TDS exempt submission date : / / **(E.) FINANCIAL DETAILS / EXPECTED ACCOUNT ACTIVITY***

1. Objective of opening an account: Savings / Investments Business operations
Others, Please specify
2. Occupation: Middle / Sr. Management Executive Professional Self Employed
 Business Non-Executive Housewife
 Retired Student Other:
3. Name of employer:
4. Designation :
5. Line of Business/Industry: (Please provide details)
6. Monthly Income: Less than Rs. 60000 Rs. 60000 - Rs. 100000 Rs. 100001 - Rs. 500000
 Rs. 500001 - Rs. 1500000 Rs. 1500001 and above.
7. Source of Funds:
 Salary Personal Savings Rental Income Inherited
 Business Income Purchase / Sale of Shares / Investments Interest / Dividend on Investment
 Others (Please Specify)
8. Estimated Net worth (Rs):
9. Expected number of monthly transactions:
10. Expected Annual Turnover (Rs):

(F.) 2 - WAY SWEEP 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: - Reverse Sweep to Fixed Deposit account shall happen only, if the balance in the account exceeds threshold limit and Sweep shall happen if the balance in the account goes below the threshold limit. All deposits will be under Re-investment scheme with Auto Renewal Facility. This facility may differ from product to product and from time to time.

TERM DEPOSIT DETAILS

Type of Deposits	<input type="checkbox"/> MIC <input type="checkbox"/> QIC <input type="checkbox"/> FD <input type="checkbox"/> RIC <input type="checkbox"/> Others: Please specify <input type="text"/>		
Amount of Deposit	Rs. <input type="text"/> (Rupees <input type="text"/> only)		
Deposit Period	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Interest Rate <input type="text"/> %	
Mode of Operation	<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor		
Interest Payment Frequency (Tick any one)	<input type="checkbox"/> Monthly Payout	<input type="checkbox"/> Quarterly	<input type="checkbox"/> At Maturity
Interest Payment Instruction	<input type="checkbox"/> Transfer to A/c No.: <input type="text"/> with (Branch) <input type="text"/> <input type="checkbox"/> Pay Order / Demand Draft mailed to the address on record payable at <input type="text"/>		
Maturity Instruction (Tick any one)	<input type="checkbox"/> Auto Renew Principal & Interest <input type="checkbox"/> Auto Renew Principal and Pay Interest <input type="checkbox"/> Repay Principal and Interest <input type="checkbox"/> Repay Principal		
Renewal Period	<input type="checkbox"/> Same period <input type="checkbox"/> Renew for further period of: Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>		
Payment Instruction (In case of non-renewal)	<input type="checkbox"/> Transfer to my/our A/c No.: <input type="text"/> with (Branch) <input type="text"/> <input type="checkbox"/> Pay Order / Demand Draft mailed to the address on record payable at <input type="text"/>		

RECURRING DEPOSIT DETAILS

Monthly Instalment Amount	Rs. <input type="text"/> /-		
Deposit Period	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Interest Rate <input type="text"/> %	
Monthly Instalments to be collected through	<input type="checkbox"/> Cash / Cheque <input type="checkbox"/> Debit to Account No. <input type="text"/> with <input type="text"/> Branch on <input type="text"/> / <input type="text"/> / <input type="text"/> of every month		
Maturity Instruction	<input type="checkbox"/> Transfer to A/c No.: <input type="text"/> with <input type="text"/> (Branch) <input type="checkbox"/> Pay Order / Demand Draft mailed to the address on record payable at <input type="text"/>		

DCB BILL PAY - BILLER INFORMATION

(Please check the list of bills that you can pay through the DCB Bill Pay Service at your branch)

If a customer wants to pay two or more bills of the same supplier, similar details of additional bills may be provided on a separate sheet and attached to the form duly signed.

TELEPHONE (Name of the company like MTNL / BSNL etc. as the case may be):

Customer Name:

Customer No.:

1. Tel No.: Auto Pay: Yes No Auto Pay limit Rs.:

2. Tel No.: Auto Pay: Yes No Auto Pay limit Rs.:

Other details (If any):

ELECTRICITY (Name of the company like Reliance etc. as the case may be):

Customer Name:

Customer Account No.: Cycle No.:

Billing Unit No.: Auto Pay: Yes No Auto Pay limit Rs.:

Other details (If any):

MOBILE (Name of the company like BPL / Airtel / Hutch etc. as the case may be):

Customer Name:

Account No.:

1. Mobile No.: Auto Pay: Yes No Auto Pay limit Rs.:

2. Mobile No.: Auto Pay: Yes No Auto Pay limit Rs.:

Other details (If any):

INSURANCE (Name of the company like LIC / Birla Sun Life etc.):

1. Policy Holder's Name:

Policy No.: Policy No.: Auto Pay: Yes No

Other details (If any):

2. Policy Holder's Name:

Policy No.: Policy No.: Auto Pay: Yes No

Other details (If any):

GAS (Name of the company like Mahanagar Gas Ltd. etc.):

Consumer Reference No.: Auto Pay: Yes No Auto Pay limit Rs.:

Please provide a copy of a recent bill for each biller to enable us to verify the customer details. For availing the facility subsequently for additional billers, please provide the above listed details on a separate sheet, quoting your Customer Reference Number, sign it and attach it with the form.

For Auto-Pay instructions, the debit to customer account may take place upto five working days prior to the due date, to ensure payment to the biller by the due date. Please ensure that your bank account is sufficiently funded to cover the bill amounts.

INTRODUCTION (By DCB Account Holder)

I confirm the identity, occupation and address of the applicant(s). I have known the applicant(s) for the last (min 6 months) months years.

Signature of Introducer: Introducer's Name:

A/c No.: Customer ID: Branch:

Tel. No.:

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

Date: / /

DECLARATION WHERE APPLICANT IS MINOR

I hereby declare that I am the natural guardian / lawful guardian appointed by the Court order dated DD / MM / YYYY (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).
 I undertake and confirm that I shall avail various services of the bank (wherever applicable) like Phone Banking, Mobile Banking, Net Banking, Bill Pay only for the benefit of the minor and I shall abide by all terms and conditions governing the various services and shall intimate the bank in writing immediately upon the Minor attaining majority.

Guardian's name: _____

Guardian's signature: _____

Guardian's Address (if different from the applicant):

Company Name/ Flat No & Bldg/Rd.:
 Landmark: City: State:
 Pin: Telephone: STD Code: Res.: Mobile:
 Permanent Account Number (PAN): Email-id:

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. Branch.

All Deposits under Customer Code No.
 This nomination shall apply to all type of deposit accounts opened under this customer code made from time to time including renewals thereof.
 Name of Nominee:
 Address:
 Tel. Res.: Mobile: Email id:
 Age: Date of Birth: (if minor) DD / MM / YYYY Relationship:
 **As the nominee is a minor on this date, I / We appoint Shri. / Smt. / Kum.
 Age: Residing at:
 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: DD / MM / YYYY

Please note: Only one person can be nominated per account.

*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) of account holders shall be attested by two witnesses and signature(s) will be attested by one witness.

(Acknowledge letter will be sent to you on opening / activation of account)

CORPORATE PAYROLL ACCOUNT

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 and designation of authorised signatory

Signature with seal

TO BE FILLED BY BANK OFFICIAL

Label Code: []

Category: []

FORM 60/61

(to be filled by those who do not have PAN)

Form No. 60

1. Full name and address of the declarant: []
2. Particulars of transaction: []
3. Amount of the transaction: []
4. Are you a Tax Assessee: [] Yes [] No
5. If yes,
a. Details of Ward / Circle / Range where the last return of Income was filed: []
b. Reason for not having Permanent Account Number (PAN): []
6. Details of document being produced in support of address in col.1 []

Form No 61: To be filled by a person who has only agricultural income and no other income chargeable to Income Tax.

I hereby declare that my source of income is from agriculture and I am not required to pay Income Tax on any other income, if any

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

Verified today []

Date: [] / [] / [] Place: []

(Signature of Declarant)

FOR OFFICE USE ONLY

(A.) Branch

I authorise opening of account as per details specified in the account opening form.

Name & Signature of the BM / MCS []

Signature []

Code No.: [] Date: [] / [] / [] Time: []

(B) NPC

Timestamp (AOF received at NPC): Date: [] / [] / [] Time: []

Opened by [] Date: [] / [] / [] Signature [] Code no.: []

Verified by: [] Date: [] / [] / [] Signature [] Code no.: []

ACKNOWLEDGMENT

Sr. No.:

Branch Name : [] Customer ID: []
Customer Name : []
Account Number : []

24 Hour Customer Care Centre: Mumbai: 2687 8800 Maharashtra: 95 22 26878800 Goa: 95 22 26878800 Hyderabad: 2780 1111 Andhra Pradesh: 95 40 27801111
Bangalore: 4113 3000 Chennai: 2831 2270 Delhi: 2335 0077 Haryana: 95 11 2335 0077 Ahmedabad: 2646 0090 Gujarat: 95 79 26460090 Kolkata: 2 2 8 3 6 8 3 1
Toll Free: 1800 22 57 69 (From MTNL & BSNL only) Visit us at www.dcbi.com or email us at customercare@dcbi.com

Signature of the Sales Executive: _____

Date: [] / [] / []

(Customer to retain this acknowledgment for future reference till the account is activated)

Letter of appropriation from the Borrower / Third Party

Date: / /

Place:

Inconsideration of the advance/s already made, and of those which you may at your discretion, make to Mr. / Ms. _____
 _____ from time to time,

First Party

I / We hereby give you a lien on my / our deposit accounts as under

Sr. No.	Account No.	Deposit Type	Date of Deposit	Amount of Deposit

Third Party

I / We hereby agree and give you our consent to your making advances to Mr./Ms. _____
 _____ and give you a lien against security of my / our deposit accounts as under:

Sr. No.	Account No.	Deposit Type	Date of Deposit	Amount of Deposit

(Select the appropriate option)

For the outstanding general balance of all and every of my / our loans, overdrafts, cash credits or other account of
 with you, with power to utilize, before or at the time of maturity, the proceeds thereof or of any other accounts and receipts issued in renewal or
 renewals thereof for adjustment of my / our various accounts with you without reference to me / us. I / We undertake to execute such deeds
 and instruments as you may require hereafter to secure the deposit receipt/s and I / We shall bear the cost thereof.

I / We further undertake that in the event of the advance account/s remaining unadjusted even after appropriation of the proceeds of the said
 deposit receipt/s towards all loans, overdrafts, cash credits or any other, we shall continue to be liable for such outstanding balance/s along
 with the interest, cost and other charges in respect thereof.

I / We declare that I / We have not encumbered, assigned or otherwise dealt with the said Deposit Receipt/s in any way and that it is / they are
 free from all encumbrances.

Yours faithfully,

In case of first party		
_____	_____	_____
1st Borrower / Depositor	2nd Borrower / Depositor	3rd Borrower / Depositor

In case of third party		
_____	_____	_____
1st Holder / Depositor	2nd Holder / Depositor	3rd Holder / Depositor

(To be obtained in case of term loan and overdraft account)

