

# Account Opening Form

For Individuals

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Signature

*Bhaskar*

**DCB BANK**

## Indicative List of Documents that can be provided to open a Bank Account

### Description of Document Can be obtained for

#### Identity

- Passport
- Voter's Identity Card
- Driving License
- Proof of Possession of Aadhaar Number
- Job Card issued by MGNREGA duly signed by Officer of the State Government
- Letter issued by National Population Register containing details of name and address

#### Address

- Passport
- Voter's Identity Card
- Driving License
- Proof of Possession of Aadhaar Number
- Job Card issued by MGNREGA duly signed by Officer of the State Government
- Letter issued by National Population Register containing details of name and address
- Utility bills – Electricity, Telephone, Water Bill, Piped Gas, Postpaid Mobile (not more than 2 months old), Property or Municipal Tax receipts, Pension or Family Pension Payment Orders issued to retired employees by Govt. Departments or PSU, Letter of allotment of accommodation from employer issued by State / Central Govt, Statutory or Regulatory bodies, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and Listed companies and Leave and Licence agreements with such employers allotting official accommodation. (Provided that customer must submit Official Valid Document with updated current address within a period of 3 months of submitting these documents)

#### Please Note:

1. Customer must sign the Account Opening Form (AOF) in the presence of Bank officials.

## Eligible Scheme Code List for Rupay Platinum Debit Card & TravelSmart Card

Scheme	Scheme Type	Rupay Platinum	Travel Smart Card
SB102	DCB Premium Savings Account	Yes	Yes
SB106	DCB Bank Staff Savings Account	Yes	Yes
SB110	DCB Junior Saver Account	Yes	Yes
SB111	DCB SB Classic	Yes	Yes
SB115	DCB Privilege HNI Savings Account	Yes	Yes
SB118	DCB Corporate Payroll Account (Plus)	Yes	Yes
SB119	DCB Student Savings Account	Yes	Yes
SB122	DCB Golden Savings Account	Yes	Yes
SB124	DCB Elite Savings Account	Yes	Yes
SB125	DCB SmartCash Savings Account	Yes	Yes
SB147	DCB Happy Savings Account	Yes	Yes

## Instruction for filling Account Opening Form



Please fill the form preferably in 'BLACK' ink only



Hint boxes give tips and highlight important points across the form



Please write your NAME as it appears in all your support documents



Please countersign in full for any overwriting / alteration



Please use in CAPITAL LETTERS only



Please tick the appropriate boxes



Specify the addresses along with City, State and PIN Code



ALL PHOTOCOPIES of documents to be SELF-ATTESTED by the applicant

**Bank Use only (\* Fields are Mandatory)**

Application No.: IND

**DCB BANK**

Customer ID:

Account No.:

\*Occupation Code: Applicant 1:  Joint Applicant 1:  Please specify the occupation code as mentioned by customer in the form.

Joint Applicant 2:  \*Segment Code  RM / CSE / RO / CBE (Code):

Branch:  SOL Code:  Employee Code:  Date:

Funding: Txn. / ID No.:  Date:  Value Date:

**Relationship Form**

"I / We hereby apply for a relationship with your Bank under which I / we wish to open an account."

**Savings**

BSBD  Classic  Corporate Payroll (Plus)  Elite  Fixed Deposit  Privilege  Saahas  Premium

DCB SmartCash Savings Account\*  DCB Happy Savings Account\* \*For Terms and Conditions on DCB SmartCash and DCB Happy Savings Account, please refer DCB Bank website. Others (please specify including Personal Current A/c.)

**Personal Details: Primary Applicant (\* Fields are Mandatory)**

\*Account Type:  Normal  Simplified (for low risk customers)  Small  OTP based KYC **KYC Number:**

\*Name:  Mr.  Mrs.  Ms.  Dr.  Prof.  Capt.  Others **Existing Customer ID:** (If applicable)

(First Name)  (Middle Name)  (Last Name)

\*Short Name:

\*Status:  Minor  Sr. Citizen  Pensioner  Other General  Staff, if yes, Employee No.

\*Date of Birth:  \*Gender:  Male  Female  Third Gender

\*Nationality:  Indian  Other (pl. specify)  **Marital Status:**  Single  Married

\*Country of Birth:  \*Place of Birth:

\*Citizenship:  \*Residence for Tax Purposes:

U.S. Person:  Yes  No **Category:**  General  MBC  OBC  SC  ST  Others

Religion:  Hindu  Muslim  Christian  Sikh  Buddhist  Jain  Parsi  Others

\*Mother's Full Name:

\*Father's / Spouse's Full Name:

\*Mother's Maiden Name:

\*Residential Status:  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

\*Card: Debit Card required  Yes  No  Rupay Platinum (Optional)  TravelSmart Card (Optional)

Online Banking (Alternate Delivery Channel):  DCB Mobile Banking  DCB Internet Banking

\*Permanent Account Number (PAN):  Form 60

\*Aadhaar Number:  Your unique identification number

Passport Number:  **Expiry Date:**

Driving Licence:  **Expiry Date:**

Voter Identity Card:

MGNREGA Job Card:

Others: (any document notified by the central government) **Identification Number:**

\*Proof of Address:  Passport  Driving Licence  UID (Aadhaar)  Voter Identity Card  Simplified Measures Account Document Type Code

MGNREGA Job Card  Others

Communication Address:

City:  PIN:

\*Landmark:

Maximum 32 characters.

Maximum 19 characters. This name would appear on the Debit Card

Please fill FATCA Declaration Form if you are U.S.A. or other country citizen / resident

Please refer page no. 2 for eligible scheme code

Type of card & cheque book issuance would be based upon the product.

If PAN is not available please fill in Form 60

Required if Passport or Driving licence provided as Identity / Address proof

State: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ \*Preferred Mobile No.: \_\_\_\_\_

\*Preferred Email Id: \_\_\_\_\_

Permanent Address:  Same as Current Address

City: \_\_\_\_\_ PIN: \_\_\_\_\_

\*Landmark: \_\_\_\_\_

State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_

\*Landmark: \_\_\_\_\_

State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Extn.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address:  Current Address  Office  Permanent (You must tick mark one option)

All alerts will be sent to the preferred Mobile Number and E-mail ID. Mobile Number will be used for SMS Banking registration for eligible accounts.

Address proof of mailing address is mandatory. Otherwise, default address picked would be Current Address

**Customer Profile**

\*Occupation: \_\_\_\_\_

Education:  Graduate  Post Graduate  Professional  Others

Gross Annual Income (₹):  Less than 50K  50K - < 1.5 Lakh  1.5 Lakh - < 3 Lakh  3 Lakh - < 5 Lakh  5 Lakh - < 10 Lakh  10 Lakh - < 50 Lakh  50 Lakh and above

Residence:  Self Owned  Family Owned  Rented  Company Lease

Existing Credit Facility:  House Loan  Vehicle Loan  Consumer Loan  Education Loan  Business Loan  Credit Card

Vehicle:  Two Wheeler  Four Wheeler  Both  None

**Joint Applicant 1 (\* Fields are Mandatory)**

\*Account Type:  Normal  Simplified (for low risk customers)  Small  OTP based KYC **KYC Number:** \_\_\_\_\_

(Guardian to fill a Minor Declaration Form separately) \*\*If applicable, please attach age proof \* Fields are Mandatory

\*Name:  Mr.  Mrs.  Ms.  Dr.  Prof.  Capt.  Others **Existing Customer ID:** \_\_\_\_\_ (if applicable)

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Religion:  Hindu  Muslim  Christian  Sikh  Buddhist  Jain  Parsi  Others

\*Mother's Full Name: \_\_\_\_\_

\*Father's / Spouse's Full Name: \_\_\_\_\_

\*Date of Birth:         \*Mother's Maiden Name: \_\_\_\_\_

\*Residential Status:  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Relationship with Primary Applicant: \_\_\_\_\_ Marital Status:  Single  Married

\*Gender:  Male  Female  Third Gender \*Nationality:  Indian  Other (pl. specify) \_\_\_\_\_

\*Country of Birth: \_\_\_\_\_ \*Place of Birth: \_\_\_\_\_

\*Citizenship: \_\_\_\_\_ \*Residence for Tax Purposes: \_\_\_\_\_ U.S. Person:  Yes  No

Category:  General  MBC  OBC  SC  ST  Others

\*Card: Debit Card required  Yes  No  Rupay Platinum (Optional)  TravelSmart Card (Optional)

Online Banking (Alternate Delivery Channel):  DCB Mobile Banking  DCB Internet Banking

\*Short Name: \_\_\_\_\_

\*Status:  Sr. Citizen  Pensioner  Other General  Staff, if yes, Employee No. \_\_\_\_\_

Maximum 32 characters

Please fill FATCA Declaration Form if you are U.S.A. or other country citizen / resident

Please refer page no. 2 for eligible scheme code

Type of card & cheque book issuance would be based upon the product.

Maximum 19 characters. This name would appear on the Debit Card

\*Permanent Account Number (PAN):   Form 60 If PAN is not available please fill in Form 60

\*Aadhaar Number:  Your unique identification number

Passport Number:  Expiry Date:

Driving Licence:  Expiry Date:

Voter Identity Card:

MGNREGA Job Card:

Others:  Identification Number:

\*Proof of Address:  Passport  Driving Licence  UID (Aadhaar)  Voter Identity Card  Simplified Measures Account Document Type Code   
 MGNREGA Job Card  Others

\*Occupation:

Communication Address:

City:  PIN:

\*Landmark:

State:  Country:

Telephone:  (with STD Code) \*Preferred Mobile No.:

\*Preferred Email Id:

Permanent Address:  Same as Current Address

City:  PIN:

\*Landmark:

State:  Telephone:  (with STD Code)

**Joint Applicant 2** (\* Fields are Mandatory)

\*Account Type:  Normal  Simplified (for low risk customers)  Small  OTP based KYC  KYC Number:

\*Name:  Mr.  Mrs.  Ms.  Dr.  Prof.  Capt.  Others Existing Customer ID:

(First Name)  (Middle Name)  (Last Name)

Religion:  Hindu  Muslim  Christian  Sikh  Buddhist  Jain  Parsi  Others

\*Mother's Full Name:

\*Father's / Spouse's Full Name:

\*Date of Birth:         \*Mother's Maiden Name:

\*Residential Status:  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Relationship with Primary Applicant:  Marital Status:  Single  Married

\*Gender:  Male  Female  Third Gender \*Nationality:  Indian  Other (pl. specify)

\*Country of Birth:  \*Place of Birth:

\*Citizenship:  \*Residence for Tax Purposes:  U.S. Person:  Yes  No

Category:  General  MBC  OBC  SC  ST  Others

\*Card: Debit Card required  Yes  No  Rupay Platinum (Optional)  TravelSmart Card (Optional)

Online Banking (Alternate Delivery Channel):  DCB Mobile Banking  DCB Internet Banking

\*Short Name:  Maximum 19 characters. This name would appear on the Debit Card

\*Status:  Sr. Citizen  Pensioner  Other General  Staff, if yes, Employee No.

\*Permanent Account Number (PAN):   Form 60 If PAN is not available please fill in Form 60

\*Aadhaar Number:  Your unique identification number

Required if Passport or Driving licence provide as Identity / Address proof

All alerts will be sent to the preferred Mobile Number and E-mail ID. Mobile Number will be used for SMS Banking registration for eligible accounts.

Maximum 32 characters

Please fill FATCA Declaration Form if you are U.S.A. or other country citizen / resident

Type of card & cheque book issuance would be based upon the product.

Please refer page no. 2 for eligible scheme code

Passport Number:

Expiry Date:

Driving Licence:

Expiry Date:

Voter Identity Card:

MGNREGA Job Card:

Others: (any document notified by the central government)  Identification Number:

\*Proof of Address:  Passport  Driving Licence  UID (Aadhaar)  Voter Identity Card  Simplified Measures Account Document Type Code   MGNREGA Job Card  Others

\*Occupation:

Communication Address:

City:  PIN:

\*Landmark:

State:  Country:

Telephone: (with STD Code)  \*Preferred Mobile No.:

\*Preferred Email Id:

Permanent Address:  Same as Current Address

City:  PIN:

\*Landmark:

State:  Telephone: (with STD Code)

State:  Telephone: (with STD Code)

### Mode of Operation

Self  Jointly  Either or Survivor  Former or Survivor  Guardian  Anyone or Survivor

Others: (Please Specify)

### Initial Payment Details

Payment By:  Cash (To be deposited by the customer at teller counter only)  Cash Deposited on:

Cheque No.:  Cheque Dated:  Drawn on: (Bank)

Amount ₹:  Amount in words:   Debit to DCB Bank A/c No.:

### Services

#### SMS Banking & Alert Facility:

Alerts facility enables you to receive alerts on your Email and / or Mobile regarding large debit, large credits, Standing Instruction failure, balance below Account Quarterly Balance and balance update. New alerts may be added from time to time.

**Please Note:** Authorised signatory/ies of the Firm / Company / Trust / Association / Society are eligible for free Mobile alert facility subject to compliance of terms and conditions as stipulated by the Bank from time to time.

I / We don't wish to link my/our Aadhaar Number to this account. (Please Note: Any 1 Aadhaar Number is linked to 1 Account Number to receive subsidy on the account)

Preferred Language Options:  English  Hindi  Marathi  Gujarati  Tamil  Telugu

Passbook

2-Way Sweep Deposit Details: Facility required:  Yes  No (please tick appropriate options)

**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.

**Account Statement:** Frequency of statement would be as per the product feature.

### Tax Deduction at Source

TDS to be deducted if applicable:  Yes  No TDS Exemption submission date:

If No, TDS Exemption Reference No.

Enclose TDS Certificate for exemption.

Required if Passport or Driving licence provide as Identity / Address proof

All alerts will be sent to the preferred Mobile Number and E-mail ID. Mobile Number will be used for SMS Banking registration for eligible accounts.

Please note: All cheques should be CROSSED and in favour of 'DCB Bank Limited' A/c (Your Name)

Form 15G / 15H, etc. to be submitted at the beginning of every financial year and while making fresh deposits during the year.

## Fixed Deposit Details

(\* Fields are Mandatory)

ONLY simple interest payable for deposits of less than 6 months tenor

Type of Deposit	<input type="checkbox"/> Fixed Deposit (FD) <input type="checkbox"/> Suraksha FD <input type="checkbox"/> Tax Saver FD <input type="checkbox"/> Non-callable FD		
	<input type="checkbox"/> <b>Declaration of Good health (For DCB Suraksha Fixed Deposit Only)</b> I hereby declare, confirm that am in sound state of health and also: 1. Have not been hospitalized for more than 15 days in the last 1 year. 2. Have never suffered nor suffering from any illness (heart disease, cancer, stroke, paralysis, liver/lung disease or any such chronic disease or disorder), for which I have undergone / undergoing medical treatments or requires regular follow up or investigation. 3. Currently not suffering from COVID-19 nor am awaiting results of such a test and/or have not been tested positive for COVID-19 in the last 3 months from the date of signing this declaration. 4. Agree and understand that in case of any misrepresentation of health status, claim shall be declined.		
	<input type="checkbox"/> <b>Declaration of Non-callable FD</b> I/we agree that the non-callable deposit/s cannot be closed by me/us before expiry of the term of such deposit/s.		
	Signature of Primary Applicant	Signature of Joint Applicant 1	Signature of Joint Applicant 2
Interest Payout Frequency	<input type="checkbox"/> Monthly Interest Payout (MIC) <input type="checkbox"/> Half Yearly Interest Payout (only applicable for FD) <input type="checkbox"/> Quarterly Interest Payout (QIC) <input type="checkbox"/> Simple Interest (for deposits less than 6 months) <input type="checkbox"/> On Maturity		
Amount of Deposit	Please issue Fixed Deposit in the name(s) of _____ by Cash / Debit to Account No.: _____ Amount ₹ _____ (Rupees _____ only)		
Deposit Period	_____ Days    _____ Months    _____ Years (Minimum 7 days maximum 10 years) Senior Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No    Interest Rate _____ . _____ % per annum		
Interest Payment Instructions	<input type="checkbox"/> Transfer to DCB Bank A/c. No.: _____ <input type="checkbox"/> Through NEFT <input type="checkbox"/> Issue Demand Draft Payable at _____		
*Maturity Instructions (Tick any one)	<input type="checkbox"/> Auto Renew Principal and Interest <input type="checkbox"/> Auto Renew Principal and Pay Interest <input type="checkbox"/> Repay Principal and Interest		
Mode of Operation	<input type="checkbox"/> Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Jointly <input type="checkbox"/> Guardian <input type="checkbox"/> By anyone or Survivor		
*Payment Instructions (upon closure)	<input type="checkbox"/> Transfer to DCB Bank A/c. No.: _____ <input type="checkbox"/> Through NEFT <input type="checkbox"/> Issue Demand Draft Payable at _____		
<input type="checkbox"/> Please tick if you wish to receive hard copy of the Deposit Confirmation Advice (DCA) otherwise the DCA will be sent at your registered email ID with the Bank.			

Date of Birth (DOB) proof required to avail benefits for Senior Citizens.

## Instructions for payment of interest & maturity proceeds through NEFT

1. Mandatory to attach a cancelled cheque of the bank account mentioned below
2. Beneficiary Name (As per Beneficiary's Bank record - should be same as applicant name):

_____
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Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type:  Savings  Current

IFS Code: \_\_\_\_\_  Overdraft  Others (please specify) \_\_\_\_\_

### Terms and conditions:

I/We abide by the following terms and conditions: 1. It is being understood that the remittance is to be sent at my/our own risk and responsibility and on the distinct understanding that no liability whatsoever is to be attached to the Bank for any loss or damages arising or resulting from delay in transmission, delivery or non-delivery of the message or for any mistake, exchange or error in transmission or delivery thereof or in deciphering the message for whatsoever cause or from its misinterpretation when received or the action of the destination Bank or due to RBI (Reserve Bank of India) RTGS / NEFT system not being available or failure of internal communication system at the recipient bank/branch or incorrect information provided by me/us or any incorrect credit accorded by the recipient bank/branch due to information provided by me/us or any act or event beyond control or from failure to properly identify the person's name. 2. I/We understand that the RTGS / NEFT request is subject to the RBI regulations and guidelines governing the same. 3. I/We agree that the credit will be effected solely on the beneficiary account number information and beneficiary name particulars will not be used for the same.

This facility is not available for fixed deposits with maturity instruction as "Auto Renew Principal & Pay Interest"

## DCB Pragati Deposit Details

Monthly Instalment Amount	₹ <input type="text"/>
Deposit Period	<input type="text"/> Days <input type="text"/> Months <input type="text"/> Years (Deposit period is minimum 14 days and maximum 10 years) Senior Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Interest Rate <input type="text"/> . <input type="text"/> %
Monthly Instalments to be collected through	<input type="checkbox"/> Debit to Account No. <input type="text"/> on <input type="text"/> <input type="text"/> of every month
Maturity Instructions	<input type="checkbox"/> Transfer to DCB A/c No.: <input type="text"/>
Mode of Operation	<input type="checkbox"/> Self <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Guardian Others: (Please Specify) <input type="text"/>

DCB Pragati Deposit can be created in the name of the Primary Applicant only

Date of Birth (DOB) proof required to avail benefits for Senior Citizens.

## 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

Minor's Name

I shall represent the aforesaid minor in operating the Bank Account till he/ she attains majority. I agree to indemnify, keep indemnified and hold harmless the Bank against any claims for any transactions made in the account(s). I hereby declare that the amount withdrawn from this account by me, will be used for the benefit of aforesaid minor.

I undertake and confirm that I shall avail various services of the Bank (wherever applicable) like Phone Banking, Mobile Banking, Internet Banking, Bill Pay only for the benefit of the aforesaid minor and I shall abide by all terms and conditions governing the various services and shall intimate the Bank in writing immediately upon the aforesaid minor attaining majority

\*Customer ID:

\* In case Father / Mother / Guardian is an existing customer

\_\_\_\_\_  
Name of Father / Mother / Guardian

\_\_\_\_\_  
Signature of Father / Mother / Guardian

## Nomination Details (Form DA 1)

Yes, I want to nominate the following person  No, I do not want to nominate anyone

I / we nominate the following person to whom in the event of my / our / minor's death the amount of the deposit / in the account may be returned by DCB Bank Limited

Nominee Name:

Address:

Relationship with Applicant, if any \_\_\_\_\_ Age:  Years Date of Birth:

\* As the nominee is a minor on this date, I / we appoint (Name & Address)

to receive the amount of the deposit / in the account on behalf of the nominee in the event of my / our death during the minority of the nominee.

In case you have specified a nominee above, please indicate if you wish to make mention of the nominee name on the passbook, statement & DCA issued in respect of your account and / or the passbook issued to you  Yes  No

I / We do hereby declare that what is stated above is true to the best of my / our knowledge and belief. **Signature(s) / Thumb Impression(s) of Depositor(s)**

**Witness(es):**

Name : _____
Signature : _____
Address : _____
_____
Place : _____ Date: _____

Name : _____
Signature : _____
Address : _____
_____
Place : _____ Date: _____

Preferable for Single & Joint account holders. Mandatory for DCB Suraksha FD.

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.

Thumb impression is required to be attested by 2 witnesses. In case of signature, no witness is required.

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



### Risk Classification for Primary Applicant

\* Kindly fill the following details:

Expected Annual Turnover (₹):  Upto ₹ 1 Lakh     Upto ₹ 10 Lakh     Upto ₹ 50 Lakh     Upto ₹ 1 Crore  
 Upto ₹ 5 Crore     Upto ₹ 10 Crore     Upto ₹ 25 Crore     More than ₹ 25 Crore

**Basis of Categorisation:**  Politically Exposed Person     Domiciled in Risk Country     Trust     Sleeping Partner  
 High Risk Profession    Others (Please specify):

**Information:** Politically Exposed Person due to position / status as: \_\_\_\_\_

If Domiciled in Risk Country - Country Name: \_\_\_\_\_

Nature of Business / Occupation: \_\_\_\_\_

**\*Details of Customer's Source of Funds & Estimated Net Worth:**

Income from Employment     Income from Business     Income from Investments     Inherited Funds

Others (Please specify):

Risk Classification of Account (L / M / H):

### Risk Classification for Joint Applicant 1

\* Kindly fill the following details:

Expected Annual Turnover (₹):  Upto ₹ 1 Lakh     Upto ₹ 10 Lakh     Upto ₹ 50 Lakh     Upto ₹ 1 Crore  
 Upto ₹ 5 Crore     Upto ₹ 10 Crore     Upto ₹ 25 Crore     More than ₹ 25 Crore

**Basis of Categorisation:**  Politically Exposed Person     Domiciled in Risk Country     Trust     Sleeping Partner  
 High Risk Profession    Others (Please specify):

**Information:** Politically Exposed Person due to position / status as: \_\_\_\_\_

If Domiciled in Risk Country - Country Name: \_\_\_\_\_

Nature of Business / Occupation: \_\_\_\_\_

**\*Details of Customer's Source of Funds & Estimated Net Worth:**

Income from Employment     Income from Business     Income from Investments     Inherited Funds

Others (Please specify):

Risk Classification of Account (L / M / H):

### Risk Classification for Joint Applicant 2

\* Kindly fill the following details:

Expected Annual Turnover (₹):  Upto ₹ 1 Lakh     Upto ₹ 10 Lakh     Upto ₹ 50 Lakh     Upto ₹ 1 Crore  
 Upto ₹ 5 Crore     Upto ₹ 10 Crore     Upto ₹ 25 Crore     More than ₹ 25 Crore

**Basis of Categorisation:**  Politically Exposed Person     Domiciled in Risk Country     Trust     Sleeping Partner  
 High Risk Profession    Others (Please specify):

**Information:** Politically Exposed Person due to position / status as: \_\_\_\_\_

If Domiciled in Risk Country - Country Name: \_\_\_\_\_

Nature of Business / Occupation: \_\_\_\_\_

**\*Details of Customer's Source of Funds & Estimated Net Worth:**

Income from Employment     Income from Business     Income from Investments     Inherited Funds

Others (Please specify):

Risk Classification of Account (L / M / H):

**Declaration Regarding Signing  
in Vernacular Language / By Illiterate / Visually Challenged Person**

I, Mr./Ms. \_\_\_\_\_ (the Declarant - either Bank Official or customer of Bank) have read out and explained the contents of this Account Opening Form of DCB Bank Limited (the Bank) to the Applicant(s) Mr. / Ms. \_\_\_\_\_ in \_\_\_\_\_ language and he / she / they have confirmed that he / she / they has / have understood the same and have agreed to abide by all the terms and conditions of the said Account Opening Form. Pursuant to the same the aforesaid Applicant(s) is / are affixing his / her / their signature(s)/thumb impression(s) as given herein below:

\_\_\_\_\_  
Name and signatures of Applicants

\_\_\_\_\_  
Name and signature of the Declarant

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

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**Letter From Customer – Opening of “NO FRILL” Accounts in “VALUE SAVINGS SCHEME”  
under relaxed KYC Norms**

The Branch Manager

DCB Bank Limited

\_\_\_\_\_ Branch

Sir / Madam,

I / We am / are aware and agree that if the balance in my / our account and / or the aggregate credits in my / our account exceed/s the limits specified by Reserve Bank of India, I/we agree to be subjected to full KYC norms applicable at that point of time and affirm that I/we shall comply with the same as per requirements of the Bank failing which, the Bank has the right to suspend the operations or close the account by giving a notice of 15 days.

Yours faithfully,

\_\_\_\_\_  
(Signature of the Customer)

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**Letter From Customer – Opening of Corporate Payroll Account with Mailing Address as Office Address**

The Branch Manager

DCB Bank Limited

\_\_\_\_\_ Branch

Sir / Madam,

I am / We are aware of the risks that would arise due to receipt of customer deliverables at the corporate address by any unauthorised person and I / we shall not hold the Bank responsible and liable for any loss or damage that I / we may suffer, due to the Bank recording and treating the corporate address of my / our company as my / our mailing address.

Yours faithfully,

\_\_\_\_\_  
(Signature/s of the Customer/s)

DCB Bank Limited

## Customer Information & Due Diligence (CIDD) Form - For Primary Applicant

Information Type	Details
Countries where business associates located (for Businessmen, only)	
Country where the Individual / Entity based	
Nature of business / Line of activity (in detail)	
Expected number of transactions in a month	<input type="checkbox"/> Up to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> More than 50
Financial Status (Net Worth)	<input type="checkbox"/> Upto ₹10 Lakh <input type="checkbox"/> More than ₹10 Lakh upto ₹25 Lakh <input type="checkbox"/> More than ₹25 Lakh upto ₹50 Lakh <input type="checkbox"/> More than ₹50 Lakh upto ₹2 Crore <input type="checkbox"/> More than ₹2 Crore
Source of Funds for Credits in the Account	<input type="checkbox"/> Savings <input type="checkbox"/> Salary <input type="checkbox"/> Business Proceeds <input type="checkbox"/> Sale of Property <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Professional fee <input type="checkbox"/> Other (please specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Wire Transfers Expected	Into the Account <input type="checkbox"/> Yes <input type="checkbox"/> No                        Value ₹ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> From the Account <input type="checkbox"/> Yes <input type="checkbox"/> No                        Value ₹ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Foreign Inward Remittances Expected	<input type="checkbox"/> Yes <input type="checkbox"/> No                        Approximate Value ₹ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Foreign Outward Remittances Expected in a Year	<input type="checkbox"/> Yes <input type="checkbox"/> No                        Approximate Value ₹ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<b>Signature of Primary Applicant</b>	

## Customer Information & Due Diligence (CIDD) Form - For Joint Applicant 1

Information Type	Details
Countries where business associates located (for Businessmen, only)	
Country where the Individual / Entity based	
Nature of business / Line of activity (in detail)	
Expected number of transactions in a month	<input type="checkbox"/> Up to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> More than 50
Financial Status (Net Worth)	<input type="checkbox"/> Upto ₹10 Lakh <input type="checkbox"/> More than ₹10 Lakh upto ₹25 Lakh <input type="checkbox"/> More than ₹25 Lakh upto ₹50 Lakh <input type="checkbox"/> More than ₹50 Lakh upto ₹2 Crore <input type="checkbox"/> More than ₹2 Crore
Source of Funds for Credits in the Account	<input type="checkbox"/> Savings <input type="checkbox"/> Salary <input type="checkbox"/> Business Proceeds <input type="checkbox"/> Sale of Property <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Professional fee <input type="checkbox"/> Other (please specify) <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
Wire Transfers Expected	Into the Account <input type="checkbox"/> Yes <input type="checkbox"/> No                        Value ₹ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> From the Account <input type="checkbox"/> Yes <input type="checkbox"/> No                        Value ₹ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Foreign Inward Remittances Expected	<input type="checkbox"/> Yes <input type="checkbox"/> No                        Approximate Value ₹ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Foreign Outward Remittances Expected in a Year	<input type="checkbox"/> Yes <input type="checkbox"/> No                        Approximate Value ₹ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<b>Signature of Primary Applicant</b>	

## Customer Information & Due Diligence (CIDD) Form - For Joint Applicant 2

Information Type	Details																																								
Countries where business associates located (for Businessmen, only)																																									
Country where the Individual / Entity based																																									
Nature of business / Line of activity (in detail)																																									
Expected number of transactions in a month	<input type="checkbox"/> Up to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> More than 50																																								
Financial Status (Net Worth)	<input type="checkbox"/> Upto ₹10 Lakh <input type="checkbox"/> More than ₹10 Lakh upto ₹25 Lakh <input type="checkbox"/> More than ₹25 Lakh upto ₹50 Lakh <input type="checkbox"/> More than ₹50 Lakh upto ₹2 Crore <input type="checkbox"/> More than ₹2 Crore																																								
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Foreign Outward Remittances Expected in a Year	<input type="checkbox"/> Yes <input type="checkbox"/> No    Approximate Value ₹ <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> <td style="border: 1px solid black; width: 15px; height: 15px;"></td> </tr> </table>																																								
<b>Signature of Joint Applicant 2</b>																																									

### For Bank Use Only

Any of the Signatories / Beneficial Owners of the entity a Political / Public Figure or related to a Political / Public Figure     Yes     No  
 if yes, please give position 

--

Does it seem that the initial Deposit and/or the declared transaction profile is in line with the status/occupation declared?     Yes     No

Are there any other concerns for higher AML risks?     Yes     No  
 If yes, please describe \_\_\_\_\_

**I confirm that I have carried out proper due diligence and KYC verification. I am satisfied with the profile of the prospective customer.**

#### Details of staff sourcing the account

Employee Name: 

--

HRMS Number: 

--

Employee Designation: 

--

Date: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Branch: 

--

\_\_\_\_\_  
Employee signature

## Signatures and Photographs

<b>Primary Applicant</b>											
<p>Please affix a recent photograph</p> <p>Sign across the photo</p>	<p>Thumb Impression</p> <p>↓</p>	<p>Signature</p> <p>↓</p>	<p>Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> </p>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

Please affix a recent photograph.

<b>Joint Applicant 1</b>											
<p>Please affix a recent photograph</p> <p>Sign across the photo</p>	<p>Thumb Impression</p> <p>↓</p>	<p>Signature</p> <p>↓</p>	<p>Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> </p>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

Please sign in "Black Ink" within the box. "Signature shall be considered for all Cheque clearances and any future communication with the Bank"

<b>Joint Applicant 2</b>											
<p>Please affix a recent photograph</p> <p>Sign across the photo</p>	<p>Thumb Impression</p> <p>↓</p>	<p>Signature</p> <p>↓</p>	<p>Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> </p>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

Please do not forget to collect your Acknowledgment slip

Approved by BM / BSOM (Name, signature with HRMS Number) with seal  
\*Incase of Thumb Impression, "Sign in BM/BSOM presence"

### Savings Bank Rules:

- An Individual can open Savings Bank account upon fulfilling account opening requirements, furnishing proof of identity, address and any other requirements as defined by DCB Bank (Bank/ the Bank).
- Opening of Savings Bank account is subject to extant Know Your Customer (KYC) guidelines as prescribed by Reserve Bank of India (RBI).
- Savings Bank account cannot be opened for business or trade purposes even in the name of individuals. The Bank reserves the right to freeze operations and/or close the account in the event the Savings Bank account is used for business purposes as evidenced by transactions.
- Interest on deposit in Savings Bank account will be calculated daily, based on end of day clear balance in the account and will be credited to the account at quarterly interval.
- Average Quarterly Balance (AQB) is the summation of end of day balances for the period (quarter)/ number of days of the said period (quarter). Refer to Schedule of Benefits and Fees (SBF) on the Bank's website [www.dccb.com](http://www.dccb.com) for details on non-maintenance charges.
- Nomination facility is available for all types of individual deposit accounts and customers are advised to avail this facility. Nomination can be made in favour of only one nominee. In case the person does not wish to make a nomination, the fact should be recorded on the account opening form.
- Savings Bank account in name of minor (below 18 years of age) can be opened and operated by the natural and / or court appointed guardian. On attainment of majority (18 years of age), intimation shall be sent to the erstwhile minor for submission of the KYC documents to be updated on record and for all operational purposes.
- Bank customers can avail the facility of cash withdrawal through cash withdrawal slip, as per the limit prescribed by Bank from time to time, by visiting the Bank branch in person.

- Bank provides SMS/email alert facility to customers for all transactions done on usage of debit cards and online/ digital transactions.
- The Bank provides passbook facility for Savings Bank account. The account holder should carefully examine the entries and draw the Bank's attention to any discrepancy, if any, within 30 days of the most recent entry.
- As per prevailing RBI guidelines, accounts which have not been operated for a period of two years are classified as Dormant. To activate the account, customers are requested to submit request in writing by visiting the nearest branch along with valid KYC documents. There are no charges on activation of such accounts.
- Customers have the option to transfer account from one to branch to another. The request can be submitted to the branch and there are no charges applicable for it.
- Request for closure of account should be signed by all account holders and should state the reason for closure. There are no charges for closure intimation given within a period up to 14 (fourteen) days from the date of first credit into the account, post which charges as applicable are specified in SBF.
- The Bank reserves the right to close any account which is not operated satisfactorily/ dormant with prior notice.
- Bank deposits upto INR 500,000/- (Rupees Five Lakh) in respect of each depositor are fully protected by the Deposit Insurance and Credit Guarantee Corporation (DICGC) under the deposit insurance scheme. For details on the deposit insurance provided DICGC, please visit/ log on to [www.dicgc.org.in](http://www.dicgc.org.in).
- By opening Savings Bank account, one hereby agrees to the acceptance of Terms & Conditions (T&C) guiding related products and services, as well as the fact of being informed about various services charges applicable. For details related to applicable service charges, please refer to Schedule of Benefit and Fees on the Bank's website [www.dccb.com](http://www.dccb.com).
- The Bank has a defined grievance redressal mechanism for addressing customer grievance. Please refer to Bank's website [www.dccb.com](http://www.dccb.com) for details.



**Additional Suraksha Terms and Conditions for NRI:**

In addition to the above Terms and Conditions for Resident Fixed Deposits, below are the additional points for NRI:

- DCB NRI Suraksha Fixed Deposit can be opened only by Non-Resident Indians (NRIs) who are holding Indian Passport as primary account holder. It cannot be opened by Persons of Indian Origin (PIOs) or Overseas Citizens of India (OCIs) as primary account holder.
- Minimum deposit value for DCB FCNR Suraksha Fixed Deposit is USD / GBP / Euro / AUD / CAD 1,00,000/-.
- Though the DCB FCNR Suraksha Fixed Deposit would be in foreign currency, the insurance cover applicable thereon would be in INR, the value of which will be determined basis the INR Value of the Deposit amount, calculated as per the exchange rate prevailing on the date when the DCB FCNR Suraksha Fixed Deposit is booked, subject to a maximum cover of INR 10,00,000/- per customer i.e primary account holder only. DCB Bank has the sole discretion to determine the prevailing exchange rate based on market factors.
- All insurance claims will be payable in INR and in India only, as per the prevailing laws and regulations in India at the time of settlement of claim.

**DCB SmartCash Savings Account – Terms and Conditions:**

- The eligible DCB Bank Debit Card holders can avail of attractive cash back facility on the usage of Debit Card at POS/ e-commerce (online) sites only.
- All payments must be settled using the DCB Debit Card which is issued to the customer after opening DCB SmartCash Savings Account.
- In case of any dispute, the decision of the Bank shall be final. The jurisdiction for resolution of any dispute shall be Mumbai, India.
- Unless otherwise specified, standard terms and conditions of the Bank will be applicable.
- The cash back benefit will be available only on new accounts opened under the specific new scheme after 22nd May 2023.
- Cash back is available to existing account holders also who request for transfer of their account(s) from any other Savings Account scheme to the new scheme.
- Minimum average balance to be maintained in a quarter for cash back is INR 50,000.
- Minimum transaction amount will be INR 500.
- Cash back for a particular month will be credited to customer's account in the first month of the following quarter.
- Any cancelled transaction on POS/ e-commerce will not be eligible for cash back.
- The maximum cash back amount allowed per month is INR 800 and per year is INR 9,600.
- Please refer table below for cash back pay out calculation:

Average balance in a quarter to avail cash back (INR)	Minimum per transaction amount (INR)	Maximum number of transactions eligible for cash back per month	Cash back per transaction (INR)	Maximum cash back allowed per month (INR)	Maximum cash back allowed per financial year (INR)
50,000	500	2	100	200	2,400
1,00,000	500	4	100	400	4,800
1,50,000	500	6	100	600	7,200
2,00,000	500	8	100	800	9,600

**DCB Happy Savings Account – Terms and Conditions:**

- Eligible DCB Happy Savings Account customers can avail the cashback on all UPI debit and credit transactions.
- In case of any dispute, the decision of the Bank shall be final. The jurisdiction for resolution of any dispute shall be Mumbai, India.
- Unless otherwise specified, standard terms and conditions of the Bank will be applicable.
- The cash back benefit will be available only on new accounts opened under the specific scheme, DCB Happy Savings Account, starting 18th October, 2023. The Bank reserves the right to withdraw the cashback benefit at its sole discretion by giving one month's notice on its website. Cash back is available to existing account holders also who request for transfer of their account(s) from any other Savings Account scheme to the new scheme.
- Cashback benefit starts at INR 25,000 average balance in a quarter.
- Minimum transaction amount for cashback is INR 500.
- The maximum cashback amount allowed per month is INR 625 and per year is INR 7,500.
- Cashback for a particular quarter will be credited to customer's account in the first month of the following quarter.
- Please refer table below for cash back pay out calculation:

Average account balance in a quarter (INR)	Min transaction amount for cashback eligibility (INR)	Maximum eligible UPI transactions per month	Cashback per transaction (INR)	Max Cashback allowed per month (INR)
25,000	500	5	10	50
50,000		10	15	150
1,00,000		15	20	300
2,00,000		25	25	625

- Any purchase made through UPI which is subsequently cancelled will not be eligible for cashback.
- The Bank reserves the right to withdraw the cashback benefit at its sole discretion by giving one month's notice on its website.

**Aadhaar Consent:**

I/We have voluntarily submitted my/our Aadhaar/UID Number mentioned above and consent to:

- Seed my/our Aadhaar/UID Number issued by UIDAI, Government of India in my/our name with my/our aforesaid account.
- Map it at NPCI (National Payments Corporation of India) to enable me/us to receive Direct Benefit Transfer (DBT) from Government of India in my/our above mentioned account. I/We understand that if more than one Benefit Transfer is due to me/us, I/we will receive all Benefit Transfers in this account.
- Use my/our Aadhaar details to authenticate me/us from UIDAI.
- Use my/our mobile number mentioned in my/our account for sending SMS alerts to me/us
- Consent for Authentication: I/We, the holder of the above stated Aadhaar number, hereby give my/our consent to the Bank to obtain my/our Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. The Bank has informed me/us that my/our identity information would only be used for demographic authentication / validation / e- KYC purpose and also informed that my/our biometrics will not be stored / shared and will be submitted to CIDR (Central Identities Data Repository) only for the purpose of authentication.

I/We have been given to understand that my/our information submitted to the Bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

DCB Basic Savings Bank Deposit Account (BSBDA):

- I/we hereby confirm that I/we do not hold BSBDA account in any other bank.
- I/we undertake to close the existing savings bank account in the Bank, if any, within 30 days of opening BSBDA account.
- I/we am/are aware that I/we will not be eligible to open any other savings bank account in the Bank.

Customer ID Merger: I/We understand and agree that all my/our Accounts will now be consolidated under a single DCB Bank Customer ID after merging the multiple Customer IDs. Post such merging, only one Customer ID will remain active. I/We, am/are aware that DCB Bank Personal Internet Banking or DCB Bank Business Internet Banking, if availed, will now be accessible only under the retained Customer ID and all the Accounts will be consolidated to this Customer ID. I/We am/are aware that Tax Deducted at Source (TDS) on interest earned on DCB Bank Fixed Deposit Account(s) under erstwhile Customer IDs will also stand consolidated and TDS shall now be applicable on the basis of the unique Customer ID in accordance with the provisions of the Income Tax Act, 1961 and the Bank will furnish one TDS Certificate for all my/our Accounts.

I/We confirm that all the details provided are correct and I/We agree to the terms and conditions of the Bank. I/We also understand that all my/our accounts can be accessed from the unique Customer ID post consolidation of multiple Customer ID's if any.

Signature of Primary Applicant

Signature of Joint Applicant 1

Signature of Joint Applicant 2

**Confirmation**

"I confirm having met the Applicant/s in person."

For Office Use Only

I confirm having met Mr. / Ms. \_\_\_\_\_, in person at

DCB Bank Limited, \_\_\_\_\_ Branch,  Current Residential Address,  Permanent Address,  Office Address (anyone address

as mentioned in the application form) and hereby confirm the identity and address as provided in this account opening form and also confirm having verified the copy of the documents (as applicable) against originals as produced by the applicant/s.

I also confirm that the form has been signed by the applicant is in my presence. I have also verified the Tel. No. \_\_\_\_\_ by calling the no. mentioned in this account opening form.

How was the lead generated? \_\_\_\_\_

Reason for differing permanent and communication address? \_\_\_\_\_

How far is the branch from the customer's communication address? \_\_\_\_\_

Why does the customer wish to bank with DCB Bank? \_\_\_\_\_

Name of Bank Official:  Mr.  Mrs.  Ms.

Date:

Employee No.:

Signature of Bank Official

# DCB BANK

## DCB Mobile Banking App

Enjoy a host of features with  
an all-new banking experience

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Secure banking with  
faster login using  
4 digit MPIN



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DCB Bank Limited