Account Opening Form

For Individuals

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DCB BANK

DCB Bank Limited

Indicative List of Documents that can be provided to open a Bank Account **Description of Document Can be obtained for** Identity Address Passport Passport Voter's Identity Card Voter's Identity Card **Driving License Driving License** Proof of Possession of Aadhaar Number Proof of Possession of Aadhaar Number Job Card issued by MGNREGA duly signed by Officer of the State Government Job Card issued by MGNREGA duly signed by Officer of the State Government Letter issued by National Population Register containing details of name and 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)

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

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

Bank Use of	only	(* Fi	ields	are N	/lan	dator	у)								Ар	plica	ation	No.	.: INI	D			F		\	_	Б	A	T	
Customer ID:																							L	\mathcal{I}	ار	3	Б	A	N	K
Account No.:																						_								
*Occupation Code:	Appli	icant	t 1:	<u> </u>	T		,	oint A	Applia	cant 1	.					Plea	ıse sı	oecif	y the	occi	upati	on co	ode a	as m	entic	ned	by cu	stome	r in th	ne form.
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Branch:							SOL	. Cod						En	nploy	ee C						_ `	ate:	D	D	M	M	Y	Υ	YY
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(First Name)							(Midd	dle Na	me)									Last I	Vame))										mum
*Short Name:														<u></u>														1	9 cha This	racters. name
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*Citizenship:												*F	Resid	lenc	e for	Tax F	Purpo	ses:											ountry	or other citizen ident
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*Mother's Full Nam	е:																													
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*Mother's Maiden N	Name:																													
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*Aadhaar Number:												•	You	ır uni	que ide	entifica	ation r	numbe	er											e fill in n 60
Passport Number:																	Ехр	iry D	ate:	D	D	M	M	Υ	Υ	Υ	Υ		Requ	ired if
Driving Licence:																	Ехр	iry D	ate:	D	D	M	M	Y	Υ	Υ	Υ		riving	oort or licence led as
Voter Identity Card	:																												Iden	tity / s proof
MGNREGA Job Car	rd:																											***		
Others: (any document notified by the central government)											lden	tifica	tion	Nun	nber:															
*Proof of Address:	F	Pass	port		Dr	riving L	icenc	e		UID	(Aadl	haar)		,	Voter	Ident	ity Ca	ard		Simpl Docume				Acc	ount					
	1	MGN	NREG/	A Job	Carc	t		Otl	ners																					
Communication Ad	dress:																													
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*Landmark:					_																									3

State:								Cour	ntry:															All alerts will be
Telephone: (with STD Code)									*Pref	ferrec	d Mol	bile N	o.:											sent to the preferred Mobile Number
*Preferred Email Id:																								and E-mail ID. Mobile Number
Permanent Address:	Same a	s Current	Addr	ess																				will be used for SMS Banking registration for
																								eligible accounts.
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*Landmark:				T																				
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										•														default address picked would be Current
Customer Profile																								Address
*Occupation:																								
Education: Grad	uate	Post Gra	duate			F	Profes	ssiona	ıl				Oth	ners										
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		5 Lakh -	< 10 L	_akh			10 Lal	kh - <	50 La	akh			50	Lakh	and	abov	'e							
Residence: Self Ov	vned	Family	Owne	d	Re	ented		Co	mpar	ny Le	ase													
Existing Credit Facility:	House	Loan	\	Vehicle	e Loan		Со	nsum	er Loa	an		Edu	catior	n Loa	ın		Busin	ess Lo	oan		С	redit	Card	
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*Name: Mr. Mrs.	Ms.	Dr.	Pro	_	lease at Capt		Othe		ields a	Exis		Cust	omer	r ID:										
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*Mother's Full Name:																								
*Father's / Spouse's Full N *Date of Birth:			 v	***	other's	. Mais	Jan N																	
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*Gender: Male *Country of Birth: *Citizenship:	Fel		*Re		*Place		th:		1	Orc.	 1		al Sta	1	ner (p	l. spe	-	erson			'es		No	FATCA Declaration Form if you are U.S.A. or other country citizen 1 / resident
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*Permanent Account Number (PAN):				Form 60 If PAN	s not available please fill in Form 6	60
*Aadhaar Number:			Your unique identification	number		
Passport Number:			Exp	oiry Date:	M M Y Y Y Y	
Driving Licence:			Exp	oiry Date:	M M Y Y Y Y	Required if Passport or
Voter Identity Card:						Driving licence provide as
MGNREGA Job Card:						Identity / Address proof
Others: (any document notified by		Identification	on Number:			~
*Proof of Address: Passport Drivi	ing Licence U	JID (Aadhaar)	Voter Identity C	ard Simplified M	easures Account	
MGNREGA Job Card	Others					
*Occupation:						
Communication Address:						
Cit	tv.					
*Landmark:						
State:		Country	20			All alerts will be sent to the preferred
Telephone:			*Preferred Mobile No.:			Mobile Number and E-mail ID. Mobile Number
(with STD Code) *Preferred Email Id:						will be used for SMS Banking
	Addross					registration for eligible accounts.
Permanent Address: Same as Current	Address					**************************************
	.					
Cit	ty:			PIN:		
*Landmark:		Telephon	ne:			
State:		(with STD Co	ode)			
Joint Applicant 2 (* Fields are M	Mandatory)					
*Account Type: Normal Simplified risk custo		all	OTP based KYC Numb	per:		
*Name: Mr. Mrs. Ms. Dr.	Prof. Capt.	Others	Existing Custome (If applicable)	er ID:		
						Maximum 32 characters
(First Name)	(Middle Name)	Citat		(Last Name)	Dawei Otherus	\$
Religion: Hindu Muslim	n Christian	Sikh	h Buddhist	Jain	Parsi Others	
*Mother's Full Name:						
*Father's / Spouse's Full Name:	/					
*Date of Birth:	*Mother's Ma					
*Residential Status: Resident Indi	ividual Non F	Resident Indian			n of Indian Origin	
Relationship with Primary Applicant:			Marital St		Married	Please fill FATCA
*Gender: Male Female	Third Gender	*Nationality	y: Indian	Other (pl. specify)		Declaration Form if you are U.S.A. or other
*Country of Birth:	*Place of B					country citizen / resident
*Citizenship:	*Residence for Tax	Purposes:	7	U.S. Pe	rson: Yes No	
Category: General MBC	OBC SC	ST	Others			Type of card & cheque book
*Card: Debit Card required Yes	No Rupay I	Platinum (Optio	onal) TravelSi	mart Card (Optional)	Please refer page no. 2 for eligible scheme code	issuance would be based upon
Online Banking (Alternate Delivery Channel):	DCB Mobile Banking	g DCB	Internet Banking		Scrieme code	the product.
*Short Name:				Maximum 19 ch	aracters.This name would appear	on the Debit Card
*Status: Sr. Citizen Pensione	other Gene	eral St	taff, if yes, Employee N	0.		_
*Permanent Account Number (PAN):				Form 60 If PAN	is not available please fill in Form	60
*Aadhaar Number:			Your unique identification	number		

Passport Number:														E	(pir	y Date:	D	D	M	M	Υ	Υ	Υ	Υ	Required if
Driving Licence:														E	pir	y Date:	D	D	M	M	Υ	Υ	Υ	Υ	Passport or Driving licence provide as
Voter Identity Card:																									Identity / Address proof
MGNREGA Job Card:					ĺ																				
Others: (any document notified by the central government)			Ì	ĺ	Ì	Ì			lde	entifica	ation	Nur	nber:												
*Proof of Address:	Passpor	rt	Ţ,	Driving	Lice	nce		UID	(Aa	dhaar)			Voter	Identity	Car	d		olified			Acco	ount			
	MGNRE	GA Jo	b Ca	ırd			Others																		
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Communication Addres	s:																								
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State:										Cour	ntrv:														sent to the preferred
Telephone:											1	efer	red M	obile No											Mobile Number and E-mail ID. Mobile Number
(with STD Code) *Preferred Email Id:									-]]				[will be used for SMS Banking
Permanent Address:	90	mo as	Cur	rent Ac	Idroce																				registration for eligible accounts.
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*Landmark:								_		Teleph	one.				_				1	<u> </u>					
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Others:					,]		ا	' <u> </u>		Anyone 									
(Please Specify)																									
Initial Payment	: Detail	s																							Please note: All
Payment By: C	ash (To be	depos	ited b	y the cu	stome	er at t	eller cou	nter or	nly)				(Cash De	posi	ted on:	Ь	Ь	М	М	Y	Ιγ	Υ	Y	cheques should be CROSSED
Cheque No.:	· 	· 					Cheque	Ь	1	ЫМ	Ιм	Ιγ	/ Y	_Y ,	<i>-</i>	Drawn	on:		1		-	_			and in favour of 'DCB Bank Limited' A/c
Amount ₹:				Amoun		[Dated:				1				it to	(Bank) DCB B	ank								(Your Name)'
			ii	n word	s:									A/c	No.:	:	Į								•
Services																									
SMS Banking & Alert Alerts facility enables you to re			ır Ema	ail and /	or Mol	bile re	aardina	large c	debit	. large c	redits	. Star	ndina Ir	nstruction	failuı	re. balan	ce belo	ow Ac	count	Quarte	erlv Ba	lance :	and ba	alance	
update. New alerts may be add Please Note: Authorised sign	ded from tin	ne to tin	ne.																						
I / We don't wish to (Please Note: Any 1 /									o out	acidy on	tho o	0001	unt)												
Preferred Language Option		1		0.017	Hin					osidy on				Tan	vil		Telug								
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Passbook 2-Way Sweep Depos	it Detail	e: Fac	sility r	equire	d.		1 ,,		٦.							,									
Please Note: Reverse Sweep the threshold limit. All deposits Account Statement:	to Fixed De s will be und	eposit a ler Re-ir	ccoun	t shall h nent sch	appen neme v	vith A	uto Rene	wal Fa	n the	e accour y, this fa	nt exce	eeds	thresh		nd Sw	veep shal					the ac	ccount	goes	below	
Tax Deduction	at Sou	ır <u>ce</u>																							Form 15G / 15H
TDS to be deducted if ap			Yes		No	0					TDS	Exe	emptio	n submi	ssio	n date :	D	D	M	M	Υ	Υ	Υ	Υ	etc. to be submitted at the beginning of
If No, TDS Exemption Re	ference N	lo																		1	1	-			every financial year and while making fresh
Enclose TDS Certifica	te for exe	emptic	n.																						deposits during the vear.

Fixed Deposit De	etails (* Fields are Mandatory)	ONLY simple interest
Type of Deposit	Fixed Deposit (FD) Suraksha FD Tax Saver FD Non-callable FD	payable for deposits of less
	Declaration of Good health (For DCB Suraksha Fixed Deposit Only) 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. Declaration of Non-callable FD I/we agree that the non-callable deposit/s cannot be closed by me/us before expiry of the term of such deposit/s.	than 6 months tenor
	Signature of Primary Applicant Signature of Joint Applicant 1 Signature of Joint Applicant 2	
Interest Payout Frequency	Monthly Interest Payout (MIC) Half Yearly Interest Payout (only applicable for FD) Quarterly Interest Payout (QIC) Simple Interest (for deposits less than 6 months) On Maturity	
Amount of Deposit	Please issue Fixed Deposit in the name(s) of by Cash / Debit to Account No.: Amount ₹	
Deposit Period	Days Months Years (Minimum 7 days maximum 10 years) Senior Citizen Yes No Interest Rate . % per annum	Date of Birth (DOB) proof required to avail benefits for Senior Citizens.
Interest Payment Instructions	Transfer to DCB Bank A/c. No.: Issue Demand Draft Payable at	*
*Maturity Instructions (Tick any one)	Auto Renew Principal and Interest Auto Renew Principal and Pay Interest Repay Principal and Interest	
Mode of Operation	Self Either or Survivor Former or Survivor Jointly Guardian By anyone or Survivor	
*Payment Instructions (upon closure)	Transfer to DCB Bank A/c. No.: Issue Demand Draft Payable at	
Please tick if you with the Bank.	ish to receive hard copy of the Deposit Confirmation Advice (DCA) otherwise the DCA will be sent at your registered email ID	
1. Mandatory to attach a ca	payment of interest & maturity proceeds through NEFT	This facility is not available
2. Beneficiary Name (As per	r Beneficiary's Bank record - should be same as applicant name):	for fixed deposits with maturity
Bank Name: Branch Nar	me:	instruction as "Auto Renew Principal &
Account Number:	Account Type: Savings Current	Pay Interest"
IFS Code:	Overdraft Others (please specify)	

Terms and conditions:

1/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 transmission or delivery uteries of in decipreting the message for whatsoever cause or informs mismer pretation 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.

DCB Pragati Dep	oosit Details		DCB Prac Deposit of	
Monthly Instalment Amount	₹		be create the name the Prime Applicant	ed in e of ary
Deposit Period	Days Months	Years (Deposit period is minimum 14		
	Senior Citizen Yes No	Interest Rate .	% Date of B (DOB) prorrequired	oof I to
Monthly Instalments to be collected through	Debit to Account No.		avail bene for Seni Citizens	ior
	on D D of every month			
Maturity Instructions	Transfer to DCB A/c No.:			
Mode of Operation	Self Jointly Either or Sun	ivor Former or Survivor Gu	uardian	
	Others: (Please Specify)			
Declaration when	re Applicant is Minor			
I hereby declare that I am th	e natural guardian / lawful guardian appointed by th	e Court order dated DD MM	Y Y Y (copy enclosed) of	
Master / Miss			Minor's N	ame
	d minor in operating the Bank Account till he/ she at ansactions made in the account(s). I hereby declare			
I undertake and confirm that benefit of the aforesaid mino	I shall avail various services of the Bank (wherever ap r and I shall abide by all terms and conditions govern			
aforesaid minor attaining maj *Customer ID:				
* Incase Father / Mother / G	uardian is an existing customer			
		me of Father / Mother / Guardian Sig	nature of Father / Mother / Guardian	_
Nomination Deta			Preferable Single & J account	Joint
	ing person to whom in the event of my / our / n	nt to nominate anyone ninor's death the amount of the deposit /	in the account may be returned by Mandaton	s. y for
DCB Bank Limited Nominee Name:			DCB Sural FD.	KSHA
Address:				
Address.				
Relationship with Applicar	nt, if any Age:	Years Date of Birth:		
* As the nominee is a minor	on this date, I / we appoint (Name & Address)		Nominati under Sec	
			45ZA of t Bankin Regulati	ıg
			Act, 194 and Rule 2	49 2(1) of
			the Bank Compan (Nominati	ies ion)
to receive the amount of the our death during the minority	deposit / in the account on behalf of the nominee i of the nominee.	n the event of my /	Rules 198 respect of deposit	bank
	a nominee above, please indicate if you wish to m book, statement & DCA issued in respect of your a		Thumb	0
passbook issued to you	Yes No		impressio required to	o be
	what is stated above is true to the best of my/our kn	owledge and belief. Signature(s) / Thum	In case	ses. of
Witness(es):			signature, witness	is
Name :		Name :		_
Signature :		Signature :		
		Address :		
Place :	Date:	Place :	Date:	

^{*}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):
hisk Glassification of Account (L / W/ / n).
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):
* 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 (tl	he Bank) to the Applicant(s) Mr. / Ms
inlanguage and he / she / they have confirm	med 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 t	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:	
Letter From Customer – Opening of "NO I	FRILL" Accounts in "VALUE SAVINGS SCHEME"
	axed KYC Norms
The Branch Manager	
DCB Bank Limited	
Branch	
Cir/Madam	
Sir/Madam,	and / or the aggregate credits in my / our account exceed/s the limits specified by
	plicable at that point of time and affirm that I/we shall comply with the same as per
Yours faithfully,	
(Signature of the Customer)	
Letter From Customer – Opening of Corporate P	Payroll Account with Mailing Address as Office Address
The Branch Manager	
DCB Bank Limited	
Branch	
Sir/Madam,	
	eliverables at the corporate address by any unauthorised person and I / we shall not hold due to the Bank recording and treating the corporate address of my / our company as my
Yours faithfully,	
(Circulation (and the Conductor)	
(Signature/s of the Customer/s)	DCB Bank Limited

Customer Information & Due Diligence (CIDD) Form - For Primary Applicant Information Type 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 Up to 20 21 to 50 More than 50 Financial Status (Net Worth) Upto ₹10 Lakh More than ₹10 Lakh upto ₹25 Lakh More than ₹25 Lakh upto ₹50 Lakh More than ₹50 Lakh upto ₹2 Crore More than ₹2 Crore Source of Funds for Credits in the Account Savings Salary **Business Proceeds** Sale of Property Inheritance Investments Professional fee Other (please specify) Wire Transfers Expected Into the Account Yes No Value ₹ From the Account Yes No Value ₹ Foreign Inward Remittances Expected Yes No Approximate Value ₹ Foreign Outward Remittances Yes No Approximate Value ₹ Expected in a Year **Signature of Primary Applicant** 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) 21 to 50 More than 50 Expected number of transactions in a month Up to 20 Financial Status (Net Worth) Upto ₹10 Lakh More than ₹10 Lakh upto ₹25 Lakh More than ₹25 Lakh upto ₹50 Lakh More than ₹50 Lakh upto ₹2 Crore More than ₹2 Crore Source of Funds for Credits in the Account Savings Salary **Business Proceeds** Sale of Property Inheritance Professional fee Investments Other (please specify) Wire Transfers Expected Into the Account Yes No Value ₹ From the Account Yes Nο Value ₹ Foreign Inward Remittances Expected Yes No Approximate Value ₹ Foreign Outward Remittances Yes No Approximate Value ₹ Expected in a Year Signature of 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	Up to 20 21 to 50 More than 50
Financial Status (Net Worth)	Upto ₹10 Lakh More than ₹10 Lakh upto ₹25 Lakh More than ₹25 Lakh upto ₹50 Lakh More than ₹2 Crore
Source of Funds for Credits in the Account	Savings Salary Business Proceeds Sale of Property Investments Inheritance Professional fee Other (please specify)
Wire Transfers Expected	Into the Account Yes No Value ₹ From the Account Yes No Value ₹
Foreign Inward Remittances Expected	Yes No Approximate Value ₹
Foreign Outward Remittances Expected in a Year	Yes No Approximate Value ₹
Signature of Joint Applicant 2 For Bank Use Only	
	ty a Political / Public Figure or related to a Political / Public Figure Yes No
yes, please give position	
pes it seem that the initial Deposit and/or the declar	red transaction profile is in line with the status/occupation declared? Yes No
re there any other concerns for higher AML risks?	Yes No
yes, please describe	diligence and KYC verification. I am satisfied with the profile of the prospective custo
	unigence and KTO vermeation. I am satisfied with the profile of the prospective custo
petails of staff sourcing the account mployee Name:	
IRMS Number:	
mployee Designation:	

Signatures and Photographs **Primary Applicant** Date: | D | D | M | M | Y | Y | Y | Y Thumb Impression Signature ı Please affix a recent Please affix photograph a recent photograph Sign across the photo

Joint Applicant 1 Signature Thumb Impression Please sign "Black Ink" 1 within Please affix the box. a recent "Signature shall be photograph considered for all Cheque clearances Sign across the photo and any future ommunication with the Bank

Joint Applicant 2 Thumb Impression Signature Please affix a recent photograph Sign across the photo Please do not forget to collect your Acknowledgment slip

transactions.

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
- 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 w 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
- 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.
- 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.dcbbank.com.
- The Bank has a defined grievance redressal mechanism for addressing customer grievance. Please refer to Bank's website www.dcbbank.com for details.

Declaration

I/ We have read, understood and hereby agree to the "Terms and Conditions as applicable to my/ our account" set forth on DCB Bank Limited ("DCB Bank") website at www.dcbbank.com. I/ We understand agree and confirm that. I/we will access DCB Bank's website at www.dcbbank.com for any changes/ updates in terms and conditions of the services and products as applicable and will abide by the same and in the case of Delight kit, the terms and conditions available inside the kit which was applicable at the time of creation of the kit may vary from time to time without notice as per DCB Bank's sole discretion and for the updated terms and conditions applicable to me/ us as per account/ scheme/ product types, I/we shall access and refer to DCB Bank's website at www.dcbbank.com and such revised terms and shall access and refer to DCB ball is website at www.dcbalk.com and such revised terms and conditions shall override the earlier terms and conditions and shall be binding on me/ us. I / We understand that access to any changes / updates in terms and conditions applicable to this relationship shall be available on the Bank's website only. I / We do hereby declare that information furnished in this Form is true and correct to the best of my / our knowledge and belief. I / We hereby authorize issuance of ATM / Debit Card and provision of Statement, Email Statement, Phone Banking, Mobile Banking Services, Internet Banking as requested in the form. I / We am / are aware of charges applicable for various services offered and I / we affirm, confirm and undertake that I / we have read and understood the "Terms and Conditions" for usage of the Phone Banking, Mobile Banking Services, Internet Banking of DCB Bank as set forth in the Bank's website www.dcbbank.com and I / We will adhere to all the terms and conditions as applicable from time to time. I / We authorizes the Bank to enable provisions of internet banking, phone banking, mobile banking, bill repayment and SMS & email alerts services as per the terms and conditions available/ set forth on the Website for these banking services and facilities. I / We further authorize the Bank to debit my / our Account(s) towards any applicable charges for any / various service / services provided as applicable from time to time. In the absence of maturity instructions, the deposit will be auto-renewed with the same tenure at the prevailing interest rates with the applicable terms and conditions.

I / We understand and agree that the consent given for updation / registration / requests for free Mobile alert facility shall be valid till such time I / we withdraw the same in writing. Unless specifically advised, the Bank will continue to send SMS alerts on the number requested by the authorised signatory/ies of the Firm / Company / Trust / Association / Society. The Bank shall not be responsible and liable for any consequences which may arise owing to change in name/s, address, mobile number of individual, authorized signatory/ies or partners or directors or trustees or members of the Firm / Company / Trust / Association / Society.

I/We declare, confirm, understand, accept, acknowledge and agree:

(a) That all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/We have not withheld any information. I / We understand certain particulars given by me / us are required by the operational guidelines governing banking companies. I / We agree and undertake to provide any further information as and when the Bank may require. (b) That I / we have had no insolvency proceedings initiated against me / us nor I / we have ever been adjudicated insolvent. (c) That I / we have read the application form and brochures and an aware of all the terms and conditions of availing finance or service or products from the Bank. (d) That the Bank reserves the right to reject any application without providing any reason and reference to me/us. I/We agree and understand that the Bank reserves the right to retain the application forms, and the documents provided therewith, including photographs, and shall not return the same to me/us. (e) To inform the Bank regarding change in my residence /employment and to provide any further information as and when the Bank may require from time to time. (f) That if the Account is under corporate salary scheme: I/We have also read and understood "Terms and Conditions" under which Salary Scheme is offered to my / our organization and employees. I/We agree that my / our employer has full right to reserve any instruction given by them to credit my account for any amount within a period of three working days and I / we will not dispute or hold the Bank responsible for such debits in my / our account. I / We understand that it is my / our responsibility to inform (in writing) the Bank immediately on termination of my / our employment with my / our current employer, whereupon I / we will cease to enjoy any or all benefits under Salary account scheme. I / We understand that the Bank reserves the right to convert my / our account into a regular savings bank account and further ceasing to be categorised as a account under corporate salary scheme. Accordingly there will be a change in minimum balance requirement and applicable charges per regular savings bank account. (g) That I / we shall not hold the Bank liable and responsible for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Providers / Users registered as above. (h) That I / we have to complete further application for specific liability products / services from the Bank as prescribed from time to time, and that such further applications shall be regarded as an integral part of this application (and vice versa), and that unless otherwise disclosed in such further forms as prescribed, the particulars and information set forth herein as well as the documents referred or provided herewith are true, correct, complete and up-to-date in all respects. (i) That such further applications will require incorporation of the application form number, and / or such details as the Bank may prescribe, to facilitate data management. (i) That I / we authorize the Bank to issue a Debit cum ATM Card to me / us. (k) That the issue and usage of the Debit cum ATM Card is governed by the terms and conditions as in force from time to time and I / we agree to be bound by the same. (I) That the issue and usage of the bent culm ATM Card are liable to be amended by the Bank from time to time. (m) That I / we unconditionally and irrevocably authorize the Bank, to debit my / our Account annually with an amount equivalent to the fee and charges for use of the Debit cum ATM Card. (n) I/We, the joint holder(s), agree that in case of death of any one or more of the joint depositor(s), the proceeds may be paid to the survivor(s), on request before due date as per the mode of operation. The Bank can levy penal charges, if any, as may be permissible by either regulatory guidelines or provisions of BCSBI code or both, applicable as on the date of request. (o) That continuation of the account with the Bank is at the sole applicable as on the date of request. (o) That continuation of the Bank and in case the Bank is dissatisfied with the conduct of the account holder, the Bank has the right to close the account after giving me/us one month's notice or withdraw the concessions in to or any service granted to me/us or charge the Bank's applicable rates/charges for such services. (p) That the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. (q) That in case of return of Account Opening Amount (AOA) cheque, for any reason whatsoever, the Bank would close the account without any reference to me/us. (r) That on receipt of written application from any of the Authorised Signatory(jes) and / or survivor or survivors of us, the Bank at its sole discretion and subject to such terms and conditions, grant a loan / advance / renew / enhance against the security / collateral issued in joint names. (s) That DCB – On The Go facility will be offered to customers whose account is an individually operated resident account. (t) I / We hereby understand that among all other things, minimum balance requirement for variants of savings bank account under various scheme codes would be applicable and is in line with such updated information as available on the Bank's website www.dcbbank.com from time to time. (u) I / We agree that the non-callable deposit/s cannot be closed by me/us before expiry of the term of such deposit/s. (v) I/We agree that the DCB Bank shall deduct applicable TDS (Tax Deducted at Source) as per the Income Tax Provisions.

I/ We understand that Savings Bank account cannot be used for business transactions and if it is observed that the account is being used for business purpose or does not match with my / our profile, such as, declared turnover, occupation, etc., the Bank shall close the account after sending due

4964-ver 1.2-Oct 2023

intimation to me / us. I/ We confirm that any change in my / our profile, such as, turnover, occupation, or demographic information, etc., I/we shall inform the Bank immediately in writing. I/We understand that the onus for such an action is on me/us and not on the Bank.

I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA (Foreign Account Tax Compliance Act) / CRS (Common Reporting Standards).

The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

I/We agree to submit a new form within 30 days if any information or certification on this form becomes

I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT (Central Board of Direct Taxes) or close or suspend my / our account. I/We confirm that, I/We will intimate / notify in writing to the Bank and update operating instructions and / or any other change(s) on Bank's record immediately in the event of any change in the operating instructions and/or any other change(s) with respect to the account/s held with the Bank.

I/We hereby agree and authorize Bank to mark freeze to my account if I/We fail to submit the updated / refresh KYC documents as per Bank's KYC policy and/or operating instructions for my / our account periodically to the Bank.

I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the

I agree that my personal Know Your Customer (KYC) information may be shared with Central KYC (CKYC) registry or any other competent authority. I hereby give consent to receive information from the Bank / CKYC registry / the Government / Reserve Bank of India or any authority through SMS / email on my registered mobile number / email address. I also agree that non receipt of any such SMS / email shall not make the Bank liable for any nature of loss or damage.

I/We have read and understood that all signatories to the deposit must sign the premature closure instructions and the same shall be governed by RBI guidelines. For premature closure of a deposit, the interest rate (applicable rate) prevailing on the date of the deposit, for the period the deposit has remained with the Bank, shall be payable, subject to TDS, as applicable. Premature closure of DCB Tax Saver Deposit will be subject to application of the prescribed conditions. Premature closure of non-callable deposits is not allowed.

Premature closure of a deposit may be additionally subject to penal interest, deductible from the applicable rate, as prescribed by the Bank on the date of deposit.

Penal Interest for Premature	Penal Interest for Premature Closure of INR Fixed Deposit													
Deposit Amount	Penal Interest													
Less than INR 2 Crore	0.5%													
INR 2 Crore and above	2.0%													

No interest is payable on Deposits of less than INR 2 Crore if closed before completion of 14 days. No interest is payable on Deposits of INR 2 Crore and above if closed before completion of 30 days.

DCB Suraksha Fixed Deposits - Terms and Conditions:

I/We hereby have understood, accepted and acknowledged the below terms and conditions applicable:

- DCB Suraksha Fixed Deposit is available for Resident and Non-Resident (NRI) Individuals only.
- Insurance cover applicable on DCB Suraksha Fixed Deposit would be equivalent to the value of the Deposit, subject to a maximum cover of INR 10,00,000 (Rupees Ten Lakh Only) across DCB Suraksha Fixed Deposits in the name of the primary account holder.
- Applicants aged from 18 years to less than 55 years are allowed to open DCB Suraksha Fixed Deposit. Insurance cover shall cease on account holder attaining the age of 55 years.
- The insurance cover will be available only to the primary account holder. In the event of premature closure of DCB Suraksha Fixed Deposit, the insurance cover shall cease to exist. For partial withdrawal, the insurance cover amount shall reduce to the extent of the amount remaining as DCB Suraksha Fixed Deposit. To be read in conjunction with point number 2.
- PAN details of the account holder, nomination and email ID are mandatory to open DCB Suraksha Fixed Deposit. The same nomination would be considered both for DCB Suraksha Fixed Deposit and insurance cover.
- A waiting period of 45 days shall apply for non-accidental deaths. Suicide exclusion shall apply for a period of one year from the coverage start date.

 Insurance cover on the DCB Suraksha Fixed Deposit is provided by Aditya Birla Sun Life Insurance
- Company Limited ('Insurance Provider'), which is valid for the Deposit period mentioned in this application form, unless communicated otherwise subject to the customer being within the permissible coverage age of 55 years.
- Insurance cover provided on and during the renewal of the DCB Suraksha Fixed Deposit (if any) is at the sole discretion of DCB Bank/Insurance Provider.
- 10. Tenure of DCB Suraksha Fixed Deposits is 36 months only
- 11. No medical tests are required for the insurance facility.
- 12. Minimum deposit value for DCB Suraksha Fixed Deposit is INR 10,000/-(Rupees Ten Thousand Only).
- The maximum validity of the insurance coverage is co-terminus with the tenure i.e. up to the maturity 13. date of the DCB Suraksha Fixed Deposit.
- 14. For joint accounts, the insurance cover shall be available only to the primary account holder.
- 15. Applicant/s hereby authorise DCB Bank to share insurance related personal information to the insurance provider for the purpose of insurance.

 16. Applicant agrees, accepts and acknowledge that any claim related insurance cover shall be raised to
- insurance provider and DCB Bank shall act as facilitator for the same.

 17. Applicant agrees, accepts and acknowledges that DCB Bank shall not be liable for payment of any
- claim related insurance cover under DCB Suraksha Fixed Deposit in the event that the insurance provider rejects the claim.
- Applicant hereby understands, accepts and acknowledges that, in the event of any rejection of insurance claim by the insurance provider, DCB Bank shall not be liable for any deficiency/ies of service/s and shall not be liable for any cost/s, loss/es, charge/s, claim/s, penalty/ies and/or damages in any suit / litigation raised by me/us in any court having local jurisdiction.

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Nomination Form Received:	Yes	No		nowle					ovide this numbe			BANI	
st Applicant's Name:								. 10400 p.10		 			
Joint Applicant 1:													
Joint Applicant 2:													
Name of the Nominee:													
Name of the Bank Official:													
			о м м		.	l							
Employee code:	Dat	e: D 1		YY	Y	Υ	Branch: _				Signature	of Bank Off	icial

DCB Bank Limited

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 1,000/-.
- 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.
- $All payments must be settled using the DCB \ Debit \ Card \ which is issued to the customer after opening \ DCB \ Smart \ Cash \ Savings \ Account.$
- 3. 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 in 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.
- $\begin{tabular}{ll} \begin{tabular}{ll} \beg$
- 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.
- 10.
- 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.
- 12. 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:

- 1	Trouble to the table bottom for back pay out ballound on						
	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		5	10	50		
	50, 000	500	10	15	150		
	1,00,000		15	20	300		
ſ	2,00,000		25	25	625		

- 10. Any purchase made through UPI which is subsequently cancelled will not be eligible for cashback.
- 11. 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 BSBD account in any other bank.
- (ii) I/we undertake to close the existing savings bank account in the Bank, if any, within 30 days of opening BSBD account.
 (iii) 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

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 Off
confirm having met Mr. / Ms.		
DCB Bank Limited,	Branch, Current Residential Address, Perma	anent Address, Office Address (anyone address
as mentioned in the application form) and hereby confirm	n the identity and address as provided in this account ope	ning form and also confirm having verified the copy
of the documents (as applicable) against originals as pro	duced by the applicant/s.	
also confirm that the form has been signed by the applic	cant is in my presence. I have also verified the Tel. No	by calling the no.
nentioned in this account opening form.		
How was the lead generated?		
Reason for differing permanent and communication add	ress?	
How far is the branch from the customer's communication	on address?	
Why does the customer wish to bank with DCB Bank? _		
Name of Bank Official: Mr. Mrs.	Ms. Date: DDMMYYYY	Y
	Employee No.:	Signature of Bank Official



DCB Mobile Banking App

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

Secure banking with

faster login using

4 digit MPIN



Download on the

App Store