

**Savings Bank/Current Account Opening Form for Resident Individual/s**
**A 143-CASA Version 2**

(Office Use Only)										Date: <input type="text"/>	
Name of the branch: <input type="text"/>										Date: <input type="text"/>	
Account No.: <input type="text"/>			Client ID: <input type="text"/>			Product Code/No.: <input type="text"/>			ORN: <input type="text"/>		
Branch Code			Client ID			Product Code/No.					

**Instructions for filling the form**

1. Please fill in BLOCK letters only. Please leave one box blank between words. Tick (✓) the appropriate boxes.
2. Please submit address proof for present/permanent address taken into account.
3. Fields marked with asterix (\*) are mandatory.

**I/We request you to open an Account as per the details furnished herewith**

Account Type*	Scheme*				
	AQB - Average Quarterly Balance    AMB - Average Monthly Balance				
<input type="checkbox"/> Saving Bank A/c	<input type="checkbox"/> CSB Orange SA <small>(AQB ₹500 for Rural/ Semi Urban branches AQB ₹1,000 for Urban/ Metro branches)</small>	<input type="checkbox"/> CSB Silver SA <small>(AQB ₹5,000)</small>	<input type="checkbox"/> CSB Gold SA <small>(AQB ₹25,000)</small>	<input type="checkbox"/> CSB Platinum SA <small>(AQB ₹1 Lakh)</small>	
	<input type="checkbox"/> CSB Suvidha (Salary)	<input type="checkbox"/> CSB Suvidha Plus (Salary)	<input type="checkbox"/> CSB Social Support	<input type="checkbox"/> CSB Students Support	
<input type="checkbox"/> Current A/c	<input type="checkbox"/> CSB Orange CA <small>(AMB ₹5,000)</small>	<input type="checkbox"/> CSB Silver CA <small>(AMB ₹25,000)</small>	<input type="checkbox"/> CSB Gold CA <small>(AMB ₹50,000)</small>	<input type="checkbox"/> CSB Platinum CA <small>(AMB ₹1 Lakh)</small>	<input type="checkbox"/> CSB Smart CA

**Applicant's Full Name\* (in CAPITAL letters)**

Title (Mr./Mrs./Miss)	F I R S T	M I D D L E	L A S T
1 <sup>st</sup> Applicant <small>(Primary A/C holder)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <sup>nd</sup> Applicant <small>(Joint A/C holder)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <sup>rd</sup> Applicant <small>(Joint A/C holder)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer ID: <small>(Office use only)</small>	1 <sup>st</sup> Applicant <input type="text"/>	2 <sup>nd</sup> Applicant <input type="text"/>	3 <sup>rd</sup> Applicant <input type="text"/>

**Specimen Signature(s)\***

Colour Photo (1 <sup>st</sup> Applicant)	Colour Photo (2 <sup>nd</sup> Applicant)	Colour Photo (3 <sup>rd</sup> Applicant)
Signature of 1 <sup>st</sup> Applicant	Signature of 2 <sup>nd</sup> Applicant	Signature of 3 <sup>rd</sup> Applicant

**Mode of Operation\***

- |  |   |
|--|---|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Either or survivor |
| <input type="checkbox"/> Jointly by all                                | <input type="checkbox"/> Former or survivor |
| <input type="checkbox"/> Anyone or survivor                            |   |
| <input type="checkbox"/> By Guardian (till the minor attains majority) |   |
| <input type="checkbox"/> Authorized signatory/POA                      |   |

**FOR OFFICE USE**Signature, Name, SS No./ EMP Code and Designation of verifying officer in whose presence signed
**Account Address\* (for Correspondence)**
Present Address or Permanent Address of primary/first applicant

Line - 1*	<input type="text"/>
Line - 2	<input type="text"/>
Line - 3	<input type="text"/>
City	<input type="text"/>
District*	<input type="text"/>
State*	<input type="text"/>
Pin*	<input type="text"/>

**Initial Deposit Details\*:**

Amount (Figures)	<input type="text"/>	Amount (words)	<input type="text"/>
<input type="checkbox"/> Cash	<input type="checkbox"/> RTGS/NEFT UTR No.	<input type="text"/>	
<input type="checkbox"/> Cheque/DD No.	<input type="text"/>	Date	<input type="text"/>
<input type="checkbox"/> CSB Cheque	<input type="checkbox"/> Other Bank Cheque, Bank Name	<input type="text"/>	
		MICR Code	<input type="text"/>





Account with other banks  Yes  No

Sl.no	Type	Bank / Branch	Account Number
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**KYC Details\* (ID Proof & Local/Permanent Address Proof)**

Aadhaar Card/Aadhaar Letter  Voter's ID Card  Driving License  Passport  NREGA Card  Govt. ID

KYC Document No.:

Issued at:  Issue date.:  Expiry date.:

*Note: If present communication address is different from the address mentioned in the officially valid KYC document submitted, a self declaration regarding present address as reproduced in the declaration column of the account opening form (A143- CASA) will suffice.*

**Introduced/Referred by (if available)**

Branch Manager/ Staff/ Marketing Executive: EMP Code  Name:

Introduced by Existing Customer, Name:

Existing Customer's A/C No.:

Name of Head of Company/Institution:

Name of Company/ Institution:

Introducers Signature

**Signature of Applicant\***

Signature of Applicant

**For office use only**

Account sub type:  Public  Staff and  Single  Joint Organisation/Company Code (For Suidha A/C)

Account Opening Channel:  Walk in Customer  Staff/ Marketing Team  Others

Lead Generated by  (EMP Code)

Lead Closed by  (EMP Code)

**Declaration by the Branch**

Verified the attached documents with the originals, as per the KYC/ AML guidelines

Name

Designation  Date

Seal & Signature of Section Officer/  
Marketing Executive

**Risk Categorization**

Profile of the Customer Based on Risk Categorization  High  Medium  Low

Identity of the applicant/s verified and account opened

Name

Designation  Date

Seal & Signature of Principal Officer

**For CPC Use**

Entered by: Employee Code

Verified by: Employee Code

Signature

Signature