Catholic Syrian Bank

CSB

NRI Account Opening Form

A 145-NR Version 2

(Office Use Only)
Name of the branch: Date: (dd/mm/yyyy)

Account No.: Branch Code Client ID Product Code/No. ORN:

Instructions for filling the form

1. Please fill in BLOCK letters only. Tick (✓) appropriate boxes & leave a box blank between words. **2**. Furnish address proof for all addresses taken into account. **3**. Fields marked with asterix (*) are mandatory.

I/We request you to open an A/C as per the details furnished herewith

Account Type*

SA - Saving Bank Account
CA - Current Account

☐ NRE SA ☐ NRE CA ☐ NRE FD (Income) ☐ NRE FWD (Growth) ☐ NRE CDA (Recurring Deposit)
☐ NRO SA ☐ NRO CA ☐ NRO FD (Income) ☐ NRO FWD (Growth) ☐ NRO CDA (Recurring Deposit)
☐ FCNR FD ☐ FCNR FWD

Scheme*

☐ Orange ☐ Silver (SA - AQB ₹5,000, CA - AMB ₹25,000) ☐ Gold (SA - AQB ₹25,000, CA - AMB ₹50,000) ☐ Platinum (SA - AQB ₹1Lakh, CA - AMB ₹1Lakh)

SA - AQB (Average Quarterly Balance)
CA - AMB (Average Monthly Balance)

Applicant's Full Name* (in CAPITAL letters)

	Title (Mr./Mrs./Miss)	FIRST	MIDDLE	LAST
1st Applicant (Primary A/C holder)				
2nd Applicant (Joint A/C holder)				
3rd Applicant (Joint A/C holder)				

If joint applicant is resident, relationship with applicant (If joint applicant is resident, should be a "close relative" as per Sec.6 of Companies Act, 1956 and operational instruction should be "former or survivor" with no eligibility to operate the account during the lifetime of the first applicant)

Customer ID: (Office use only) 1st Applicant 2nd Applicant 3rd Applicant

Specimen Signature(s)*

Colour Photo (1st Applicant)

Colour Photo (2nd Applicant)

Colour Photo (3rd Applicant)

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Mode of Operation*

☐ Single ☐ Either or survivor
☐ Jointly by all ☐ Former or survivor
☐ Anyone or survivor
☐ By Guardian (till the minor attains majority)
☐ Authorized signatory

FOR OFFICE USE

Signature, Name, SS No./ EMP Code and Designation of verifying officer in whose presence signed

Overseas Address* (Account Address)

Line - 1*
Line - 2
Line - 3
Country* Postal/Zip Code*

Preferred Mailing Address* : ☐ Overseas Address (Account Address) ☐ Alternate Overseas Address (as in Page 3 of this form) ☐ Present/Permanent Address in India (as in Page 3 of this form)

Details of Initial Remittance

Currency: ☐ INR ☐ USD ☐ Euro ☐ GBP ☐ AUD ☐ CAD ☐ JPY ☐ CHF ☐ Others (Specify)

Amount (Figures) Amount (words)

☐ Cash (Foreign Currency) ☐ RTGS/NEFT - UTR No

☐ Chq / DD No. Date MICR Code enclosed.

☐ CSB Cheque Other Bank Cheque, Bank Name

☐ Swift / Wire Transfer No. Remitting Bank/Exchange Co.

Dated ☐ Others

Value Added Services (Please tick (✓) the services you need)

1. ☐ ATM/ Debit/ Shopping card-International (EMV Chip Card) 2. ☐ Mobile Banking 3. ☐ SMS Alerts 4. ☐ Passbook 5. ☐ E - Passbook
6. ☐ Internet Banking (Choose one option →) ☐ Viewing rights ☐ View and Transaction rights
7. ☐ E-mail Alerts 8. E-mail Statements: ☐ Daily ☐ Monthly

Mobile No. to be linked Country Code ◀ Mobile Number mandatory for Net/Mobile Banking & SMS alerts

E-mail Address (in block letters) E-mail ID mandatory for Net Banking, E-mail alerts & E-statements

Security questions for Net/Mobile Banking user:

Date of Birth (dd/mm/yyyy) **Mother's Maiden Name**

Term Deposit Details (Applicable only for term deposit A/C's)

Currency ☐ INR ☐ USD ☐ Euro ☐ GBP ☐ AUD ☐ CAD ☐ JPY ☐ CHF Period of deposit: months days

Amount (Figures) Amount (words)

For CDA (Recurring Deposit Account)

Period (Months) Monthly Installment(Rs) For registering standing instruction mandate

Whether to debit from SB account: ☐ Yes ☐ No If yes, Account Number

Maturity Instructions

Renew* ☐ Principal and Interest ☐ Principal* **Repay** ☐ Principal and Interest*
(Not applicable for CDA) (Repayment cannot be credited to third party's account)

*Credit proceedings to - NRE/NRO A/C No.

IFSC Code Bank name Branch

Mode of Payment: ☐ DD ☐ Bankers Cheque

Instructions for Automatic Renewal/ Encashment/ Availing Loan Against the Term Deposit

Strike the types of accounts which are not related to the request

FD / FWD / FCNR / RFC / CDA# Account Number *#Automatic renewal not applicable for CDA*

Amount: Rs. Date of deposit

The above deposit may be renewed with/ without interest on maturity at the prevailing rate on date of maturity until instruction to the contrary is received from me/us.

I/We also agree that the Bank may, on receipt of a written application from Shri./Smt. ____ the first/second/third named of us/either or survivor/s of us, in its absolute discretion and subject to such terms and conditions as the Bank may stipulate, grant a loan against the security of the above deposit opened in our joint names or make premature payment to any one of us.

Principal with accrued interest may be paid at the time of encashment to any one/either of us or the survivors in the event of death of anyone of us.

I/We accept the following terms and conditions as binding upon me/us.

1. Deposits made under automatic renewal facility shall be renewed upon maturity for an identical period on an ongoing basis until instruction to the contrary is received from the depositor/s.
2. The rate at which the deposit is renewed will be at the rate applicable for the period prevailing at the time of renewal of the deposit.
3. No interest will be paid for fractional periods of less than the minimum period of term deposit as per the bank's rules.
4. For availing of loan or for encashment of the deposit, the depositor/s will have to produce the deposit receipt duly discharged.

Signature(s) of Applicant(s)*

Signature of 1st Applicant Signature of 2nd Applicant Signature of 3rd Applicant

Date:

The above instructions have been duly recorded for compliance. Date: Seal & Signature of Section Officer

Nomination* (Form DA-1)

To be signed even if nomination is not required

Nomination ☐ Required ☐ Not required

Nature of Deposit Account Number

Name of Nominee

Relationship with Depositor Age Date of Birth (if minor)

Address of Nominee

#As the nominee is a minor on this date, we appoint
(Name, Address & Age) to receive the amount of the deposit on behalf of the minor nominee in the event of my/ our/ minor's death during the minority of the nominee.

Signature(s) of Depositor(s) Signature of 1st Applicant Signature of 2nd Applicant Signature of 3rd Applicant

Name & Address of Witness

Date Place Signature of witness

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

Declaration/ Undertaking by applicant(s)* (Please tick as applicable - NRI/PIO/Seafarer or Mariner)

☐ I/We _____ hereby declare that I/We am/are Non-resident Indian/s holding Indian Passport

☐ I/We _____ hereby declare that I/We am/are Person/s of Indian origin holding _____ (issuing country) passport/s, satisfying one of the following conditions, for which proof is attached. I/We ☐ previously held an Indian Passport ☐ hold a PIO card ☐ am Spouse of an Indian Citizen ☐ am Spouse of a PIO

☐ Father/mother/grandfather/grandmother (name) _____ is/was a citizen of India by virtue of the constitution of India or the Citizenship Act 1955.

☐ I/We hereby declare and confirm that I/we am/are Non-Resident Indian/s on contract with _____ (name and address of the shipping company) registered in _____ (country)

I/We confirm having read/been explained and understood the Rules pertaining to various Accounts/Services as also the Citizens' Charter and I/We do hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/We am/are opening with The Catholic Syrian Bank Limited and amendments thereto made from time to time and those relating to various services including but not limited to ATM Card / Mobile Banking / Internet Banking / Mobile Alerts etc., I agree that changes from time to time as per Bank's rules relating to my/our different accounts and/or other services would be made available to me/us on the Bank's website. And that I would be bound by such changes in terms and conditions pertaining to the different accounts/services. I/We also agree to comply with / be bound by the instructions regarding the conduct of Non-resident External / Ordinary / FCNR accounts and use of debit/credit card(s) issued by Reserve Bank of India and / Government of India and / or any other regulatory / statutory authorities from time to time. In respect of NRO / NRE / FCNR A/C s, all the debits and credits will be carried out strictly as per FEMA regulations. I/We hereby undertake to intimate you about my / our return to India for permanent residence immediately on arrival. I/we agree that no claim will be made by me / us for any interest on the deposit/s for any period after the date/s of maturity of the deposit(s). I/ We hereby declare that only legitimate dues in India which would include current income like rent, dividend, pension, interest, etc sale proceeds of assets including immovable property acquired out of rupee / foreign currency funds by way of legacy / inheritance will be deposited in my / our NRO account with the prevailing stipulations, laid by RBI. I/ We agree that Bank may debit my account for service charges as applicable from time to time. I/ We authorize the Bank to keep providing me / us the information of the Bank's new products and offers through my / our preferred mode of contact or through a phone call as convenient. I/We hereby declare that all 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, and other joint holders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any information that The Catholic Syrian Bank Limited may require. I agree and understand that The Bank reserves the right to reject any application without providing any reason there of. I agree and understand that The Bank reserves the right to retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me. In the event of any information or document or copy of documents furnished by me subsequently found to be false or forged the Bank is at full liberty to withdraw all facilities and stop operations in the accounts. The User ID, Password, PIN Number or any other security systems provided for the operation of Internet Banking, Mobile Banking, ATM operations should be kept by me/us as confidential information. I/We should not divulge the same due to my/our carelessness or otherwise and if any loss or damage is occurred to Bank due to the access got to it by any other person. I will be truly responsible and the Bank is fully indemnified to the loss that may occur due to such unauthorized access. I/We hereby declare that the transactions in the above account will be governed by the applicable laws in India and all disputes or differences arising out of or related to or connected with transaction or matters in relation to the above account shall be subject to 'Jurisdiction of Indian Courts'. I/we understand that in the absence of specific instructions, the maturity proceeds of deposits will be automatically renewed for a similar period at such terms and conditions that are prevalent at the time of maturity and that in the event of death of the depositor/anyone of the joint holder(s), premature closure option will available to the nominee/survivor(s). Tick (✓) the appropriate box, as applicable.

☐ I/We hereby affirm and declare that my/our present/permanent address in India is as mentioned below for which proof is attached. ☐ I/We bring to your notice that the address mentioned in the documentary evidence submitted by me/us for the purpose of opening my/our account at your bank is different from my/our present/permanent address in India.

I/We hereby affirm and declare that all the correspondence can be made by the bank to the mailing address mentioned in page 1 of this form. I/We also understand that the positive confirmation letter/any correspondence sent by the bank to that address if returned undelivered for any reason will result in the bank stopping all operations in my account without further notice. I/We also confirm that incase of change in the mailing address I/We shall intimate the bank immediately. I/ We have read, understood & unconditionally agree to comply with the rules of the bank in force from time to time governing the conduct of the account & other services, including the Terms & Conditions of services (as applicable) ie; ATM/ Debit Card/ CSB Internet Banking/ Mobile Banking, made available on the Bank's site www.csb.co.in. I/We have read and understood the contents of the most important document made available to me/us by the branch, containing the features, stipulated balance requirements and service charges of the product variant applied for.

Signature of 1st Applicant	Signature of 2nd Applicant	Signature of 3rd Applicant

Customer Profile Form - 1st Applicant/ Primary Account Holder (Use separate form for each joint holder)

(Office use only) Branch Code _____ Customer ID _____

Title Code* ☐ Mr. ☐ Mrs. ☐ Ms.

Name of Individual*

Gender* ☐ Male ☐ Female ☐ Others

Father's Name*

Mother's Name*

Alternate Overseas Address*

☐ Tick (✓) if same as Overseas address as in page 1 of this form

Line-1*

Line-2

Line-3

Country*

Postal/Zip Code*

Present/Permanent Address in India

Line-1

Line-2

Line-3

Line-4 PIN

State

E-mail Address ◀ Mandatory for Silver, Gold & Platinum Variants

Date of Birth* (dd/mm/yyyy) **Place of Birth***

Aadhaar No. Aadhaar No. to be linked with account number (Only for NRO SB Accounts) ☐ Yes ☐ No

Additional Details (wherever applicable)

Religion* : ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Others

Category* : ☐ General ☐ OBC ☐ SC ☐ ST ☐ Weaker Section (Specify)

Literate* : ☐ Yes ☐ No Physically Challenged: ☐ Yes ☐ No Mentally Challenged: ☐ Yes ☐ No

Educational Qualification: ☐ Matriculate ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Others

Nationality* : ☐ Indian ☐ Person of Indian Origin (Attach Supporting Documents) ☐ Others

Mother Tongue* **Marital Status* :** ☐ Married ☐ Single

If Married, **Name of Spouse** **Wedding Date**

Occupation Details

Annual Income*: ☐ <1 lakh ☐ >1 lakh <5 lakh ☐ >5 lakh <10 lakh ☐ >10 lakh <25 lakh ☐ Above 25 lakh (Rs.)

Occupation Type: ☐ Salaried ☐ Professional ☐ Self-employed or Business ☐ Agriculture

☐ Retired ☐ Student ☐ Housewife ☐ Others

Employer Details

Employer's Name (If applicable): Designation/Profession:

Employee Number (If applicable): If self employed professional ▶ Name of the enterprise (if any)

Document Details*

Enclose self attested copies of relevant KYC document

PAN No. (If an assessee) ☐ #TRC & Form 10F enclosed

#Compulsory for availing benefit of lower tax deduction at source on interest under applicable double taxation avoidance agreements in the case of NRO accounts

Passport Number: Issue date: Expiry date:

Place/Country of Issue:

Visa Number: Issue dt.: Expiry dt.:

Place/Country of Issue:

Other Valid Documents (Tick (✓) the appropriate box)

☐ OCI/PIO Card ☐ Residence Permit ☐ Employment Contract/ID Card ☐ Labour Card issued by foreign Govt.

☐ Seafarer's Continuous Discharge Certificate (CDC) ☐ Other documents (Please specify)

Contact Details (Overseas mobile number is mandatory)

	Country Code	Mobile (Mandatory)	Residence	Office
Ph. No.* :				

Contact No. in India:

Other Details

Vehicle: ☐ Four wheeler ☐ Two wheeler ☐ Other

Insurance Policy Information* : Policy Holder ☐ Yes ☐ No

Existing Loans: ☐ Vehicle Loan ☐ Home Loan ☐ Personal Loan ☐ Education Loan ☐ Business/Agriculture

House* : ☐ Ancestral ☐ Owned ☐ Rented ☐ Company Provided

Relation with ***CSB**** : ☐ Not an Employee ☐ Employee ☐ Staff Family Member ☐ Former Employee ☐ Director ***CSB*** EMP Code

Proof for Address in India (If applicable)

Address proof to be furnished

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

Address Proof Document No.:

Issued at: Issue date:

Expiry date: Date:

Signature of 1st Applicant

For office use only

Account sub type: ☐ Public ☐ Staff and ☐ Single ☐ Joint

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
Signature

Verified by:
Employee Code
Signature