

Account Opening Form

FOR RESIDENT INDIVIDUALS

FOR SAVINGS ACCOUNT (INDIVIDUAL/JOINT) AND CURRENT ACCOUNT (INDIVIDUAL)

То

Branch address:

The Branch Manager, The Karur Vysya Bank Ltd.

Please open my /our account at your Branch.

Please fill all the details in CAPITAL LETTERS and in **BLACK INK** only. Fields with * are MANDATORY.

FOR OF	FICE	USE	ONL	(
DAT	Έ	D	D	Μ	Μ	Y	Y	Y	Y C	USTO	OMEF	R IC*																
CUSTON	IER IC)			·····		· · · ·		A	ссо	UNT	NO.:																
ACCOU	NT C	PTIC	ONS						·			•			·	·		·		•	•	·	·					
Sav	vings	(Spe	cify c	atego	ory)		(Proc	duct	No.		_) [C	urrer	nt (S	speci	fy cat	egory	/)		(1	Prod	uct I	No		_)		
INDIVID																												
Mr/ Ms *	*NA	ME: I	NDIV	'IDU/	AL (IN	N THI	E OR	DER	OF F	FIRS	T, MI	DDLE	E & L/	ASTN	JAME) lea	ave sp	bace	betw	/een \	words	. Eg.	RAI	VI G	OPAL	_ VAF	RMA	
*FATHEF	'S NA	ME																							1			
MOTHEF	R'S NA	ME																								<u> </u>		
SPOUSE	NAM																			1				1	1			
AADHAA												NO.:										F0		20/04		CLOSE		
	.R ID.										PAN	NU										ΓU		Y	<u> </u>	N N	<u>-</u> D)	
DATE OF	BIRT	H*					MI	NOR	A/C	M	ARIT	AL ST	ATUS	NA	TION	ALIT	Y*			RELIC	GION				(GEND	ER*	
D D	Μ	Μ	Y	Y	Y	Y			Y		М															М	F	-
MOBILE	NO.:*									EMA	IL ID:								ľ									
RES TEL NO.:	S T	D	С	0	D E									OFF NO.:		S T	D	С	0	D E								
*MAILI	NG A	DDR	ESS	: FIF	RST	IND	VIDU	JAL																				
CITY/TO	OWN																											
DISTRIC	т																			PIN	CODI	Ξ						
STATE																			co	UNTF	RY							
PERMA	NEN	TAC	DRE	SS	(IF I	DIFF	ERE	NT F	RO	MA	BOV	E)																
CITY/TO	OWN																											
DISTRIC	т																			PIN	CODI	=						
STATE																			co	UNTF	RY							

IF MINOR ACCOUNT	
Name of the Parent / Guardian	
Relationship Father Mo	her By Court order (enclose a copy)
	ctions of any description in the above account till the said minor attains majority. I shall fully f the above minor for any withdrawal/transaction made by me in his/her account.
	Signature of the Cuerdian
	Signature of the Guardian
INITIAL PAYMENT DETAILS	
₹	₹ IN WORDS
Cash (Please make cash remittanc	e only at the branch. Please do not handover cash to unauthorized persons)
OPERATING INSTRUCTIONS	

OPERATING INSTRUCTIONS Single Either or Survivor Former or Survivor any one or Survivor PA Holder By										
Jointly by all Minor A/c Operated by Guardian Mandate Holder By										
INTRODUCER'S DETAILS:										
Introduction by existing KVB Account Holder.										
Account No.										
I confirm that I personally know the applicant/s detailed herein for more than 6 months and confirm his/her/their identity and address.										
Signature of Introducer										
FOR BANK USE:										
Name, Code and Signature of the Manager/Officer who verified the introducer's signature.										

1. CHEQUE BOOK FACILITY Yes No 2. E-MAIL STATEMENT YES NO 3. A/C STATEMENT FREQUENCY (CURRENT A/C) M Q HY Y
3. A/C STATEMENT FREQUENCY (CURRENT A/C)
4. CONSENT TO COMMUNICATE NEW PRODUCTS/OFFERS (THROUGH E-MAIL, SMS, POST, TELEBANKING): YES NO
Customer Signature

			_	
Applicant No. 1 Please paste colour photo here. Please do not use pins, staples or tape	Applicant No. 2 Please paste colour photo here. Please do not use pins, staples or tape	Applicant No. 3 Please paste colour photo here. Please do not use pins, staples or tape		Applicant No. 4 Please paste colour photo here. Please do not use pins, staples or tape

ACCOUNT NO.:

CUSTOMER ID	CUSTOMER ID	CUSTOMER ID	CUSTOMER ID
NAME:	NAME:	NAME:	NAME:

Signature (with seal)	Signature (with seal)	Signature (with seal)	Signature (with seal)

(USE BLACK INK AND SIGN WITHIN THE BOX ONLY)

(Incase of LTI) Witness No. 1

Witness No. 2

KYC AND F	RISK PROFILE CER	RTIFICATION																	
APPLICANT	PROOF TYPE	NAME OF THE DOCUMENT	NUMBER			IS	SUE	DA	TE					EXI	PIR	(DA	TE		
NO.				D	D	М	М	Y	Y	Y	Y	D	D	М	М	Y	Υ	Y	Y
1.	IDENTITY PROOF																		
	ADDRESS PROOF																		
2.	IDENTITY PROOF																		
	ADDRESS PROOF																		
3.	IDENTITY PROOF																		
	ADDRESS PROOF																		
4.	IDENTITY PROOF																		
	ADDRESS PROOF																		
We have perused the Original Documents and as per KYC norms all are correct. Further to know about the customer we have enquired locally and/or we personally visited the places of addresses given by the customer, to ascertain the correctness. All the signatories have signed before me. I authorize opening of the account. Also we certify that according to the nature of Business/activity, this account may be treated under the below selected risk category:																			
RISK LE		MEDIUM 🗌 HIGH	Expected level of turnove (In a quarter)	r:	₹]
	CANVASSED BY	CODE NO.:																	
			DATE:			S	IGN	IAI	ſUF	RE (OF	тн		NA I	NA	GEI	R		

*PERSONAL INFORMATION OF THE APPLICANT

NAME OF THE APPLICANT			NO. OF DEPENDENTS						
FAMILY MEMBERS	DOB	RELATIONSHIP	OCCUPATION						
1.									
2.									
3.									
			ITERATE						
EMPLOYED WITH		THER ENTITY (specify)						
NATURE OF BUSINESS MANUFACTURING		TAILING AGRICULTURE							
TYPE OF PROFESSION DOCTOR ENGIN IT PROFESSIONAL OTHERS (specify)									
ANNUAL INCOME SELF ₹	L INCOME SELF SPOUSE								
LOANS WITH OTHER BANKS			ESSIONAL						
SIGNATURE OF THE ACCOUNT HOLDER/S									
NOMINATION REQUIRED: NO: I / We do	o not require Nomination facility:	Signature							
YES (If yes s	ubmit Form DA-1)								
E	BANKING REGULATION ACT 19 THE BANKING COMPANIES (N	ATION UNDER SECTION 45ZA OF THE I NG REGULATION ACT 1949 AND RULES (1) OF I ANKING COMPANIES (NOMINATION) RULES, RESPECT OF BANK DEPOSIT.							

I/We										n in the
event of my/our/minor's death, the amount of deposit in the acco	ount(s), particu	ulars w	here	of are	given	belov	v, ma	y be	retu	rned by
THE KARUR VYSYA BANK LTD in which	n the deposit is	s held.								
Account Type Account Number										
NOMINEE NAME NO	MINEE ID:				RE	LATIO	ONSH	ΗP		
DOB OF ADDRES NOMINEE NOMINEE PAN NO.: (Optional)	SS									
2. As the nominee is a minor on this date, I/we appoint Shri/Smt./Kum.**AGE	NAME/S AND ADDRESS/ES OF THE WITNESS/ES* 1. - 2.									
	3.									
(Name, address & age) to receive the amount of deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.	SIGNATURE/S OF THE WITNESS/ES SIGNATURE(S)/THUMB Impression(S) of the Depositor(S)* 2.									
*Where the deposit is made in the name of a minor, the nominations shot ** Strike out if the nominee is not a minor. *. Thumb impression(s) shall be PLACE DAT		witnes	ses.	-		d to ac	t on l	behal	f of th	e minor.

|--|

DECLARATION

I/We have read and understood the Terms and Conditions (a copy of which I/we am/are in possession of) governing the opening of an account with KVB and those relating to various services including but not limited to (a) ATMs (b) Anywhere Banking Convenience Plus. (2) I/We accept and agree to be bound by the said terms and conditions including those/limiting the Bank's liability. (3) I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partly without any notice to me/us. (4) I/We agree that the Bank may debit my account for service charges as applicable from time to time. (5) I/We confirm that I/We am/are residents of India. (6) I/We agree to notify the Bank in future if I/We avail any credit facility from any other bank and I/We authorize you to inform the existence of our account with you to the lending banker. (7) I/We also abide by the terms and conditions of the bank for off line transactions. (8) I/We shall be liable to you for any monies owing to you from time to time in case the account is overfrawn and /debit balance is caused including your commission, interest and other incidental charges. (9) In the event of death or insolvency or withdrawal of any of us the survivor/s shall have full control of any monies standing to my/our credit in our account with you and the survivor/s will have full powers to operate the account. (10) I/We request and authorize you to honor all cheques and other orders drawn or bills of exchange accepted or notes made on our behalf, to debit such cheques to our account with you whether such accounts be for the time being in credit or overdrawn. (11) I/We also request you to accept the endorsement signed by me/us on cheques /orders/bills or notes payable to us. (12) The cheques/Bills presented by us in our account for collection are at our sole risk and responsibility and the bank may engage the services of courier/post office for sending the instruments for collection and the bank is not liable for any loss or damages in ca

General: I/We have read the terms & condition of the Bank and pertaining to the Savings/Current accounts and anywhere banking, tele-banking, internet banking, and ATM cum Debit Card facility. I/We have understood the same and agree to abide by such/any other terms and conditions that may be in force from time to time. I/We also agree to abide by the Bank's Schedule of Charges as applicable from time to time for savings/current accounts as published in the bank's web site/notice board. I/ We also understand that the terms & conditions and the service charges are subject to change without any personal notice. The information furnished/declaration given by me/us in this form is true and I/we shall be held responsible for any wrong/misleading information at all times. For the purpose of providing certain services, the Bank is/may be required to engage the services of specialized and other service providers/ agents. I/We authorize the Bank to furnish any information regarding my/our account to these service providers/agents. I/We also understand that the continuation of the accounts is at the Bank is sole discretion, and in case of dissatisfaction with the conduct of the account, the Bank has right to close the account after giving suitable notice or withdraw some/all services/ concessions granted to me/us.

Core Banking: (1) The Bank shall facilitate payment and collection of cheques through all its branches while I/we shall have one account at the branch (for short "Home Branch") Bank shall also accept cash from me/us or my/our representatives and pay in cash against presentation of cheques drawn by me/us in favour of myself/ourselves or third party to the credit or debit to my/our designated account with the Home Branch as per the applicable limits for the account. The cash transaction will be on the same lines as is the case when deposits/ withdrawals take place at the home branch. (2) While the instruments for and on my/our behalf will be collected in local clearing, the credit in respect of the proceeds, thereunder will be afforded at the home branch on and subject to realization at the respective centre(s)/branch(es). (3) The Bank will be entitled to debit by its home and any other branch(es) my/our account at its base branch against the cheques presented at various branches of the Bank. (4) My/our written intimation of "stop payment" to the various branches of the Bank will be at my/our risk and I/We agree to grant a lead time of at least 24 hours for intimation of such "stop payment" instruments to all its branches. In case of any erroneous information which may emerge due to any communication error and if the "stop payment" is not carried out in good faith based on the said information, the Bank shall not be held responsible for the said act. (5)//We agree to inform my/our casiting bankers for the availment of any of the facilities hereby granted to me/us. I/We also agree from time to time to time to time to mistain the minimum balance and for conduct of the account not being satisfactory, the Bank will at its discretion be entitled to forthwith terminate the facility hereby granted to me/us. I/We also agree from time to a supelicable bank information (be addities hereby granted to me/us. I/We also agree from time to

SIGNATURE OF THE DECLARANT/APPLICANT

GUARDIANS DECLARATION (MINOR ACCOUNTS)

*I am his/her natural and lawful guardian. *I am the guardian appointed by the court vide order dated...../...../.....(Copy enclosed).

For the sake of operational convenience, I have requested the bank to issue an ATM Debit Card to my minor son/daughter to be used by him/her. I will explain to the minor, the rules of operation of the account as well as safeguards to be followed while using ATM Debit Cards. I will suitably guide my son/daughter for the safekeeping of the ATM Debit card and maintaining the secrecy of PIN number allotted to him/her. I will also explain the consequences of loss/misuse/abuse of the ATM card. I undertake to supervise the use of the ATM debit card by the minor and the account would be operated under my guidance and I will monitor the transactions done through ATM. I will not hold the bank responsible and liable for any transactions done by the minor and I undertake not to make any claim against the Bank for consequences arising out of unauthorized use/misuse/abuse of the card. All the transactions done using the ATM Debit Card will bind me, as if done by me only.

SIGNATURE OF THE GUARDIAN

*Strike out whichever is not applicable.

Terms & Conditions of EFT Executed in the RBI EFT SYSTEM (as per form FT-2B)

I/We am / are desirous of availing the Electronic Funds Transfer (EFT) through the RBI EFT System. In consideration of the bank agreeing to extend to me/us the said EFT facility, I/we hereby agree to and undertake the following terms and conditions.

1. Definitions (a) "Customer" means the person named here-in above who has executed this Agreement. (b) "Bank" means Karur Vysya Bank Ltd. (c) "EFT Facility " means the Electronic Funds Transfer Facility through the RBI EFT Systems. (d) "Security Procedure" means a procedure established by agreement between the bank and the customer for the purpose of verifying that the payment order or communication amending or canceling a payment order transmitted electronically is that of the customer or for detecting error in the transmission for the content of the payment order or communication. A security procedure may require the use of algorithms or other codes, identifying words or numbers, encryption callback procedures or similar security devices. (e) Words or expressions use in this Agreement, but not specifically defined herein shall have the respective meanings assigned to them in the RBI EFT Regulations, 1996. 2. Scope of the Agreement (a) This Agreement shall govern payment order issued by the customer during the period of validity of the Agreement. (b) This Agreement shall be in addition to and not in derogation of the RBI EFT Regulations, 1996. The customer has gone through and understood the RBI (EFT System) Regulations, 1996 and agrees that the rights and obligations provided therein in so far as it relates to the originator shall be binding on him/it in regard to every payment order issued by him/it for execution in the EFT System. (c) The customer understands and agrees that nothing in this Agreement shall be construed as creating any contractual or other rights against the Reserve Bank or any participant in the EFT System, other than the bank. 3. Commencement and Termination (a) This Agreement shall come into force as soon as a security procedure is established by mutual agreement between the bank and the customer. (b) The Agreement shall remain valid until it is replaced by another agreement or terminated by either party or the account is closed whichever is earlier. (c) Either party to this Agreement may terminate this Agreement by giving one month's notice in writing to the other party. Notwithstanding the termination of the Agreement the parties to the Agreement shall be bound by all transactions between them in regard to EFT Facility availed of by the customer before the termination of the Agreement. 4. Security procedure (a) For the purpose of agreement for security procedure, the bank may offer one or more or a new combination of one or more security device. (b) A security procedure once established by Agreement shall remain valid until it is changed by mutual agreement. 5. Rights and Obligations of Customer (a) The customer shall be entitled, subject to other terms and conditions in the Regulations and this Agreement to issue payment orders for execution by the bank. (b) Payment order shall be issued by the customer in the form annexed hereto, complete in all particulars. The customer shall be responsible for the accuracy of the particulars given in the payment order issued by him and shall be liable to compensate the bank for any loss arising on account of any error in his payment order. (c) The customer shall be bound by any payment order executed by the bank if the bank had executed the payment order in good faith and in compliance with the security procedure, Provided that the customer shall not be bound by any payment order executed by the bank if he proves that the payment order was not issued by him and that it was caused either by negligence or a fraudulent act of any employee of the bank. (d) The customer shall ensure availability of funds in his account properly applicable to the payment order before the execution of the payment order by the bank. Where however, the bank executes the payment order without properly applicable funds being available in the customer's account the customer shall be bound to pay to the bank the amount debited to his account for which on EFT was executed by the bank pursuant to his payment order, together with the charges including interest payable to the bank. (e) The customer hereby authorises the bank to debit to his account any liability incurred by him to the bank for execution by the bank of any payment order issued by him. (f) Customer agrees that the payment order shall become irrevocable when it is executed by bank. (g) Customer agrees that the bank is not bound by any notice of revocation unless it is in compliance with the security procedure. (h) Customer agrees that he shall not be entitled to make my claim against my party in the RBI EFT System except the bank. (i) Customer agrees that in the event of any delay in the completion of the Funds Transfer or any loss on account or error in the execution of the Funds Transfer pursuant to a payment order, the bank's liability shall be limited to the extent of payment of interest at the Bank Rate for my period of delay in the case of delayed payment and refund of the amount together with interest at the Bank Rate upto the date of refund, in the event of loss on account of error, negligence or fraud on the part of any employee of the Bank. (i) Customer agrees that no special circumstances shall attach to my payment order executed under the EFT facility under this Agreement and under no circumstances customer shall be entitled to claim any compensation in excess of that which is provided in clause (9) above, for any breach of contract or otherwise.

Rights and Obligations of the Bank: 1. The bank shall execute a payment order issued by the customer duly authenticated by him as defined by the security procedure, unless (a) The funds available in the account of the customer are not adequate or properly applicable to comply with the payment order and the customer has not made any other arrangement to meet the payment obligation. (b) The payment order is incomplete or it is not issued in the agreed form. (c) The payment order is attached with notice of any special circumstances. (d) The bank has reason to believe that the payment order is issued to carry out an unlawful transaction. (e) The payment order cannot be executed under the RBI EFT System. 2. No payment order issued by the customer shall be binding on the bank until the bank has accepted it. 3. The bank shall, upon execution of every payment order executed by it, be entitled to debit the designated account of the customer, the amount of the funds transferred together with charges payable thereon, whether or not the account has sufficient balance.

SIGNATURE OF THE DECLARANT / APPLICANT

Current Account / Credit facility with other bank

I/We declare that I / We do not enjoy credit facilities with other bank/s.

We enjoy credit facility / have current account with other banks, details of which are furnished below: (If credit facility is enjoyed with other bank, NOC should be obtained and produced for opening the account)

Name of the Bank	Account No.	Facility	Amount

SIGNATURE OF THE DECLARANT / APPLICANT

RF	-Ι ΑΤ	ISH	P

REGISTRATION NO. AND DATE

MANAGER/OFFICER



Application for E-services For Individuals / Corporate

Photo
Please paste colour stamp size
photo here. Please do not use
pins, staples or tape.

Please fill all the details in CAPITAL LETTERS and in **BLACK INK** only.

Branch Name:		Brar	nch C	ode:				Date											
CUSTOMER ID		ACCOUNT NO.	•																
I/We wish to apply for the following E-Services with	n your bank.	-	h the d	letails	of my	/our a	accour	nt for	which	n the f	acilit	y sha	ll be	enab	led.				
FACILITY / SERVICES REQUIRED																		-	
ATM Card Debit Card Add on Card	Alert (N	Nob / E-mai	l)	Interr	net Ba	nking		Mobi	le Ba	nking	(М-р	ay)							
Mr./ Ms/ ACCOUNT NAME : (IN THE ORDER OF	FIRST MIDDI	I F & LAST N	AMF) le	ave sr	bace he	etweer	n word	S											
Messers																			
Fill up the rows applicable to the facilit	ty request	ed			_										1			1	
1. ATM/DEBIT CARD (Name to appear on the card)																			
					D ON	CAR	<u>ו</u> ס · ר		s 🗌										
	STOMER ID		ПJ	OINT H							/IER (Joint a	solica	nt For	m to b	e attac	hed)		
ADD ON CARD (Name to appear on the card)				-	-														
3. ALERT: SMS / E-mail ID	Custo	omer ID							N	lobile	Numt	per / E	-mail	ID					
ALERT: SMS/ E-mail ID	Custo	omer ID							N	lobile	Numk	per / E	-mail	ID					
ALERT: SMS/ E-mail ID	Custo	omer ID							N	lobile	Numt	per / E	-mail	ID					
SMS: TRANSACTION TYPE – Debit	Credit	Balance	E	MAIL	: TRAI	NSAC	TION	TYP	E – [De	ebit		Cred	it 🗌	Ba	lance			
AUTHORISED USER NAME – 1 (For Alert)																			
AUTHORISED USER NAME – 2 (For Alert)																			
AUTHORISED USER NAME – 3 (For Alert)																			
4. MOBILE BANKING – M-PAY (mobile number)		9	1							I									1
HANDSET MAKE – MODEL (Eg.: NOKIA -311	0C)																		
AUTHORISED USER NAME (For Mobile banking – M-pay)																			
5. NET BANKING : Retail – Fin-Pers	onal 🗌 Fi	n-Personal	and TI	hird P	arty	N	lon-Fi	n 🗌	RS		KEN	(Opt	ional	and	char	ges a	are a	applica	able)
Corporate – Fin Non-Fin (Maker	is one who e	enters the t	ransact	tions.	Check	ker is	the o	ne wl	no au	Ithoriz	e the	e trar	isacti	on.)	RSA	TOK	EN n	nanda	atory.
AUTHORISED USER NAME		E-MAIL ID										Mak	ker / C	heck	er		Lin	nit (₹)	
											-								
																-			
											-								
I/We confirm that the mandate from the competer banking services of KVB. The copy of the resolu			ained f	or the	corpo	orate u	user(s) for (opera	iting o	ur ac	cour	nts ar	nd tra	nsac	tion th	nroug	jh inte	ernet

DECLARATION

Debit Card: I/We have read and understood the terms and conditions governing the usage of the Debit Card. I/We accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank, at its sole discretion without any notice to me/us. I/We confirm that I/we am/are the sole account holder or have the required mandate to operate all the accounts linked to the Debit Card(s) singly. I/We understand that upon issue of a Debit Card to me/us, the existing ATM card linked to my account will be deactivated. I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulation and in event of any failure to do so, I/we will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by the Reserve Bank of India, or rules notified under the Act or any other Act governing such transactions. I/We accept full responsibility for my Debit Card and agree not to make any claims against Karur Vysya Bank, in respect thereto. I/We agree that the cash deposited by me/us in the ATM will be credited by the Bank to the account after due verification and if it is found in order within 24 hours from the next working day. I/We agree further that all complaints pertaining to all ATM transactions will be resolved by the Bank within about 2 months.

Mobile Banking (Alert): I / We wish to apply for the SMS banking and subscribe for the Mobile alerts facility offered by KVB. I am herewith furnishing the details of my / our account for which this facility shall be enabled. I/We have read and agree to abide by the terms and conditions governing KVB @ Mobile made available to me / us by THE KARUR VYSYA BANK LTD. I/We am / are responsible for the registration of Mobile Banking at the Hand phone Number/s mentioned above. In the event of availing any additional / specialized facility through Mobile Banking, I/we shall be fully responsible for the account being debited on instruction from the above mobile Number/s. I /We have no objection to the fees, duties or any other charges which is associated with the service. In case of any mistake on my part or that of the mobile service provider in respect of these services, I/we agree that the Bank will not be responsible and agree not to make any claim against the Bank.

Mobile Banking (M-pay): I hereby confirm that the following. I / We have read and agree to abide by the terms and conditions governing Mobile Banking services (KVB mPAY) made available to me/us by THE KARUR VYSYA BANK LTD. (a copy of which I am in possession/displayed in the banks website,www.kvb.co.in) I am the sole account holder or I have the required mandate for joint account to singly operate the account through mobile banking. I am solely responsible for all the transactions happening through my mobile number. I will keep the application password / MPIN / any other form of security/authentication PIN provided by the bank and maintain the confidentiality and secrecy. In case of change in mobile number, I will uninstall /remove the mobile banking application installed in my mobile, for maintaining the confidentiality and secrecy. In case of lost / theft of my mobile / SIM, I will immediately inform the bank to cease /suspend the mobile application facility. I am aware of the charges applicable for this service and hereby authorize Karur Vysya Bank to debit my account(s) towards any service charges for availing mobile banking facility, as and when it is applicable. Charges as per my tarrif plan may be levied by my mobile service provider. I declare that the above details mentioned in the application are true and correct to the best of my knowledge.

INTERNET BANKING: I/We have read and agree to abide by the terms and conditions governing KVB@NET Internet facility of THE KARUR VYSYA BANK LTD. provided to me/us including those excluding/limiting the Bank's liability and agree to any other changes to be made by the Bank from time to time and acknowledge that the Bank may in its absolute discretion discontinue any of the services completely or partially without notice to me/us. I/We request you to provide access as requested above. I/We agree that the Bank may debit my/our account for the service charges as applicable from time to time.

RSA Security Token: I/We agree to receive RSA token which generates pass code for me/each individual authorized signatory(s) as given above for the purpose of transacting my/our accounts through internet banking. I/We agree and authorize the bank to debit my/our primary account with the bank at the rate applicable from time to time for the issuance of duplicate RSA token if any, for the specific facility (which is non-refundable) to be issued to me/individually to each of the authorized signatory(s). Issuance of RSA token for retail users is optional and charges are as applicable from time to time. Issuance of RSA token is mandatory for corporate and is free of cost. RSA token is valid for 5 years from the date of issuance. I/ We confirm that the mandate from the competent authority has been obtained for the corporate user(s) for operating our accounts and transaction through the Internet banking services of KVB. The detail of the resolution and a copy is enclosed. In order to ensure safety of "Online" banking, I/we shall ensure to observe the following precautions: a) I/We will visit the Internet Banking site directly. I/We will avoid accessing the site through a link from another site or an email and verify the domain name displayed to avoid spoof websites. b) I/We will ignore any e-mail asking me/us the password or PIN and inform the Bank of the same immediately to investigate the same. c) I/We understand that neither the Police nor the Bank will ever contact me/us to ask to reveal my/our online banking or payment card PINs, or my/our password information. d) I/We will not use cyber cafes / shared PCs to access our Internet banking site. e) I/We will update our PC with latest antivirus and spy ware software regularly. I/We will install security programmes to protect against hackers, virus attacks or malicious 'Trojan Horse' programmes. I/ We understand that a suitable firewall installed will protect my/our PC and its contents from outsiders on the Internet. f) I/We will disable the 'File and Print Sharing' feature on my/our operating system. g) I/We will log off from the bank's website in my/our PC when not in use. h) I/We agree not to store my/our ID/PIN in the Internet Explorer browser. i) I/We agree to check my/our account and transaction history regularly. i) I/We will use the Bank's websites to get help and guidance on how to stay online. I/We agree that the Bank is NOT liable for any loss arising from my/our sharing or otherwise passing of my/our User Ids, passwords, cards, card numbers or PINs with anyone, NOR from their consequent unauthorized use. I/We have read and agree to abide by the above additional terms and conditions governing KVB@NET. Internet Banking facility of THE KARUR VYSYA BANK LTD. provided to me/us which shall constitute an agreement between me/us and the Bank. I/We have read and understood the rules governing the above channel services and agree to abide by the same.

SIGNATURE OF THE AUTHORISED USER

SIGNATURE OF ACCOUNT HOLDERS

 For existing customers the details given in the above application should be same as in the customer master. This should be strictly verified by the Manager/Officer before forwarding. For new accounts, leave account number column as blank. Add on cards should be issued only to the spouse of the account holder (If not a joint account holder). 	I certify that all the above information has been verified, updated appropriately and are correct. The above requested services can be enabled for the applicant.
	MANAGER / OFFICER DATE:

LETTER OF MANDATE FOR E-SERVICES

I/We hereby agree the terms and conditions specified by the bank for KVB M-PAY/INTERNET BANKING/DEBIT CARD/ KVB-MOBILE ALERT.

I authorize the account holder/non-account holder Mr./Mrs./Ms _

to the bank for operating the above mentioned account(s) through KVB M-PAY/INTERNET BANKING/DEBIT CARD/ KVB-MOBILE ALERT.

I/We undertake to ratify and confirm all and what ever Mr./Mrs./Ms ______ does or causes to do through KVB M-PAY/INTERNET BANKING/DEBIT CARD/KVB-MOBILE ALERT services offered by KVB.

This authority shall continue to be in force, until I/any one of us revoke this mandate by a notice in writing delivered to you.

I/We request you to provide access as requested above.

Name of Mandate/Authorized user	Signature of Mandate / Authorized user

Signature of the Account Holders	3.
1.	4.
2.	5.

Verified by: Officer				Authorized by: Branch Head
Date of Dispatch of Application:	1	1	•	

Note: Attach separate mandate for each E-service.

FOR ATM CELL USE ONLY

Date of Receipt of Application	
Date of Data entry/Upload	
Maker Name:	Checker Name:
Name:	Name:
Employee Code:	Employee Code:
Signature:	Signature:
Date:	Date:

THE KARUR VYSYA BANK LIMITED

SAVINGS BANK RULES

- 1. Savings Accounts can be opened in the names of individuals singly/jointly/with either or survivor options. In case of joint accounts, the maximum number of persons is restricted to four.
- 2. Customers should provide satisfactory introduction, address and ID proof in order to comply with KYC norms.
- 3. The account should be properly introduced by the existing account holder having satisfactory dealings for a minimum period of 6 months.
- 4. Self Help Groups (SHGs), Farmer Clubs, Associations, Clubs can open a SB account if they are permitted as per RBI/IBA guidelines.
- 5. SB account in the name of HUF can be opened provided the HUF is not engaged in trading and business activity. Such SB account should be opened by Kartha only.
- 6. SB accounts may be opened for the purpose of savings and not for doing any business transactions. The object of the savings bank account is to encourage private individuals to deposit their savings with the bank, allowing them interest on the sums so deposited and at the same time permitting the facility of certain limited withdrawals on demand. Hence firms/companies are not allowed to open SB account. Transactions of commercial nature are not permitted.
- 7. The SB account can be opened in the name of minor by a natural guardian i.e., father or mother, in circumstances approved by the bank.
- 8. Sufficient balance should be maintained in the account at the time of issuing cheques.
- 9. A minimum balance shall always be maintained in the account. Non-maintenance of minimum balance will attract charges as prescribed from time to time.
- 10. The number of all debit transactions including ATM transactions in all Savings Bank accounts (excluding KVB Prestige, Rainbow SB, Kalpatharu and Grama Jyothi Accounts) is limited to 90 transactions for each half year (excluding system based debits). Where a person has more than one account mapped to a single customer ID, the total number of debit transactions permitted in all such accounts put together will be limited to 90 per half year. When number of withdrawals is more than the maximum stipulated, a service charge will be levied for each transaction in excess of 90 transactions. The Number and amount of transactions will be restricted as per the rules of the bank governing Savings Bank Deposits from time to time.
- 11. The minimum amount that can be deposited or withdrawn in a savings bank account shall be not less than ₹50/except in No Frills Accounts.
- 12. Charges will be collected on closure of the account.
- 13. Account opening forms, pay-in-slips will be supplied by the bank free of charge and these forms only should be used.
- 14. Initially 20 cheque leaves will be issued for all eligible accounts at free of cost. Charges for subsequent issue of cheque books will be based on Quarterly Average Balance (QAB). Requisition slip should be given duly signed by the account holder every time for getting a new cheque book.
- 15. Issuance of ATM Debit Card is free. Add-on Card will also be issued provided charges will be collected. Annual charges is FREE in case the customers do 10 transactions in POS else fees applicable. No annual fees for Prestige accounts. Card Renewal charges and duplicate card charges will be levied as per Bank Rules from time to time.
- 16. The cheque issued by the customer to any third party on or after 01-04-2012 will be valid only for 3 months.
- 17. The pass book will be supplied by the Bank free of charge. For Issue of duplicate pass book/pass sheet additional charges will be collected.
- 18. Interest is calculated on the balance maintained in the SB account on daily balance method and credited to the account on last working day of every March and September. The rate of interest payable is subject to the directives that may be issued by RBI from time to time.
- 19. If required by the account holder, outstation cheques /local cheques upto ₹15,000/- will be discounted by collecting the regular charges for accounts showing satisfactory transactions.
- 20. Cheques, drafts and other instruments drawn payable to depositors only will be accepted for collection and drawings against them will not be permitted until they are realized. The entry of any cheque received for collection will be affected on the date of sending such cheque for clearing with a value date credit. But the amount will be allowed to be withdrawn only after realization of the instrument.

- 21. Cheques received through clearing will be paid/returned as per previous day's closing balance.
- 22. No overdraft facility will be permitted in SB accounts except in KVB Grama Jyothi account.
- 23. Nomination facility is available for all types of SB accounts.
- 24. The status of the account will be changed to dormant if there are no operations in the account for a period of 2 years. Only after the request from customer the status will be moved to regular.
- 25. The Bank reserves its right to take steps to get the account closed if frequent return of cheques for want of funds is observed and cheque return charges will levied to such accounts.
- 26. The Bank reserves its right to close any account without assigning any reasons.
- 27. The Bank reserves for itself the right to alter or amend these rules at any time. However such changes will be posted in the banks website and in the Notice Board of the branches.
- 28. The Bank is a Member of Banking Codes and Standards Board of India and committed to honour the covenants of its Codes. Customers can get a copy from the Branch and the same is also available in the Bank's web site <u>www.kvb.co.in</u> Similarly the Bank has a fair practice Code and Policy on deposits which are also available in the same manner.

DOCUMENTATION CHECK LIST

No.	PROOF	Identity	Address	DOB*
1.	Ration Card	Y	Y	Y
2.	Passport	Y	Y	Y
3.	Letter from recognized Public authority/servant	Y	Y	Y
4.	Identity Card / Govt. ID Card (Subject to satisfaction of the bank)	Y	Y	Y
5.	Aadhaar ID	Y	Y	Y
6.	Voters Identity Card	Y	Y	Y
7.	Driving License	Y		Y
8.	Letter from employer (Subject to satisfaction of the bank)	Y	Y	Y
9.	Pension Card	Y	Y	Y
10.	PAN Card	Y		Y
11.	Certificate from Local body/NGO/MFI (Only for rural branches)	Y	Y	
12.	Telephone Bill		Y	
13.	Bank Account Statement		Y	
14.	Electricity Bill		Y	
15.	School Leaving Certificate			Y
16.	Insurance Policy			Y
17.	Birth Certificate			Y

* (DOB) Proof Document for Date of Birth to open Minor / Senior Citizen Account.

- Note: 1. Original and photo copy are to be produced. Original will be returned after verification.
 - 2. MANDATORY FOR CASH DEPOSITS > ₹ 50000/- : Proof of PAN / Form 60/61.
 - 3. MINOR ACCOUNTS: Copy of the Birth Certificate should be produced.
 - 4. All signatures are to be obtained in the presence of Bank's Official.

																											M (327
ACCOU	I T NI	NO.:	:																Cus	tome	er ID) :						
DETAIL	S EO						т_ с	B/1	FED			сіт		-	_													
Mr/Ms *													- & 1	Δςτ	ΝΔΜ	E) Io	ave s	nace	hetw		word	s Fa	RΔ	MG		VΔF	ZMΔ	
		IVI∟.		100					01								ave 3	pace	DOLW	CON	Norus	5. Ly					111/1	
*FATHER	'S NA	ME	<u> </u>																						1			<u> </u>
MOTHER	'S NA	ME																										
SPOUSE	NAME	=																										
AADHAA	R ID:										PAN	I NO.:		,	1							FC	DRM	60/61	(ENC	LOSE	ED)	
									0.74																			
DATE OF	1		г г		MARITAL STATUS NATIONALITY* RELIGION GENDER*																							
DD																												
MOBILE NO.:* EMAIL ID:																												
RES. TEL	S	D	С	0	D										TEL	S	D	С	0	D								
NO.:	Т			0	E									NO.:		Т				E								
*MAILIN	G AC	DRI	ESS:	JO	INT A	APP	LICA	ANT		1		1											1		1			1
																								Τ				
CITY/TC	WN																											
DISTRIC	T																_				COD	E		<u> </u>	<u> </u>			
STATE COUNTRY PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)																												
PERMAI			DRE	SS (IFFE	REN				OVE)						1				1	<u> </u>			1		1
																	_								—			
CITY/TC						-					-			-											+			
DISTRIC																	-			DIN	COD	F		+				
STATE																			COI		-			+				
*PERSO	NAL	INF		ΑΤΙΟ	ON C) FJ			PLIC	ANT	-																	<u> </u>
FAMILY			-									OB					RELA		ISHI	P		00	CU	PATIC)N			
1.			0									00												,				
2.																												
Z.																						_						
3.																												
QUALIFI		ON			GRAD	UATE		GRAD	DUAT	E	POS	T GRA	DUAT	Έ	PRO	DFES	SIONA	L		ERAT	E	NO	. OF I	DEPEN	IDENT	S		
EMPLOY					0.0.0	0/112				_				_		0	0.0				-							
	GOVT	: [CEN	TRAL	GOV	г. [BLIC L	ΓD.	PF	RIVATI	E LTD.		MNC		отн	ER EN	TITY (specify	y				<u></u>)			
NATURE	OFE	BUSI	NESS	; [MA	NUFA	CTUR	ING [T	RADIN	G [SEF	RVICE	s [RE	TAIL	ING		RICU	LTUR			IEY S	ERVIC	es [AG	ENCY	
STOCI	K BRO	KER	R	EAL E	STATI	EL	NGC	/NPO		JEWEL	S/GE	MS/PR	RECIO	US M	ETAL [DEAL	ER	ОТ	HERS	(spec	ify)							_
	F PRO	OFES	SION	I [осто	א 🗌	ENGI	NEER	E 🗌 E	BANKI	er [ACHE	r [WYER		ARCHI	TECT		CONS	SULTA	٨NT				
	OFESS	IONA	L	OTH	HERS										_													
ANNUAL		1E				S ₹	ELF							SPC ₹	USE						H ₹	IOUSI	HOL	D				
			HER E		(S		т \/	VO WH	וככיי			EDIT C	חםאי	_ ,	PERSC	יאואר		IEWEL		PRO		01141						
																JNAL				PRUI	-539	UNAL						
OTHER	INVE	STMI	ENTS		DEPC	SITS		ISURA	NCE	∟S	HARE	S 📖	MF	DE	EMAT													

Note: For additional account holders attach this same type of form.

ACCOL	ACCOUNT NO.: Customer ID:																											
DETAIL	SF	OR J		ΓΑ	PPLI	CAN	T – S	SB																				
Mr/Ms *	*N/	AME:	INDI	VIDU	JAL (I	N TH	E OF	RDER	OF	FIRS	Т, М	IDDL	Ξ&	LAST	NAM	E) le	ave s	pace	betw	/een	word	s. Eg	. RAI	M G(OPAL	VAF	RMA	
																								<u> </u>		<u> </u>		ļ
*																												
*FATHEF	KS NA	AME		1				1	r	1		1								1		1		T			1	T
MOTHER	R'S N	AME																								L		
																												<u> </u>
SPOUSE NAME											1	1	<u> </u>			1	1	1	1	1	Į.	1		L	I			4
AADHAA	R ID:	-1			-	1	1	1			PAN	NO.:						I	T	T		FO	RM 6				STAF	
														/+											+		ΥL	N
DATE OF								1	- 5 IA	7		ÍONA	LIIN	ſ			REL	.igioi	N							_		
	M NO v*	M	Y	Y	Y	Y		Μ											_			_		М	L F		-	
MOBILE NO.:* EMAIL ID:																												
RES. TEL	S	D	С	0	D									OF	F. TEL	S	D	С	0	D								<u> </u>
NO.:	Т				E									NO	.:	Т				Ε								
*MAILIN	IG A	DDR	ESS	: JC	DINT	APP		ANT												1		1	1		1			
		_		_		_					_		-	_														
		_					-				-			_														
CITY/T	OWN	-		+	_	-		+			+			-										-				+
DISTRIC																				PIN		E						1
STATE											1					со	UNTI	RY			<u> </u>							
PERMA	NEN	ΤΑΙ	DDR	ESS	(IF C	DIFFE	RE	NT F	RON	AB	ÓVE)																
		_		_										_														
CITY/TO DISTRIC								-			-			_						DIN								<u> </u>
STATE	- I	_		-	_	-		-						-			-		CO									-
*PERSC		INF				OF J			 PLIC	CANT																		
FAMILY							•					OB					REL		NSHI	P		00	CUF	PATIO	N			
1.												DOR								•								
2.																												
											-																	
3.																												
QUALIF	ICAT	ION	U	NDEF	RGRAI	DUATE		GRA	DUAT	ЕĹ	POS	T GRA	DUA	NTE [PR(OFES	SIONA	L		TERAT	ΓE	NO	. OF D	DEPEN	IDENT	S		
EMPLO						Г	_									1												
					L GOV																_	-			_			
NATUR			_			NUFA	_			RADIN				ES		TAILI			GRICU			MON	IEY SI	ERVIC	ES 🗌	AGE	ENCY	
					ESTAT)/NPO				-	_		1ETAL	_			HERS									
	OFES		_	_		OCTO		ENGI	NEEF		BANK	ER L		EACHE	RL		NYER		ARCH	ITECT		CONS	SULTA	NT				
					THERS		") <u> </u>							SP	OUSE						H	IOUSE	ног)				
	₹ ₹ ₹ ₹																											
ASSET	s ow	/NED		۰	IOUSE		CAR		Т₩С	WHE	ELER		GOL	D	SIL	/ER		AND						_				_
OTHER																												

FORM 60 (See third proviso to Rule 114B)											
FORM OF DECLARATION TO BE FILLED BY A PERSON WHO DOES NOT HAVE EITHER A PERMANENT ACCOUNT NUMBER OR GENERAL INDEX REGISTER NUMBER AND WHO MAKES PAYMENT IN CASH IN RESPECT OF TRANSACTION SPECIFIED IN CLAUSES (a) to (h) OF RULE 114B											
CUSTOMER ID: ACCOUNT NO.:											
1. FULL NAME AND ADDRESS OF THE DECLARANT											
2. PARTICULARS OF TRANSACTION	3. AMOUNT OF THE TRANSACTION										
4. ARE YOU ASSESSED TO TAX? 4. (i) DETAILS OF WARD/CIRCLE/RANGE WHERE THE LAST RETURN OF INCOME WAS FILED:											
4. (ii) REASONS FOR NOT HAVING PERMANENT ACC	COUNT NUMBER/GENERAL INDEX REGISTER NUMBER:										
5. Details of document being produced in support of address in column(1) VERIFICATION: I,do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified to-day, theday of											
	TE :										
PLACE: SIGNATURE OF THE DECLARANT Instructions: Documents which can be produced in support of the addresses are: SIGNATURE OF THE DECLARANT											
(a) Ration Card (b) Passport (c) Driving License (d) Identity Card issued by any institution (e) Copy of the electricity bill or telephone bill showing residential address (f) Any document or communication issued by any authority of Central Government, State Government or local bodies showing residential address (g) Any other documentary evidence in support of his address given in the declaration.											

DUPLICATE COPY:

FORM 60 (See third proviso to Rule 114B)				
FORM OF DECLARATION TO BE FILLED BY A PERSON WHO DOES NOT HAVE EITHER A PERMANENT ACCOUNT NUMBER OR GENERAL INDEX REGISTER NUMBER AND WHO MAKES PAYMENT IN CASH IN RESPECT OF TRANSACTION SPECIFIED IN CLAUSES (a) to (h) OF RULE 114B				
CUSTOMER ID:	ACCOUNT NO.:			
1. FULL NAME AND ADDRESS OF THE DECLARANT				
2. PARTICULARS OF TRANSACTION	3. AMOUNT OF THE TRANSACTION			
4. ARE YOU ASSESSED TO TAX? YES NO 4. (i) DETAILS OF WARD/CIRCLE/RANGE WHERE THE LAST RETURN OF INCOME WAS FILED:				
4. (ii) REASONS FOR NOT HAVING PERMANENT ACCOUNT NUMBER/GENERAL INDEX REGISTER NUMBER:				
in support of address in column(1) hereb	FICATION: I,do by declare that what is stated above is true to the best of my knowledge and belief. Verified to-day, day of			
DATE				
	rt of the addresses are: Card issued by any institution (e) Copy of the electricity bill or telephone bill showing residential address y of Central Government, State Government or local bodies showing residential address (g) Any other			

FORM 61 (See proviso to Clause (a) of Rule 114C (1))				
FORM OF DECLARATION TO BE FILLED BY A PERSON WHO HAS AGRICULTURAL INCOME AND IS NOT IN RECEIPT OF ANY OTHER INCOME CHARGEABLE TO INCOME-TAX IN RESPECT OF TRANSACTION SPECIFIED IN RULE 114B				
CUSTOMER ID:	ACCOUNT NO .:			
1. FULL NAME AND ADDRESS OF THE DECLARANT				
2. PARTICULARS OF TRANSACTION	3. AMOUNT OF THE TRANSACTION			
EXAMPLE A CONTROL OF ADDRESS IN COLUMN 1 YES NO I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.				
DATE :				
PLACE :	SIGNAIL	JRE OF THE DECLARANT		
VERIFICATION: I,	do hereby declare that what is stated abo	ove is true to the best of my		
knowledge and belief. Verified to-day, the	day of			
DATE :				
PLACE :	SIGNATU	JRE OF THE DECLARANT		
Instructions: Documents which can be produced in support of the addresses are: (a) Ration Card (b) Passport (c) Driving License (d) Identity Card issued by any institution (e) Copy of the electricity bill or telephone bill showing residential address (f) Any document or communication issued by any authority of Central Government, State Government or local bodies showing residential address (g) Any other documentary evidence in support of his address given in the declaration.				

DUPLICATE COPY:

FORM 61 (See proviso to Clause (a) of Rule 114C (1))			
FORM OF DECLARATION TO BE FILLED BY A CHARGEABLE TO INCOME-TAX IN RESPECT OF	PERSON WHO HAS AGRICULTURAL INCOME AND IS NOT IN TRANSACTION SPECIFIED IN RULE 114B	I RECEIPT OF ANY OTHER INCOME	
CUSTOMER ID:	ACCOUNT NO.:		
1. FULL NAME AND ADDRESS OF THE DECLARA	NT		
2. PARTICULARS OF TRANSACTION	3. AMOUNT OF THE TRANSACTION		
4. DETAILS OF DOCUMENTS BEING PRODUCED) IN SUPPORT OF ADDRESS IN COLUMN 1		
I hereby declare that my source of income is from ac	priculture and I am not required to pay income tax on any other income	e if any.	
DATE :			
PLACE :		SIGNATURE OF THE DECLARANT	
VERIFICATION: I,	do hereby declare that what i	is stated above is true to the best of my	
knowledge and belief. Verified to-day, the	day of		
DATE :			
PLACE :		SIGNATURE OF THE DECLARANT	
	dentity Card issued by any institution (e) Copy of the electricity bill or te authority of Central Government, State Government or local bodies sl		