

This is a machine readable form. Please avoid overwriting while filling the application



# Account Opening Form

**FOR RESIDENT INDIVIDUALS**

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

To  
The Branch Manager, The Karur Vysya Bank Ltd.  
Please open my /our account at your Branch.

Branch address:

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

FOR OFFICE USE ONLY															
DATE	D	D	M	M	Y	Y	Y	Y	CUSTOMER IC*						
CUSTOMER ID									ACCOUNT NO.:						

**ACCOUNT OPTIONS**

Savings (Specify category) (Product No. \_\_\_\_\_)
  Current (Specify category) (Product No. \_\_\_\_\_)

**INDIVIDUAL DETAILS (DETAILS FOR JOINT APPLICANT TO BE GIVEN SEPARATELY)**

Mr/ Ms	*	*NAME: INDIVIDUAL (IN THE ORDER OF FIRST, MIDDLE & LASTNAME) leave space between words. Eg. RAM GOPAL VARMA												

\*FATHER'S NAME

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MOTHER'S NAME

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

SPOUSE NAME

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

AADHAAR ID:	PAN NO.:	FORM 60/61 (ENCLOSED)
		<input type="checkbox"/> Y <input type="checkbox"/> N

DATE OF BIRTH*	MINOR A/C	MARITAL STATUS	NATIONALITY*	RELIGION	GENDER*
D D M M Y Y Y Y	<input type="checkbox"/> Y	<input type="checkbox"/> M <input type="checkbox"/> UM			<input type="checkbox"/> M <input type="checkbox"/> F

MOBILE NO.:	EMAIL ID:

RES TEL NO.:	OFF TEL NO.:
S T D C O D E	S T D C O D E

**\*MAILING ADDRESS: FIRST INDIVIDUAL**

CITY/TOWN														
DISTRICT											PINCODE			
STATE											COUNTRY			

**PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)**

CITY/TOWN														
DISTRICT											PINCODE			
STATE											COUNTRY			

Note: For Joint holder/s additional SB Joint Applicant Form to be attached.



ACCOUNT NO.:

**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

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

Signature (with seal)	Signature (with seal)	Signature (with seal)	Signature (with seal)
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(USE BLACK INK AND SIGN WITHIN THE BOX ONLY)

(Incase of LTI) Witness No. 1 \_\_\_\_\_

Witness No. 2 \_\_\_\_\_

KYC AND RISK PROFILE CERTIFICATION																							
APPLICANT NO.	PROOF TYPE	NAME OF THE DOCUMENT	NUMBER	ISSUE DATE								EXPIRY DATE											
				D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	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 LEVEL**  **LOW**  **MEDIUM**  **HIGH**

Expected level of turnover:  ₹  
(In a quarter)

CANVASSED BY	CODE NO.:

DATE: \_\_\_\_\_ SIGNATURE OF THE MANAGER \_\_\_\_\_

**\*PERSONAL INFORMATION OF THE APPLICANT**

NAME OF THE APPLICANT			NO. OF DEPENDENTS
FAMILY MEMBERS	DOB	RELATIONSHIP	OCCUPATION
1.			
2.			
3.			
<b>QUALIFICATION</b> <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> ILLITERATE			
<b>EMPLOYED WITH</b> <input type="checkbox"/> STATE GOVT <input type="checkbox"/> CENTRAL GOVT <input type="checkbox"/> PUBLIC LTD <input type="checkbox"/> PRIVATE LTD <input type="checkbox"/> MNC <input type="checkbox"/> OTHER ENTITY (specify.....)			
<b>NATURE OF BUSINESS</b> <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> TRADING <input type="checkbox"/> SERVICES <input type="checkbox"/> RETAILING <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> MONEY SERVICES <input type="checkbox"/> AGENCY <input type="checkbox"/> STOCK BROKER <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> NGO/NPO <input type="checkbox"/> JEWELS/GEMS/PRECIOUS METAL DEALER <input type="checkbox"/> OTHERS (specify) _____			
<b>TYPE OF PROFESSION</b> <input type="checkbox"/> DOCTOR <input type="checkbox"/> ENGINEER <input type="checkbox"/> BANKER <input type="checkbox"/> TEACHER <input type="checkbox"/> LAWYER <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONSULTANT <input type="checkbox"/> IT PROFESSIONAL <input type="checkbox"/> OTHERS (specify) _____			
<b>ANNUAL INCOME</b>	SELF ₹	SPOUSE ₹	HOUSEHOLD ₹
<b>ASSETS OWNED</b> <input type="checkbox"/> HOUSE <input type="checkbox"/> CAR <input type="checkbox"/> TWO WHEELER <input type="checkbox"/> GOLD <input type="checkbox"/> SILVER <input type="checkbox"/> LAND			
<b>LOANS WITH OTHER BANKS</b> <input type="checkbox"/> HOUSING <input type="checkbox"/> BUSINESS <input type="checkbox"/> CAR <input type="checkbox"/> TWO WHEELER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL <input type="checkbox"/> JEWEL <input type="checkbox"/> PROFESSIONAL			
<b>OTHER INVESTMENTS</b> <input type="checkbox"/> DEPOSITS <input type="checkbox"/> INSURANCE <input type="checkbox"/> SHARES <input type="checkbox"/> MF <input type="checkbox"/> DEMAT			

**SIGNATURE OF THE ACCOUNT HOLDER/S**

**NOMINATION REQUIRED:**  NO: I / We do not require Nomination facility: Signature \_\_\_\_\_  
 YES (If yes submit Form DA-1)

<b>NOMINATION FORM DA-1</b>	NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULES (1) OF THE BANKING COMPANIES (NOMINATION) RULES, 1985 IN RESPECT OF BANK DEPOSIT.	NOMINATION REGISTRATION NO.
I/We _____ nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account(s), particulars whereof are given below, may be returned by THE KARUR VYSYA BANK LTD. _____ in which the deposit is held.		
Account Type	Account Number	
NOMINEE NAME & AGE	NOMINEE ID:	RELATIONSHIP
DOB OF NOMINEE	ADDRESS	
NOMINEE PAN NO.: (Optional)		
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.	
	SIGNATURE/S OF THE WITNESS/ES	SIGNATURE(S)/THUMB IMPRESSION(S) OF THE DEPOSITOR(S)*
	1.	
	2.	
(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.		
*Where the deposit is made in the name of a minor, the nominations should be signed by a person lawfully entitled to act on behalf of the minor. ** Strike out if the nominee is not a minor. *. Thumb impression(s) shall be attested by two witnesses.		
PLACE _____	DATE _____	

NOTE: The acknowledgement for Nomination Registered is attached to the last sheet of the Account Opening Form.

ACCOUNT NO.:

**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 overdrawn 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 / close 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 case the instruments are lost in transit. (13) I/We accept the Bank's right to take steps to close the account if frequent return of cheques for want of funds or any other undesirable feature is observed. (14) The floating rate of interest is subject to floating interest rate fixed by the bank from time to time and notified by the bank and no separate intimation or notice will be given to the depositor. (15) Failure to maintain monthly/quarterly minimum average balance in the SB/CA attracts penal charges.

**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's 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) I/We agree at any given time to maintain the average balance in my/our account as applicable for the account and informed to us by the Bank. In the event of my/our failing to maintain 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 or to levy service charges as mutually agreed upon. (6) I/We agree to inform my/our existing bankers for the availment of any of the facilities hereby granted to me/us. I/We also agree from time to time to furnish such information/details and the documents to the existing bankers and also to the Bank as is mandatory under the law in force from time to time or as the Bank regards necessary and/ or expedient under the banking practice/procedure or to maintain the comity and fair-play between the Bank and the other bankers. (7) The agreement herein contained shall not affect, prejudice or derogate from the Bank's rights and privileges under the law including the right to claim setoff, general and the bankers disposing or retaining lien or similar rights pertaining to my/our credit balance in the account with the Bank. (8) In the event of any malfunctioning and/or break-down in the working of the said network for the reasons beyond the control of the Bank, the benefits and the facilities hereby granted to me/us will stand suspended during such break-down in which case the Bank will not in any manner be liable and/or responsible to me/us for any damages / compensation and/or for any other consequences arising out of such suspension. (9) I/We agree to hold the Bank indemnified in case the Bank suffers any loss in account of operation of the scheme for my/our benefit.

**SIGNATURE OF THE DECLARANT/APPLICANT**

**GUARDIANS DECLARATION (MINOR ACCOUNTS)**

\*My minor son/daughter, Master/Miss ..... has opened as SB Account with your bank with A/c No. .... in his/her own name. I declare the date of birth of the minor is ...../...../.....

\*I have opened a joint SB A/c with your bank in the name myself and my minor son/daughter, Master/Miss ..... with A/c No. .... I declare the Date of birth of the minor is...../...../.....

\*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.





## 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 tariff 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. j) 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**

- Note:**
1. 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.
  2. For new accounts, leave account number column as blank.
  3. 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, am/are having account with No. \_\_\_\_\_ with your bank.

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.

<p><b>Verified by: Officer</b></p> <p><b>Date of Dispatch of Application:</b>    /    /    .</p>	<p><b>Authorized by: Branch Head</b></p>
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**Note: Attach separate mandate for each E-service.**

### FOR ATM CELL USE ONLY

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



## **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 [www.kvb.co.in](http://www.kvb.co.in) 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.





**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:

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, the \_\_\_\_\_ day of \_\_\_\_\_

DATE :

PLACE:

SIGNATURE 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 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:

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, the \_\_\_\_\_ day of \_\_\_\_\_

DATE :

PLACE:

SIGNATURE 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.

**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

4. DETAILS OF DOCUMENTS BEING PRODUCED IN SUPPORT 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 :

SIGNATURE OF THE DECLARANT

VERIFICATION: I, \_\_\_\_\_ do hereby declare that what 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

**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 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

4. DETAILS OF DOCUMENTS BEING PRODUCED IN SUPPORT 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 :

SIGNATURE OF THE DECLARANT

VERIFICATION: I, \_\_\_\_\_ do hereby declare that what 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

**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.