



BRANCH NAME: _____

Term Deposit Account Opening Form

BRANCH USE:	RATE OF INT	MATURITY VALUE	ACCOUNT NUMBER	DATE (DD/MM/YYYY)
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To _____
The Branch Manager, KARUR VYSYA BANK Ltd.
Please open my/our sole / joint / sole proprietorship account at your _____ BRANCH.

Senior Citizen: Yes No
(Proof of date of birth is required if not updated in the customer ID)

Mobile Number : _____
PLEASE NOTIFY IF THERE IS ANY CHANGE OF ADDRESS / PHONE NUMBER OVER LEAF

I/we hereby agree to abide by the terms and conditions of the bank governing the deposit account to be opened.

NAME OF THE CUSTOMER	CUSTOMER ID	EXISTING ACCOUNT NUMBER
AADHAR ID	PAN No.	FORM 60/61 <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF THE JOINT ACCOUNT HOLDER 1	CUSTOMER ID	NAME OF THE JOINT ACCOUNT HOLDER 2
		CUSTOMER ID

ACCOUNT OPTIONS

FIXED DEPOSITS Deposit Period _____ Deposit Amount Rs. _____ (in words)

Fixed Deposit TTT (Reinvestment) Other _____ (Specify)

RECURRING DEPOSIT Manimala (Recurring Deposit) - Rs. _____ pm _____ months.

Please debit the RD instalment in my Account

I/we hereby authorize the bank to debit the RD instalment from the above mentioned account, standing in my / our name.

PAYMENT INSTRUCTIONS

For regular interest payment: Monthly (Rate of Interest will be discounted) Quarterly Half-Yearly Yearly

INTEREST PAYOUT OPTIONS (FOR MONTHLY / QUARTERLY / HALF YEARLY / YEARLY)

<input type="checkbox"/> Cash <input type="checkbox"/> Credit to my Karur Vysya Bank A/c. No.: _____ <input type="checkbox"/> Issue DD / PO in _____ (Name) and payable at _____ (City) <input type="checkbox"/> Transfer fund through NEFT / RTGS to my account No. _____ with _____ Bank having IFS Code _____ Tax to be deducted at Source <input type="checkbox"/> No Tax to be deducted at Source <input type="checkbox"/> Please attach Form 15G / 15H (for Senior Citizen) / Tax Exemption Certificate in case tax is not supposed to be deducted at source. TDS shall be applicable on Fixed Deposits / Recurring Deposits placed with the Bank.	MATURITY INSTRUCTIONS Renew on Date of Maturity for same tenure (at prevailing rate of Interest) <input type="checkbox"/> Renew both Principal & Interest Renewal Term _____ Months <input type="checkbox"/> Renew Principal Only. Interest to be credited to my Karur Vysya Bank A/c. No. _____ <input type="checkbox"/> No automatic renewal. Principal & Interest to be credited to my Karur Vysya Bank A/c. No. _____ <input type="checkbox"/> Issue DD/PO favouring _____ (Name) and payable at _____ (City) I / We understand that in the absence of any maturity instructions, the bank will automatically renew the deposit for a similar term at the interest rate prevailing at the time of renewal to safeguard me/us from any loss of interest SIGNATURE OF THE DEPOSITOR/S
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PAYMENT DETAILS

Cash Cheque* / DD / PO No _____

Date _____ NEFT / RTGS / IMPS Bank & Branch _____

(*Cheque should be drawn payable to Karur Vysya Bank Ltd, _Customer's name, crossed account payee)

OPERATING INSTRUCTIONS

Single Either or Survivor Former or Survivor Any one or Survivor Jointly by all

I / We agree that in case of death of one or more of the joint deposit holders in the deposit (if the deposit is with a survivorship clause), the Bank shall be discharged by paying the deposit proceeds prematurely to survivors on their request.

SIGNATURE OF THE DEPOSITOR/S (PLEASE SEE OVERLEAF FOR NOMINATION FORM)

Customer Copy

KVB Karur Vysya Bank
Smart way to bank

Date : _____ Account No./Customer ID : _____ Branch Name _____

Type of Deposit : Fixed Deposit TTT Reinvestment Recurring Deposit other _____ (specify)

Applicants Name : _____ Joint Applicants : _____

Amount of deposit (in figures) _____ Period of Deposit : _____ Years _____ Months _____ Days Rate of Interest : _____ % pa

Interest Payout option : At Maturity Quarterly Monthly Half Yearly Yearly **Maturity Instruction** : Auto Renewal Auto Closure

Separate Form 15G/15H has to be submitted every Financial Year to claim exemption from TDS as exemption will be available from the date of receipt of Form 15G/15H till the end of the Financial Year.

Bank Officer's Initials : _____

Re-KYC : I/We hereby declare that I/We are residing in the same address and there is no change in the mobile / contact no./Identity address as detailed earlier. This can be treated as KYC re-verification.

I/We hereby declare that there is change in my residential address / mobile no.(enclosed the proof for the same)

CHANGE OF ADDRESS / PHONE NO IF ANY

NEW ADDRESS

NEW PHONE NUMBERS

OFFICE NUMBER	RESIDENCE NUMBER	MOBILE NUMBER
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NOMINATION FORM DA - 1	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

(Name/s and address/es of the depositor/s-) .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 BANKLTD _____ in which the deposit is held.

NATURE OF DEPOSIT	DISTINGUISHING NO	ADDITIONAL DETAILS IF ANY	NAME	ADDRESS	RELATIONSHIP WITH DEPOSITOR IF ANY	DATE OF BIRTH (DD/MM/YYYY)

2.As the nominee is a minor on this date, I/We appoint Shri/Smt/Kumm** _____ AGE _____ - _____ - _____ - _____ - _____ (Name, address & age) to receive the amount deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.	NAME/S AND ADDRESS/ES OF THE WITNESS/ES*	
	SIGNATURE/S OF THE WITNESS/ES 1. _____ 2. _____	SIGNATURE(S)/THUMBIMPRESSON(S) OF THE DEPOSITOR(S)* _____

*Where the deposit is made in the name of a minor, the variation of 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 _____

The Bank has explained to me/us about the availability of nomination facility for deposits. I / We do not wish to avail the nomination facility for this deposit account.

Place: _____
 Date : _____ Signature /Thumb impression of the depositor(s)

FOR BANK USE

I hereby declare that this account opening form is complete in all respects. All the signatories have signed before me. All KYC norms are fully complied with. Relevant documents have been obtained. I authorize opening of the account.

SIGNATURE OF THE MANAGER/OFFICER _____ DATE : _____



<p>Karur Vysya Bank Smart way to bank</p>	ACKNOWLEDGMENT FOR NOMINATION REGISTRATION (TO BE RETURNED TO THE CUSTOMER AFTER REGISTRATION OF NOMINATION)	
	NAME AND ADDRESS OF THE DEPOSITOR	ACCOUNT NUMBER

NATURE OF DEPOSIT	REGISTERED ON	FOR THE KARUR VYSYA BANK LTD
NOMINATION IN FAVOUR OF		MANAGER