

ACCOUNT OPENING FORM

Date SOL ID Br. Code Barcode
Branch A/c. No.

Account Details

Type of Account : Savings Scheme Current Scheme Term Deposit Scheme
Mode of Operation : Single E or S Joint F or S A or S Others
Nomination opted : Yes No If Yes, Name of Nominee : Initial Remittance :

For Term Deposit

Period : Days Month Year Rate of Interest : Due Date : Periodicity for RD : M / Q / H / Y
Interest payable to : A/c / as DD in the name of
Interest Payment Periodicity : Monthly Quarterly Yearly Maturity Drawn on
TDS to be deducted : Yes No If no, 15H 15G Exemption Certificate TDS to be deducted from A/c

Account Activity Information

Purpose of opening the account : Savings Repayment of Loans Business collection of instruments Others
Source of Funds : Salary Parents Savings Rental/Dividend Others
Expected monthly remittances (in '000s): 0 - 10 10 - 50 50 - 100 100 - 500 Above 500
Expected monthly withdrawals (in '000s): 0 - 10 10 - 50 50 - 100 100 - 500 Above 500
Prefer Passbook to statement : Yes No If No, Statement periodicity Statement delivery by : Mail Email In Person

PRIMARY ACCOUNT HOLDER

PERSONAL DETAILS - Cust ID Risk Rating : Low Medium High
TITLE Name
PAN No Form 60/61 UID No Gender M F NA
Married Mother's Maiden Name Name of Father/Husband
Sr. Citizen Date of Birth Minor If Yes, Name of Guardian Relationship
NRI If NRI Passport No Issued At Issue Date Expiry Date
Staff If Yes, PF No Related to staff/Dir. If Yes, name of staff/director
Country Code STD Code Landline (Residence) Country Code STD Code Landline (Office)
Country Code Mobile Email ID

Constitution		Occupation			Employment		Employer Type		Employer Name & Desig.
Individual <input type="checkbox"/>	Sole Prop. <input type="checkbox"/>	Agri <input type="checkbox"/>	Trader <input type="checkbox"/>	Business <input type="checkbox"/>	Salaried <input type="checkbox"/>	Self employed <input type="checkbox"/>	Private Sector <input type="checkbox"/>	PSU <input type="checkbox"/>	Employer :
Partnership <input type="checkbox"/>	HUF <input type="checkbox"/>	Doctor <input type="checkbox"/>	Lawyer <input type="checkbox"/>	Teacher <input type="checkbox"/>	Business <input type="checkbox"/>	Retd. <input type="checkbox"/> Student <input type="checkbox"/>	Govt. <input type="checkbox"/>	MNC <input type="checkbox"/>	Place :
Company <input type="checkbox"/>	Others..... <input type="checkbox"/>	Banker <input type="checkbox"/>	Engineer <input type="checkbox"/>	Others..... <input type="checkbox"/>	Housewife <input type="checkbox"/>	Others..... <input type="checkbox"/>	Others..... <input type="checkbox"/>		Desig. :
Religion		Category			Qualification		Monthly Income		Preferred Investments
Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	General <input type="checkbox"/>	OBC <input type="checkbox"/>	School <input type="checkbox"/> Graduate <input type="checkbox"/>	<25,000 <input type="checkbox"/>	25,001-50,000 <input type="checkbox"/>	Bank Deposits <input type="checkbox"/>	Mutual funds <input type="checkbox"/>	
Christian <input type="checkbox"/>	Sikh <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	PG <input type="checkbox"/> Professional <input type="checkbox"/>	50,001-100,000 <input type="checkbox"/>	>100,000 <input type="checkbox"/>	Shares <input type="checkbox"/>	Govt. Securities <input type="checkbox"/>	
Others..... <input type="checkbox"/>		Others..... <input type="checkbox"/>		Others..... <input type="checkbox"/>	Others..... <input type="checkbox"/>		Others..... <input type="checkbox"/>		

Address for Communication

House/Flat Place / Street Post Office
City / District State Country PIN Code

Permanent Address

House/Flat Place / Street Post Office
City / District State Country PIN Code

Proof of Address : Ration Card Driving License Voters ID
Passport Others
Document No. :

Proof of ID : PAN Card Driving License Voters ID
Passport Others
Document No.:

Additional Information Of Primary Account Holder

Assets Owned : House Car Two Wheeler Laptop Life Insurance Accident Insurance Mutual Fund Demat Account

Family Information

Name _____ Date of Birth _____ Course/Employment _____
 Spouse _____ D D M M Y Y Y Y _____
 Child 1 _____ D D M M Y Y Y Y _____
 Child 2 _____ D D M M Y Y Y Y _____

JOINT ACCOUNT HOLDER

PERSONAL DETAILS - Cust ID _____ Risk Rating : Low Medium High

TITLE _____ Name _____

PAN No _____ Form 60/61 _____ UID No _____ Gender M F NA

Married Yes No Mother's Maiden Name _____ Name of Father/Husband _____

Sr. Citizen Yes No Date of Birth _____ Minor Yes No If Yes, Name of Guardian _____ Relationship _____

NRI Yes No If NRI Passport No _____ Issued At _____ Issue Date _____ Expiry Date _____

Staff Yes No If Yes, PF No _____ Related to staff/Dir. Yes No If Yes, name of staff/director _____

Country Code _____ STD Code _____ Landline (Residence) _____ Country Code _____ STD Code _____ Landline (Office) _____

Country Code _____ Mobile _____ Email ID _____

Constitution		Occupation			Employment		Employer Type		Employer Name & Desig.
Individual <input type="checkbox"/>	Sole Prop. <input type="checkbox"/>	Agri <input type="checkbox"/>	Trader <input type="checkbox"/>	Business <input type="checkbox"/>	Salaried <input type="checkbox"/>	Self employed <input type="checkbox"/>	Private Sector <input type="checkbox"/>	PSU <input type="checkbox"/>	Employer :
Partnership <input type="checkbox"/>	HUF <input type="checkbox"/>	Doctor <input type="checkbox"/>	Lawyer <input type="checkbox"/>	Teacher <input type="checkbox"/>	Business <input type="checkbox"/>	Retd. <input type="checkbox"/>	Govt. <input type="checkbox"/>	MNC <input type="checkbox"/>	Place :
Company <input type="checkbox"/>	Others..... <input type="checkbox"/>	Banker <input type="checkbox"/>	Engineer <input type="checkbox"/>	Others..... <input type="checkbox"/>	Housewife <input type="checkbox"/>	Others..... <input type="checkbox"/>	Others..... <input type="checkbox"/>		Desig. :

Religion		Category		Qualification		Monthly Income		Preferred Investments	
Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	General <input type="checkbox"/>	OBC <input type="checkbox"/>	School <input type="checkbox"/>	Graduate <input type="checkbox"/>	<10,000 <input type="checkbox"/>	10,001-25,000 <input type="checkbox"/>	Bank Deposits <input type="checkbox"/>	Mutual funds <input type="checkbox"/>
Christian <input type="checkbox"/>	Sikh <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	PG <input type="checkbox"/>	Professional <input type="checkbox"/>	25,001-50,000 <input type="checkbox"/>	>50,001 <input type="checkbox"/>	Shares <input type="checkbox"/>	Govt. Securities <input type="checkbox"/>
Others..... <input type="checkbox"/>		Others..... <input type="checkbox"/>		Others..... <input type="checkbox"/>		Others..... <input type="checkbox"/>		Others..... <input type="checkbox"/>	

Address for Communication

House/Flat _____ Place / Street _____ Post Office _____
 City / District _____ State _____ Country _____ PIN Code _____

Permanent Address

House/Flat _____ Place / Street _____ Post Office _____
 City / District _____ State _____ Country _____ PIN Code _____

Proof of Address : Ration Card Driving License Voters ID
 Passport Others
 Document No. :

Proof of ID : PAN Card Driving License Voters ID
 Passport Others
 Document No.:

INTRODUCTION

I confirm that I personally know the applicant(s) detailed above for the last months/years and confirm his/her/their identity, occupation and address.

Name
 Account No/Address
 Mobile Email

Signature of Introducer

SIGNATURE OF APPLICANT(S)

Please open a deposit account in my/our name as per Bank's scheme. Necessary details are given above. I/We agree to abide by the rules and regulations, which have been read/ explained to me/us.

Primary Account holder

Joint Account holder

CERTIFICATES/DECLARATIONS

(Please ✓ wherever applicable)

A. FOR ACCOUNTS IN THE NAME OF MINORS

I hereby certify that was born on and attains majority on and I am the natural guardian/legal guardian appointed by the court order dated Name of guardian Relationship with minor Account No.

B. PERSON OF INDIAN ORIGIN (PIO)

I hereby declare that I am a person of Indian origin and I satisfy one of the following conditions and a proof of the claim is attached herewith. (Please tick the one applicable to you)
 • held an Indian Passport in the past • My father/mother/grandfather/grandmother (name) is/was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 • I am the spouse of an Indian Citizen • The father/mother/grandfather/grandmother (name) of my spouse is/was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955.

C. SEAFARERS ACCOUNT OPENING DECLARATION

I hereby declare and confirm that I am a Non-Resident Indian and I am on contract with (Company) registered in (address of the principal). I request you to open an NRE Account in my name on the basis of the submitted data/documents. I also confirm I will inform the Bank, in case I do not renew my contract or choose to go on a new contract or I am unable to proceed on a new contract or in any case in the event of my status of Non-Resident Indian is altered. Accordingly, I will have the Non-Resident accounts opened in my name re-designated to Resident/RFC accounts as applicable.

D. BANK EMPLOYEES

i) I am an employee of Bank Branch/Office my ID/PF No. is and Designation is

E. FOR POLITICALLY EXPOSED PERSONS

I am a Politically Exposed Person, i) performing important functions for the government./ii) holding important positions in a political party./iii) am closely related to politically exposed person/s by name. Name :

	Positions held	Name of the Party/Organisation	Designation	Period of Office
Political Party				
Government Organisation				

F. FOR SECURITY/EARNST MONEY DEPOSITS ONLY

a. Purpose of the Deposit
 b. Under whose orders the security is releasable

G. FOR ACCOUNTS IN THE NAME OF NRI

• I/We hereby declare that I am/we are Non-Resident Indian/s. I/We understand that the above account will be opened on the basis of the statements/declarations made by me/us and I/we also agree that any of the statements/declarations made herein are found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me/us. The account will be put into use for bonafide transactions not involving any violations of the provisions of the Government/FEMA • I/We will not make available to any person resident in India any foreign exchange against reimbursement in India in Rupees or otherwise • I/We hereby undertake to inform the Bank immediately on my/our coming back to India for permanent settlement/residence • I/We hereby undertake that in respect of NRO A/cs. all the debits and credits will be carried out strictly as per FEMA. I/We will ensure that such investments/disinvestments shall be in accordance with the regulations made by Reserve Bank of India in this regard • I/We hereby attach the attested copy of the relevant pages of Passport and Visa/Work Permit showing name, address, date of birth, date and place of issue, expiry date, photograph, signature and stamp.

H. FOR ACCOUNTS OF SOLE PROPRIETORSHIP FIRMS

I, hereby declare that I am the Sole Proprietor of M/s. and that all dealings and transactions are being entered into by me as sole proprietor. I am solely responsible to the Bank for all the transactions and liabilities of the firm with the Bank. The Bank may recover its claims from my personal estate as well as from the assets of the firm.

I. FOR ACCOUNTS OF PARTNERSHIP FIRMS

We: the undersigned carrying on business in the partnership under the name and style of authorize the Bank to honour our respective signatures as reserve on behalf of the said firm. We also request and authorize you, until any one of us shall give you notice in writing to the contrary, to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipts for monies owing to us signed by any of us duly authorized from time to time on behalf of our said firm and to debit such cheques, orders, bills, notes and receipts to our said firm's account whether such account be, for the being in credit or overdrawn. We also request you to accept the endorsement of any of us on behalf of our said firm on cheques, other orders, bills and notes.

ACKNOWLEDGEMENT



Branch :

Date :

To, (Primary A/c Holder)

Appl. No:

Shri/Smt/M/s. (Joint A/c holder)

Reg : Application for opening a Savings/Current/Recurring Deposit/Term Deposit Account with us

Ref : Your Application No. (Pre Print) dated with initial remittance of

We acknowledge with thanks the receipt of your application for opening a Savings/Current/ Recurring Deposit/Term Deposit Account, as referred to above.

- Your pre-opened account will be activated within a maximum of 7 working days (subject to verification of documents)
- Your welcome kit (applicable for Savings accounts only) will be sent to the communication address of the primary account holder within 7 working days (subject to verification of documents)

For further queries relating to this application, please call us at our national toll free numbers 1800 420 1199 or 1800 425 1199.
 Customer from abroad may contact us at +91 484 2630994.

Other Special Instructions

a) For Current Deposits:

- i. I/We am/are not enjoying any credit facility with any other bank/any other branch of your bank and I/We undertake to inform you, in writing as soon as any credit facility is availed of by me/us from any other bank/any other branch of your bank.
- ii. I/We am/are enjoying credit facilities with other bank(s)/other branch(es) of your bank as per details given in the enclosed sheet (Inapplicable clause may be deleted).
- iii. Copies of Memorandum of Association/Articles of Association along with a Board Resolution detailing the manner and extent of opening and operating company's account with Federal Bank Ltd are attached (For Companies).
- iv. Copies of Bye Laws and Resolution detailing the powers of office bearers of the Society/Charitable/Educational Institution are attached.

J. OTHER TERMS AND CONDITIONS APPLICABLE FOR DEPOSITS (Strike out whichever is not applicable)

- i. The Bank may, on receipt of written application/request from Shri./Smt. _____ the former/the latter/the first named/the second named/the _____ named or either or survivor of us or any one or survivor of us (strike out whichever is not applicable) in its absolute discretion and subject to such terms and conditions as the Bank may stipulate (a) grant loans/advances/overdraft against the security of the term deposit receipt to be issued in our joint names or (b) make premature payment of the proceeds of the deposit to the person indicated above. We agree and affirm that this instruction as well as the instruction regarding operation of Saving Bank/Current Deposit Account is not revocable/or modified by one or more of us unless the request is signed by all of us jointly.
- ii. On maturity of the deposit the proceeds will be paid to the former/either of the depositors or survivor, as case may be, on presentation of the deposit receipt duly discharged by the said deposit holder presenting the same. If the claimant deposit holder is not in a position to produce the deposit receipt for any reason, the claim will be entertained and honoured by the Bank only on his/her complying with the other formalities prescribed by the Bank in that regard. Any such payment made by the Bank to the first claimant either with or without the deposit receipt will give a valid discharge to the Bank against any subsequent claim even if made with the deposit receipt.
- iii. Any instruction issued to the Bank subsequently, and contrary to the above clauses, will not be entertained by the Bank unless signed by all deposit holders jointly or supported by an order/direction issued by a competent court of law.
- iv. In the event of death of the depositors, premature termination of term deposit would be allowed without levying penalty for premature closure at the request of the person such as survivor(s)/nominee/legal heir(s), who is eligible to receive the deposit on maturity.
- v. Other terms agreed:(a)I/We understand that Term Deposits will be automatically renewed on maturity for a similar term at the rate of interest prevailing on the maturity date on same terms and conditions unless instructed by me/us to the contrary or will be credited to my/our SB/CD A/c.No. _____ on maturity, on delivering the deposit receipt duly discharged by me/us.
- b. Rate of interest payable is as per Bank's/RBI/FEMA/IBA rules and policies in force.
- c. I/We understand that the bank may at any time and without notice to me/us combine and consolidate all or any of my/our accounts and set off or transfer any sum or sums standing to the credit of any one or more of such accounts in or towards the satisfaction of any of my/our liabilities to the bank on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.
- d. Unless and until modified or cancelled by filing a fresh nomination form/request for cancellation, a nomination once filed will continue to be applicable to the deposit when renewed, whether in part or in full or with additional amount or split up into different accounts, but without any change in the name and constitution of the account.
- e. If by error overdraft is created in my account, I undertake to pay the same with applicable rates of interests.
- f. If by mistake, the bank credits cash/cheques pertaining to other customers to my account(s), I undertake to inform the bank of the same and refund the same with interest and without any demur.
- g. I have read and understood the rules governing internet banking services and agree to abide by the same.

Signature(s):

Date:

BRANCH USE

HO/CPC USE

Date	D D M M Y Y	Pre-opened Kit	<input type="checkbox"/>	A/c Opened at Branch	<input type="checkbox"/>	A/c to be opened at CPC	<input type="checkbox"/>
				A/c canvassed by : Employee ID/DSA ID			
Address Proof		Affix Pre-opened Kit Sticker Here		KYC norms complied with Signature of Introducer Verified. Account Opened/may be opened, S.I, if any noted.			
ID Proof							
Photos				Clerk	Asst. Manager	Principal Officer	Officer
PAN Card/Form 60/61							

Instructions To Customers

Appl. No: _____

All information in "Personal Details" section is mandatory. Please complete all sections with black ink, in BLOCK LETTERS and tick boxes wherever applicable.

- 1. Please use this form for beginning a new relationship with the Federal Bank Ltd.
- 2. Identity and address of the prospective customer shall be established by providing adequate proof to the Bank. Customer can submit any one or more of the following documents/copies as identity proof and address proof, subject to the satisfaction of the Bank :

Identity Proof			Address Proof		
Employee ID Card	Bar Council/IMA/ICAI Card	Voter Identity Card	Bank account statement	Passport	Voters Identity Card
Driving License	Students ID Card	Ex-Servicemen Card	Latest Utility Bills/Credit Card Bills	Letter from Employer	Driving Licence
Passport	PAN Card	Senior Citizen Card	Ration Card	Residence Certificate	
	Photo ID card				

Please note that the original documents must be presented for verification.

- 3. Documents to be enclosed with this form :
In addition to the above documents, the following documents/copies (the list is not exhaustive) are also required, depending on the constitution of the customer as described below

Individuals	Non-Residents	Proprietary Partnership	Limited Company	HUF	Club/Association/Trust Societies
PAN Card/Form No.60/Form No.61	Passport	Partnership Deed	Certificate of Incorporation	Declaration	Duly Certified copies of Bye Laws and Constitution
	Valid Visa	Registration Certificate	Certificate of Commencement (for Public Ltd. Companies)		Certificate of Registration
			Memorandum & Articles of Association duly certified		Resolution of the Managing Body (along with duly attested specimen signatures of authorised signatories)
			Board Resolution (along with duly attested specimen signatures of authorised signatories)		

- 4. Savings Bank Account cannot be opened for Business/Trade purpose even in the name of individuals. Bank reserves the right to close the account in case the savings bank account is used for business purposes as evidenced by transactions.

- 5. Trusts/Societies/Charitable/Educational Institutions can open Savings Bank Account subject to conditions.
- 6. Adequate minimum balance must be maintained in the account for cheque book facilities, failing which charges will be levied.
- 7. Rules and Regulations of each type of deposits, policy for collection of Cheques/Instruments, Tariffs for various products and services etc. can be had from the Bank and it is presumed that the depositors before opening the accounts read and understood the same. Any subsequent changes shall be published by the Bank in its website and on the notice boards of its branches, which will constitute a valid notice to the customers/depositors.
- 8. Premium accounts will enjoy certain privileges and concessions in service charges on the basis of the average balance kept with the respective accounts or group of accounts.
- 9. Please ensure that latest photograph of the account holder is affixed.
- 10. In the account opening form, please sign below all the clauses applicable to the selected deposits, standing instructions given to the Bank, applicable category of depositors etc.
- 11. If any document such as passbook, cheque book, deposit receipt, ATM Card, VISA Card etc. is lost, the matter shall be immediately brought to the notice of the Bank to prevent misuse of the same. Bank will not be liable for any financial loss suffered by the customer due to non-reporting of the same in time.
- 12. For the sake of standardisation, the occupation of depositors based on the main activity are grouped as follows:

Self Employed			Employed			Others		
Agriculture	SME	Doctor/Nurse/Paramedical	Teacher	NRI Employed	Pensioner	Housewife		
Trade	NRI-Self Employed	IT Professional	Banker	Govt. Employed	Student	Returned NRI		
Business	Professional	Other Engineer	Others		Others			