



(Branch has to fill the 16 Digit Account No. generated in the Utility)

Account No. grid

Application Date: DD MM YY

I / We request you to open an account with your branch. Total No. of Applicants:

(A) Personal Details: (if existing customer tick "OLD" & fill the Cust.ID. For New Customer tick "NEW" & fill the Cust. ID generated in the Utility.)

Full Name of the Applicant, OLD/NEW, Customer ID No., SMS Alert, IMPS, VISA, INSTA, RUPAY

(B) Initial Deposit (Pay-In) Details: (Cheque drawn by the applicant is only acceptable) Cash deposit

I / We initially deposit ₹ In words (Rupees) Only. Cheque/DD, Drawer A/c No.

(C) Account Details: (Mark "X" against appropriate box)

Account Type / Product: Savings, Current, Term Deposit. Mode of Account Operation: Sole owner, Either / Anyone or Survivor, Jointly. Operating Instructions:

Cheque Book Facility, Statement Frequency, Provide Statement thru, Net Banking

(D) Term Deposit Details :

Deposit Type: Fixed, Cumulative, Recurring. Deposit Period: Months, Days. Send Deposit Receipt to: Branch, Present Address, Permanent Address. Waive TDS, Senior Citizen deposit, Auto Renewal.

(E) Interest Pay-Out Details:

Interest Payment: Monthly, Quarterly, On Maturity. Payment Mode: Credit my Account with your bank, Issue DD / PO, Credit my account with other bank. Beneficiary Account Details: Account No, BANK NAME & BRANCH, IFS Code

(F) Standing Instruction for Recurring Deposit:

I/We authorise the Lakshmi Vilas Bank Ltd., to debit monthly installment of ₹ (Rupees) only from my/our operative account

(G) Account sourced through CASA SE / RM / Staff Member :

Name of SE / RM / Staff Member, SE/ RM / Staff ID No., Signature of SE / RM / Staff with DATE

FILL ALL THE DETAILS IN CAPITAL LETTER WITH BLACK COLOUR INK ONLY.

LVB-AOF-15FEB14

(*Charges applicable as per terms and conditions. Please refer our bank's website or contact our branch for details)

Table with 3 columns: OUR LOAN PRODUCTS, OUR SPECIAL CASA PRODUCTS, OUR TECHNOLOGY PRODUCTS. Lists various financial products like Lakshmi Business Credit, Lakshmi Savings Gold, Net Banking, etc.

(H) Nomination Details (Nomination Form DA-1): (Customer Signature mandatory)

Nomination facility required: Yes No, I declare that I do not wish to make a nomination.

Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rule s, 1985, in respect of bank deposits. I / We,

(name(s)), nominate the following person to whom in the event of my / our / minor"s death the amount of the deposit, particulars whereof are given below, may be returned by The Lakshmi Vilas Bank Ltd, _____ Branch. (name and address of branch / office in which deposit is held).

Customer ID, If existing customer	Name & Address of the Nominee :	Relationship	Date of Birth(if minor)	Age

@ As the nominee is a minor on this date, I/we appoint Shri/Smt/_____ (name, address and age) to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor"s death during the minority of the nominee.

@ Strike out if nominee is not a minor

\$ Thumb impression(s) shall be attested by two witnesses.

Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

# Signature (s) /thumb impression of Depositors (s)	\$ Signature of witness (es)
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(I) Declaration/Undertaking:

I / We confirm having received, read and understood the Account Rules and hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/We am/are opening with Lakshmi Vilas Bank Ltd. and amendments thereto made from time to time and those relating to various services including but not limited to ATM Card/ Anywhere Banking. (1a) I / We am/are aware that Bank reserves the right to modify/levy any service charges and if the information on such modification placed in the branch notice board / Bank"s website will be deemed as sufficient notification. (1b) I/We authorize the bank to share the account data for outsourced printing account statement / communications / activity to me / us apart from the disclosure of customer data in the routine course of business such as sharing of data among Bankers / FI / regulatory authority / investigating authority. (2) I/We accept and agree to be bound by the said terms and conditions including those / limiting Bank"s liability. (3) I / We understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the bank may debit my account for service charges as applicable from time to time. (4) I/We confirm that I/We am/are resident of India. (5) I/We agree to notify the Bank if I/We avail credit facility from any other Bank and I/We authorize you to inform the existence of our account with you to the lending banker (6) I/We also request you to accept the endorsement signed by me/us cheques/orders/bills or notes payable to us. (7) The cheques/bills presented by us in our account for collection are at our sole risk and responsibility and the bank is not liable for any, loss or damages in case the instruments are lost in transit. (8) 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. (9) I/We authorize the Bank to issue a LVB VISA DEBIT card to me/us. (10) I/We ack knowledge that the issue of and usage of the Card is governed by the terms and conditions as in force from time to time and agree to be bound by the same. (11) I/We acknowledge that it is my/ our responsibility to obtain a copy and read the same. (12) I/We accept that the terms and conditions are liable to be amended by the Bank from time to time. (13) I/We further unconditionally and irrevocably authorize the Bank to Debit My/Our account annually towards fees charges for the Card/SMS Banking/Mobile banking/ Internet Banking. (14) We undertake to keep the bank informed in case of change in the constitution/addition and/or deletion of partners / directors, address, proof of identity, telephone numbers etc. (15) I/We am/are aware that Money Laundering is a criminal offence under the law of land and the account shall not be utilized for Money Laundering purposes. I / We hereby declare that the information furnished above is true and correct to the best of my knowledge. (16) I/We am/are aware that, in case of term deposits with "E or S" or "A or S" style, the premature withdrawal of the deposit by the surviving joint depositor on the death of the other, can be allowed, only if, there is a joint mandate from the joint depositors to this effect. (17) I / We am/are aware that, in the event of the death of the depositor, premature termination of term deposits would be allowed without attracting penal charge.(18) TDS on Deposit interest will be deducted based on the projected interest income for the financial year. Hence if the deposit is preclosed, the bank will issue TDS certificate for the TDS already deducted and no refund of TDS amount will be made. (19) I have read and accept the terms & conditions set out by the bank for offering Internet banking services. I agree that transactions executed over Internet Banking under my User Name & Password will be binding on me.

	Bank	Branch	Facility	Account No.	Amount ₹
<input type="checkbox"/> I/We declare that I/we do not enjoy any credit facilities with any other bank(s).					

I/We have availed credit facility/accounts with other bank(s).

I/we inform that the facilities are regular as of now, NOC from the banker to be enclosed.

I/We am/are opening the account with your bank/branch for the purpose of

I/We declare that the funds deposited with the bank are my own funds (Applicable for Staff and Ex-Staff only).

Anticipated level of business turnover with your bank/branch in this account per annum is Rs.....

We hereby authorise and give our consent to the bank, in the event of death of any of the Joint account holders, to make premature payment of deposit to the surviving joint depositor/s at the request of survivor and such payment shall discharge the bank.

Signature/LTI of 1st Applicant with Date	Signature/LTI of 2nd Applicant with Date	Signature/LTI of 3rd Applicant with Date	Signature/LTI of 4th Applicant with Date	Signature/LTI of 5th Applicant with Date
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(J) For Branch Office Use:

I have verified the Original documents submitted and confirm that KYC Norms are fully complied with. I hereby confirm having done due diligence and certify that this account opening form is complete in all respect and relevant documents have been obtained. The account may please be opened in CBS.

Staff Number: _____

NAME OF THE BRANCH MANAGER / OFFICER IN CHARGE

Signature of Branch Manager / Officer-in-Charge with DATE

(K) For LOTUS-CPC Use:

(KYC Verified by) Signature with DATE	(Data Verified by) Signature with DATE	(Audited by) Signature with DATE
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NOMINATION ACKNOWLEDGEMENT

Account No.:

Received on _____ (Date) Nomination Form from _____ (Name of the Deposit Holder) in respect of _____ (Name of the Account), subject to opening of account at Central Processing Cell.

For THE LAKSHMI VILAS BANK LTD.,

AUTHORISED SIGNATORY
DATE :