TAME Tamilnad Mercantile Bank Ltd	Branch Name       :         A/c Opened on :       :         Customer ID       :         A/C No.       :					
ACCOUNT OPENING FORM - TMB LITTLE	SUPER STAR SAVINGS BANK ACCOUNT					
If you have an existing relationship with us, please mention yo	bur Customer ID Number.					
APPLICANT NAME (MINOR)           1)	DATE OF BIRTH         GENDER          //         MF					
2) PARENT / GUARDIAN NAME Mr/Mrs.						
<ul> <li>3) RELATIONSHIP : FATHER MOTHER</li> <li>4) CUSTOMER ID (GUARDIAN) :</li></ul>						
NATURE OF A/c : = SINGLE						
PERMANENT ADDRESS						
Line - 1						
Line - 2						
Line - 3						
City	District					
State	Pincode					
Phone Mobile Mobile						
E-mail Address						
COMMUNICATION ADDRESS SAME AS ABOVE						
Line - 1						
Line - 2						
Line - 3						
City	District					
State	Pincode					
Phone Mobile						
E-mail Address						
ACCOUNT STATEMENT REQUIREMENT						
Passbook Required Account Statement Required	d Electronic Form					

MODE OF OPERATION Single Operated by Guardian				
TMB's VALUE ADDED SERVICES (Daily Shopping Limit using Debit Card restricted to ₹2500/-)				
I request you to offer me the following services, in my SB account				
TMB Surabhi ATM Card TMB ATM-CUM-DEBIT Card (Smart Shoppers Visa Card)				
Name to be Embossed For Ba				
ATM Withdrawal Limit :₹ 5000 (OR) ₹* * * Below 5000 but to be in₹1000/2000/3000/4000				
II. TMB's eConnect (Retail) Internet Banking (Limit ₹2500) View only : Yes No	nk Use			
Applicant's Name Applicant's Name Applicant's Name				
Internet Banking User ID [Min. 6 Characters]				
A/c Holder's Birth Date				
A/c Holder's Mother Name				
III. Mobile Banking Facility       (Limit ₹2500)       Yes       No       For Bank Use         Applicant's Name       Application No.       Application No.         Mobile Number       Make & Model       Service Provider				
IV. TMB's SMS Alert Facility Yes No				
Mobile Number to be registered				
Alert for Term Deposit maturity Yes No				
FACILITIES       Cheque Book Facility       Yes       No				
Nomination Facility Yes No				
If Nomination is not required Sign here				
I / We, at present do not want to nominate any one. I / We will contact the bank / branch if necessity arises.				
Signature of Guardian				
INITIAL PAYMENT DETAILS				
Initial remittance of ₹ by Cash /				

I have opened 'TMB Little Super Star Savings Bank Account						
ward to enable him/her to operate the account.	' in your bank in the name of my ward. I hereby also Bank's rules. I request you to issue the following to my					
Cheque book ATM / Debit Card	Internet Banking M - Banking					
Personal Accident Insurance Cover to Guardian : I am aware that Free Accidental Death Insurance Cover of ₹1,00,000 is provided to safeguard the future of the child in the event of accidental death of Guardian of the Minor (myself). Further I hereby declare that the money deposited / to be deposited by me in the minor's account belongs to me and I deposited so for my own convenience. The same is exclusively for the benefit of the minor son / daughter. I hereby declare that the above information is correct and I abide by the rules and regulations of 'TMB Little Super Star' Savings Bank Scheme. Further, I hereby declare that I will be solely responsible in respect of all transactions / operations that will be made by my ward and undertake to indemnify the Bank for losses, if any in respect of such transactions. The latest terms and conditions shall be as published in the website of the bank, www.tmb.in. ATM cum Debit Card, Internet Banking & Mobile Banking : All indemnities/undertakings/representations to be made by Card Holder / the user (Minor) in respect of the Terms & Conditions of ATM cum Debit Card, Internet / Mobile banking shall be deemed to have been made by the Guardian / Parent. The Guardian / Parent agrees, confirms and undertakes that the bank is issuing the Card to the Card holder solely at the request of and at the sole risk and liability of the Guardian / Parent and similarly the Guardian is solely and exclusively bound by these terms and conditions for issue of the login password and the transaction password to the minor for Internet banking & Mobile Banking facilities and the Guardian / Parent further agrees, confirms and undertakes that the Guardian is solely and exclusively liable and responsible for all charges/expenses/other monies incurred / due and payable on the ATM cum Debit Card Internet / Mobile Banking and debited by the Bank from the Account. All correspondence related to TMB eConnect should be originated from the e-mail ID registered for internet banking.						
(Signature of Guardian) Guardi	an Name :					
Letter of Authority for Collection, Negotiation of Bill Cl	neques and Draft etc.					
In the case of collection of cheques and drafts sent by me/us to you, I/We request you, on the strength of my/our guarantee and on my/our responsibility to confirm my/our guarantee of the prior endorsements. I/We undertake to indemnify you against all losses, damages, or detriment and keep you protected from all claims, actions and expenses by reason of your so confirming my/our guarantee. I/We hereby undertake to hold you harmless in this connection if the instrument is lost in transit or otherwise and I/We further undertake to receive the proceeds of such bills only after the same have been cashed by you. In the event of bills being discounting by you, I/We further undertake to repay your bank immediately, on demand, the proceeds of such bills.						
SIGNATURE OF APPLICANTS / GUARDIAN IN CASE OF AC	COUNT OPERATED BY GUARDIAN					
Applicant         For Bank Use         I hereby confirm that the applicant and Guardian of this account had signed before me. I authorised the opening of this account						
For Bank Use I hereby confirm that the applicant and Guardian of	this account had signed before me. I authorised the opening of this account					
	this account had signed before me. I authorised the opening of this account had signed before me. I authorised the opening of this account had signed before me. I authorised the opening of this account has a second structure of the second structu					
For Bank Use I hereby confirm that the applicant and Guardian of Signature of the Officer						
	Name P.A.No. LE Computer System is authorised by me.					
Signature of the Officer	Name P.A.No.					
Signature of the Officer	Name P.A.No LE Computer System is authorised by me. Name P.A.No					

## NOMINATION

## **NOMINATION FORM DA 1**

## NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULE 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES 1985 IN RESPECT OF BANK DEPOSITS

I/We (Guardian)\_

(Name and Address)

nominate the following person to whom in the event of minor's death the amount of deposit, in the account(s) mentioned below may be returned by Tamilnad Mercantile Bank Ltd.

(Branch Name & Address where deposit is held).

Details of D	eposit Account	Nominee				
Nature of Account	Account Number	Name & Address	Relationship with Account Holder	If nominee is a minor date of birth and age*		
*Ac the nomin	oo is a minor on this	s date, I/We appoint				
As the normin		s date, in we appoint				
the amount of		If of the nominee in the event of my /our / minor's c				
				.,		
Date						
Witness(es)**	*: (Name, Address &	& Signature) **Signature(s)/Le	ft Hand Thumb Impre	ession(s) of Guardian.		
4						
		ke out if nominee is not a minor. **Where the a				
		by a person lawfully entitled to act on behalf of the				
	-	mb impression and not for signature.				
Vitilosoioi	equired only for that	no impression and notion signature.				
				>&		
	Tamilnad					
	Mercantile Bank Ltd			Branch		
Be a step ahead of life ACKNOWLEDGEMENT FOR NOMINATION REGISTRATION						
(TO BE RETURNED TO THE CUSTOMER AFTER REGISTRATION OF NOMINATION)						
Name of the	Depositor and Add	ress	Account Number			
Nomination	in favour of	Registered on	For Tamilnad M	ercantile Bank Ltd.,		
_			A post Manager (M	lenener/Drensk Liss i		
Relationship			Asst. Manager/M	lanager/Branch Head		