



(Regd. & Head Office, Mangalore – 575 002)

TERM DEPOSIT ACCOUNT OPENING FORM

To:

The Branch Head,
Karnataka Bank Ltd.,

Branch.

Customer Id:

Account No.:

Applicant's
Latest
PhotographPlease open a Term Deposit Account as under:
(Fields with (*) are mandatory.)Scheme of Deposit Account: *Firm name: *

Personal Information

Full Name: *Gender: *Date of Birth: *
(If the Applicant is Minor,
Minor Details to be filled)Caste / Community: *Communication Address: * Permanent Address: *City: * City: *Pin code: * Pin code: *State: * State: *Country: * Country: *Telephone: Telephone: E mail Id: Education: *Marital Status: * Anniversary Date(If Married) Spouse Name: *

Employment Status: * Employment Sector(If Employed): *

Employer's Name: *

Address: * City: *

Pin code: * State: *

Country: * Telephone: *

If Professional Profession: *

Monthly Income: *

Joint Holder Details

	Joint Holder1	Joint Holder2	Joint Holder3
Name*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
City*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pin code*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
State*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country*:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
E mail Id:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation*:	<input type="text" value="Employee/Business/Prof ▼"/>	<input type="text" value="Employee/Business/Prof ▼"/>	<input type="text" value="Employee/Business/Prof ▼"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Photograph of Jt. H. 1.	Photograph of Jt. H. 2.	Photograph of Jt. H. 3.

Mode of Operation:: ▼ *

Deposit Details

Deposit Amount: * Period of Deposit*: ▼ ▼

Account Opening Date: * Branch for the Account: ▼ *

Payment of Deposit Amount: ▼ *

If by Cheque/DD:

Cheque/DD No: * Cheque/DD Date: *

Cheque/DD Amt: * Payable At: *

If By Transfer:

Nature of Account: ▼ *

Account No.: * At Branch: *

Renewal Details

Auto renewal?: ▼ No. of times Auto renewal required: ▼

Renewal Period: ▼ Scheme: ▼

Interest payment frequency Completed Quarter/month from Start Date:

Repayment Details

Interest Repayment Details:

Interest Payment Frequency: ▼ *

Interest to be paid to A/c No: with Branch:

Principal Repayment Details:

Mode of Principal Repayment:

If DD; DD in Favour of:
(In case of joint account)

DD Payable at:

If Transfer,
Principal Repayment to be
Made to Account No.:

with Branch:

Standing Instructions:
(If yes, details to be furnished at the
branch)

Customer Tax Details

TDS to be deducted
If applicable:

If No, TDS exempt end date:
(Form 15G to be submitted every
Financial Year)

TDS exempt Ref. No.

TDS exempt submission date:

Tax slab:

TDS Customer Id:

PAN / GIR No.
(Form 60/61 to be filled by those who
do not have whether PAN or GIR)

Reason for not having PAN /
GIR (If not having):

Are You a Tax Assessee: *

If Yes,
Ward/Circle/Range where the last
Return of Income was filed:

TDS Operative Account

(Account to which applicable TDS is to be debited)

Whether Debited to
Same Account:

If any other Account
of the Applicant, Nature
of the Account:

Account No:

Nomination Required: ▼
(If Yes, Fill the Nomination Form)

* Nominee Name on the Deposit receipt required: ▼ *

Introduction

Introducer's Details:

Name:	<input type="text"/>	*	City:	<input type="text"/>	*
Address:	<input type="text"/>	*	State:	<input type="text"/>	*
Pin Code:	<input type="text"/>	*	Telephone:	<input type="text"/>	
Country:	<input type="text"/>	*			
Occupation:	<input type="text" value="Employed / self employed etc."/>	▼ *			
Account No:	<input type="text"/>		Branch:	<input type="text"/>	

Declaration by the Introducer

I confirm that, Mr./Mrs./Ms.
Is personally known to me since last.....years and confirm his/her/their occupation(s)
and address(es) as above.

Account No. of the Introducer.....

.....
Introducer's Signature

Details for the Minor Accounts

Guardian Type: ▼ *

Name of the Guardian: *

Address: * City: *

Pin code: * State: *

Country: * Telephone: *

Relationship with the Applicant: *

Declaration by the Guardian

I hereby declare that the date of birth of the minor who is my..... is
..... And I am his/her natural and lawful guardian appointed by
court order dated..... (copy enclosed). I shall represent the
said minor in all future transactions of any description in the above account until the said minor attains
majority. I indemnify the bank against the claim of the above minor for any withdrawal/transactions
made by me in his/her account.

.....
Signature of Guardian

Nomination Form

Nomination under section 45ZA of the Banking Regulation Act 1949 & Rule 2(1) of the Banking
Companies (Nomination) Rule, 1985 in respect of Bank Deposits.

I / We (Name).....
Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in
the above account, may be returned by Karnataka Bank Ltd.

NOMINEE(Only One nominee permitted)

Name & Address*	Relationship with depositor (if any) *	Age*	If minor, his/her date of birth*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the Nominee is a Minor

As the Nominee is a Minor on this date, I / We appoint (Name).....
Address.....

To receive the amount of the deposit in the Account on behalf of the nominee in the event of
My/our/ minor's death during the minority of the Nominee.

..... Signature of Witness*:	 **Signature(s)/Thumb Impression(s) of Depositor(s)	
Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

*Thumb Impression(s) shall be attested by two persons.
**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.

Declaration

- I/We have read and understood the Rules of the deposit scheme and agree to comply with and be bound by Bank/s rules in force and any amendments thereto from time to time. I/We authorize the Bank to verify the details given herein through any third party as necessary.
- I/WE authorize you to collect the cheques/Drafts etc., handed over to you for collection/negotiation as per rules of the Bank at our risk and responsibility and indemnify you for any loss suffered by you in the matter due to any cause. I also authorize you to recover your Commission, Debit, Balance in the Account caused at our request or otherwise with Interest applicable rates and Incidental Charges.
- In the event of death of any of us, Bank shall be at liberty to make premature payment of the deposit or grant loan there against to the survivor/s without the concurrence of the legal heirs of the deceased.
- I/We do not enjoy any credit facility with any other Bank/Branch
- I/We enjoy credit facilities / have current account with other Bank/s.
(Form no. 952 to be submitted at the branch.)
- I hereby declare that I am the sole Proprietor/Proprietrix of the aforesaid concern
- I/We hereby declare that the amount deposited belong to me / us absolutely and it has been deposited in joint names/ Minor's name for the purpose of convenience only
- The purpose of maintaining the Account is

(Click at the appropriate points)

SIGNATURE:

1. Applicant:

2. Joint Holder 1:

3. Joint Holder 2:

4. Joint Holder 3:

Place:

Date:

Documents Required

- Proof of Identity like Passport/Photo credit card/Banker's Verification/Election Id Card/PAN card/Govt. Id card/Driving License
(For Joint accounts all the above documents are required for both, applicant as well as the joint applicant/s, unless the joint applicant/s is/are a blood relative/s of the applicant. A Blood Relative is defined as Parents, Spouse, Children and sibling)
- Two Passport size Photographs
- Address Proof. (Like Telephone Bill, Electricity Bill, Ration Card, Residence Agreement Copy etc.)
- Proper Introduction.

Additional Documents Required

For Partnership Firm:

- Partnership Deed.

For Companies:

- Memorandum and Articles of Association duly certified to be correct and up-to-date.
- Copy of the certificate of incorporation.
- Copy of the certificate of commencement of Business in case of Public Limited Companies.
- Balance Sheet for the last THREE Years.
- True extracts of Resolutions duly certified by the Chairman, counter-signed by the secretary or any other Authorised Officer.
- Latest list of Directors.