



FORM FOR OPENING ADDITIONAL ACCOUNT
(For existing customers only)

Branch :

Customer Id No.	Account No.
Date	

Please open a Term Deposit Account

Term Deposit*	Amout / Instalment Rs.	Period in Months	Days
Payment of Interest*	Monthly	Quarterly	Half - yearly
		Yearly	On Maturity
Repayment A/c (for crediting interest / Repayment of Principal)**			
*Interest payment frequency-Completed quarter/month from start date		**Indicate your 16-digit SB / Current A/c Number.	
Auto Renewal	Yes	No	Period
			Months
			Days
			No.of times
			Scheme

Firm Name (for sole proprietorship) _____

A. APPLICANT'S DETAILS :

Applicant's Name _____ Short Name _____

Joint Holder Details

Joint Holder 1 : Name: _____ **Customer ID:** _____

Relation Type : Joint / Indl. / etc. _____ Relationship: _____

Joint Holder 2 : Name: _____ **Customer ID:** _____

Relation Type : Joint / Indl. / etc. _____ Relationship: _____

Joint Holder 3 : Name: _____ **Customer ID:** _____

Relation Type : Joint / Indl. / etc. _____ Relationship: _____

Deposit Amount payable to Either or Survivor/s Former or Survivor/s
Jointly Nominee → (Furnish the details in page no. 2)

Address for Communication

Address : _____

 City _____ State _____ Country _____
 Postal Code : _____ Phone No. (O) _____ (R) _____ Mobile No. _____
 Email ID : _____

FOR MINOR ACCOUNTS

Guardian Type : Father Mother Court Appointed

Guardian's Name : _____

Address : _____

City : _____ State : _____ Pin : _____

Declaration by 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 / guardian appointed by court order date (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 45 ZA 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 he/she is a minor, his / her date of birth

* 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 :

Name :

Address :

Address :

* Strike out if nominee is not a minor

** 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

Place :

Date :

Thumb impression(s) shall be attested by two persons

Nomination Registration No.

Verified by :

I/We hereby declare that there is no change in constitution and other details already furnished and I/We further undertake to communicate any changes in our profile subsequent to the date of opening the account.

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 if necessary.

I/We authorise you to collect the cheques / drafts etc., handed over to you for collection / negotiation as per rules of the bank at my / our risk and responsibility and indemnify you for any loss suffered by you in the matter due to any cause. I/We also authorise you to recover your commission, Debit balance in the account caused at my/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 agree / do not agree for bank making unsolicited calls.

In the event of the death of the Depositor, Premature termination of Term Deposits would be allowed as per rules of the Bank. Such premature withdrawal would not attract any penal charge.

Due notice on maturity of term deposit need not be sent to me /us.

The purpose of maintaining the A/c is

Signature - 1st APPLICANT

Signature - 2nd APPLICANT

Signature - 3rd APPLICANT

Signature - 4th APPLICANT

(To be signed in front of Manager / Authorised Signatory)

FOR BANK USE ONLY :

Remarks :

on

Account opened by Authorised by

Signature

Signature