

INITIAL DEPOSIT DETAILS*Amount Rs. Amount _____
(in words) Cash Cheque No. Dated:

Drawn on Bank Name, _____ Branch _____

 Debit SB / CA Account No. The Cheque should be crossed A/c payee and drawn payable to "Dhanlaxmi Bank A/c - < Customer Names >"
To open an account with cash, the customer must deposit the cash, in person only, at the home branch.**FOR SALARY ACCOUNTS***Applicant's Employee No. Company Code Name of Employer

If the communication address provided is that of the office, the bank will not be held responsible for any deliverable being misused / misplaced after having delivered to the address provided.

Signature with Company seal**NOMINATION*** I /We do not wish to make a nomination for above account.

FORM DA 1 Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

 I/We nominate the following person to whom in the event of my/our minors death the amount of deposits in the above account may be returned by Dhanlaxmi Bank, _____ branch.

Title	Name of the Nominee	Age	Relationship with the Depositor, if any	Date of Birth if nominee is minor

Nominee Address:

To be filled only in case the nominee is a minor

As the nominee is a minor on this date, I/We appoint the following person to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Title	Name	Age	Address

Witness Name _____ Witness Address _____

Date

Place _____

Witness Signature_____
Signature(s) / Thump Impression(s) of Depositor/s**STANDING INSTRUCTION FOR RECURRING DEPOSIT**

I/We authorize Dhanlaxmi Bank to debit Monthly Installment of Rs _____.

from my/our Operative Account No _____
Signature(s) / Thump Impression(s) of Applicants**DECLARATION**Type of Guardian Father Mother Court Appointed**Minor Declaration**

I _____ hereby declare that the date of birth of _____ (name of the minor), who is my _____ (relationship) is _____ and I am his/her natural/lawful guardian appointed by the 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 any claim of the above minor for any transaction / withdrawal made by me in his/her account.

Date _____
Signature of the Guardian

BRANCH DECLARATION

I confirm having met the customer and verified the original with the document proof.

SBURM'S ID

SE / Branch Staff Emp No.

SE / Branch Staff Emp Name _____

SE / Branch Staff Signature _____

I hereby confirm having done the due diligence. I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The account may please be set in Flexcube.

BOM/BM/Designated Officer Emp No.

BOM/BM/Designated Officer Emp Name _____

BOM/BM/Designated Officer Signature _____

For PGK Acocunts - Please afix the PGK acknowlegment slip on the application form

Account No.

Customer ID

Please affix PGK here

FOR DCS USE ONLY

Received on	
Scrutinized on	
Data Entered on	
Authorized on	

Received by	
Scrutinized by	
Data Entered by	
Authorized by	