



### INITIAL DEPOSIT DETAILS\*

Amount Rs. [ | | | | | | | | | | | | | | | | | ] Currency \_\_\_\_\_ Amount \_\_\_\_\_  
 (in words) \_\_\_\_\_

Cheque No./ DD [ | | | | | | | | | | ] Dated: [ D | D | M | M | Y | Y | Y | Y | ]

Drawn on Bank Name, \_\_\_\_\_ Branch \_\_\_\_\_

Wire Transfer/Telegraphic Transfer TTR No. \_\_\_\_\_ Dated \_\_\_\_\_ from \_\_\_\_\_  
 \_\_\_\_\_ (remitting Bank Name and Address)

Debit NRE / NRO / SB / CA Account No. [ | | | | | | | | | | | | | | | ]

The Cheque should be crossed A/c payee and drawn payable to "Dhanlaxmi Bank A/c - < Customer Name >"

### 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 minor's 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) / Thumb Impression(s) of Depositor/s

### DECLARATION

#### For the use of Voyagers/Crew Members

I hereby declare that I am a crew member working with an International Airline/Shipping company and confirm that I am a Non Resident Indian and I am presently on employment contract with \_\_\_\_\_ (Company registered in \_\_\_\_\_, Address of the principal \_\_\_\_\_) I also confirm that I will inform the Bank, incase I do not renew my contract or choose to go on a new contract or I am unable to proceed on a new contract or in any case in the event that my status of non resident Indian is altered. Accordingly, I will have the non-resident accounts opened in my name redesignated to Resident /RFC account (as applicable)

\_\_\_\_\_ Signature of the Applicant/s

#### For the use of Person of Indian Origin

I hereby declare that I am a person of Indian Origin (and am not a citizen of Pakistan or Bangladesh) and I satisfy one of the following conditions

- I was a holder of an Indian passport in the past \_\_\_\_\_
- My father / mother / grandfather (name) \_\_\_\_\_ is/was a citizen of India by virtue of the constitution of India or the Citizenship Act, 1955
- I am the spouse of an Indian Citizen / Person of Indian Origin.

\_\_\_\_\_ Signature of the Applicant/s

#### Please fill in for Minor

I/We \_\_\_\_\_ 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. Indemnity of the Bank against any claim of the above minor for any transactions made by me in his/her account.

\_\_\_\_\_ Signature of the Guardian

#### For Use of Saudi Residents

I/We hereby confirm that I/We have just returned from Saudi Arabia. I/We have a valid residential visa (Iqama) with \_\_\_\_\_ (company). I/We am/are on a leave for \_\_\_\_\_ days/months and will be going back to Saudi Arabia on/by \_\_\_\_\_

I/We request you to kindly open an NRE account in my/our name on the basis of the valid passport and exit re-entry visa submitted.

I/We also confirm that I/We will inform the Bank in case I/We is/are unable to proceed to Saudi Arabia for work or choose not to go, and will have the non-resident accounts opened in my/our name/s redesignated to resident/RFC accounts (as eligible).

\_\_\_\_\_ Signature of the Applicant/s

**Customer Declaration**

I/We have read and understand the Terms and Conditions published on the Bank's website www.dhanbank.com governing the opening of an account with Dhanlaxmi Bank and those relating to various services including but not limited to ATMs/Debit Card/Mobile Banking/Net Banking. I/We accept and agree to be bound by the said Terms and Conditions 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 agree that the Bank may debit my account for services charges as applicable from time to time. I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by Bank/Reserve Bank of India in this regard.

I/We am/are Non residents/PIO of India.

I agree to maintain Average Monthly Balance (AMB) of Rs. \_\_\_\_\_ in my account.

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature Verified

\_\_\_\_\_  
First Applicant  
Signature/Thumb Impression

\_\_\_\_\_  
Second Applicant  
Signature/Thumb Impression

\_\_\_\_\_  
Third Applicant  
Signature/Thumb Impression

\_\_\_\_\_  
Name & Signature of person verifying  
with rubber stamp

**FORM 60**

**(To be filled by those who do not have PAN/GIR No.)**

Customer ID \_\_\_\_\_

Are you a Tax Assesse  Yes  No.

If Yes, details of Ward/Circle/Range where last return was filed \_\_\_\_\_

Reason for not having PAN Card \_\_\_\_\_

Details of documents produced in support of address:

I/We \_\_\_\_\_ do hereby declare that what is stated is true to the best of my knowledge and belief. Verified at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**(To be filled by those who do not have PAN/GIR No.)**

Customer ID \_\_\_\_\_

Are you a Tax Assesse  Yes  No.

If Yes, details of Ward/Circle/Range where last return was filed \_\_\_\_\_

Reason for not having PAN Card \_\_\_\_\_

Details of documents produced in support of address:

I/We \_\_\_\_\_ do hereby declare that what is stated is true to the best of my knowledge and belief. Verified at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**(To be filled by those who do not have PAN/GIR No.)**

Customer ID \_\_\_\_\_

Are you a Tax Assesse  Yes  No.

If Yes, details of Ward/Circle/Range where last return was filed \_\_\_\_\_

Reason for not having PAN Card \_\_\_\_\_

Details of documents produced in support of address:

I/We \_\_\_\_\_ do hereby declare that what is stated is true to the best of my knowledge and belief. Verified at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**BRANCH DECLARATION**

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

Signature Authenticated by a Bank/Indian Embassy/High Commission/Consulate/ Notary Public or a person known to the Bank

Signature verification not required as the customer has account with \_\_\_\_\_ Branch, account no \_\_\_\_\_

SE / Branch Staff Emp No. [ ][ ][ ][ ]      SBURH'S ID [ ][ ][ ][ ]

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 affix the PGK acknowledgment slip on the application form

Account No. [ ]      Customer ID [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Customer Preferred Branch Name \_\_\_\_\_      Branch Code [ ][ ][ ][ ]

Please affix PGK here

**FOR DCS USE ONLY**

Received on		Received by	
Scrutinized on		Scrutinized by	
Date Entered on		Date Entered by	
Authorised on		Authorised by	
Account transferred to customer preferred branch name	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**MANDATE TO OPERATE NRI SAVINGS/CURRENT ACCOUNT**

I/We refer to the above mentioned NRI Savings/Current Account No. \_\_\_\_\_ at your bank in the name/s of \_\_\_\_\_ residing at \_\_\_\_\_ and I/We hereby request you to take this letter as a standing instruction/mandate for:

- Honoring all cheques drawn on the said account and instruction for local disbursements only by \_\_\_\_\_ resident of \_\_\_\_\_ not withstanding at such cheques may create an overdraft or increase it to any extent.
- Authorize Mr./Ms. \_\_\_\_\_ (the said person ) on my/our behalf to make, draw, endorse, accept or otherwise sign any bills of exchange, promissory notes or other negotiable instruments and to discount the same with your Bank, execute necessary documents relating to my/our business with your Bank including guarantees on my/our behalf with or without security, to apply for and obtain ATM/Debit Card or such other instruments linked to my/our above account, operate the above account through ATM or any other delivery channel otherwise and also to make, draw, endorse or sign cheques or any other negotiable instrument of any description for investment in shares, debentures, fixed deposits bonds, units and operate the account for making necessary investment and I/We hereby ratify and bind mysel /ourselves and confirm to all and whatever instructions the said person has given on my/our behalf.

Mandate Photo  
duly signed

\_\_\_\_\_  
Signature of Account Holder (s)

The mandate shall however, while acting under this mandate ensure that he/she acts in accordance with the instructions and directions that may be issued from time to time by the Reserve Bank of India or the Government of India or any other body authority.

I/We agree to bear any losses, claims that may arise directly or indirectly on account of the Bank acting on this instruction/mandate and the instruction given there of by said person

This authority shall continue in force until I/We shall have expressly revoked it by a notice in writing delivered to you.

Signature of Account Holder (s)      Specimen signature of the Mandate Holder      Above signature verified and attested

## INDEMNITY LETTER RELATING TO INSTRUCTIONS GIVEN BY FAX AND EMAIL

To

Dhanlaxmi Bank Limited

Notwithstanding anything to the contrary contained in any other document/agreement, I/We, the undersigned, hereby request and authorize you to act and rely on any instructions or communications for any purpose (including but not limited to the instructions/communications pertaining to the operation of all my/our accounts or to any other facilities or services that may be provided by you from time to time) which may from time to time be or purport to be given by facsimile, untested telexes and faxes, telegraph, cable or email by me/us including such instructions/communications as may be purported to be given by those authorized to operate my /our account(s) with you. I/ We understand and acknowledge that there are inherent risks involved .in sending the instructions to you via facsimile, untested telexes and faxes, telegraph, cable or e-mails and hereby agree and confirm that all risks shall be fully borne by me/us and I/we assume full responsibility for the same, and I/We will not hold the Bank liable for any losses or damages including legal fees arising upon your acting, or your failure to act, wholly or in part in accordance with the instructions so received.

In view of you agreeing, subject to the terms and conditions hereunder, to act upon the instructions as aforesaid, I/We hereby irrevocably agree and undertake.

1. That the Bank shall be entitled to act as you see fit, without incurring any liability whatsoever to me/us or to any other person, upon any instructions for any purpose which may from time to time be or purport to be given by facsimile, untested telexes and faxes, telegraph, cable or e-mail by me/us (including such instructions as may be or purported to be given by those authorized to operate my / our account(s) with you), even if such instructions or communications are not followed up by written confirmation to the Bank.
2. That the instructions shall be conclusively presumed for your benefit to be duly authorized by and legally binding on me/us, and I/ We shall be fully responsible for the same.
3. Bank shall not be responsible to ensure the authenticity, validity or source of any instructions and shall not be liable if any instructions turned out to be unauthorized, erroneous or fraudulent.
4. That you shall be entitled (but not obliged) to keep records of our instructions given or made by facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication in such form, physical or electronic, as you may in your sole discretion deem fit, and your records shall be conclusive and binding on me/us. You shall be entitled to dispose of or destroy any such records at any time and determined by your sole discretion.
5. That you shall be authorized to disclose all instructions as you may deem fit, to your affiliated, counter parties, service providers, regulators and other authorities where you are required by law to do so or to protect the interest of your Bank.
6. That you shall be entitled to require any instruction in any form to be authenticated by use of any password, identification code or test as may be specified by you from time to time and I/We shall ensure the secrecy and security of such password, code or test and I/We shall be solely responsible for any improper use of the same and I/We shall not make my claim on you.
7. That, notwithstanding the above you may, under circumstances determined by you in your absolute discretion, require from me/us confirmation of any instructions in such form as may specify before acting on the same; and I/We shall submit such confirmation to you immediately upon receipt of your request. Pursuant to receipt of instructions, you shall have the right but not the obligation to act upon such instructions.
8. That you shall not be liable to me/us or any third party for, and that I/We (jointly and severally) shall indemnify you and keep you indemnified from and against all claims either by me/us or any other, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) and howsoever arising which may be brought or preferred against you or that you may suffer, incur or sustain by reason or on account of you having so acted whether wrongly or mistakenly or not, or of your failing to act wholly or in part in accordance with the instructions and the terms of this letter.
9. That I / We confirm that I / We have the capacity and authority to accept this document and that this document constitutes our valid, legal, effective and enforceable obligation.
10. That this undertaking cum indemnity letter shall be governed and construed in accordance with the laws of India and I/We hereby submit to the exclusive jurisdiction of the courts in Mumbai.

This undertaking is an irrevocable letter and binding on my / our heirs and assigns.

Yours faithfully,

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Signature of Second Applicant

\_\_\_\_\_  
Signature of Third Applicant