

(To be filled by applicant only)

Please fill the form in block letters only. (\*Mandatory fields)

Product Code | | | | Date | D | D | M | M | Y | Y | Y | Y

Please open my/our account (More than one type of account can be opened if all the applicants including the primary applicant remain the same.)

## Available only for Savings Account (Platinum & MaxiGain) and Current Account (MaxiGain) holders.

Senior Citizen ☐ YES ☐ NO (Please attach document showing proof of age) ☐ Please send the Fixed Deposit advice by courier

☐ Draft Payable at \_\_\_\_\_ Branch

Mobile | | | | | | | Email | | | | | | | | | | | | | | | | | | | |

Service Holder	Applicant's Name	M / F	Customer ID (If existing customer)	PAN#	Form 60/61(Y/N)	Debit Card <input checked="" type="checkbox"/>	**Internet Banking <input checked="" type="checkbox"/>
First Applicant						<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant						<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant						<input type="checkbox"/>	<input type="checkbox"/>

The Dhanalakshmi Bank Ltd.



## 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 "Dhanalakshmi Bank A/c - < Customer Name>"  
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 The Dhanalakshmi Bank Ltd., \_\_\_\_\_ 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 Applicant(s)

## STANDING INSTRUCTION FOR RECURRING DEPOSIT

I/We authorize The Dhanalakshmi Bank Ltd. to debit Monthly Installment of Rs. \_\_\_\_\_.

from my/our Operative Account No.

Signature(s) / Thumb 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



## Customer Declaration

I/We have read and understand the Terms and Conditions published on the banks website [www.dhanbank.com](http://www.dhanbank.com) governing the opening of an account with The Dhanalakshmi Bank Ltd. and those relating to various services including but not limited to ATMs/Debit Card/SMS 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 Residents of India. Apart from this, the current Schedule of Charges has been received by me and I agree with the same.

☐ I wish to avail sweep in / sweep out facility against the above mentioned deposit (variant chosen). In case of insufficient balance in my savings bank account  please clear my cheque/allow withdrawal by transferring fund to my savings account by breaking units of my/our fixed deposit.

I have read and understood the Terms and conditions relating to sweep in/out product as also conditions prescribed herein. I accept and agree to be bound by the said Terms & conditions including those excluding/limiting the banks liability. I understand that the bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I agree that the bank may debit my account for service charges as applicable from time to time.

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

Date | D | D | M | M | Y | Y | Y | Y |

First Applicant  
Signature/Thumb Impression

Second Applicant  
Signature/Thumb Impression

Third Applicant  
Signature/Thumb Impression

## 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

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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.

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	<input type="text"/>	Received by	<input type="text"/>
Scrutinized on	<input type="text"/>	Scrutinized by	<input type="text"/>
Data Entered on	<input type="text"/>	Data Entered by	<input type="text"/>
Authorized on	<input type="text"/>	Authorized by	<input type="text"/>

## CHECKLIST - For Resident Individuals form

## INDICATIVE LIST OF DOCUMENTS THAT CAN BE PROVIDED WHILE OPENING THE BANK ACCOUNT

<b>Identification proof for each applicant</b> <ul style="list-style-type: none"><li>Permanent and valid driving license</li><li>Passport</li><li>Voter card</li><li>PAN(income tax) card</li><li>Valid photo credit/debit card issued by banks</li><li>Valid identity documents with photo issued by Government Org.,PSU statutory/regulatory authority</li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Address Proof For Each Applicant</b> <ul style="list-style-type: none"><li>Passport</li><li>Registered leave &amp; license Agreement –Applicable for tenants</li><li>Ration card</li><li>Utility bill(electricity/telephone/mobile/ piped gas) - Should not be older than 3 months</li><li>Latest Life insurance premium receipt</li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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In case of non availability of any of the above documents, please contact the Bank Officials for a complete list of acceptable documents.

