

(To be filled by applicant only)

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

Date

D	D	M	M	Y	Y	Y	Y
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Please attach self-attested copy of PAN Card. **Please contact the branch staff and fill up the mandate for Internet Banking in case of Joint Account holder.

NOMINATION (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
(Name/s and Address/es) nominate the following person to whom in the event of my/ our/ minor's death the amount of the deposit, particulars were of are given below, may be returned by **Dhanlaxmi Bank Ltd.**, Branch

DEPOSIT

Nature of deposit	Distinguishing No.	Additional details, if any

NOMINEE

Name	Address	Relationship with depositor if any	Age	Nominee date of birth

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum
(Name & Address) aged years to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

☐ I /We do not wish to make a nomination for above account.

Place

Date Name(s), Signature(s) and Address/es of witness(es)

Signature(s) / Thumb Impression(s) of the depositor(s)

Note : *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 and Strike out if nominee is not a minor. Thumb impression(s) shall be attested by two witnesses.

DECLARATION

Credit Facilities

- ☐ I/We hereby declare that I/We have not availed any credit facilities from the banking system.
I/We shall inform the bank if and when the credit facilities availed by me/us from the banking system become 5 crore or more.
- ☐ I/We hereby declare that our aggregate exposure from the Banking System is less than Rs. 5.00 crore.
I/We shall inform bank if and when the credit facilities availed by me/us from the banking system become 5 crore or more.
- ☐ I/We hereby declare that our aggregate exposure from the Banking System is 5.00 crore or more as listed below.

	Bank	CC/OD	Other than CC/OD	Total
1				
2				
3				
4				
	Total			

For Current Accounts, fill in the Annexure (Current Account Declaration)

I/We have read and understood the Terms and Conditions published on the banks website www.dhanbank.com governing the opening of an account with Dhanlaxmi Bank Limited 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 service charges as applicable from time to time.

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 have read and understood the Terms and Conditions relating to sweep in/sweep 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.

First Applicant
Signature/Thumb Impression

Second Applicant
Signature/Thumb Impression

Third Applicant
Signature/Thumb Impression

Dated

D	D	M	M	Y	Y	Y	Y
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As our HUF firm wishes to open an account with your Bank in the said name _____ we beg to say that the first signatory to this letter, i.e., _____ is the Kerala of the Joint Family and other signatories are the adult co-parceners of the said family.

We further confirm that the business of the said joint family is carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We all undertake that claims due to the Bank from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not got our said firm registered under the said Act.

We hereby undertake to inform the Bank of the death or birth of a co-parcener of any change occurring at anytime in the membership of our joint family during the conduct of the account.

1 _____ sd/- _____

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

Re: Opening of a new account in the name of: _____

We refer to the captioned account opened by your and declare as under:

We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you in writing of any change that take place in the partnership and, all the present partners will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Name of Partners

1 _____ sd/- _____

2 _____ sd/- _____

3 _____ sd/- _____

4 _____ sd/- _____

5 _____ sd/- _____

6 _____ sd/- _____

7 _____ sd/- _____

8 _____ sd/- _____

Re: Opening of a new account in the name of _____

_____ we refer to the captioned account opened by you and declare
as under:

I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof, I shall advise you in writing of any change that takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligation shall have been liquidated.

Name _____

Signature
(Place sign without stamp)

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

LG Code | | | | | LC Code | | | | |

SE / Branch Staff Emp No. | | | | |

SE / Branch Staff Emp Name

SE / Branch Staff Signature

For PGK Accounts - Please affix the PGK acknowledgment slip on the application form

Account No. | | | | | | | | | | | | | | | |

☐ 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 Flex cube.

BOM/BM/Designated Officer Emp No. | | | |

BOM/BM/Designated Officer Emp Name

BOM/BM/Designated Officer Signature

Customer ID | | | | | | | | | |

Please affix PGK here

INDICATIVE CHECKLIST

Proprietorship

1. ID and Address proof of proprietor
2. Any TWO of the following documents
 - a) Registration certificate
 - b) Certificate/license issued by the municipal authorities under Shop and Establishment Act.
 - c) Sales and income tax returns.
 - d) CST/VAT/GST Certificate (provisional/final)
 - e) Certificate/registration document issued by Sales tax/Service tax/professional tax authorities
 - f) IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT / License/certificate of practice issued in the name of the proprietary concern by any professional body incorporated under a statute.
 - g) Complete Income Tax Return (not just the acknowledgement) in the name of the sole proprietor where the firm's income is reflected, duly authenticated/acknowledged by the Income Tax authorities.
 - h) Utility bills such as electricity, water, and landline telephone bills.

Partnership

1. Registration Certificate (if registered)
2. Partnership deed
3. PAN in the name of the Partnership Firm
4. ID and Address proof of authorised signatories and Beneficial Owners

Private / Public Limited

1. Resolution from the Board of Directors to open and operate the account
2. Permanent Account Number (PAN)
3. Certificate of Incorporation
4. Memorandum of Association (MOA) & Articles of Association (AOA)
5. List of Directors and Beneficial Owners
6. ID and Address proof of authorised signatories and Beneficial Owners

HUF

1. PAN in the name of HUF
2. ID & Address proof of Kartha, Beneficial Owners and co-parceners who have attained the age of majority
3. HUF declaration
4. ID and Address proof of authorised signatories and Beneficial Owners

Trust

1. Registration Certificate (If Registered)
2. Trust Deed and PAN
3. ID and Address proof of authorised signatories and Beneficial Owners
4. Resolution to open and operate the account.
5. Indemnity letter on requisite stamp paper (In Bank's prescribed format)

Association of Persons / Body of Individuals (AOP / BOI)

1. Resolution of Managing Body to open and operate the account
2. ID and Address proof of authorised signatories and Beneficial Owners
3. PAN in the name of AOP / BOI
4. Copy of the Rules or Bye Laws;
5. The list of the present office Bearers along with a copy of minutes of the General Body meeting electing the present Office bearers.

In case of non availability of any of the above documents. Please contact the Bank Officials for a complete list of acceptable documents.