

PRODUCT APPLICA	TION FORM FOR SOLE PRO			RPORATE (To be filled by	applicant c	nly)
For office use only	Please fill the form in Branch Name: _	n block letters only. (*M		anch Code	Rr Staf	f Emp. No.	
	Customer ID		1 1	ount No.			
	Product Code			D D M M Y	YYY		
ACCOUNT DETAIL							
Please open my/our a	ccount (More than one type of	account can be op	pened if all the	applicants includi	ng the primary a	pplicant remai	n the same.)
Applicant's Name M/S							
Existing Customer \(\square\)	Yes No (If No, in add	lition to this form ple	ease fill up the F	Relationship form f	or each applicar	nt)	
Account Type*							
Saving Account	Regular Simple	☐ Supreme	□ P	latinum 🔲 N		Others	
	Regular Power	Super Powe	er S	uvidha 🔲 N	MaxiGain] Others	
	Fixed Deposit MaxiGain	deposit		_	_	_	
Statement Cycle [] [Statem	ent Mode Em	nail Passbo	ok Physico	al Statement
•	required Y N		(Manual Carlos) lo a la la				
## Available only for Savir Operating Instruction*	ngs Account (Platinum & MaxiGain) 7 As per resolution		(MaxiGain) noide ails mentioned b				
	7 As per resolution			JGIO VV			
FIXED DEPOSIT DE	TAILS						
Deposit Amount					Tenure:	Months	Days
Amount (in words)					Rate of In	terest	p.a.
Please send the Fix	xed Deposit advice by courier						
INTEREST PAYMEN	T & MATURITY INSTRUCTION						
Interest Payment			Maturity In	structions			
☐ Monthly ☐ Qua	rterly Half Yearly Yea	rly	Renew	Principal plus intere	est Renew	Principal & pay	interest
			Auto Re	enewal	Do not	renew	
Payment Mode			Payment N	Mode			
Banker's Cheque			Banker	's Cheque			
Credit to SB/Currer	nt A/c no		_	o SB/Current A/c	no		
Draft Payable at _		Branch	Draft Po	ayable at			Branch
COMMUNICATION	N ADDRESS* e address with pin code and telepho	and to help us sone	o vou bottor				
Flat/Door No./Building N							
Road No./Name		1 1 1 1 1					
Area Name / Landma	rk			City			
District		St	ate			Pin Code	
Code	Residence No.	Of	fice No.		Fax No.		
STD Code							
	Email						
Mobile		IVI / I=	tomer ID	PAN [#]	Form 60/61(Y/N)	Date of Birth	**Internet Banking ✓
Mobile	RATION DETAILS* Name of	IVI / I=		PAN [#]			_
CHANNEL REGISTR Service Holder	RATION DETAILS* Name of	IVI / I=		PAN [#]			Banking 🗹
CHANNEL REGISTE Service Holder First Applicant	RATION DETAILS* Name of	IVI / I=		PAN [#]			Banking 🗹

[#] 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. The Dhanalakshmi Bank Ltd.

INITIAL DE	POSIT DE	TAILS*																									
Amount Rs.	mount Rs.										Amount																
Cash	Cash Cheque No										(in words) Dated: DDMMMYYYYY																
Drawn on Bai	nk Name,_																	Brand	ch_								
Debit SB /	'CA Acco	unt No.																									
The Cheque : To open an a																		r Nar	ne>	"							
NOMINAT	ION*																										
☐ I/Wedor	not wish to	make a	nom	ninati	ion for	abov	e acc	ount.																			
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Title		Nam	e of	the N	Nomin	ee				Age		Relat	ion	iship '	with t	he	Dep	ositor	r, if o	any	Da	te of	Birth	nlf nc	mine	∋ is n	ninor
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To be filled on	•																										
As the nomine event of my/a									-	ersor	n to rec	eive	the	e amo	ount c	of d	epos	it in th	he c	accol	unt or	beh	alf (of the	nom	nee	in the
Title			Ν	lame)				_	Age	_								Ad	dress							
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For PGK Acocunts - Please afix the PGK acknowlegment slip on the application form

Account No.

Please fill in for a HUF		Please fill in for a Partnership firm					
As our HUF firm wishes to open an account		Re: Opening of a new account in the name of:					
we beg to letter, i.e.,	is the Karta of the Joint Family	we refer to the captioned account opened	l by you and declare as under:				
and other signatories are the adult co-parcene. We further confirm that the business of the said the said Karta as also by the other signatories benefit of the entire body of co-parceners of that claims due to the Bank from the said fami from all or any of us and also for the entire for signatory is the Karta, including the share of min	joint family is carried on mainly by hereto in the interest and for the the joint family. We all undertake ly shall be recoverable personally amily properties of which the first	We, the undersigned, are the only partners in liabilities thereof. We shall advise you in writing partnership and, all the present partners wi which may be standing in the firm's name in jour such notice and until all such obligations shall Name of Partners	g of any change that take place in the Il be liable to you on any obligation our books on the date of the receipt o have been liquidated.				
In view of the fact that ours is not a firm governe		1					
1952, we have not got our said firm registered ur		2					
We hereby undertake to inform the Bank of the any change occurring at anytime in the memb conduct of the account.		4_ 5_	sd/				
Name & Signature of Karta		6					
1	sd/	7					
Name & Signature of Adult Co-parceners		8	sd/				
1	sd/	Please fill in for a Sole Proprietorship Account					
2	sd/	Re: Opening of a new account in the na	me of ount opened by you and declare a				
3	sd/	under:					
4	sd/	I, the undersigned, am the sole proprietor of liabilities thereof. I shall advise you in writing a	of any change that takes place in the				
Name & Date of Birth of Minor Co-parceners	sd/-	constitution of the firm and I will be liable to standing in the firm's name in your books on t and until all such obligation shall have been liq	the date of the receipt of such notice				
2							
3	sd/	Name:	Signature (Please sign without stamp)				
FORM 60			, ,				
If Yes, details of Ward/Circle/Range where I Reason for not having PAN Card	of address:	hat is stated is true to the best of my	knowledge and belief. Verified				
atthis t	neday of						
			Applicant's Signature				
	(To be filled by those who	o do not have PAN/GIR No.)					
Customer ID							
Are you a Tax Assesse Yes No.							
If Yes, details of Ward/Circle/Range where I	ast return was filed						
Reason for not having PAN Card							
	_ do hereby declare that w	hat is stated is true to the best of my					
CITTNISTI	neaay of						
			Applicant's Signature				
BRANCH DECLARATION							
l confirm having met the customer are document proof.	nd verified the original with the	I hereby confirm having done the d this account opening form is comp documents have been obtained. T	olete in all respects and relevan				
SBURM'S ID		Flexcube.					
SE / Branch Staff Emp No.		BOM/BM/Designated Officer Emp No.					
SE / Branch Staff Emp Name		BOM/BM/Designated Officer Emp Name					
SE / Branch Staff Signature		BOM/BM/Designated Officer Signature					

Customer ID _____

FOR DCS USE ONLY



Please affix PGK here

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