



कार्पोरेशन बैंक
Corporation Bank

A Premier Government of India Enterprise

ID No.

Branch.....

ACCOUNT OPENING FORM FOR SAVINGS BANK/CURRENT ACCOUNT

I / We request you to open in your books a (tick '✓' whichever is applicable)

☐ Savings Bank ☐ Current ☐ CorpElite ☐ CorpJunior
☐ CorpSenior ☐ CorpClassic ☐ CorpPayroll ☐ CorpPremium

Account in my/our name(s) as per details given below for which I/we initially deposit Rs. (Rupees..... only).

A/C. No.
Date
Phone No.
Fax No.

ACCOUNT NAME (For accounts of firms, companies, trusts, associations etc.) :

FULL NAME OF APPLICANT/S

(Mention names of individuals, proprietor, partners, directors, trustees, office bearers etc., with designation in applicable cases)

1. Mr./Mrs./Ms.
2. Mr./Mrs./Ms.
3. Mr./Mrs./Ms.

Father's / Husband's Name

DATE OF BIRTH

(Mandatory if applying for CorpConvenience Card.)

1st Applicant
2nd Applicant
3rd Applicant

PAN/GIR No.

(Submit F60/61 in the absence of PAN/GIR No.)

OCCUPATION CODE

(refer end of third page)

TELEPHONE/ MOBILE NO.

1. Residential Address of the first named person (in case of individual's a/c)/ Regd. Address (in case of business a/c)

2. Business/Employer's Office Address

Telephone No.

Applicable for CorpPayroll Account

Designation:

EMP No.:

Department:

CORPCLASSIC ACCOUNT - For my/our CorpClassic account I/we choose the following options :

- ☐ Maintain minimum balance of Rs. (Rupees..... only) in CorpClassic A/c for operations. [This should not be less than the minimum prescribed under the scheme.]
- ☐ Segregate amounts over and above the balance amount prescribed above but in multiples of Rs. Rupees (in thousands only) [This should not be less than the minimum prescribed under the scheme.] as term deposit and invest the segregated amount/s under your ☐ Fixed Deposit Scheme with monthly/quarterly/half yearly interest payment by credit to the CorpClassic account ☐ Kshemanidhi Cash Certificate Scheme for:
- ☐ Fixed period ofdays / months
- ☐ All the term deposits to fall due on
- ☐ Minimum period to get maximum interest rate [depends upon the effective interest rate structure of deposits ruling on the date of investment in term deposits/ reinvestment of term deposits].
- ☐ Renew the term deposits on maturity automatically for the period as mentioned above.

FURTHER, I/WE REQUEST YOU TO EXTEND ME / US THE FOLLOWING FACILITY/IES. (tick '✓' whichever is applicable)

☐ CORPDIAL FACILITY ☐ CORPJEEVAN RAKSHA (Separate application to be submitted for the facility) ☐ **PERSONALISED CHEQUE BOOK FACILITY***
*available at select branches.

☐ **CORPNET - INTERNET BANKING** (Customers other than individuals (single or joint) should use separate form for CorpNet facility.)

User ID preference 1st Choice 2nd Choice 3rd Choice
(Please specify 3 choices, minimum 6 letters & or numbers and maximum 16 letters & or numbers. Use only small letters)

Kindly approve the following beneficiaries for effecting Funds Transfer under CorpNet Banking/ Corp E cheque facility: (This portion need not be filled up if you do not wish to transfer money to other persons' accounts through CorpNet)

	I	II	III	IV
Beneficiary Name				
Beneficiary Bank & Branch Name				
Beneficiary Account Type & Number				
Beneficiary code (for easy identification), if required.				

☐ CORP CONVENIENCE DEBIT CARD

Name to be printed on the card (Not to exceed 24 characters, Leave one box blank after every initials/surname/first name/middle name)

Mothers Maiden Name:.....

FOR ADDITIONAL CARDS: (for joint account holders and where operation clause is "any one of us").

Name in full [Use block letters] as to be embossed on the card (Not to exceed 24 characters, Leave one box blank after every initials/ surname/first name/middle name.)

1.

Mothers Maiden Name:.....

2.

Mothers Maiden Name:.....

Other Instructions for CorpConvenience Card

- ☐ The Password Mailer for CorpConvenience card will be collected by me/us in person from you.
- ☐ The Personal Identification No. for CorpConvenience Card may please be mailed to my/our
☐ Residential Address ☐ Business/Office Address provided above at my/ our risk and responsibility.
- ☐ For Insurance benefits under the CorpConvenience card to me, I nominate.....
.....who is(relationship).

Other Instructions for CorpNet

- ☐ The Password Mailer for CorpNet will be collected by me/us in person from you.
- ☐ The Password mailer for CorpNet may please be mailed to my/our address No. /provided above at my/our risk and responsibility. (Applicable only in the case of NRI clients)

☐ CORP BILLPAY* (Please attach copy/ies of the previous bill/s for verification and return.) *available at select branches.

Name of the Biller	Name of the customer/ consumer	Identification Number	Reference Number with Biller	Other Information	Auto Pay	Auto Pay Limit Rs.
Telephone		Telephone No.	Customer A/c No.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
Electricity.		Consumer No.	Process Cycle No.	Billing Unit No.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
Mobile		Mobile No.	Account No.	<input type="checkbox"/> SMS Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
Credit Card		Card No.	Online Pay ID		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
Insurance		Policy No.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
Depository		DP ID	Client ID		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
GAS		Consumer No.		Bill Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.
					<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.

LINKING OTHER ACCOUNTS:

Please link my/our following accounts maintained with you/other branches of your Bank for ☐ Corp Convenience ☐ CorpNet ☐ CorpBillPay facilities.

Branch Name	Account Type & No. (e.g.,SB/01/12345)	Mode of Operation	Link for CorpNet (CN) / CorpConv(CC) /Corp BillPay (CBP).	Name/s of Co-Account Holders	Sign of Co-A/c holder for consent
1		<input type="checkbox"/> Self <input type="checkbox"/> Any one of us	<input type="checkbox"/> CN <input type="checkbox"/> CC <input type="checkbox"/> CBP		
2		<input type="checkbox"/> Self <input type="checkbox"/> Any one of us	<input type="checkbox"/> CN <input type="checkbox"/> CC <input type="checkbox"/> CBP		
3		<input type="checkbox"/> Self <input type="checkbox"/> Any one of us	<input type="checkbox"/> CN <input type="checkbox"/> CC <input type="checkbox"/> CBP		
4		<input type="checkbox"/> Self <input type="checkbox"/> Any one of us	<input type="checkbox"/> CN <input type="checkbox"/> CC <input type="checkbox"/> CBP		

OCCUPATION/ ACTIVITY PROFILE

If employed

Designation:
Job specifications:
Length of service:
Name and address of the employer (Head Office):

Details about income

Source of Income :
Business/Profession : Rs.....
Salary : Rs.....
Investment : Rs.....
Others (Source.....): Rs.....
Total : Rs.....

Annual income.

If businessman/professional/self employed

Nature of business, vocation or profession:
Business activity expected in the a/c :
(monthly or annual turnover) ☐ Monthly ☐ Annual Rs.
Sources of funds in the business :

Details of assets owned

Movable:
Immovable:

Foreign countries visited during last 3 years:

INSTRUCTIONS (Tick '✓' in the applicable box)

1. Account to be operated by:

☐ Me ☐ No.1 ☐ No.2 ☐ No.3 ☐ Jointly by us ☐ Jointly by ☐ Any one of us ☐ Either or survivor of us
☐ Mandate Holder (Name)..... (Attach Mandate Letter). ☐ Others (specify).....

2. Balance repayable to:

☐ Me ☐ No.1 ☐ No.2 ☐ No.3 ☐ Jointly to us ☐ Jointly to ☐ Any one of us ☐ Either or survivor of us

3. Pass book/ Statement of account

Issue ☐ Passbook ☐ Statement of account ☐ Send Statement of account ☐ Weekly / ☐ Fortnightly /
☐ Monthly / ☐ Quarterly by ☐ Post / ☐ Courier / ☐ I will collect personally

4. Correspond at

☐ Residential Address ☐ Business/ Employer's Address

5. Nomination for the Account

☐ Nomination is required by me. Nomination Form is furnished. Please ☐ mention ☐ do not mention nomination details on the account pass book.
☐ Nomination facility is not required by me.

DECLARATIONS

1. **Following documents are submitted by me/us:**
- | | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Letter of Proprietorship (ID891) | <input type="checkbox"/> HUF Letter (ID303) | <input type="checkbox"/> Letter of Mandate (ID304) |
| <input type="checkbox"/> Certificate of incorporation | <input type="checkbox"/> Partnership Letter (ID892) | <input type="checkbox"/> Partnership Deed |
| <input type="checkbox"/> Certificate of ROC for commencement of business | <input type="checkbox"/> Copies of Memorandum & Articles of Association | |
| <input type="checkbox"/> My/our/authorised signatories specimen signature/s | <input type="checkbox"/> Certified copy of Board Resolution | <input type="checkbox"/> Trust deed <input type="checkbox"/> Bye Laws |
2. ***Declaration about other accounts and credit facilities:**
- ☐ I/We are operating/not operating account with any other bank. ☐ I/We am/are not enjoying credit facilities with any other bank/branch of your bank and undertake to inform you as and when credit facilities are availed by me/us with other banks/branches of your bank.
- ☐ I/We am/are enjoying credit facilities with(bank & branch name)
3. *** Declaration in case of Minor's Account:**
- Guardian's Name
- Nature of guardianship ☐ Natural ☐ By Court order
- Relationship with minor ☐ Son ☐ Daughter ☐ Others (specify)
- Source of funds ☐ Self funds ☐ Minor's funds
- I shall indemnify the Bank against the claim of above minor for any transaction/withdrawal made by me in his/her account

NOMINATION FORM DA-1

DETAILS OF NOMINEE	DETAILS OF APPOINTEE FOR MINOR	WITNESS/ES
Name:.....	Name:.....	1. Name:.....
Address:.....	Age.....	Address:.....
.....	Address:.....	.....
City Pin Code .....	.....	Signature:.....
Phone No. ....	.....	2. Name:.....
Date of Birth (If Minor):.....	City Pin Code	Address:.....
Relationship with Depositor.....	.....	.....
		Signature:.....

FORM NO. 60

1. Full name of the declarant.			
2. Particulars of transactions: New Account No.			
3. Amount of transaction: Rs.			
4. Are you assessed to Tax?	Yes / No	Yes / No	Yes / No
5. If Yes, i) Details of Ward/Circle/Range where the last return of income was filed? ii) Reasons for not having Permanent Account No./ General Index Register No.?	.....	.....	.....
6. Details of document* being produced in support of the address in Column no.1.	.....	.....	.....
Verification: I/We .....do hereby declare that what is stated above is true to the best of my knowledge & belief. Verified today, the day of Date: Place:	Signature/s		

*Documents which can be produced in support of the address are:- 1.Passport. 2. Driving Licence. 3. Identity Card issued by the institution. 4. Copy of the electricity bill/telephone bill showing residential address. 5. Any document or communication issued by any authority of Central or State Govt. or local bodies showing residential address. 6. Any other documentary evidence (Copies should be verified with originals and held as records.)

RELATIONSHIP INFORMATION

1. Family Details	3. Asset Details
Name Vocation D O B Earning	Vehicle <input type="checkbox"/> Four Wheeler <input type="checkbox"/> Brand Reg. No.
Spouse..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Card Issued by.....
Children <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned House : Owned by
Parents..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Address
2. Business / Profession / Employment Details	4. Income details: Sources <input type="checkbox"/> Business/Profession <input type="checkbox"/> Salary <input type="checkbox"/> Rent on <input type="checkbox"/> Property <input type="checkbox"/> Investment
.....	Level of investment (Rs.) <input type="checkbox"/> Below 2.0 lac <input type="checkbox"/> 2.0 lac to 5.0 lac <input type="checkbox"/> Above 5.0 lac
	Preferred Investments <input type="checkbox"/> Term Deposits in Banks <input type="checkbox"/> Insurance Policies <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Relief Bonds <input type="checkbox"/> Government Securities <input type="checkbox"/> Shares

PERFORATION

OCCUPATION CODES: 01 SERVICE. 02 BUSINESS. 03 HOUSE WIFE. 04 DOCTOR. 05 ENGINEER. 06 ADVOCATE. 07 TEACHER. 08 AGRICULTURIST. 09 LANDLORD. 10 LABOURER. 11 DRIVER. 12 INDUSTRIALIST. 13 INSURANCE AGENT. 14 HOTELIER. 15 SHARE BROKER. 16 PHOTOGRAPHER. 17 JEWELLER. 18 MERCHANTS. 19 PRINTERS & PUBLISHERS. 20 TRANSPORT OPERATORS. 21 BUILDING CONTRACTORS/CONSTRUCTION. 22 ELECTRICAL CONTRACTORS/ELECTRICIAN. 23 STUDENT. 24 RETD./ PENSIONERS. 25 EDUCATIONAL INSTITUTION. 26 FINANCIERS/ FINANCE COMPANIES. 27 BOAT/SHIP BUILDING. 28 MARKETING /ADVERTISING. 29 EXPORT BUSINESS. 30 DISTRIBUTORS. 31 ENGINEERS - REPAIRS & MAINTENANCE. 32 TIMBER MERCHANTS . 33 FILM EXHIBITORS. 34 COMMISSION AGENTS. 35 FABRICATORS. 36 DEALERS IN PETROLEUM PRODUCTS. 37 NURSE/MID-WIFE. 38 CONSULTANTS. 39 TAILORING / FASHION DESIGNERS. 40 SALESMAN/ SALESWOMAN. 41 AUTOMOBILE GARAGE/MECHANIC. 42 FISHERMAN. 43 EDUCATIONIST. 44 CHARITABLE INSTITUTION. 45 PRIEST. 46 CHARTERED ACCOUNTANT. 47 CARPENTER. 48 PAINTER. 49 GOLD SMITH. 50 ACCOUNTANT. 51 BARBER. 52 MAGICIAN. 53 PILOT. 54 AIR HOSTESS. 55 COMPUTER PROFESSIONAL. 56 CINE ARTIST. 57 TRAVEL AGENT. 58 REPORTER/JOURNALIST. 59 PLUMBER. 97 SERVICE - GOVERNMENT. 98 OTHERS (Specify)..... 99 NOT AVAILABLE.

I/We have understood the Bank's rules for(the type of account) and agree to comply with and be bound by them as they are in force now and from time to time in force for such accounts. I/we undertake to advise the Bank in writing of any change in my/ our constitution/ partners/ directors/ articles of Association.

I/We have read the terms and conditions for providing the aforesaid facilities and I/We agree to abide by and be bound by them as they are in force now and from time to time in force for such facilities. I/We request you to provide me/us the Card, the initial Password / PIN (Personal Identification number) which I/we shall change periodically for maintaining secrecy of my/our account level information. I/We undertake to keep my Password / PIN with myself/ourselves without giving any room for disclosure of the same to any third party. Further, I/We shall be responsible for any disclosure of my/our Password / PIN or Account Level Information to any third party and the Bank shall not be held responsible for any loss/damage caused to me/us on account of such disclosure. I/We shall be availing this facility at my/our request without any liability, either expressed or implied, to the Bank.

INTRODUCTION

I/We certify that I/We have knownfor the past months/years and confirm his/her/their occupation and address as stated in this application. My Association/Relationship with applicant/s is

Name: Account No.:

Address:

.....Phone No.....

Signature of introducer

Yours Faithfully

1.

Paste a recent passport photograph of each of the account holder and obtain his/her signature on the bust portion thereof.

2.

Paste a recent passport photograph of each of the account holder and obtain his/her signature on the bust portion thereof.

3.

Paste a recent passport photograph of each of the account holder and obtain his/her signature on the bust portion thereof.

Signature/s of depositor/s
(Affix property seal, if applicable)

FOR BRANCH USE

- Signed before me. Introducer's signature tallied. Introduction is found in order. Document verified for name and address.
- Permitted to open account.
 - (i) Issue/Do not issue Ordinary /Personalised cheque book
 - (ii) Send Letter of Thanks to the account holder/s.
 - (iii) Send Letter of Confirmation of Introduction to the Introducer.
- The account is classified as
☐ Low Risk ☐ Medium Risk ☐ High Risk
- Threshold limit for monitoring transactions is (for medium /high Risk a/c):
 Single Transaction Rs..... Annual Transaction Rs.....

Date: Signature of authorised official
 Name..... E. No.....

FOR BRANCH USE

Party Code No Account mobilised by
 Cheque book issued - ☐ Yes ☐ No
 Letter of Thanks sent to the a/c holder - ☐ Yes ☐ No
 Letter of Confirmation of Introduction sent to the Introducer - ☐ Yes ☐ No
 Whether Nomination Registered? : ☐ Yes ☐ No
 If yes, Nomination registration No.:
 If No, reason for non registration:
 Specimen Signature scanned and tagged by

Date:
 Party Master Number:
 Party Master Entered by : Name..... Sign.....
 Party Master Checked by : Name..... Sign.....

AT WEB CENTRE

Registration Form No.....Serial No..... /200_ Received from the Base Branch (Name)
 CorpNet Password/ Mailer sent on

Date: Signature of Authorised Officer

FOR CORPNET / CORPCONVENIENCE / CORPBILLPAY

Secondary Branch Name	CERTIFIED THAT				CorpNet, Corpconvenience, and Corpbillpay facility is	Name & Sign code of official	Signature with seal
	Party Code is	Account Number is	Mode of Operation	Signature is			
	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Recommended <input type="checkbox"/> Rejected (Reason)		
	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Recommended <input type="checkbox"/> Rejected (Reason)		
	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<input type="checkbox"/> Recommended <input type="checkbox"/> Rejected (Reason)		

ACKNOWLEDGEMENT BY CORPORATION BANK

To Branch:

We acknowledge your Nomination instruction relating to Account No. held with us.
 Please quote the Nomination Registration No. in all your future correspondence with us.

Date: Signature

Branch Round Seal