

ACCOUNT OPENING FORM (Savings Bank and Current Account)

For Resident Individuals

Date:

(For office use only)

1st Applicant CIF No.

2nd Applicant CIF No.

Account No.

Welcome kit No.

Application Type

New

Update

KYC Number

(Mandatory for KYC update request)

Branch to affix rubber stamp of
Name and Code No.

Instructions

- For opening solely operated account of Minor, complete KYC documents of the Minor will have to be provided.
- Fields marked asterisk (*) are not mandatory
- In case of illiterate customers, Left Thumb Impression (LTI) to be affixed and verified.
- Please affix a passport size photograph in the box provided. Also enclose another photograph for affixing in the pass book
- Please fill up in BLOCK letters only and use black ink for signature. Please leave one box blank between two words. Tick (✓) the appropriate boxes.

No. of Applicants

Mode of Operation

Self only

Either or Survivor

Former or Survivor

Any one or Survivor

Jointly

Other _____

Ist/Sole Applicant

I do not have any account with SBH

I have an account with SBH & the account number is:

Personal Details

Customer Type:

Public

Staff

Senior Citizen:

Yes

Minor:

Yes

Residential Status

Resident Individual

Non Resident Indian

Foreign National

Person of Indian Origin

Name: (Same as ID proof)

Mr.

Ms.

Mrs.

Other _____

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Maiden name (if Any)

Mother's Name

Date of Birth:

Gender:

Male

Female

Transgender

IT PAN:

OR Form 60/61

UID/Adhaar No.:

Name of Father (Mandatory if PAN not submitted)

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Name of Spouse:

Guardian's Name (In case of Minor)

City of Birth

Country of Birth

Nationality

Indian

Others

Country Name

Multiple Tax Residency:

YES

NO

Additional Details for FATCA/CRS *(If applicable is resident outside India for TAX purpose)

Foreign TIN Number 1:

TIN 1 Issuing Country:

Country 1 of Residence for TAX Purpose:

Foreign TIN Number 2:

TIN 2 Issuing Country:

Country 2 of Residence for TAX Purpose:

Identification Details: Documents acceptable as proof of identity. Please tick the appropriate box (any one document) and give details:

PASSPORT

Document No.:

Passport Expiry Date:

VOTER'S IDENTITY CARD

Issued by:

DRIVING LICENCE

Issued at:

Driving License Expiry Date:

ADHAAR LETTER/CARD

Issue date:

NREGA CARD

PAN CARD

OTHER OFFICIALLY VALID DOCUMENTS

ID Card@

Not Categorized@

Please attach one self-attested photocopy of the document.

Originals thereof will have to be produced for verification

@ Not to be accepted till RBI- GOI circulates detailed guidelines on it.

Proof of Address Current Permanent Overseas Address

Address type Residential or Business Residential Business Registered office Unspecified

Proof of Address Passport Driving Licence Aadhaar Voter ID Card NREGA Job Card Others

Address

City/Village: PIN District:

Sub-District: State:

Country Name

Telephone (Res.) Mobile No.

Email Address:

Telephone (Off.) Fax no.

Address in the Jurisdiction Details where Applicant is Resident:
(all the details same as Permanent Address) YES NO

Correspondence / Local Address details Same as Proof of Address

Address type: Residential or Business Residential Business Registered office Unspecified

Address

City/Village: PIN District:

Sub-District: State:

Country Name

Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes*

Same as Current Address Permanent Address Overseas Address Same as Correspondence/ Local Address

Address

City/Village: PIN District:

Sub-District: State:

Country Name

Additional Details

Monthly Income: Rs. Net Worth (approx value) Rs.

Marital Status Married Unmarried Others _____

Religion* Hindu Muslim Christian Sikh Others _____

Category* General OBC SC ST

Educational Qualification: Below SSC SSC HSC Graduate Post Graduate Professional Others _____

Occupation Type Service (Private Sector Public Sector Government Sector)
 Others (Professional Self employed Retired House Wife Student)
 Business Not categorised

Occupation:

*Organization's Name: *Designation/Profession: Nature of Business:

Please Tick if applicable: Politically Exposed Person Related to politically Exposed Person Residence for TAX purpose in Jurisdiction(s) outside India

Details of Related Person

Addition of related Person Deletion of Related Person KYC number (If available)

Related Person type Guardian of Minor Nominee Assignee Authorised Representative Beneficial Owner Beneficiary

Name

PASSPORT Document No.: Passport Expiry Date:

VOTER'S IDENTITY CARD Issued by:

DRIVING LICENCE Issued at: Driving License Expiry Date:

ADHAAR LETTER/CARD Issue date:

NREGA CARD

PAN CARD

OTHER OFFICIALLY VALID DOCUMENTS

Remarks

2nd Applicant

I do not have any account with SBH I have an account with SBH & the account number is:

Personal Details

Customer Type: Public Staff Senior Citizen: Yes Minor: Yes
 Residential Status Resident Individual Non Resident Indian Foreign National Person of Indian Origin
 Name: (Same as ID proof) Mr. Ms. Mrs. Other _____

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Maiden name (if Any)
 Mother's Name Date of Birth: Gender: Male Female Transgender

IT PAN: OR Form 60/61 UID/Adhaar No.:

Name of Father (Mandatory if PAN not submitted)*
 F I R S T N A M E M I D D L E N A M E L A S T N A M E

Name of Spouse:
 Guardian's Name (In case of Minor)
 City of Birth
 Country of Birth
 Nationality Indian Others Country Name

Multiple Tax Residency: YES NO Additional Details for FATCA/CRS *(If applicable is resident outside India for TAX purpose)

Foreign TIN Number 1:
 TIN 1 Issuing Country:
 Country 1 of Residence for TAX Purpose:
 Foreign TIN Number 2:
 TIN 2 Issuing Country:
 Country 2 of Residence for TAX Purpose:

Identification Details: Documents acceptable as proof of identity. Please tick the appropriate box (any one document) and give details:

PASSPORT Document No.: Passport Expiry Date:
 VOTER'S IDENTITY CARD Issued by:
 DRIVING LICENCE Issued at: Driving License Expiry Date:
 ADHAAR LETTER/CARD Issue date:
 NREGA CARD
 PAN CARD
 OTHER OFFICIALLY VALID DOCUMENTS
 ID Card@
 Not Categorized@

Please attach one self-attested photocopy of the document.
 Originals thereof will have to be produced for verification

@ Not to be accepted till RBI+ GOI circulates detailed guidelines on it.

Proof of Address Current Permanent Overseas Address

Address type Residential or Business Residential Business Registered office Unspecified
 Proof of Address Passport Driving Licence Aadhaar Voter ID Card NREGA Job Card Others
 Address
 City/Village: PIN District:
 Sub-District: State:
 Country Name
 Telephone (Res.) Mobile No.
 Email Address:
 Telephone (Off.) Fax no.
 Address in the Jurisdiction Details where Applicant is Resident: YES NO
 (all the details same as Permanent Address)

Correspondence / Local Address details

 Same as Proof of Address

Address type: Residential or Business Residential Business Registered office Unspecified

Address:

City/Village: PIN: District:

Sub-District: State:

Country Name:

Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes

Same as Current Address Permanent Address Overseas Address Same as Correspondence/ Local Address

Address:

City/Village: PIN: District:

Sub-District: State:

Country Name:

Additional Details

Monthly Income: Rs. Net Worth (approx value) Rs.

Marital Status Married Unmarried Others _____

*Religion: Hindu Muslim Christian Sikh Others _____

*Category: General OBC SC ST

Educational Qualification: Below SSC SSC HSC Graduate Post Graduate Professional Others _____

Occupation Type Service (Private Sector Public Sector Government Sector)
 Others (Professional Self employed Retired House Wife Student)
 Business Not categorised

Occupation:

* Organization's Name: *Designation/Profession: Nature of Business:

Please Tick if applicable: Politically Exposed Person Related to politically Exposed Person Residence for TAX purpose in Jurisdiction(s) outside India

Details of Related Person

Addition of related Person Deletion of Related Person KYC number (If available)

Related Person type Guardian of Minor Nominee Assignee Authorised Representative Beneficial Owner Beneficiary

Name

PASSPORT Document No.: Passport Expiry Date:

VOTER'S IDENTITY CARD Issued by:

DRIVING LICENCE Issued at: Driving License Expiry Date:

ADHAAR LETTER/CARD Issue date:

NREGA CARD

PAN CARD

OTHER OFFICIALLY VALID DOCUMENTS

Remarks

FATCA & CRS Related Declaration cum undertaking

- I/ We hereby certify that I/ we have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
- I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and/or any other similar arrangements.
- I/ We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/us are, to the best of my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of my account as a U S Reportable Account or Other Reportable Account or otherwise.
- I/ We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self- certification along with documentary evidence.
- I/ We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and State Bank of Hyderabad would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by State Bank of Hyderabad, under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
- I/We also agree to furnish and intimate to State Bank of Hyderabad any other particulars that are called upon me/ us to provide on account of any change in law either in India or abroad in the subject matter herein.
- I/We shall indemnify State Bank of Hyderabad for any loss that may be caused to State Bank of Hyderabad on account of providing incorrect or incomplete information by me/us.

DECLARATION:

I/we affirm and declare that I/we have read over and understood the present rules and regulations of the Bank, and those relating to various services offered by the Bank including but not limiting to Debit Card/Internet Banking/ SMS Banking/ Tele-banking and other facilities. I/We agree to abide by the same as they are in force now and also by those as would be amended further from time to time through Circulars/Notice Boards/Websites etc. I/We agree that the transactions & request executed in above mentioned account through internet, mobile & telebanking under my/our User ID and Password will be legally binding on me/us & I/we are responsible for maintenance of secrecy and confidentiality of the information passed on to me/us by the Bank through internet/mobile/e-mail/telephone. I/We mandate from other joint holders to view/enquire/operate the joint account mentioned above. Further, I/we agree that Bank has got all the rights to debit my/our account for any service charge or discontinue my/our account without any notice to me/us. I/We hereby undertake to inform the Bank on any change in my/our communication address or constitution, and I/we shall submit the address proof in case of transfer of our account from one Branch to other Branch. I/We hereby declare that I/We have submitted the Aadhaar Card issued by UIDAI for identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002. I/We hereby agree that the Bank may verify the same with the UIDAI, and authorize the UIDAI expressly to release the identity and address through biometric authentication to the Bank. (applicable only where accounts are opened with Aadhaar).
 "I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand there in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss."

INFORMATION ON PRODUCT AND SERVICES
 To serve you better, we would like to communicate about updates on our various products and services, new products and features and special offers from our Bank and our Group Companies. Please give your consent to stay informed about these products and offers. Your consent: Yes No

"I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein immediately. In case of the above information is found to be false or Untrue or misleading or misrepresenting, I/We are aware that I/We may be held liable for it. My personal/KYC details may be shared with central KYC registry. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered Number/ E mail address."

Paste a passport size photograph inside this box

1st Applicant

Paste a passport size photograph inside this box

2nd Applicant

Please sign in black ink only.

Place:

Signature(s) / Thumb impressions(s) Sole/First Holder

Signature(s) / Thumb impressions(s) Second Holder

Please sign in black ink only.

Date:

Type of Account

Savings Bank Account

GENERAL ACCOUNT PLATINUM ACCOUNT SAVINGS PLUS

Savings Accounts for Minors

SHUBHARAMBH (for Minors of any age)
 SHUBHKAMNA (for Minors older than 10 years)

CURRENT ACCOUNT

Other (please specify): _____

Services Required

1. ATM-CUM-DEBIT CARD:

1st Applicant Required Not required
 2nd Applicant Required Not required

Name as would appear on the card

#I/We understand that use of International Debit Card is subject to applicable Foreign Exchange Management Act (FEMA) guidelines issued by the Reserve Bank of India from time to time

Please mention any other account desired to be linked:

Account type	<input type="text"/>	Account Number	<input type="text"/>	Name	<input type="text"/>
Account type	<input type="text"/>	Account Number	<input type="text"/>	Name	<input type="text"/>

2. CHEQUE BOOK: Required Not required

3. INTERNET BANKING: Transaction rights: 1st 2nd applicant (please tick)

4. SMS ALERTS (Charges applicable) SMS Alerts on mobile number as mentioned in Correspondence Address: Required Not required

5. MOBILE BANKING: Mobile Banking Services to be enabled on this no.
 Please SMS MBSREG to 9223440000 (from the mobile no. mentioned above) to generate username

6. STATEMENT FREQUENCY: Monthly Quarterly Half-yearly
 (for current account) e-Statement, in lieu of paper copy, to be sent to e-mail id as mentioned in Part-I: Required Not required

Auto-sweep (Only Savings Plus)

Threshold Amount: Rs. @ Min.: SB Plus A/c - Rs.5,000/-

Sweep time: _____ day (example Monday, Tuesday) of every week OR _____ (example 1st,2nd) of every month beginning on

Under reverse sweep facility for breaking the MOD, the MOD to be broken by: Last in first out First in first out

Nomination, if required fill Form DA-I, otherwise sign below

I/We do not want to nominate any person in this account

Sole/First Holder

Second Holder

Form DA-I (Nomination form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and 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 Deposit,
 particulars where are given below, may be returned by State Bank Of Hyderabad
 (Name and address of branch/office in which the deposit held.

Nomination serial No.

Details of Deposit

Type of Deposit: Account Number:

Additional details, if any.....

Details of the Nominee

Name:

Relationship with the Depositor..... Age..... Date of Birth of nominee:

Address

City/Village: PIN State:

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum..... Age..... Years.....

Address.....

Signature(s) / Thumb impressions(s) first depositor

Signature(s) / Thumb impressions(s) second depositor

to receive the amount of deposit on behalf of the nominee
 in the event of my/our/minor's death during the minority of the nominee
 (Witness are required only in case of applicant is illiterate and is affixing thumb impression)

I want the name of the nominee to be printed on the passbook

Date:

Place:.....

Signature/Thumb impression of first witness
 Name:
 Address:

Signature/Thumb impression of first witness
 Name:
 Address:

FOR OFFICE USE/ATTESTATION (First Applicant)

Documents received: Self certified True copies Notary

Whether self-certification & documents received as part of account opening process have been verified and found correct, YES/NO (Branch to proceed with account opening only when certification is (YES)
 Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Depositor is: Illiterate Blind Staff S T A F F P F Risk category : High Medium Low

In person verification carried out and signature of the applicant verified by:

Official Name PF No. Designation

Date : SS No. Signature

FOR OFFICE USE/ATTESTATION (Second Applicant)

Documents received: Self certified True copies Notary

Whether self-certification & documents received as part of account opening process have been verified and found correct, YES/NO (Branch to proceed with account opening only when certification is (YES)
 Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Depositor is: Illiterate Blind Staff S T A F F P F Risk category : High Medium Low

In person verification carried out and signature of the applicant verified by:

Official Name PF No. Designation

Date : SS No. Signature

- i) Internet Banking (INB) Kit No.:
- ii) INB Viewing Transaction rights given on:
- iii) Mobile Banking MPIN given on:
- iv) ATM Card data transmitted on :
- v) Nomination serial no.:
- vi) Threshold (KYC) limit:

initials
 initials
 initials
 initials
 initials
 initials

Details of one or two identification marks, if any, such as a mole or scar (mandatory for illiterate applicant)

Open Account

Account number generated:

Date: (Authorised signatory)

	Queue No.	Initials
CIF	<input type="text"/>	<input type="text"/>
Account	<input type="text"/>	<input type="text"/>
CIF Linking	<input type="text"/>	<input type="text"/>
Personalised Chq	<input type="text"/>	<input type="text"/>
RINB	<input type="text"/>	<input type="text"/>
MBS	<input type="text"/>	<input type="text"/>
SMS Alert	<input type="text"/>	<input type="text"/>
Posting Restriction	<input type="text"/>	<input type="text"/>
Scanning	<input type="text"/>	<input type="text"/>

Format of Form 60

See second proviso to rule 114B

Form of declaration to be filled by a person who does not have a Permanent Account Number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant

2. Particulars of transaction

3. Amount of the transaction

4. Are you assessed to tax? Yes No

5. If Yes

(i) Details of the Ward/Circle/Range where the last return of income was filed?
(ii) Reasons for not having Permanent Account Number?

6. Details of the document being produced in support of address in column (i)

Verification

I,do here by declare that what is stated above is true to the best of my knowledge and belief.

Verified today, theday of

Date:

Place: Signature of the declarant

Format of Form 6I

See second proviso to clause (a) of rule 114C (1)

Form of declaration to be filled by a person who has agricultural income and is not in receipt of any other income chargeable to Income Tax in respect of transactions specified in rule 114B

1. Full name and address of the declarant

2. Particulars of transaction

3. Details of the document being produced in support of address in column (i) Yes No

I here by declare that my source of income is from agriculture and I am not required to pay Income Tax on any other Income if any

Date:

Place:

Verification

I,do here by declare that what is stated above is true to the best of my knowledge and belief.

Verified today, theday of

Date:

Place: Signature of the declarant

SAVINGS BANK RULES (ABRIDGED)

Know Your Customer Guidelines

Any person fulfilling account opening requirements may, upon agreeing to comply with the prescribed rules, open a Savings Bank Account, provided she/he furnishes proof of identity and proof of address as required by the Bank.

Nomination & Survivorship Facility

The nomination facility is available on Savings Bank Accounts and the account holders are advised to avail of this facility for smooth settlement of claim by legal heirs in unforeseen circumstances. Nomination can be made in favour of only one nominee. In case they do not wish to make a nomination, the fact should be recorded on the account opening form under their full signature. Joint account with survivorship benefit can be operated by the survivor, in such circumstances.

Types Of Accounts, Balance Stipulation & Service Charges

The applicants can open an account either with chequebook facility or without chequebook. The current minimum quarterly average balances prescribed for these account types and the charges prescribed for non maintenance of minimum balance, are available at the Banks website www.sbhyd.com and Contact Centre. The information can also be obtained from Branches. There is no ceiling on maximum balance in Savings Bank account, except for Minors account.

Minors Accounts

Minors who can adhere to uniform signature and are not less than ten years old can open accounts in their single name and maintain therein a maximum balance of Rs. 2,00,000/- (Rs. Two lacs only). Minors may open joint accounts with their guardians.

How To Open An Account?

In ordinary course, applicant(s) should attend the Bank personally for completion of formalities for opening the account. They will duly fill in and sign the prescribed application form. Applicant(s) should submit KYC documents, declaration as applicable for RBI/CBDT and two copies of his/ her/ their recently taken passport size photographs. Applicants can also apply for opening an account online. Account holders signatures must be legible and well formed. Each account will be given a distinctive account number. While dealing with the Bank, this number should be invariably quoted by the account holder(s). The account holders, in their self-interest, are expected to adhere to uniform signature as per specimen recorded with the Bank while operating the accounts and addressing any correspondence to the Bank.

Pass Book

The pass book and cheque book supplied to the account holder should be kept in a safe place. The Bank will not be responsible for any loss or incorrect payment attributable to the account holders neglect in this regard. For withdrawing cash by means of a withdrawal form, the pass book must be presented. Withdrawals using cheque forms and Debit card can be effected without pass book. Deposits may be made without production of the pass book. Pass book should be got updated regularly. The pass book will be returned to the account holder immediately after completion of the transaction duly updated. In case it is not collected within a weeks time, it will be returned to them by Registered A.D. post/ Courier at their cost. The account holders should carefully examine the entries in their pass books and draw the Banks attention to errors or omissions, if any.

Duplicate in lieu of the lost or mutilated pass book may be issued on receipt of a written request from the account holder after necessary enquiries, completion of formalities and recovery of prescribed charges. The current charges prescribed for this are available at the Banks website www.sbhyd.com and Contact Centre. This information can also be obtained from Branches.

Cheque Book

The Bank will issue the first cheque book after completion of all formalities with regard to opening of the account. No charge will be recovered for issue of first twenty Multicity Cheque leaves. Thereafter, service charge will be charged to the customer's account. The current charges prescribed for this are available at the Banks website www.sbhyd.com and Contact Centre. This information can also be obtained from Branches. The account holders must use only the cheques from the cheque books issued to them by the Bank. The Bank reserves the right to refuse payment of any cheques drawn otherwise. Ordinarily, Bank will not issue more than one cheque book at a time or before exhausting all or nearly all cheque leaves issued previously. Cheques must be written legibly. Stop payment instructions in respect of cheques issued or lost can be registered with the Bank on payment of a prescribed service charge. The current charges prescribed for this are available at the Banks website www.sbhyd.com. This information can also be obtained from Branches.

Acknowledgement-DA-1

We acknowledge receipt of nomination made by you in favor of :

Date:

Name of the Nominee.....Age:..... Years:.....

Yours faithfully

With respect to your Account Number

Signature of Bank Official with Seal

Operations In The Account

General

Savings Bank account is essentially a facility to build up savings and hence must not be used as a Current Account. Bank may close an account should it have any reason to believe that the account holder has used her/his account for a purpose for which it is not allowed.

Deposits

There is no restriction on number of deposits that can be made into the account. No deposit in cash for less than Rs 10/- will be accepted. Cheques, drafts or other instruments drawn only in favour of the account holder will be accepted for credit of the account. Third party instruments endorsed in favour of the account holder will NOT be accepted. No drawings against accepted instruments will be normally permitted until these are realized. In satisfactorily conducted accounts, immediate credit will be afforded for outstation instruments deposited up to Rs 20000/-, which may change from time to time. The normal collection and out of pocket charges will be recovered. The current limit and charges prescribed for this are available at the Banks website www.sbhyd.com and Contact Centre. This information can also be obtained from Branches. Overdue interest will be recovered for instruments subsequently returned unpaid.

Withdrawals

The account holder can withdraw money personally from her/ his ordinary Savings Bank Account by using Banks standard withdrawal form. The pass book must accompany the withdrawal form. The withdrawal form can be used only for receiving payments by the account holder himself/ herself. ATM cum Debit card can also be used in ATMs for cash withdrawal. The account holder cannot withdraw an amount less than Rs. 50/-. All withdrawals must be in round Rupees only. Third party payments through withdrawal forms are not permitted. A letter of authority as per the prescribed format, along with the pass book should be sent to the Bank through an authorized representative to receive payment in case the account holder is unable to attend personally to withdraw cash from her/his account. The minimum drawing permitted per cheque form is limited to Rs. 50. The maximum number of free debit entries permitted in an account depends on the AMB in the account or as decided by the Bank from time to time. Charges prescribed for exceeding this limit are available at the Banks website www.sbhyd.com and Contact Centre. This information can also be obtained from Branches. Cash withdrawal can be made from the accounts of the sick, old or incapacitated account holders who are unable to attend the Bank and/or also not able to put their signature or thumb impression for withdrawing cash by completing the laid down formalities.

Overdrafts

Overdrafts in Savings Bank accounts may be permitted under exceptional circumstances with prior arrangements only. Cheques drawn in excess of the balance in the account will be returned unpaid. Service charge will be recovered each time a cheque is returned unpaid for want of sufficient funds. Charges prescribed for this are available at the Banks website www.sbhyd.com and Contact Centre. This information can also be obtained from Branches.

Inoperative Accounts

Account holders are advised to operate their accounts regularly. Accounts not operated are classified as Inoperative after the stipulated time period of 24 months since last operation. The current prescribed charges in this regard are available at the Banks website www.sbhyd.com and Contact Centre. This information can also be obtained from Branches.

Standing Instructions

The account holder can request the Bank for effecting periodical payment of insurance premium, membership fees etc. by debit to her/ his account on payment of service charges. The current prescribed charges for Standing Instruction are available at the Banks website www.sbhyd.com. This information can also be obtained from Branches.

Payment of Interest

As per RBI guidelines applicable from time to time. Interest will be calculated on a daily product basis. Interest will be credited to the account at quarterly intervals. Interest will be paid only if it works out to Re1/- or more. There after fifty paise and more will be rounded off to the next higher rupee and anything less will be ignored. In case of accounts frozen by the enforcement authorities, Bank shall continue to credit the interest to the account on a regular basis.

Transfer & Closure Of Account

Accounts may be transferred between branches of the Bank at the request of the account holder(s). Request for closure of account should state the reason for closure. The pass book must accompany such request. Joint accounts can be closed only at the request of all such joint signatories. Service charge at prescribed rate will be recovered if an account is closed prior to twelve months of its opening. The current charges prescribed for this are available at the Banks website www.sbhyd.com. This information can also be obtained from Branches.

Change in Rules

The Bank reserves the right to alter, delete or add to any of these Rules and service charges for which the customer will be duly notified through Bank's website and/ or branch notice board.