



CKYC No.

Serial No. 5 0 1 798368

For Office Use

CUSTOMER INFORMATION FORM (FOR DOMESTIC CUSTOMERS ONLY)

A/c. No.

With Welcome Kit Without Welcome Kit ID ONLY EXISTING ID Customer ID

Product Type :

Please open my/our/joint Account at : Branch Branch Code Date

(Please fill the form in Block Letters only - All Fields marked "*" are MANDATORY)

CUSTOMER TYPE :

Individual Staff / Emp. No. Pensioner Senior Citizen Defence Services Politician Minor Others - Please Specify

A) *PERSONAL DETAILS (THIS IS A MACHINE READABLE FORM AND WILL PASS THROUGH A SCANNER)

APPL* Mr/Ms Initial/Surname Name

APPL* Father's Name * Mother's Name

APPL * Date of Birth * Gender * PAN No. (If not available attach Form 60) Form 60 Attached Marital Status : Married Unmarried

Minor Account

Name of the Guardian Father Mother By Court Order (Affix a copy) Guardian Customer ID

B) MAILING ADDRESS

*Flat/Plot No & Bldg. Name *Road Name *Land Mark *City *District *State *Pin Code *Country Email Id *Mobile No. STD Code Tel (R) Tel (O)

C) PERMANENT ADDRESS

Please tick in case permanent address is the same as given in the mailing address

(BLOCK LETTERS)

*Flat/Plot No & Bldg. Name *Road Name *Land Mark *City *District *State *Pin Code *Country Email Id *Mobile No. STD Code Tel (R) Tel (O)

(BLOCK LETTERS)

D)* INTRODUCTION DETAILS CITY UNION BANK Customer (Introducer's) Name

I confirm that I am an account holder with CITY UNION BANK for over six months A/c. No. I confirm that I personally know the applicant/s detailed above for more than 6 months No. and confirm his / her identity, occupation and address.

E) Any one document from each of the undernoted two columns for a photo-identity and proof of address (Please tick the appropriate box and give details below):

Proof of Identity and Address

- A) Passport B) Aadhaar Card C) Voter ID card D) PAN card E) Driving License F) Job card issued by NREGA... G) Identity card with applicant's photograph... H) Letter issued by a gazetted officer... I) Document issued by Government Departments... J) CUB Employee No K) Utility bill which is not more than two months old... L) Property or Municipal Tax receipt M) Bank account or Post Office Savings Bank Account Statement N) Pension or Family Pension Payment orders (PPOs)... O) Declaration letter from the Customer...

Proof No : Issued at : Issued Date :

F) Personal Information

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Religion	<input type="checkbox"/> Hindu	<input type="checkbox"/> Musiim	<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh	<input type="checkbox"/> Others
Category	<input type="checkbox"/> General	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	<input type="checkbox"/> Others
Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Business	<input type="checkbox"/> Self Employed	<input type="checkbox"/> House Wife / Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Landless Labourer	<input type="checkbox"/> Marginal Farmer	<input type="checkbox"/> Agri. Allied	
	<input type="checkbox"/> Defence	<input type="checkbox"/> Professional	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other (Please Specify)	
	<input type="checkbox"/> Trading Services	<input type="checkbox"/> Retail Business	<input type="checkbox"/> Stock Broker		
Line of Business	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Service	<input type="checkbox"/> Pensioner	<input type="checkbox"/> Other (Please Specify)	
	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt Ltd	<input type="checkbox"/> Public Ltd	<input type="checkbox"/> Public Sector
Employed with	<input type="checkbox"/> Government	<input type="checkbox"/> Multinational	<input type="checkbox"/> Other (Please Specify)		
Employer Name	Address			No. of Completed years	
Education	<input type="checkbox"/> Illiterate	<input type="checkbox"/> Passed V	<input type="checkbox"/> Passed VIII	<input type="checkbox"/> Passed X	<input type="checkbox"/> Above X
	<input type="checkbox"/> +2 (H.S.S)	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Professional	
Gross Annual Income	<input type="checkbox"/> Less than 50 K	<input type="checkbox"/> 50 K > 1 L	<input type="checkbox"/> 1 L > 5 L	<input type="checkbox"/> 5 L > 15 L	<input type="checkbox"/> > 15 L
Sources of Income	<input type="checkbox"/> Salary/Pension	<input type="checkbox"/> House Property /Rental	<input type="checkbox"/> Business/Profession	<input type="checkbox"/> Investments	<input type="checkbox"/> Others-Please Specify
Assets Vehicles	<input type="checkbox"/> Two Wheeler	<input type="checkbox"/> Four Wheeler	<input type="checkbox"/> None	<input type="checkbox"/> Other (Please Specify)	
	<input type="checkbox"/> Self Owned	<input type="checkbox"/> Family Owned	<input type="checkbox"/> Rented /Leased	<input type="checkbox"/> Provided by Employer	<input type="checkbox"/> Ancestral
Investments	<input type="checkbox"/> Shares	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Gold	<input type="checkbox"/> Bank Fixed Deposit	<input type="checkbox"/> NSC/KVC
	<input type="checkbox"/> PPF	<input type="checkbox"/> RBI Bond	<input type="checkbox"/> Property	<input type="checkbox"/> Other (pl.specify)	
Liabilities: Car Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Housing Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Education Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business/Agriculture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Others - Please Specify		

G) FAMILY DETAILS

Spouse Name

First Name Middle Name Surname / Last Name

Occupation Date of Birth : Day Month Year Gender: Male Female Third Gender

Children Name

First Name Middle Name Surname / Last Name

Occupation Date of Birth : Day Month Year Gender: Male Female Third Gender

First Name Middle Name Surname / Last Name

Occupation Date of Birth : Day Month Year Gender: Male Female

H) Other Bank Accounts

Bank	Branch	Type of Account
Bank	Branch	Type of Account

DECLARATION : 1) I/we are to abide by and be bound by the rules of the bank now in force and that may be made from time to time. 2) I/We confirm that I/We am/are resident of India, 3) I/We declare that all the particulars and information given in the Application form are true, correct, complete an upto date in all respects and I/we have not with held any information. 4) I/We understand that the above accounts will be opened on the basis of the statement / declaration made by me/us. I/we further agree that any false / misleading information given by me / us, or suppression of any material fact will render me/our account liable for action. 5) I/We confirm that the authorised signatories as approved by me/us are authorised to operate the account. 6) In case of collection of cheques and drafts sent by me/us to you, I/We request you, on the strength of my/our guarantee and on my/our responsibility to confirm my/our guarantee of the prior endorsements. I/we undertake to indemnify you again all losses, damages or deliriment and keep you to protect from all claims, actions and expenses by reason of your so conforming my/our guarantee. As As I/we send you from time to time cheque and bills on places where your bank has no branches. I/We hereby authorize you on my/our hereby authorize you on my/our responsibility to accept this letter as your authority for sending such instrument is lost in transit or otherwise and I/We further undertake to receive the proceeds of such bills only after the same has been cashed by you. In the event of bills discounted by you. I/We further undertake to repay your bank immediately, on demand, the proceeds of such bills. 7) I/we am/are not enjoying any credit facility /ies with any other bank/s any other branch/es of your bank and I/We undertake to inform you, in writing, as soon as any credit facility availed by me/us from any other bank/s any other branch of your bank. 8) I/we am/are enjoying credit facilities wit other bank(s) branch(es) of your bank as details given in the enclosed sheet. 9) I/We accept the Bank's right to take steps to close the account if frequents return of cheques for want of funds or any other undesirable feature is observed. 10) I hereby declare that I shall represent minor applicant in all present and future transactions of any description. I shall indemnify the Bank against the claim of the minor for any withdrawal/transaction made by me in his/her account. I/we agree that the bank may debit my / our account for service charges as applicable from time to time. 11. In the event of death of any one of us ("E or S" and "F or S") the surviving account holder/s may prematurely terminate the deposit by submitting a copy of the death certificate of the deceased account holder and a letter seeking premature withdrawal of term deposit, to the bank. 12) I/We hereby that I/We will regularly monitor and reconcile our fixed deposit/other deposit(s) accounts I/We will bring it to the notice of the bank unreconciled transactions, if any.



1. Please sign in black ink inside the box provided below. Photographs should be signed across by the applicants. 2. Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

Signature box for applicant

I/We confirm that I/We have read and understood the Declaration given above and confirm that all the details provided on the form are correct.

I/We also confirm that my / our account has been opened by Bank officer Mr / Mrs. and I/We have signed in his / her presence.

Name : Date :

Location of Business : Non-risk Risk areas Both

Annual Income / Business Turnover : Rs. Threshold Limit : Rs. (Credit Summation in the account shall be upto TWO TIMES of the declared Annual Business Turnover)

Purpose of Opening :

I) ASSESSMENT OF RISK (Classification of Risk is made taking into account the type of client, Business activity, Location, Turnover and the social & financial status as specified in our policy)

RISK CLASSIFICATION : LOW MEDIUM HIGH

J) Services Required: Yes No Yes No Yes No Yes No Yes No

1. ATM DEBIT CARD: 2. INTERNET BANKING: 3. MOBILE BANKING: 4. SMS ALERTS: 4. CHEQUE BOOK

DSA No.

SECRET

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Please mention any other account desired to be linked

Customer ID

Customer ID

Customer ID

[Empty box for account details]

[Empty box for account details]

[Empty box for account details]

[Empty box for account details]

[Empty box for account details]

[Empty box for account details]

K) Account Options: Savings, Fixed Deposit, CCD, M.S.D., Others (Specify), Current, Amount, Period, Year, Months, Days, ROI

Account to be Operated by: me, Jointly by us, Any one of us, Either or Survivor of us, F OR S, PA / Mandate Holder

L) PAYMENT DETAILS: Amount Rs., Ps., Cash, Cheque, Cheque No.

Drawn On, Bank, Branch, Chq. Date, Transfer, SB, CA, CCOD, A/c. No.

FIXED Deposit Details: Interest Payment (Monthly, Quarterly, Half Yearly), TDS to be deducted, Auto renewal to be made, Interest Payment / Closure Instructions by DD, Br. Code, RTGS/NEFT/ECS, A/c. Number, IFSC Code / MICR Code

M) NOMINATION FORM No. DA - 1 Whether Required, Not Required

Name of Nominee displayed in Pass Book / Deposit Yes, No

Nomination under section 45 ZA of the Banking Regulation Act 1949 and Rule 2 (1) Banking Companies (Nomination) Rules 1985 in respect of Bank Deposit.

I / We nominated the following person to whom in the event of my / our / minor's death the amount of the deposits particulars where of are given below may be returned by City Union Bank Branch in which the deposit is held

Name of nominee, Date of Birth, Nominee relation

As the nominee is a minor of the date, I / We appoint Shri. / Smt. / Kumari, Age

(name, address & age) 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.

(OR) I / We do not want any nomination for my / our accounts.

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

@ Name(s) Signature (s) and Address (es) of witness (es)

1. 2.

Place :

Date :

- * Where deposit is made in the name of minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
\$ Strike out if the nominee is not a minor.
@ Thumb impression (s) shall be attested by two witness

For Office Use
Signed before me. Document are verified for names and address. Permitted to Open Account. KYC norms observed
Signature of Authorised Official with POA No.

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Declaration:

I confirm that I am the sole account holder or I have the required mandate from the joined account holder(s) to singly operate the Account. I will keep the SIM card and my mobile / phone in my possession at all times. I will inform the Bank immediately in case my mobile or SIM card is lost. And I understand that I shall be solely responsible for all the transactions happened through my mobile. I have read and understood the Terms and Conditions (a copy of which I am in possession of) relating to opening of an account and various services including but not limited to (a) Mobile Banking / SMS Alert Service (b) Net Banking @ Bill pay Facility (d) ATM / VISA Card Facility. I accept and agree to be bound by the said Terms and Conditions.

I affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of the Internet Banking, service of City Union Bank and I am aware of Charges Applicable for the Service, as set forth in www.onlinecub.net and that I agree on my own behalf or as the mandate holder on behalf of the joint account holders and will adhere to all the terms / conditions of opening / availing / maintaining operating (as applicable) for usage of the internet Banking Service of City Union Bank as may be in force from time to time. I further authorized City Union Bank to debit my Account(s) towards any charges.

I declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I and other joint account holders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any further information to City Union Bank. I agree and understand that City Union Bank reserve the right to reject any application without providing any reason. I agree and understand that City Union Bank reserve the right to retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me.

I agree and understand that I have to complete further applications for specific liability products / services from City Union Bank as prescribed from time to time, and that such further applications shall be regarded as an integral part of this application (and vice versa), and that unless otherwise disclosed in such and up-to-date in all respects. I agree and understand that such further applications will require incorporation of the application form number, and / or such details as City Union Bank may prescribe to facilitate data management.

I agree that the bank will not be held liable / responsible for any loss or liability occurred on account of breach of security / denial of service etc., because of hacking / other technological failure. Once my request for Online CUB account is accepted and my user ID is activated by the bank.

All my linked accounts (including any new accounts that may be opened with my customer ID subsequent to the issue of Online CUB account User ID and password) will be covered under the rules governed under Online CUB account from time to time. I hereby confirm that the above mentioned address matches with the address previously given to the bank. Otherwise I will give change of address request to the branch.

Date: _____

Signature _____

For office use only

The request of customer _____ (NAME) for the services requested may be enabled.

CUSTOMER ID (BP ID) IS: _____

- 1) The mode of operations for all his declared accounts have been verified and found Correct.
- 2) Signatures of Joint holders have been verified and found Correct.
- 3) The Customer ID and the above signature have been verified and found correct and the accounts linked with the above Customer ID are pre paired to this customer only.
- 4) The above address given by the customer matches with the record.
- 5) The account is not a minor account.
- 6) For SMS Banking we have enabled the SMS Banking flag in CBS, entered the customer Mobile Number correctly and the alert amount

Date: _____

Signature of the Officer / Manager _____

MANDATE FORM FOR JOINT ACCOUNT HOLDERSCustomer ID From
Mr./MsTo
City Union Bank

Branch. _____

Dear Sir,

Savings Bank / Current Account / Term Deposit Account No held in the joint names of Mr. / Ms. _____ and Mr. / Ms. _____ at _____ branch

I/We hereby authorize Mr. / Ms. _____ (Name of the applicant for the services) to avail the Online CUB / SMS Alert / Mobile Banking Services in respect of the above Customer ID and the accounts linked to the Customer ID. I/We have read and understood the rules, terms and conditions for availing the Online CUB / SMS Alert / Mobile Banking Services. I/We undertake to ratify and confirm all and whatever Mr. / Ms. _____ does or causes to do through Online CUB / SMS Alert / Mobile Banking Services. This authority shall continue to be in force until I/any one of us revoke(s) this mandate by a notice in writing delivered to you.

Yours faithfully,

(Signatures of Joint a/c holder/s)

Name in Block Letters _____ 1

Name in Block Letters _____ 2

Name in Block Letters _____ 3

A. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction I at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section I is ticked)

ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)* Place / City of Birth* ISO 3166 Country Code of Birth* **II. FATCA & CRS Related Declaration cum undertaking**

1. I/We hereby certify that I/we have declared my/our status as per the rules applicable under section 285 A of the Income Tax Act, 191 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.

2. I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made there under 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 (ICG) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and or any other similar arrangements.

3. 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 US Reportable Account or Other Reportable Account or otherwise.

4. 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.

5. 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 City Union Bank would be within its right to pure restrictions in the operations of my/our account or close for report of 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 City Union Bank, under the guidelines issued by CBDT / RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.

6. I/We also agree to furnish and intimate to City Union Bank 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.

7. I/We shall indemnify City Union Bank for any loss that may be caused to City Union Bank on account of providing incorrect or incomplete information by me/us.

Date: _____

Signature _____

A. Classification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India.

Tax Identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

“FORM NO. 60 [See second proviso to rule 114B]

Form for declaration to be filled by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name <input type="text"/>		2 Date of Birth/ Incorporation of declarant
	Middle Name <input type="text"/>		<input type="text"/>
	Surname <input type="text"/>		<input type="text"/>
3	Father's Name (in case of individual)		First Name <input type="text"/>
	Middle Name <input type="text"/>		<input type="text"/>
	Surname <input type="text"/>		<input type="text"/>
4. Flat / Room No.	<input type="text"/>	5. Floor No.	<input type="text"/>
6. Name of Premises	<input type="text"/>	7. Block Name / No.	<input type="text"/>
8. Road / Street / Lane	<input type="text"/>	9. Area / Locality	<input type="text"/>
10. Town / City	<input type="text"/>	11. District	<input type="text"/>
12. State	<input type="text"/>		<input type="text"/>
13. Pin code	<input type="text"/>	14. Telephone Number (with STD Code)	<input type="text"/>
		15. Mobile Number	<input type="text"/>
16. Amount of Transaction (Rs.)	<input type="text"/>	18. In case of transaction in joint names, number of persons involved in the transaction.	<input type="text"/>
17. Date of Transaction	<input type="text"/>		<input type="text"/>
19. Mode of Transaction :	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card <input type="checkbox"/> Draft / Banker's Cheque <input type="checkbox"/> Online Transfer <input type="checkbox"/> Other		
20. Aadhaar Number issued by UIDAI (if available)	<input type="text"/>		
21. If applicable for PAN and it is not yet generated enter date of application and acknowledgement number	<input type="text"/>		
22. If PAN not applied, fill estimated total income (including of spouse, minor child etc., as per section 74 of Income-tax Act, 1961) for the financial year in which the above transaction is held			
a) Agricultural income (Rs.)	<input type="text"/>	b) Other than Agricultural income (Rs.)	<input type="text"/>
23. Details of document being produced in support of identity in Column 1 (Refer instruction overleaf)			
Document Code	<input type="text"/>	Document identification number	<input type="text"/>
Name and Address of the authority issuing the document	<input type="text"/>		
24. Details of document being produced in support of identity in Column 4 to 13 (Refer instruction overleaf)			
Document Code	<input type="text"/>	Document identification number	<input type="text"/>
Name and Address of the authority issuing the document	<input type="text"/>		

Verification

I, do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the day of 20.....

Place:

(Signature of declarant)

Note:

1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income tax Act, 1961 and on conviction be punishable,
 - (i) in a case where tax sought to be evaded exceeds twenty five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
 - (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
2. The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

Instruction:

(1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled):-

Sl.	Nature of Document	Document Code	Proof of Identity	Proof of Address
A	For Individuals and HUF			
1.	AADHAAR card	01	Yes	Yes
2.	Bank/Post office passbook bearing photograph of the person	02	Yes	Yes
3.	Elector's photo identity card	03	Yes	Yes
4.	Ration/Public Distribution System card bearing photograph of the person	04	Yes	Yes
5.	Driving License	05	Yes	Yes
6.	Passport	06	Yes	Yes
7.	Pensioner Photo card	07	Yes	Yes
8.	National Rural Employment Guarantee Scheme (NREGS) Job card	08	Yes	Yes
9.	Caste or Domicile certificate bearing photo of the person	09	Yes	Yes
10.	Certificate of identity/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A	10	Yes	Yes
11.	Certificate from employer as per annexure B prescribed in Form 49A	11	Yes	Yes
12.	Kisan passbook bearing photo	12	Yes	No
13.	Arm's license	13	Yes	No
14.	Central Government Health Scheme /Ex-servicemen Contributory Health Scheme card	14	Yes	No
15.	Photo identity card issued by the government./ Public Sector Undertaking	15	Yes	No
16.	Electricity bill (<i>Not more than 3 months old</i>)	16	No	Yes
17.	Landline Telephone bill (<i>Not more than 3 months old</i>)	17	No	Yes
18.	Water bill (<i>Not more than 3 months old</i>)	18	No	Yes
19.	Consumer gas card/book or piped gas bill (<i>Not more than 3 months old</i>)	19	No	Yes
20.	Bank Account Statement (<i>Not more than 3 months old</i>)	20	No	Yes
21.	Credit Card statement (<i>Not more than 3 months old</i>)	21	No	Yes
22.	Depository Account Statement (<i>Not more than 3 months old</i>)	22	No	Yes
23.	Property registration document	23	No	Yes
24.	Allotment letter of accommodation from Government	24	No	Yes
25.	Passport of spouse bearing name of the person	25	No	Yes
26.	Property tax payment receipt (<i>Not more than one year old</i>)	26	No	Yes
B	For Association of persons (Trusts)			
	Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	27	Yes	Yes
C	For Association of persons (other than Trusts or Body of Individuals or Local authority or Artificial Juridical Person)			
	Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.	28	Yes	Yes

(2) In case of a transaction in the name of a Minor, any of the above mentioned documents as proof of Identity and Address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent/guardian.

(3) For HUF any document in the name of Karta of HUF is required.

(4) In case the transaction is in the name of more than one person the total number of persons should be mentioned in Sl. No. 18 and the total amount of transaction is to be filled in Sl. No. 16. In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax the person should apply for PAN, fill out item 21 and furnish proof of submission of application.

SAVINGS ACCOUNT RULES

1. If the stipulated minimum balance as assured is not maintained the charges will be debited as per service charges rules published and updated in our website.
2. Account opening forms, Cheque books, withdrawal slips which are supplied by the Bank only to be used.
3. Withdrawal slips are to be used only by the account holder for drawing cash across the counter and this should **neither be issued to third parties nor presented through clearing** Passbook must accompany the withdrawal slips when presented for payment across the counter.
4. Interest is calculated on the daily balance maintained in the account and to be credited in every March and September. The rate of interest payable is subject to the directives issued by RBI from time to time.
5. All receipts and payments will be entered in the Pass Book to be supplied by the bank free of charge. Duplicate Pass Book will be supplied at the cost as published and upload in our website.
6. The pass book should be tendered to the bank at least once in fifteen days or as frequently as possible for making entries to avoid delay.
7. If a Savings Accounts closed with in six months from the date of opening incidental charges in force as updated in our website will be collected.
8. Cheques payable to third parties will not be accepted for collection in the Savings Account.
9. The total number of debits by any mode other than charges collected by the Bank should not exceed 50 in one half year reckoned from April to September and from October to March.
10. Initially 20 cheque leaves will be issued for all eligible accounts at free of cost. Charges for subsequent issue of cheque books will be based on Quarterly Average Balance (QAB) subject to extant conditions as published in our website. Requisition slip should be given duly signed by the account holder every time for getting a new cheque book.
11. The Bank reserves the right to add or alter the rules and customers are at liberty to accept / deny such changes, within 30 days and free to continue / close the account.
12. Nomination facility available it is compulsory for the accounts standing in the name of the individuals, and letter to the effect will have to be given by the client, if he / she is not willing to register nomination.
13. The bank reserves its right to take steps to close the account, if there are frequent dishonour of cheques or any other irregularity observed in the account not conforming to the banking regulars.
14. The SB account will be classified as inoperative if there is no operation for a period of 24 months and also service charges as published in our website will be levied.
15. Inoperative accounts can be classified as operative account after the customer complied with the KYC norms and till such times No debit will be allowed.
16. For further details / updates please visit our website www.cityunionbank.com

TEAR HERE AND HANDOVER TO CUSTOMER

Acknowledgement DA-1

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Name of the Nominee

Age Year..... Date of Birth

With respect to your Deposit / Account Number

Date :

Yours faithfully

Signature of Bank Official with Seal

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