



LAKSHMI VILAS BANK

AOF Number:

Account Opening Form (AOF)

I request you to open an account with your Branch.**(A) 1st Applicant (Primary):** (If you are the new customer please enter "CAF Number" printed in the Customer Application Form else please enter your Customer ID)☐ New Customer ☐ Existing CustomerName of 1st applicant: CAF No/Customer ID: **(B) 2nd Applicant (Joint):** (If you are the new customer please enter "CAF Number" printed in the Customer Application Form else please enter your Customer ID)☐ New Customer ☐ Existing CustomerName of the 2nd applicant: CAF No/Customer ID: Relationship with 1st applicant: **(C) 3rd Applicant (Joint):** (If you are the new customer please enter "CAF Number" printed in the Customer Application Form else please enter your Customer ID)☐ New Customer ☐ Existing CustomerName of the 3rd applicant: CAF No/Customer ID: Relationship with 1st applicant: **(D) Initial Deposit (Pay-In) Details:**I/We initially deposit Rs. In words (Rupees only)☐ CashChq/DD No: Drawer Account No: ☐ Cheque/DDMICR No: Drawn on: **(E) Account Details:**Account Type/Product: ☐ Savings ☐ Current ☐ Term DepositSpecify product name:

Constitution:

☐ Sole owner☐ Joint Account☐ HUF☐ Club☐ Trust☐ Proprietary☐ Partnership☐ Private Ltd☐ Public Ltd☐ Specify Others

Mandate for account operation:

☐ Sole owner☐ Either or Survivor☐ Former or Survivor☐ Anyone or Survivor☐ Jointly by all☐ Minor account

Cheque Book Facility:*

☐ Required☐ Not required

Statement Frequency: *

☐ Quarterly☐ Monthly☐ Fortnightly☐ Weekly☐ Daily

Provide Statement thru:*

☐ In-person☐ E-Mail☐ Courier

ATM cum Debit Card facility required for:*

☐ 1st applicant☐ 2nd applicant☐ 3rd applicant

(Short Name given in the CAF will be printed on your card.)

Internet Banking facility required for:*

☐ 1st applicant☐ 2nd applicant☐ 3rd applicant

(Email-ID given in the CAF will be used for Internet Banking. For non-individual account, separate application should be submitted)

Mobile Banking facility required for:*

☐ 1st applicant☐ 2nd applicant☐ 3rd applicant

(Mobile No. given in the CAF will be used for Mobile Banking)

SMS Banking facility required for:*

☐ 1st applicant☐ 2nd applicant☐ 3rd applicant

(Mobile No. given in the CAF will be used for SMS Banking)

(F) Term Deposit DetailsDeposit Type: ☐ Fixed Deposit ☐ Dhana Chakra ☐ Recurring DepositDeposit per month (RD): ₹. Deposit Period: Months Days

Interest Payment:

☐ Monthly☐ Quarterly☐ On maturity☐ Senior citizen deposit (Attach proof)☐ Waive TDS (Attach 15G/15H form)

Auto renewal option:

☐ Principal + Int.☐ Principal only☐ Do not auto renew

Send deposit receipt to:

☐ Branch☐ Present address☐ Permanent address**(G) Standing Instruction for Recurring Deposit:**I/we authorise the Lakshmi Vilas Bank Ltd., to debit monthly installment of Rs. (Rupees only) from my/our operative account **(H) Interest / Principal Payment (Pay-Out) Details:**Payment type: ☐ Interest only ☐ Maturity value ☐ BothPayment mode: ☐ Credit my account with your bank:Account Number: ☐ Issue bankers cheque or DDPayable at: ☐ Credit my account with other bankIFSC code: Beneficiary name:

(I) Nomination Details (Nomination Form DA-1):

Nomination facility required: ☐ Yes ☐ No *(If yes, please give all details in this section)*

Nomination under section 45Z A 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 whereof are given below, may be returned by The Lakshmi Vilas Bank Ltd., _____ Branch.

(name and address of branch / office in which deposit is held)

| Nature of Deposit | Distinctive No | Additional Details if any | Name and address of Nominee | Relationship | Date of Birth * | Age |
|---|---|---------------------------|-----------------------------|--------------|-----------------|-----|
| (Refer Product code in this application form) | (Refer account number in this application form) | | | | | |

@ As the nominee is a minor on this date, I/we appoint Shri/Smt/Kum _____ to name, address and 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.

Place: _____

Date: _____

Signature (s) /thumb impression of Depositors (s)

@ Strike out if nominee is not a minor

\$ Thumb impression(s) shall be attested by two witnesses.

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.

\$ Signature of witness (es)

(J) Declaration/Undertaking:

(1) I / We confirm having received, read and understood the Account Rules and hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account (s) which I/We am/are opening with Lakshmi Vilas Bank Ltd. and amendments thereto made from time to time and those relating to various services including but not limited to ATM Card/ Anywhere Banking. (2) I / We accept and agree to be bound by the said terms and conditions including those / limiting Bank's liability. (3) 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 / We agree that the bank may debit my account for service charges as applicable from time to time. (4) I / We confirm that I/We am/are resident of India. (5) I / We agree to notify the Bank if I/We avail credit facility from any other Bank and I/We authorize you to inform the existence of our account with you to the lending banker (6) I / We also request you to accept the endorsement signed by me/us cheques/orders/bills or notes payable to us. (7) The cheques/bills presented by us in our account for collection are at our sole risk and responsibility and the bank is not liable for any, loss or damages in case the instruments are lost in transit. (8) I / We accept the Bank's right to take steps to close the account if frequent return of cheques for want of funds or any other undesirable feature is observed. (9) I/We authorize the Bank to issue a LVB VISA DEBIT card to me/us. (10) I/We acknowledge that the issue of and usage of the Card is governed by the terms and conditions as in force from time to time and agree to be bound by the same. (11) I/We acknowledge that it is my/our responsibility to obtain a copy and read the same. (12) I/We accept that the terms and conditions are liable to be amended by the Bank from time to time. (13) I/We further unconditionally and irrevocably authorize the Bank to Debit My/Our account annually towards fees charges for the Card/ SMS Banking/Mobile banking/Internet Banking. (14) I/We hereby confirm that this account will be operated singly and in case of joint account, Operated by either or survivor. (15) We undertake to keep the bank informed in case of change in the constitution / addition and / or deletion of partners / directors, address, proof of identity, telephone numbers etc. (16) I/We are aware that Money Laundering is a criminal offence under the law of land and the account shall not be utilized for Money Laundering purposes. I / We hereby declare that the information furnished above is true and correct to the best of my knowledge.

☐ I/We declare that I/we do not enjoy any credit facilities with any other bank(s).

☐ I/We availing credit facility/accounts with other bank(s).
I/we inform that the facilities are regular as of now.

| Bank | Branch | Facility | Account | Amount |
|------|--------|----------|---------|--------|
| | | | | |
| | | | | |
| | | | | |

☐ I declare that I (First Applicant) is the KARTHA of HUF/Sole Proprietor of the Business Concern.

☐ I/we are opening the account with your bank/branch for the purpose of

☐ I/we declare that the funds deposited with the bank are my own funds (Applicable for Staff and Ex-Staff only).

Anticipated level of business turnover with your bank/branch in this account per annum is Rs.....

☐ Form No. 60 or Form No. 61 submitted (Submit F60/F61 as separate attachment with application)

| | | |
|---|---|---|
| | | |
| Signature of 1st Applicant | Signature of 2nd Applicant | Signature of 3rd Applicant |
| Name: <input type="text"/> | Name: <input type="text"/> | Name: <input type="text"/> |
| Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) | Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) | Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) |
| Place: <input type="text"/> | Place: <input type="text"/> | Place: <input type="text"/> |

(K) For Office Use:

Account Number:

Deposit Number (TD):

Date Opened: (DDMMYYYY)

Rate of interest (TD/RD):

Product Code: Name:

Branch Code: Name:

Maturity Value (TD/RD):

Maturity Date (TD/RD): (DDMMYYYY)

Signature of Branch Manager/Officer
with seal



LAKSHMI VILAS BANK

CAF Number:

Customer Application Form (CAF)

I request you to open an account with your Branch.

(A) General:

Customer Type: ☐ Individual ☐ CorporatePrefix/Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/s.First Name: Middle Name: Last Name: Short Name: (Name to be displayed in ATM/Debit Card)

(B) Present Address:

Door No/Apartment: Street/Landmark: Area/Location: City: Country: State: Pin/Zip:

(C) Permanent Address:

Door No/Apartment: Street/Landmark: Area/Location: City: Country: State: Pin/Zip:

(D) Communication:

Mobile No: + 9 1 Landline: Email ID:

(E) Identification Proof/Address Proof/ PAN Details:

Identification proof: ☐ Voter ID ☐ Driv. License ☐ Passport ☐ UID ☐ PAN Card ☐ Specify Others Identification ref no: Expiry date if applicable (DDMMYYYY): Address proof: ☐ Voter ID ☐ Driv. License ☐ Passport ☐ UID ☐ Ration Card ☐ Specify Others Address proof ref no: Expiry date if applicable (DDMMYYYY): PAN card number: ☐ F-60 attached ☐ F-61 attached

(F) Photograph and Signature:

Please do not staple or pin photo.

Paste passport size Photograph

Please sign using black ink inside the box

Signature Type:

- ☐ English ☐ Non-English
- ☐ LTI ☐ PA
- ☐ With stamp ☐ Others

(G) Corporate Details

Country of Incorp.: Registration Number: Date of Incorp.: Nature of Business: Authorised signatory Signatory designation ☐ Memorandum of article obtained

(H) For office use:

Customer ID (CIF): Branch Code: Date Created: (DDMMYYYY)Branch Name: Staff Number: ** (** Applicable for employee of LVB only)Risk level: ☐ Low ☐ Med ☐ High

(I) Personal Details:

Sex/Gender: ☐ Male ☐ Female Date of Birth: (DDMMYYYY)

Nationality: ☐ Indian ☐ Specify others

Religion/Ethnic Origin: ☐ Hindu ☐ Muslim ☐ Christian ☐ Jain ☐ Specify others

Caste category: ☐ General/Other ☐ Backward ☐ Most Backward ☐ Scheduled Caste ☐ Scheduled Tribe

Father Name:

Mother Name:

Marital Status: ☐ Un-Married ☐ Married

Spouse Name:

Spouse occupation.:

No of Children: ☐ None ☐ One ☐ Two ☐ More than two

Other dependents: ☐ None ☐ One ☐ Two ☐ More than two

(J) Other Details:

Education: ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Specify Others

Occupation: ☐ Salaried ☐ Business ☐ Student ☐ Retired ☐ Specify Others

Profession: ☐ Doctor ☐ C.A ☐ Engineer ☐ Architect ☐ Lawyer ☐ Journalist

☐ Consultant ☐ Software/IT ☐ Specify Others

Employment Details: ☐ Public Ltd. ☐ Private Ltd ☐ Government ☐ Multinational ☐ Specify Others

Grade/Position: ☐ Junior Mgmt. ☐ Middle Mgmt. ☐ Senior Mgmt. ☐ Specify Others Years of service:

Employer Name:

Employer Address:

Annual Income (lakhs): ☐ Below 1.20 ☐ 1.21 to 2.40 ☐ 2.41 to 6.00 ☐ 6.01 to 9.00 ☐ 9.01 to 12.00 ☐ Above 12.00

Residence: ☐ Rented ☐ Owned ☐ Company owned ☐ Ancestral

(K) Introducer Details:

Customer ID Account Number:

Name:

I confirm that I am an account holder with your bank for over six months. I confirm that I have known

Mr/Mrs/Ms/ _____ since _____ months/years and confirm his/her/their identity, occupation and address stated in this application to open the account.

Signature of the Introducer

(L) Guardian Details (Minor account only):

Guardian Name:

Guardian Address:

Guardian type: ☐ Natural ☐ Legal

I/we declare that I/we shall represent MINOR account holder and future transactions of any description. I shall indemnify the Bank against the claim of the MINOR for any withdrawal/transactions made by me in his/her account. I will also declare that the amount of money withdrawn from this account is for the benefit of the minor.

(M) Declaration

I/we hereby certify that the information provided above is true and correct to the best of my knowledge.

Signature of the Customer / Guardian.

(N) For office use

Self attested photocopies of the supportive documents obtained and originals verified by marketing executive/by the undersigned and found correct. Customer signed before the marketing executive/the undersigned. Introducer's details found correct and signature tallied. Recommended to create Customer ID and open account with us

Name of the Manager/Officer:

Staff Number:

P.A Number:

Date:

Signature of Branch MANAGER/OFFICER with seal