



(Branch has to fill the 16 Digit Account No. generated in the Utility)

Account No. grid

Application Date: DDMMYY grid

I / We request you to open an account with your branch. Total No. of Applicants :

(A) Personal Details: (if existing customer tick "OLD" & fill the Cust.ID. For New Customer tick "NEW" & fill the Cust. ID generated in the Utility.)

Full Name of the Applicant, OLD/NEW, Customer ID No. grid

B. Initial Deposit (Pay-In) Details (Cash deposit a branch/NEFT/RTGS/Cheque drawn by applicant)

Cash/Cheque/NEFT/RTGS, Drawer A/c Number, Name of the Bank, Branch, Amount Rs., In words Rupees

C. Current/Savings/CC-OD Account Details

Account Type, Product Name, Product Code, Mode of Account Operation, Operating Instructions

D. Term / Recurring Deposit Details

Deposit Type, Deposit Period, PAN, Waive TDS, Senior Citizen deposit, Auto-renewal

E. Interest & Principal Pay-Out Details

Interest Payment, Payment Mode, Beneficiary Account Details

F. Service Requests (Eligibility & charges applicable as per terms and conditions. Please refer our bank's website or contact our branch for details)

Debit Card, NET BANKING, Insta, Personalized, SMS Alert, Mobile Banking, AADHAR Card Linkage

Table with columns: AUTHORISED USER NAME, CUSTOMER ID, E-MAIL ID, (F/NF), Initiator/Authoriser, Limit (₹)

I/We confirm that the mandate from the competent authority has been obtained for the corporate user(s) for operating our account and transaction through internet banking services of LVB. The copy of the resolution is enclosed.

3. Cheque Book Facility, 4. SMS Alert, 5. Mobile Banking, 6. Provide account statement through, 7. AADHAR Card Linkage

G. Nomination Details (Nomination From DA-1) : (Customer Signature mandatory)

Nomination facility required, Nomination under section 45Z A of the Banking Regulation Act, 1949 and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985

Table with columns: Customer ID, Name & Address of the Nominee, Relationship, Date of Birth, Age

@ As the nominee is a minor on this date, I/we appoint Shri/Smt/ (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.

@ 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.

Acknowledgement

Branch, Date, Primary A/c Holder, Joint A/c Holder

We acknowledge the receipt of application for opening a

Savings, Current, CC/OD, Fixed deposit, Cumulative deposits, Recurring deposit, with initial deposit of through cash, cheque, NEFT/RTGS

FILL ALL THE DETAILS IN CAPITAL LETTER WITH BLACK COLOUR INK ONLY!

LVB-AOF-OCT15

(\*Charges applicable as per terms and conditions. Please refer our bank's website or contact our branch for details)

