

Branch Name :	
A/c Opened on:	
Customer ID :	P
A/C No. :	

Be a step ahead of life Regd. Office: 57, V.E.Road, Thoothukudi - 628 002. Website: www.tmb.in	A/C No. :					
ACCOUNT OPENING FORM - TMB LITTLE	E SUPER STAR SAVINGS BANK ACCOUNT					
If you have an existing relationship with us, please mention your Customer ID Number.						
APPLICANT NAME (MINOR)	DATE OF BIRTH GENDER					
1)	/					
2) PARENT / GUARDIAN NAME Mr/Mrs.						
3) RELATIONSHIP: FATHER MOTHER 4) CUSTOMER ID (GUARDIAN):	OTHERS(Please Specify)					
NATURE OF A/c: - SINGLE						
PERMANENT ADDRESS						
Line - 1						
Line - 2						
Line - 3						
City	District					
State	Pincode					
Phone Mobile						
E-maii Address						
COMMUNICATION ADDRESS SAME AS ABOVE						
Line - 1						
Line - 2						
Line - 3						
City	District					
State	Pincode Pincode					
Phone Mobile						
E-mail Address						
ACCOUNT STATEMENT REQUIREMENT						
Passbook Required Account Statement Required Electronic Form						

MODE OF OPERATION				
Single Operated by Guardian				
I. TMB's VALUE ADDED SERVICES (Daily Shopping Limit using Debit Card restricted to	₹2500/-)			
I request you to offer me the following services, in my SB account				
TMB Surabhi ATM Card TMB ATM-CUM-DEBIT Card (Smart Shoppers Visa Card)				
Name to be Embossed	For Bank Use Application No.			
ATM Withdrawal Limit :₹ 5000	дрысацоп но.			
II. TMB's eConnect (Retail) Internet Banking (Limit ₹2500) View only: Yes No	For Bank Use			
Applicant's Name	Application No.			
Internet Banking User ID [Min. 6 Characters]				
A/c Holder's Birth Date e-mail ID :				
A/c Holder's Mother Name				
III. Mobile Banking Facility (Limit ₹2500) Yes No	For Bank Use Application No.			
Applicant's Name				
Mobile Number				
IV. TMB's SMS Alert Facility Yes No				
Mobile Number to be registered				
Alert for Term Deposit maturity Yes No				
Cheque Book Facility Yes No				
INITIAL PAYMENT DETAILS				
Initial remittance of ₹				

DECLARATION BY GUARDIAN I have opened 'TMB Little Super Star Savings Bank Acce						
I have opened 'TMB Little Super Star Savings Bank Acc						
authorize my ward to operate the above account as per t ward to enable him/her to operate the account.	ount' in your bank in the name one Bank's rules. I request you to	of my ward. I hereby also issue the following to my				
Cheque book ATM / Debit Card	Internet Banking	M - Banking				
Personal Accident Insurance Cover to Guardian: I am aware that Free Accidental Death Insurance Cover of ₹1,00,000 is provided to safeguard the future of the child in the event of accidental death of Guardian of the Minor (myself). Further I hereby declare that the money deposited / to be deposited by me in the minor's account belongs to me and I deposited so for my own convenience. The same is exclusively for the benefit of the minor son / daughter. I hereby declare that the above information is correct and I abide by the rules and regulations of 'TMB Little Super Star' Savings Bank Scheme. Further, I hereby declare that I will be solely responsible in respect of all transactions / operations that will be made by my ward and undertake to indemnify the Bank for losses, if any in respect of such transactions. The latest terms and conditions shall be as published in the website of the bank, www.tmb.in. ATM cum Debit Card, Internet Banking & Mobile Banking : All indemnities/undertakings/representations to be made by Card Holder / the user (Minor) in respect of the Terms & Conditions of ATM cum Debit Card, Internet / Mobile banking shall be deemed to have been made by the Guardian / Parent. The Guardian / Parent agrees, confirms and undertakes that the bank is issuing the Card to the Card holder solely at the request of and at the sole risk and liability of the Guardian / Parent and similarly the Guardian is solely and exclusively bound by these terms and conditions for issue of the login password and the transaction password to the minor for Internet banking & Mobile Banking facilities and the Guardian / Parent further agrees, confirms and undertakes that the Guardian is solely and exclusively liable and responsible for all charges/expenses/other monies incurred / due and payable on the ATM cum Debit Card Internet / Mobile Banking and debited by the Bank from the Account. All correspondence related to TMB eConnect should be originated from the e-mail ID registered for internet banking.						
(Signature of Guardian) Guard	an Name :					
Letter of Authority for Collection, Negotiation of Bill C	neques and Draft etc.					
In the 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 against all losses, damages, or detriment and keep you protected from all claims, actions and expenses by reason of your so confirming my/our guarantee. I/We hereby undertake to hold you harmless in this connection if the instrument is lost in transit or otherwise and I/We further undertake to receive the proceeds of such bills only after the same have been cashed by you. In the event of bills being discounting by you, I/We further undertake to repay your bank immediately, on demand, the proceeds of such bills.						
SIGNATURE OF APPLICANTS / GUARDIAN IN CASE OF AC	COUNT OPERATED BY GUARD	IAN				
Applicant						
For Bank Use I hereby confirm that the applicant and Guardian of t	nis account had signed before me. I autho	orised the opening of this account.				
Name						
	Name					
Signature of the Officer						
	P.A.No					
Signature of the Officer For Bank Use The Savings Bank Account opened in the FINAC	P.A.No					
	P.A.No	me.				
	P.A.No	me.				
	P.A.No	me.				
For Bank Use The Savings Bank Account opened in the FINAC Signature of the Officer	P.A.No CLE Computer System is authorised by Name P.A.No.	me.				
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NOMINATION

NOMINATION FORM DA 1

NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULE 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES 1985 IN RESPECT OF BANK DEPOSITS

	following person to	whom in the event of minor's death the by Tamilnad Mercantile Bank Ltd.		(Name and Address) account(s)
(Branch Name	e & Address where de	posit is held).		
D				
	posit Account	Nominee	THE TANKE STORY	MARKA MARKA
Nature of Account	Account Number	Name & Address	Relationship with Account Holder	If nominee is a minor date of birth and age*
			-	
*As the nomine		ate, I/We appoint		
the amount of t		of the nominee in the event of my /our / mi	· ·	• /
Date				
Witness(es)***	: (Name, Address & S	signature) **Signature	e(s)/Left Hand Thumb Impre	ession(s) of Guardian.
				. ,
		out if nominee is not a minor. **Where		
		a person lawfully entitled to act on behalt impression and not for signature.	f of the minor.	
Williessisie	equired of hy for that his	ompression and not for signature.		
	Tamiland			
	Tamilnad Mercantile Bank Ltd			Branch
E		IOWLEDGEMENT FOR NOMINATION TO THE CUSTOMER AFTER REG		TION)
Name of the D	Depositor and Addre		Account Number	non,
Nomination in	n favour of	Registered on	For Tamilnad M	lercantile Bank Ltd.
Relationship	•		Asst. Manager/M	lanager/Branch Head