



Tamilnad Mercantile Bank Ltd.

Customer Oriented & Committed to Excellence

Regd. Office : 57, V.E. Road, Thoothukudi-628 002. web. www.tmb.in

ACCOUNT OPENING FORM For Savings Bank Cum Santhosh Deposit (For Senior Citizens)

Branch _____

Customer ID No. _____

Account No.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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To

The Manager

_____ Branch

I / We request you to open a Savings Bank cum Santhosh Deposit account with particulars as under :

Name	: _____	Date of Birth	: _____
Nature of proof submitted	:	Constitution	: Individual / Joint
Mode of Operation	: Sole / Joint / Former or Survivor		
Occupation / Profession/Activity	:		
Name of Institution	:		
Whether retired staff	:	If yes : Designation & Staff Number (at the time of retirement)	Date of retirement
Yes / No.			
Sources of funds for the proposed transactions in the Savings Bank A/c _____			
Need / purpose for the Savings Bank A/c _____			

PARTICULARS OF THE ACCOUNT HOLDER(S)

	First account holder	Second account holder
ADDRESS		
Father's / Husband's Name		
Phone / Mobile / Fax		
e-mail id		

TAX DEDUCTION AT SOURCE

TDS to be deducted, if applicable : Yes / No.

PAN / GIR No. _____

If No, TDS exemption Ref. No. and Date : _____

(Form 15H is to be submitted)

Standing Instruction Details

I / We request you to debit my / our account bearing No. _____
with a sum of Rs. _____ every _____ and transfer
the amount to _____

EXISTING ACCOUNT INFORMATION

Name of the Bank & Branch _____
Nature of Account & its No. _____
Customer Id No. _____

JOINT ACCOUNT

The accounts will be operated by Former / Survivor or all of us jointly and in the event of the demise of any one of us, the balance in the credit of the account will be payable to the survivor or survivors. In the event of the account being overdrawn at any time we agree to be jointly and severally liable for the balance due to the bank.

Signatures of the Joint account holders

TERMS & CONDITIONS

- E Kindly open the above mentioned Account (For Senior Citizens) under the sweep by the option method. The period of deposit to be made under sweep shall be _____ months and with frequency of sweep as _____ (Daily / Weekly / Fortnightly / Monthly), If no specific instruction otherwise is given to you regarding the period of deposit.
- E I / We hereby declare that I / We have thoroughly read and understood the rules & regulations of the bank and all procedural aspects of the Scheme and undertake to abide by the same.
- E I / We confirm that to the best of my / our knowledge and belief the information furnished as above is correct. I / We will indemnify you against any loss or damage you may suffer should any of the information found incorrect by the bank.
- E I / We hereby state that I / We have thoroughly understood that
- (i) The deposit account will earn compound interest on quarterly basis as per the rate notified by the bank from time to time in this regard.
 - (ii) Withdrawal of units of Rs. 1000/- in "Last In First Out" to meet the overdraft in Savings Bank account on account of payment through ATM, cheque received in clearing / for collection or across the counter. The amount so withdrawn rounded off to the next Rs. 1000/- shall cease to earn interest from the date of withdrawal. Interest shall be calculated till the date of withdrawal for the actual period run subject to penalty, if any, in case of premature closure as per bank norms.
- E I / We have gone through the salient features and rules of the Bank for Santhosh Deposit Account, a copy of which was provided to me / us. I / We also undertake to be bound by any amendments / changes made from time to time with regard to the scheme and the rules governing the Santhosh Deposit scheme by the bank. I / We am / are aware that the Bank has posted the above details in the bank's website : www.tmb.in and displayed in the Notice Board of the Bank's branches. The bank reserves the right of closing an account and also the right of declining acceptance of credit / deposits into the account, if it is not operated upon satisfactorily or for any other reasons.
- E I / We undertake to intimate the bank in writing the changes, if any, in the address for communication. Any correspondences by post / courier addressed to me to the address last intimated to and registered with the Bank will be a sufficient notice to me.

- E I / We hereby confirm that I / We do not enjoy any credit facility, whatsoever in nature with any other banks / financial institutions.
- E For each Deposit account in the denomination of Rs. 1000/- I/We hereby undertake to give the standing instruction separately for monthly / quarterly / half yearly interest as required by me at the time of making the deposit.
- E For availing the option of periodical interest payment in Cash / Pay order / D. D. or by Account Credit to an operative account under Santhosh FD. I/We hereby undertake to maintain always a minimum balance of Rs. 1000/-

The bank is at liberty to reject the payments in any form if the Cheque / ATM Card drawal Instruction results in erosion in such minimum balance (i.e., Rs. 1000/- at all times exclusive of all charges and it is not average minimum balance.)

Signature of the depositor (s)

LETTER OF AUTHORITY FOR COLLECTION, NEGOTIATION OF BILLS, CHEQUES AND DRAFTS, 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.

As I / we send you from time to time cheques and bills on places where your bank has no branch, I / we hereby authorize you on my / our responsibility to accept this letter as your authority for sending such cheques and bills for collection through other sources or direct for payment to the bankers on which the cheques and bills are drawn.

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 has been cashed by you. In the event of bills / cheques being discounted / purchased by you, I / we further undertake to repay your bank immediately, on demand, the proceeds of such bills.

I / we agree to abide by all the rules of the bank now in force or to be brought into force hereafter.

Date :

Signature of the depositor (s)

Form No. 60

(See third proviso of rule 114B)

Form of declaration to be filed by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses a to h of 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 ward/circle/range where the last return of income was filed?
 - ii. Reasons for not having Permanent Account Number/General Index Register Number?

6. Details of the document being produced in support of address in column (1)

Verification :

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

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

Date :

Place :

Signature of the Declarant

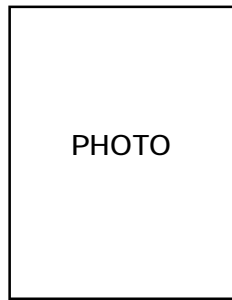
Instructions - Documents which can be produced in support of the address are :

- a. Ration card
- b. Passport
- c. Driving licence
- d. Identity card issued by any institution
- e. Copy of the electricity bill showing residential address
- f. Any document or communication issued by any authority of Central Government, State Government or Local bodies showing residential address
- g. Any other documentary evidence in support of his / her address given in the declaration.

NAME AND ADDRESS PROOF
(Any one of the followings should be submitted)

- | | | |
|---------------------------------------|---------------------------|--------------------------------------|
| 1. Ration Card | 2. Passport | 3. Driving Licence |
| 4. Telephone Bill | 5. Voters Id Card | 6. Electricity Bill |
| 7. Income/Wealth Tax Assessment Order | 8. Copy of the LIC Policy | 9. Id Card issued by any Institution |

10. Any document or communication issued by any authority of Central / State Governments or local bodies showing residential address or Any other documentary evidence in support of the address

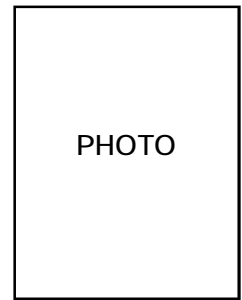


Name _____

Specimen Signature

Name _____

Specimen Signature



INTRODUCTION DETAILS

Name _____

Customer ID _____

Account No. _____

Address _____

I confirm the identity and address of the applicant(s). I know the applicant (s) for the last _____ months / years.

Date :

Signature of the introducer

Address of the introducer : _____

Number & Nature of accounts maintained : _____

Date of opening of the account : _____

FOR BANK USE

Personally interviewed &
Signature of introducer verified by me.

For Tamilnad Mercantile Bank Ltd.

Enrolled customer ID

For Tamilnad Mercantile Bank Ltd.

Authorised Signatory

Date :

Authorised Signatory

Date :

NOMINATION FORM - DA1

(to be obtained in case of deposit accounts in the name of individuals in single / joint names)

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)

I / We _____ nominate the following person to whom in the event of my / our minor's death the amount of deposit in the account(s) mentioned below may be returned by Tamilnad Mercantile Bank Ltd. _____

NOMINEE (only one nominee per deposit account)

Name and Address	Relationship if any	Age	If minor* his / her date of birth	Additional details (if any)

* As the nominee is a minor as on this date, I / We appoint Mr. / Ms. / Mrs. _____
 _____ aged _____ resident of _____
 _____ to
 receive the amount of deposit in the account on behalf of the nominee in the event of my / our minor's death
 during the minority of the nominee

DECLARATION

In the event of my / our death prior to the maturity of the deposit, the bank will at the request of the person who has been nominated by me / us to receive the deposit money after my / our death, be at liberty, though not bound and at its absolute discretion to repay the deposit before maturity or to grant an advance against the security thereof and such repayment before maturity would constitute a valid discharge for the Bank.

Signature(s) / Thumb Impression(s) of depositors

Witness(es) #	
1. Name : _____	2. Name : _____
Signature : _____	Signature : _____
Address : _____	Address : _____
_____	_____
_____	_____
_____	_____
* Strike out if nominee is not a minor # TWO witnesses shall attest thumb impression (s) & one witness will attest signature	

NOMINATION REGISTER PARTICULARS

Nomination Register No. _____ Folio No. _____ Serial No. _____

For Tamilnad Mercantile Bank Ltd.

Authorised Signatory



Tamilnad Mercantile Bank

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BRANCH

ATM CARD APPLICATION FORM

(PLEASE FILL IN CAPITAL LETTERS AND TICK MARK IN APPROPRIATE BOXES)

APPLICANT NAME IN FULL	<input type="text"/>
NAME TO BE EMBOSSED	<input type="text"/>

PERSONAL DETAILS

SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	<input type="text"/>
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	WEDDING ANNIVERSARY	<input type="text"/>
MOTHER'S NAME		SPOUSE NAME	

OCCUPATIONAL DETAILS

EDUCATIONAL QUALIFICATION	OCCUPATION	MONTHLY GROSS INCOME
<input type="checkbox"/> GRADUATE	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> LESS THAN Rs 10000
<input type="checkbox"/> POSTGRADUATE	<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> BETWEEN Rs 10000 TO Rs 25000
<input type="checkbox"/> OTHERS	<input type="checkbox"/> SERVICE	<input type="checkbox"/> MORE THAN Rs 25000
	<input type="checkbox"/> HOUSE WIFE	
	<input type="checkbox"/> STUDENT	
	<input type="checkbox"/> RETIRED	

INCOME TAX ASSESSEE YES NO PAN/GIR NUMBER

COMMUNICATION DETAILS

OFFICE ADDRESS			RESIDENCE ADDRESS		
CITY	PIN	STATE	CITY	PIN	STATE
PHONE(S)	OFFICE RESIDENCE		FAX MOBILE		
EMAIL ID		COMMUNICATION TO BE SENT	<input type="checkbox"/> OFFICE		
VEHICLE NO			<input type="checkbox"/> RESIDENCE		

ATM CARD - OPERATIVE ACCOUNT LINK DETAILS

BRANCH NAME	ACCOUNT	TYPE (SPECIFY) CA / OD / SB	ACCOUNT NUMBER
	PRIMARY A/C NUMBER		<input type="text"/>
	OPTIONAL A/C NUMBER 1		<input type="text"/>
	OPTIONAL A/C NUMBER 2		<input type="text"/>

DECLARATION

I hereby authorize Tamilnad Mercantile Bank Ltd., to Issue me an ATM CARD as desired by me and to debit the above account(s) for all withdrawals to be made by using the ATM Card including Bank's charges / fees from time to time. I hereby declare that the above particulars furnished by me are true / correct. Further I have read fully understood and do accept the 'ATM CARD terms and conditions' given overleaf and agree to be bound by the changes that may be made therein from time to time.

	SIGNATURE OF APPLICANT	x
For Joint Account Holder/s (E or S) Only		
I/We, the joint account holder/s, state that I/We have no objection for issue of the ATM CARD to the above applicant and hereby authorize Tamilnad Mercantile Bank Ltd., to debit the above account(s) held by us jointly towards all withdrawals made by him/her by using the ATM Card, including the Bank's charges / fees from time to time.		
PLACE	SIGNATURE OF JOINT A/C HOLDER(S)	x
DATE		x

FOR BRANCH USE

Application Number		The Signatures of the applicant(s) verified. The application is in order. Recommended to issue an ATM CARD.		
Branch Name				
Branch code				
Customer ID				
<input type="checkbox"/> Public	<input type="checkbox"/> Staff	<input type="checkbox"/> VIP	PLACE	BRANCH MANAGER'S SIGNATURE NAME
			DATE	PA NO

ATM Card Number	6 2 7 8 2 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card Details Verified.
CARD / PIN Sent on	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Head - ATM Cell

TERMS USED HERE

BANK means TAMILNAD MERCANTILE BANK LTD.,

ATM CARD HOLDER means Customer who has been issued / proposed to be issued TMB - SURABHI ATM CARD
PIN means Personal Identification Number

ATM CARD means TMB - SURABHI ATM CARD issued to customer

ATM CARD TERMS & CONDITIONS**1) CARD**

- F Unless stated otherwise, the term 'Card' refers to Tamilnad Mercantile Bank's 'TMB - SURABHI ATM CARD'
- F Only individuals are eligible for TMB - SURABHI ATM CARDS.
- F Issue of ATM Card is at the sole discretion of the Bank and the Bank has the right to summarily reject the application of any customer without the obligation of assigning the reasons thereof.
- F The ATM Card is the property of the Bank and shall be returnable unconditionally.
- F ATM Card so issued is not transferable.
- F ATM Card issued is valid for period of five years from the date of issue of card.
- F The card can be collected from the Branch where the application is submitted after receiving the Personal Identification Number from the ATM cell of the Bank.
- F Broken / damaged card can be replaced on surrender of the card and upon payment of the specified fees / charges.

2) ATM CENTER and CARD USAGE

- F The ATM Cardholder shall use the Card at the Bank's ATM Centers and/or that of other affiliated institutions as notified by the Bank from time to time.

3) PIN - PERSONAL IDENTIFICATION NUMBER

- F PIN is four digit secret number given to every customer who is issued ATM Card and sent through post / courier.
- F This PIN number has to be keyed in ATM every time to activate any services available in ATM by the card holder.
- F the Card holder is advised to change the PIN number at first instance using PIN change option in ATM.
- F Cardholder is advised to keep the PIN strictly confidential
- F Divulging PIN details to other persons might lead to unauthorized access by others.
- F Avoid PIN number which can be easily guessed such as phone Numbers, Date of Birth etc., to maintain secrecy.
- F In case of non delivery, customer can approach the Branch where ATM Card application was submitted.
- F PIN is not transferable.

4) ACCOUNT**Primary Account**

- F Primary account shall mean the account declared by the ATM Card holder in the application form as the account to be operated by using the card. Such account shall be in the name of the Cardholder and have satisfactory operations.
- F If so desired, a Cardholder may add two accounts held in his name individually besides the Primary Account for the purpose of ATM operations.
- F Account operated jointly or account of a minor or an account in which minor is a joint account holder is not eligible to be nominated as the Account for the ATM operations.

Joint Primary Account

- F A joint account held by the ATM Cardholder along with others may be nominated as primary Account provided such account is freely operable by any joint holders with their individual signatures and all the parties to such joint account submit a joint declaration to the Bank agreeing to pay all the monies, including the fee / charges, if any, of the Bank that the due and payable to the Bank upon ATM operations by the Cardholder.

Account Maintenance

- F Cardholder is advised to maintain sufficient balance to do financial transactions in ATM.
- F In the event of a Cardholder's Account receiving both the ATM debit and clearing Cheque debit simultaneously, priority will always be given to ATM debit if the balance in the account upon ATM debit is not sufficient to honour the clearing cheque, the Bank has the absolute right to return the clearing cheque without any responsibility / liability on the part of the Bank.
- F All fee/charges, as determined by the Bank from time to time, relating to ATM Card will be recovered by debiting cardholder's designated accounts and the Bank cannot be held liable for rejection of any ATM transaction for the reason of insufficiency of funds due to the said recovery of charges by the Bank.

5) TRANSACTION

- F The Cardholder is deemed to have accepted and held responsible at all circumstances for the transactions done with this card in the Bank's ATMs.
- F The Cardholder shall accept the Bank's transaction records as conclusive and binding for all purposes and not the printed slips generated by the system at the end of each transaction at ATM.
- F Any Over Draft caused in the designated account due to ATM card usage shall be repaid along with interest at the prevailing Rate of Interest fixed by the Bank from time to time.

6) AVAILABLE SERVICES

- F **Fast Cash** : Cash withdrawals of a pre specified amount like Rs.500, Rs.1000, Rs.2000, etc., from primary account.
- F **Cash Withdrawal** : Cardholders can withdraw in multiples of Rs.100/- to a maximum of Rs. 30,000/- per transaction per day subject to Daily Limit fixed, if any.
- F **Balance Inquiry** : Cardholder can see the balance in his account linked to the ATM card on screen and can obtain a transaction slip showing the account balance.
- F **Mini Statement** : A statement containing the last 5 transactions in the account can be obtained.
- F **PIN Change** : customers can change the PIN at any time.
- F **Fund Transfer** : Customers can transfer Fund from his accounts maintained in the same Branch.
- F **Statement/Cheque Book/Product information** : customer can make a request for any of these services which will be processed by the card issuing Branch.

7) RENEWAL / TERMINATION

- F The Bank may renew the ATM Card on its expiry subject to the condition that a written request for the same has been submitted by the cardholder and the Bank is satisfied with the track record of the card usage by the Cardholder. The Bank, however, reserves the right to accept / reject renewal of the ATM CARD to a cardholder at its discretion.
- F The card holder wishing to close the designated account or surrendering the ATM facility / Services, can do so in writing to Bank by giving 10 working days to process further.
- F The Bank has the absolute right to recall / cancel any card issued or stop operations on a card or terminate the ATM Card Service to a cardholder at any time during the validity period of the ATM Card without prior notice to the cardholder concerned and without the obligation of assigning any reason thereof.

8) LOSS OF CARD - PROCEDURE

- F The customer should notify the ATM Card issuing Branch or call ATM Cell of the Bank to mark the card as hot listed.
- F Any financial loss arising out of unauthorized use till such time the Bank records the loss of Card will be to the Cardholders Account.
- F Fresh card will be issued in replacement of lost card at extra cost / charges.

9) OTHERS

- F The ATM Card usage will be disabled in the event of entering wrong PIN 3 times continuously. For activation please contact the card issuing Branch.
- F Closure, Transfer or any change in operational mode of designated account(s) will be considered on surrender of ATM CARD and payment of dues if any.

10) FORCE MAJEURE

- F The Bank will not be responsible nor shall be liable to indemnify the card holder in the event of any loss damage suffered by the cardholder due to any cause or reason beyond the control of the Bank.

11) CHANGE IN TERMS & CONDITIONS

- F The Bank may, at its discretion, amend / modify, at any time, the terms and conditions governing the ATM Services. Non receipt of any notification or failure to receive the notification, if any, by the cardholder in this regard will not exempt from such amendments / modifications.

CARDHOLDER'S SIGNATURE