



ACCOUNT OPENING FORM
Current / Cash Credit / Overdraft / EEFC
Savings - Govt, TASC, HUF

Branch Name : _____
A/c Opened on: DD / MM / YYYY
Customer ID: _____
A/c No.: _____

Barcode

Preferred Account No. _____ (Fill only if applicable)
 Current Savings Cash Credit Overdraft EEFC
 Currency: INR USD GBP JPY EURO
 Scheme Code : _____ CKYC No. _____

Please fill the form in BLOCK LETTERS only. Fields marked * (Asterisk) are MANDATORY

Applicant Details

*Existing CIF ID Y N If Yes, CIF ID _____ Existing CKYC _____
 Name _____
 Account Name: *Same as Entity Name Y N (If No, please fill the details) _____

Registered / Permanent Address

Landmark / Street _____
 City _____ PIN Code _____
 State _____ Country _____

Communication Address Same as Registered / Permanent Address Yes No (If No, please fill the detail below)

Landmark / Street _____
 City _____ PIN Code _____
 State _____ Country _____

Business Details

GST No. _____ PAN No. _____
 Udyam Cert. No. U D Y A M - - - - - Reg. Date DD MM YY YY
 CIN No. _____ LEI Code _____ LEI Validity DD MM YY YY
 IEC No. _____ Date of Incorporation DD MM YY YY
 Place of Incorporation _____ Date of Commencement of Business DD MM YY YY

Constitution

Proprietorship Partnership Limited Liability Partnership Public Limited Company Private Limited Company HUF Government
 State Government Central Government Educational Institution Trust Association Society Club
 Financial Institution University Individual Others (Specify) _____

Contact Details

(* Mobile Number and Email ID are Mandatory)

Email ID in CAPITAL LETTERS eg. ABCD@GMAIL.COM

Telephone _____ - _____ - _____ Mobile _____ - _____
 Email _____
 Key Contact Person Name _____ Mobile _____ - _____

Digital Services Required

(For Retail / Corporate Internet banking, separate agreement is required)

Debit card	Internet Banking	Mobile Banking	WhatsApp Banking	Cheque Book	SMS Alerts	QR Code Standee
<input type="checkbox"/> Yes	<input type="checkbox"/> View only <input type="checkbox"/> Transaction	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Type of Card ----- Name on Card ----- Customer ID -----

Internet Banking: Authorised Person Name ----- Customer ID -----

Account Statement Option

E-Statements - Free. Daily Weekly Fortnightly Monthly Physical (Monthly) Charges applicable

Account Operating Instruction

Mode of Operation: Self Any one Jointly by all Proprietor Authorized Signatory Others _____

Initial Payment Details

Amount (in Figures) _____ Mode of Payment: Cash (Please deposit only at TMB counters)

Cheque No. _____ Date _____ Account Type Current Savings Cash Credit / Overdraft
 Debit my / our / A/c No. _____ Tran ID _____ Date: _____

Profile Sheet

1. *Type of request: New Update of existing Entity Profile

2. *Nature of Business : Manufacturing Service Provider Stock Broker Real Estate Trading (Retail/Wholesale) Transport
 Education Trust NGO Bullion Regulatory Other (specify) _____

3. Investment in P&M (or) Equipment (In Cr) < 1 1- 10 10-50 >50 Actual - ₹

4. *Annual Turnover of Entity (last FY) (In Cr) <5 5- 50 50-250 >250 Actual - ₹

5. *Expected Turnover of Entity (current FY) (In Cr) <5 5- 50 50-250 >250 Actual - ₹

6. *Networth (In Cr) <5 5- 25 25-50 >50 Actual - ₹

7. *Net Profit (last FY) (In Lakh) <2.5 2.5-10 10-25 25-1Cr >1Cr Actual - ₹

8. *Source of funds: Business Income Donation/Grant Borrowing Equity Investment Other (specify) _____

9. *Number of years in business 10. *Principal Place of Operation:

11. Involved in Import Export 12. *End use of funds _____

13. Group Company (if applicable)

Name of Group Company (ies)	Location	Nature of Business	Bank Details

Account with Other Bank

I/we declare that I/we don't have Current Account (or) enjoy credit facilities with other Banks
 I/We have current account / enjoy credit facilities with other Banks as furnished below:
 I/We confirm that the below mentioned account(s) are maintained with other Bank for the purpose(s) mentioned in the related RBI Circular

Name and Address of the Bank Branch	Account Number	Credit Facilities				
		Purpose	Limit	Balance	Security	Remarks

NOC Details (In case of credit facilities with other Banks: NOC issuing Bank Branch: _____ Date _____)

***Information on other Products**

I wish to receive updates on the latest products and offerings from TMB Bank through Email/Phone Calls/SMS. Yes No
 (Please help us to serve you better by giving your consent to receive information regarding latest products, services and offers from TMB Bank.)

***KYC Documents Submitted**

Documents	ID No.	Issuing Authority	Place of Issue	Issue Date
Identity Proof Document Type				
Address Proof Document Type				
Legal Proof Document Type				

***Nomination Form (DA1) - Applicable only for Sole Proprietorship / Individual**

#Yes, I wish to nominate (as per details below) Print Nominee Name Yes No #I declare that I do not wish to make nomination in my account (I have understood the benefits of nomination and still do not wish to nominate)

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, _____ the Sole Proprietor of the business carried in the name of M/s _____ nominate the following person to whom in the event of my death, the deposit in this account, may be returned by Tamilnad Mercantile Bank Ltd.

Name Address: same as Primary Applicant
 If different

City State PIN

Country Relationship with depositor, if any _____ **If nominee is a minor, his/her
 Date of birth **As nominee is a minor on this date, I appoint (Guardian Name)

**Relationship with minor _____ Address: Same as Primary Applicant

If different

City **State **PIN

**Country to receive the amount of the deposit in the account on behalf of the nominee in the event of my death during the minority of the nominee.

Signature of the witness _____ ## Signature of the witness _____ *Signature of the Proprietor / Individual _____
 Name : _____ Name : _____ Name : _____
 Address : _____ Address : _____ Address : _____
 Date : _____ Place : _____ Date : _____ Place : _____ Date : _____ Place : _____

**Strike out if nominee is not a minor. ##Incase of thumb impression, two witnesses are to be obtained.

LETTER OF PROPRIETORSHIP

I hereby inform you that until written notice from me to the contrary, to regard me as the sole proprietor of the business responsible for all its liabilities and to debit such accounts with all cheques purporting to be drawn thereon, provided they are signed by me or by my attorney as.....

SIGNATURE (to be signed in individual capacity without stamp)

Place: Date:

PARTNERSHIP LETTER

We hereby notify that we are the only partners carrying business in..... (Place) under the name and style of..... We hereby engage that we shall be bound jointly and severally to repay all the debts incurred to you either on Bills, Pronotes or any other documents by any one of us of on behalf of the firm, until notice to the contrary is given to you.

As each of us is individually liable to you to discharge all the obligations incurred to you by any of us on behalf of the firm, we hereby agree that you will be at liberty to recover all your outstanding not only from our business assets but also from our separate properties as well.

We request you to take notice that every one of us is authorised to draw, endorse / accept, purchase, discount and negotiate cheques, promissory notes, hundies, bills and other negotiable instruments on behalf of all of us and our firm and we also request you to take notice that our liability or liability of our firm to you as aforesaid shall not in any way be affected even if third party joins in the transaction as co-obligant.

Name	Designation	Customer ID	% of Share in Capital	% of Share in Profit	Signature

DETAILS OF DIRECTORS / TRUSTEES / OFFICE BEARERS

Name	Designation	Customer ID	% of Share in Capital	% of Share in Profit	Signature

HUF LETTER

We, the under mentioned persons

Name	Father's Name	Inter Relationship	Customer ID

Place: Date:

are members of a Joint Hindu Family run on behalf of and for the benefit of our family with the major members conducting same as family managers under the style of at and we request you to take notice of the fact and we request that all transactions, involving any sort of commitments whatever nature, entered into with you by either or any of us (who are majors) whether under the signature of the said HUF name or subscribed by the individual signatures of any of us (who are majors) may be regarded by you as entered into, for, on behalf of and for benefit of, all of us in our individual & personal capacities and also for the benefit of our joint family and such, all of us being liable to you for all such transactions in our individual & personal capacities and also as members of the family.

The present state of our relationship as joint family members and managers may be deemed by you to continue until we intimate to you otherwise in writing and duly delivered to you.

Note: Minor members have not signed and as and when they attain majority, they will subscribe to the same

Signature (1)	Signature (2)	Signature (3)	Signature (4)
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LETTER OF AUTHORITY

I / We hereby authorize you to honour all cheques / drafts drawn on the above account and to accept and act upon receipt for money deposited with or owing by the bank on any account(s) at any time(s) kept in the above account with the Bank provided such cheques or drafts are signed by Mr./Mrs., whose specimen signature duly countersigned by me / us notwithstanding at such cheques or drafts may create overdrawn or to increase it to any extent. Mr. / Mrs. is also authorised of my / our behalf to make, draw accept, endorse and negotiate or otherwise sign any Hundies, Bills of Exchanges and Promissory Notes or other Negotiable Instruments, to operate or overdraw on the above account with your Bank, to receive payments of all money due to me/us, to acknowledge debit(s) due from me/us, or to me/us, as to bind me / us or to pledge or hypothecate to the Bank any stocks or other form of securities belonging to me debit(s) any one or more of us on my / our behalf to borrow either with or without security, to withdraw any stock or other securities pledged, to give valid receipt for such securities and stock and to receive notices on my / our behalf, execute necessary documents relating to my / our business with your Bank including guarantees and to issue guarantees on my / our behalf with or without security. This authority shall continue to be in force until I / We revoke it by a notice in writing delivered to you.

Yours Faithfully

Signature of letter of Authority Holder

Counter signature by Account Holder

(Identity and address proof of authorities holder should be mentioned)

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 have been cashed by you. In the event of bills being discounted 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.

DECLARATION

Signature (s)

I / We have read, understood and hereby agree to the terms stated in this Application Form as well as the Terms and Conditions governing the Current Account / EEFC / OD / CC / SB GOVT, TASC, HUF account and the various facilities / services such as mobile banking, internet banking, WhatsApp Banking, debit cum ATM card and such other services available under TMB Current account / EEFC / OD / CC / SB GOVT, TASC, HUF account and as displayed on www.tmb.in and agree to abide by the same. I / We understand that the said terms are subject to revision from time to time and I / we agree to keep ourselves updated of such changes and be bound by the terms as are in force from time to time.

I / We agree and understand that Tamilnad Mercantile Bank Ltd reserve the right to reject any application without providing any reason. I / We agree and understand that Tamilnad Mercantile Bank Ltd reserves the right to retain the Application, and the documents provided therewith, including photographs, and will not return the same to me / us.

I / We further agree that any false/misleading information given by me / us, or suppression of any material fact will render my / our account liable for closure and further action.

I / We also hereby agree to indemnify Tamilnad Mercantile Bank Ltd and their successors or assignees if any of the representations and declarations made hereunder by me / us is incorrect, false or misleading in any of its particulars.

I / We declare, confirm and agree:

a) that all the particulars and information given in the Application form (and all documents referred or provided herewith) are true, correct, complete, and upto date in all respects and I / we have not withheld any information. I / We agree and undertake to provide any further information that Tamilnad Mercantile Bank Ltd., may require, b) that I / we have had no insolvency initiated against me / us nor have I / we ever been adjudicated insolvent, c) that I / we have not at any time defaulted under any loan taken by me / us from any other bank / institution, or been in non-compliance of the applicable rules/regulations/guidelines in force from time to time, as framed by the Reserve Bank of India, d) that I / we have read and agree to the charges applicable to Current account / EEFC / OD / CC / SB GOVT, TASC, HUF account and all other facilities to be availed by me / us and hereby agree to bear the charges as revised from time to time by Tamilnad Mercantile Bank at its sole discretion.

I / We have read and understood the facilities available under Tamilnad Mercantile Bank Current Account / EEFC / OD / CC / SB GOVT, TASC, HUF account as listed on Tamilnad Mercantile Bank Website. I / We have also gone through the schedule of charges and understand that to be eligible for the concessions, I / we have to maintain the minimum Monthly average balance (MAB), AS INDICATED IN THE Schedule of Charges and agreed upon by me / us on a Monthly/Quarterly basis and in the event I / we fail to do so, I / we shall be liable to pay a fee every Month/Quarter as indicated in the schedule of charges. I / We also understand that continuation of the account is at Tamilnad Mercantile Bank's sole discretion and in case Tamilnad Mercantile Bank is dissatisfied with the conduct of the account, Tamilnad Mercantile Bank has the right to close the account after giving me / us 15 days' notice or withdraw the concessions in all or any service charges granted to me / us and / or charge Tamilnad Mercantile Bank's applicable rates for services availed by me / us.

I / We hereby declare that in case of being professional(s)* by occupation, the said account will be used exclusively for our own transactions and not on behalf of my / our clients. *(not applicable for regulated and supervised individuals and entities)

I / We hereby further confirm having read and understood the applicable rules/regulations/instruction/guidelines as framed by the Reserve Bank of India, including the FEMA regulations 2000 governing EEFC Accounts, and the Foreign Exchange Management Act, 1999, in force from time to time and agree to abide by and to be bound by all such applicable Law, rules, regulations and guidelines in force from time to time.

I / We hereby authorise Tamilnad Mercantile Bank Ltd to exchange, share or part with all information/data provided herein including personal and business information with financial institutions/credit bureaus/ agencies/ statutory bodies/ other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations, and standards. I / We shall not hold Tamilnad Mercantile Bank Ltd., or its agents/representatives liable for using/sharing information provided herein for the said purpose.

I / We shall keep Tamilnad Mercantile Bank informed at all times, regarding any changes/alteration in my / our communication address and authorise the Bank to update any such change/alterations in my / our communication address that the Bank may be informed of by me and / or is brought to the notice of the Bank and hereby authorise Tamilnad Mercantile Bank to contact me / us on such changed/ altered address. I / We shall be solely responsible to ensure that Tamilnad Mercantile Bank has been informed of the correct address for communication within two weeks. I / We agree to indemnify Tamilnad Mercantile Bank against any fraud or any loss or damages suffered by Tamilnad Mercantile Bank due to my / our providing of any incorrect communication address and / or failure on my / our part to communicate the change/alteration in my / our communication address and change in authorise signatories/account details.

I / We hereby authorise Tamilnad Mercantile Bank to exchange/share or part with all the information/data provided herein including personal and business information with other institutions/ such other persons as may be necessary / required for the purpose of, including but not limited to, marketing, cross-selling of various products and services etc. to me / us, use or process the aforesaid information/ data by such person/s or furnishing of the processed information/ data/ products thereof to other Banks/ institutions/ other persons as may be necessary, and I / we shall not hold Tamilnad Mercantile Bank liable in connection with the use of such information or otherwise.

The Applicant/s has/have no objection to Tamilnad Mercantile Bank Ltd, its agents/representatives to provide me / us information on various products, offers and services provided by Tamilnad Mercantile Bank / other entities through any mode (including without limitation through telephone calls/ SMS/ E-mail) and authorise Tamilnad Mercantile Bank / its agents/ its representatives for the above purpose.

Instant A/c Declaration: "I / We", (In this context, "I / We", "my / ours" and "me / us" refers to all holders of the account) have approached Tamilnad Mercantile Bank for opening of a Current Account. I / We, (In this context, "I / We", "my / ours" and "me / us" refers to all holders of the account) understand that the account should be operated by me / us only after it has been activated. I / We, (In this context, "I / We", "my / ours" and "me / us" refers to all holders of the account) further undertake that any violation of this will constitute as a default on my / our, (In this context, "I / We", "my / ours" and "me / us" refers to all holders of the account) part & the Bank reserves the right to close the said account forthwith on the happening of such a default without assigning any reason whatsoever. In case of rejection, I / We (In this context, "I / We", "my / ours" and "me / us" refers to all holders of the account) am aware that delivery and / or receipt of the Welcome Kit can not be construed to mean that Tamilnad Mercantile Bank has opened or agreed to open the account. Tamilnad Mercantile Bank Ltd., at its sole discretion, can either call for further documents or reject the application for any reason whatsoever. In case of rejection, I / We (In this context, "I / We", "my / ours" and "me / us" refers to all holders of the account) am aware that the Welcome Kit & Letter shall be construed as withdrawn and I / We (In this context, "I / We", "my / ours" and "me / us" refers to all holders of the account) undertake to return the same to the Bank forthwith.

Aadhaar updation of Authorised Signatory / Beneficial Owner:

1. I submit my Aadhaar number and voluntarily give my consent to: A. use my Aadhaar details to authenticate me from UIDAI. B. Use my mobile number provided for sending SMS alerts to me. C. Link the Aadhaar Number to all my existing/ new/future accounts and customer profile (CIF) with your Bank.
2. I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the Bank herewith shall not be used for any purpose other than mentioned above, or as per requirement of law.
3. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Entity PAN updation: Wherever the Current account is opened with Form 49A of Entity, it is mandatory to submit Entity's PAN within 30 days of account opening to avoid debit freeze of the said account.

Section 25 Companies Declaration:

We hereby declare that: 1. The company had not applied its profits or income by way of dividends to its members. 2. The company had not altered objects clause of Memorandum without prior approval of Regional Director (this is in addition to the provision of Section 17) 3. Conditions of license are complied with.

Signature (s)

"I/We", (In this context, "I/We", "my/ours" and "me/us" refers to all holders of the account) have read and understood the below Terms & Conditions and understand that any changes to the T&C will be available on the website www.tmb.in only. **Account opening/service provision:** All services, including opening of the account are subject to verification of information/documents provided by me. In the event this account is not opened, if I/we have initially funded the account, the amount will be refunded to me in the form of a DD/Cheque or PO only. RBI approval is required for entity from Pakistan to open account for its project office account. **Existing Customer ID:** In case of existing customer, not declaring their customer ID and applying as a new customer, the bank in such instances reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me. **Service:** All services will be provided by Tamilnad Mercantile Bank on a best effort basis. The complete list of services available to me will be hosted on www.tmb.in. **Fees & Charges:** Fees and charges will be applicable on my account and for other services availed by me, as described in the schedule of charges and the website www.tmb.in. Goods & Services Tax and other statutory imposts as applicable from time to time will be levied on all fees. **Change in Fees & charges & services :** Any change / discontinuation of fees and charges, services or interest rate will be intimated to me at least 30 days in advance through letter / SMS / website / e-mail or other means. **Recovery:** If no funds are available in the account to pay fees/charges, I/we authorise Tamilnad Mercantile Bank to set off any available credit, including amounts flowing into the account from collection proceeds or any deposits. **Account Freeze:** We authorise the Bank to freeze my account in the following circumstances, with intimation to me except where specified otherwise. A. if it is suspected by the bank that the deposit pertaining to all cash, cheque, DDs and other deposits / transactions by way of NEFT, RTGS etc in my account are not in accordance with or in violation of the laws and regulations applicable from time to time, the Bank can freeze the account and we shall be responsible / accountable for such deposits / transactions. B. if it is suspected that my account is being misused as a money mule or as a channel for unauthorised money pooling or a conduit for any illegal activity. (I/we will not receive a notice in this case) **Account Closure:** I/we authorise the bank to close my account, with prior intimation to me, in case of: a. balance in the account remains zero for 3 months or more; b. 4 cheques returned during a financial year; c. such other instance which the bank may decide pursuant to any order, instructions, directions, guidelines issued / directed by any court / statutory/ regulatory authorities from time to time. **Transactions:** Any instructions to Tamilnad Mercantile Bank regarding the account, both of a financial / non-financial nature (e.g.; issuance of cheque book / card, financial transactions, updation of personal details etc.) will be provided by me through the authorised channels only, which will be specified by the Bank, based on regulatory guidelines prevailing at that time. Tamilnad Mercantile Bank is not expected to act on instructions that do not come in through authorised channels, but reserves its right to act upon its discretion to provide such facilities under extraordinary circumstances. **Cheque Book:** No fresh cheque books will be issued if cheques are returned on 4 occasions during a financial year for want of sufficient funds. **Debit Card:** All facilities provided by Tamilnad Mercantile Bank Ltd. are subject to specific guidelines that are provided on the website www.tmb.in. Tamilnad Mercantile Bank Ltd. is not liable for fraud in the event that I/we disclose sensitive information such as passwords, PINs or IDs to anybody. I/we agree to notify the Bank in future if I/we avail any credit facility from any other bank and I/we authorize you to inform the existence of my/our account with you to the lending banker. I/we shall be liable to you for any monies owing to you from time to time in case the account is overdrawn and debit balance is caused including your commission, interest and other incidental charges. The cheque /bills presented by me/us in our account for collection are at our sole risk and responsibility and the bank is not liable for any loss/damage in case the instrument are lost in transit. If there is no transaction by me/us for continuously 24 months, the account will be treated as inoperative/dormant account. I/we have to give fresh written request letter for reactivation along with the ID and Address Proof. For the purpose of providing certain services the Bank may be required to engage the service of specialized and other service provider/agents, I/we hereby express our consent to the bank to furnish any information regarding my/our account to these service providers/ agents under intimation to us. **Internet Banking Service:** The information provided to the user regarding the Internet Banking will be updated in the Website of the bank at regular intervals. The customer shall use the said information in an appropriate manner by understanding the meaning purport of the said information, the Bank shall not be liable for any loss that the user may suffer by erroneous or incorrect understanding or application of such information. The user shall contact the Bank for clarification in case of doubt or difficulty in following the information. The bank may keep its records of the transactions as per the guide lines of RBI in any form as per its requirement. In case of any dispute, regarding the transactions carried out through Internet Banking, the Bank's records shall be the conclusive proof and binding. The customer hereby agrees that the Bank shall not be held liable in the event of any delay caused in carrying out any instructions given by the customer over the internet, where such delay is on account of technology failure or power failure or any other reason which is beyond the control of the bank, The customer shall be responsible for maintenance of the secrecy of the personal details of the accounts at all times and shall not share the same either in social media or to any third parties. The Bank is entitled to levy service charges for providing the internet Banking Service at the prescribed rate indicated at the time of availing the Internet Banking Service and the customer agree to pay the same. In no case, the Bank will be held liable for erroneous transactions incurred arising out of or relating to the customer entering wrong account numbers. The Bank shall endeavour and take all possible steps and reasonable care to provide access to the website and Internet Banking in an uninterrupted, timely, secure or error free manner. However, the same may not be construed as a warranty as to the results that may be obtained from the website of use, accuracy or reliability of Internet Banking. TMB shall have the right of set-off and lien, irrespective of any other lien or charge, present as well as future, on the deposits / scrips held in the account(s) or in any other account, whether in single name or in joint name(s), to the extent of all outstanding dues, whatsoever, arising as a result of the Internet Banking extended to and /or used by the customer. **Core Banking:** The bank shall facilitate payment and collection of cheques through all its branches while I/we shall have one account at the parent branch. Bank shall also accept cash (subject to the limits prescribed) from me/us or my/our representatives and pay in cash (subject to the limits prescribed) against presentation of cheques drawn by me/us in favour of myself/ourselves or third party to the credit or debit to my/our designated account with the parent branch as the applicable limits for the account. The cash transaction will be on the same lines as in the case when deposits/withdrawals take place at the parent branch. While the instruments for and or my/our behalf will be collected in local clearing, the credit in respect of the proceeds, there under will be afforded at the parent branch and subject to realization at the respective satellite branch(es). The Bank will be entitled to debit by its parent and satellite branch(es) my/our account for the cheques presented in the respective centers. My/our written information of Stop Payment to the various branches of the bank will be at my/our risk and I/we agree to grant a lead time of at least 24 hours for intimation of such good faith based in the said information, the bank shall not be held responsible for the said act. In the event of any malfunctioning and /or break down of the system in which case the bank will not in any manner be liable and /or responsible for to me/us for any damages/compensation and /or for any other consequences arising out of such suspension. I/we agree to hold the bank indemnified in case the bank suffers any loss on account of operation of the scheme for I/we agree to take benefit. I/we agree to all precautions against cybercrimes and undertake not to part with the share personal details or information to third parties or social media platforms. I/we shall avoid to respond suspicious calls or mails pertaining to the Banking transaction or account details. I/we shall not share credit card or debit card details or other information pertaining to the Bank account with any one. The Bank reserves its right to alter, delete or add to any of these terms and conditions, service charges, rate of interest etc. and the I/we will be notified through the Bank's Web site and no personal intimation would be sent in this regard.

Signature of the account holder _____

FATCA CRS TERMS AND CONDITIONS

The Central Board of Direct Taxes has notified on 7th August 2015 Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies/withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach to this form.

Name of Authorized Signatory 1 Signatory 1

Name of Authorized Signatory 2 Signatory 2

Name of Authorized Signatory 3 Signatory 3

RIGHTS AND OBLIGATIONS OF THE BANK

1. The bank shall execute a payment order issued by the customer duly authenticated by him/ her/ them as defined by the security procedure, unless (a) the funds available in the account of the customer are not adequate or properly applicable to comply with the payment order and the customer has not made any other arrangement to meet the payment obligation (b) the payment order is incomplete or it is not issued in the agreed form, (c) The payment order is attached with notice of any special circumstances (d) The bank has reason to believe that the payment order is issued to carry out an unlawful transaction. (e) The payment order cannot be executed under the RBI EFT system
2. No payment order issued by the customer shall be binding on the bank until the bank has accepted it.
3. The bank shall, upon execution of every payment order executed by it, be entitled to debit the designated account of the customer, the amount of the funds transferred together with charges payable thereon, whether or not the account has sufficient balance.

Is FATCA / CRS* applicable Yes No (If Yes, Please fill up FATCA Declaration Form)

I wish to Register Name in "Do Not Call Register" Yes No

Name	Customer ID	Signature

FOR OFFICE USE ONLY

RISK CATEGORIZATION

LOW
 MEDIUM
 HIGH

Threshold Limit ₹.....

Declaration by the Branch

I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained as per the KYC guidelines of the Bank and performed due diligence to verify the genuineness of the customer. The Account may please be set up in Finacle. In case of signature mismatch, I certify that the customer was personally met by me and has signed in my presence. Kindly process the request. We have made best efforts to identify the beneficial owner(s) of the said entity. The details furnished above have been verified from information, wherever available, in public domain.

Manager / Sub-Manager / Asst. Manager's Name & PA No. Signature.....

Relationship Manager Name ID.....

Date:

AUTHORISED SIGNATORY DETAILS

Declaration*

I/We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.

* I/We hereby consent to receive information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date

Place

(Applicants should also sign across photographs)

1st Applicant

(Applicants should also sign across photographs)

2nd Applicant

Signature

Signature

Name 1

Name 2

Customer ID

Customer ID

Related Person Type

Related Person Type

(Applicants should also sign across photographs)

3rd Applicant

(Applicants should also sign across photographs)

4th Applicant

Signature

Signature

Name 3

Name 4

Customer ID

Customer ID

Related Person Type

Related Person Type

(Applicants should also sign across photographs)

5th Applicant

(Applicants should also sign across photographs)

6th Applicant

Signature

Signature

Name 5

Name 6

Customer ID

Customer ID

Related Person Type

Related Person Type

BENEFICIAL OWNERSHIP

(Applicable to Private Ltd., Company / Public Ltd., Company / Partnership Firms / Trusts / Associations / Clubs / Societies / GBG)

1. Name of the Company / Entity: _____
2. Entity Type: Listed Company / Unlisted Company / Partnership Firm / TASC _____
3. Registered Number: _____
4. Registered Address: _____

The company as stated above hereby confirms and declares that as on date: (Please tick the correct check box)

 Applicable for company accounts:

The following natural person(s) (listed in table below) exercise control or ultimately have a controlling ownership interest in the company i.e. having ownership/entitlement of more than 25% of shares/capital/profits or controlling through voting rights, agreement, arrangement etc.

 Applicable for Partnership / TASC accounts:

The following natural person(s) (listed in table below) exercise control or ultimately have a controlling ownership interest in the entity i.e. having ownership/entitlement of more than 15% of capital / profits of the entity. **(Or)**

There are **no person(s)** who exercise control or ultimately have a controlling ownership interest in the company as stated above, therefore details of natural person(s) holding the position of directors/senior management in the company are given in the below table.

(If you have ticked any of the above, please complete Table below before signing the declaration)

S. No.	Full Name of Beneficial owner / controlling natural person(s)	Date of Birth	Nationality	Address	Type of KYC Documents		Controlling ownership Interest (%)	Political Exposed Person (Y/N)
					Identity	Address		

FOR COMPANIES

The Company is listed on _____ (Name of the stock Exchange) or is a majority owned subsidiary of _____ (Name of the listed Company) is listed on _____ (Name of the stock Exchange).

The Company undertakes that the facts stated above are true and correct.

The Company undertakes and agrees that it will notify Tamilnad Mercantile Bank Ltd., without delay, of any changes to the controlling shareholders, person exercising control or having controlling ownership interest in the Company, as declared in the table above.

For and on behalf of _____ [Name of the Company]

Full Name of the authorized official: _____

Designation/Position: _____

Signature of the Authorized Official
(to be signed by the official authorized to sign in the Board Resolution)

Date: _____

OTHER THAN COMPANIES

The _____ [Entity Name] undertakes that the facts stated above are true and correct.

We undertake and agree that we will notify Tamilnad Mercantile Bank Ltd., without delay, of any changes to the controlling person exercising control or having controlling ownership interest in _____ [Entity Name], as declared in the table above.

Authorized Signatories / Partners

FOR BRANCH USE ONLY

We have made best efforts to identify the beneficial owner (s) of the said Company. The details furnished above have been verified from information, wherever available, in public domain.

Name: _____

Employee No.: _____

(Signature of the Branch Head)

Date: _____

LETTER OF INDEMNITY BY PRIVATE LIMITED / PUBLIC LIMITED COMPANY (FOR DEBIT CARD ISSUANCE)

We hereby certify that following are the true extracts of resolution passed at the Meeting of the Board of Directors of the Company held on _____ day of

We,

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Directors of the company named _____ (Hereinafter referred to as the "Company") have a current account bearing No. _____ with TMB Bank, _____ Branch (Hereinafter referred to as the "Bank"). We authorize

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Hereinafter referred to as the said Director/s, to solely withdraw cash, deposit cash to do the balance enquiry, to transfer funds, to change PIN, to use card for merchandise purchases etc. on behalf of the company. The Bank is issuing the International Business Debit card to the said Director/s on the request of the Company, vide this application form in addition to the cheque book(s) for operating the account.

We hereby agree that the related PIN for the purpose, will be kept under the safe custody of the said Director/s and that the said Director/s would use the card for the purpose as specified by the Company and not for his individual use or otherwise. Any misuse at the hands of the Director/s in any manner whatsoever shall be at their risks and consequences and the Bank shall not be liable for the same.

We hereby agree that in the event there is any change in the Constitution of the Board of Directors of the Company, it would be onus of the existing / continuing Directors to inform the Bank and the Bank shall not have any liability of the actions carried out by the outgoing Director/s till it is intimated to the Bank in writing and received by the Bank.

We hereby agree that in case of any dispute amongst the Director/s for which the operations on the account needs to be stopped, a letter to this effect needs to be sent to TMB Bank _____ (Branch Name and address). The operations on the account would be stopped only after 48 hours after actual receipt of letter at the above address by the Bank. Till such time, the Bank shall not be held liable for any misuse by the Director/s.

We hereby agree that in case of death, insanity or insolvency of any Director/s, the Bank would stop the operations in the account and the Debit Card would be hot listed within 48 hours after intimation of the same to the Bank. The Bank is not responsible for any loss to the Company in such events and it is the onus on the discontinuing Director/s and/or the Company to inform the Bank of such events.

In the premises aforesaid, we, our successors, assigns and legal heirs hereby indemnify and keep indemnified the Bank from and against all losses, damages, costs, charges, claims, disputes and consequences whatsoever arising out of issuance of the Debit Card to the said Director/s as requested by the Company as aforesaid without any demur.

The Company is hereby authorized to execute this indemnity in favor of the Bank indemnifying the Bank against all losses, damages, costs and consequences arising out of the operations of the Business Platinum Debit Card by the Company / Directors.

Certified to be true for (Name of the Company)

Signature of the Chairman

Signature of the Director

Signature of the Director

Place:

Date:

LETTER OF INDEMNITY BY PARTNERSHIP FIRM (FOR DEBIT CARD ISSUANCE)

We,

1. _____ 2. _____ 3. _____ 4. _____

are the partners in the firm [M/s. _____] and are hereby executing this letter of indemnity as herein below:

We hereby confirm that we have entered into a partnership deed dated..... ("Partnership Deed") and are carrying out business in the name and style of M/s. _____ ("Partnership Firm"). The Partnership Deed is executed under the Indian Partnership Act, 1932 and is enclosed herewith along with this application form.

We hereby acknowledge that in terms of the Partnership Deed, Shri _____ is designated as the Managing partner and has the necessary powers to conduct day to day affairs of the business and also open and operate the bank account for and behalf of the Partnership Firm in any bank as so he desires.

We are aware and acknowledge that the Partnership Firm with full consent of all the partners and in terms of the Partnership Deed has opened an account with TMB Ltd., _____ branch bearing no. _____ ("The Bank").

The Bank has agreed to issue an ATM/Debit card in the name of the Managing Partner vide this application form to enable him to operate the Partnership Firm's account through ATM/ Debit Card on the request of the Partnership Firm and we agree and acknowledge the same.

We, in our capacity as partners of the Partnership Firm, hereby indemnify the Bank jointly and severally in considerations of the Bank issuing the ATM/Debit Card to the Partnership Firm as hereunder:

- 1) That all or any transactions carried by the said Managing Partner and/or any other partner by using the ATM/Debit Card shall be binding on all the partners of the Partnership Firm.
- 2) We shall at no point of time raise any objection or claim on the said transactions and the Bank is well within the law to deem the said transactions so effected as valid binding transactions conducted by the Partnership Firm represented by all its partners on the said account.
- 3) We hereby confirm and consent that the Partnership Firm and all its partners shall be liable jointly and severally for the transactions done by the Managing Partner who is authorized to receive and operate the ATM/Debit Card Vis-a-vis the Partnership Firms account.
- 4) We, jointly and severally as partners of the Partnership Firm, agree that we shall abide by the rules and regulations stipulated by the Bank, from time to time, in relation to the operation of the ATM/Debit Card. We also agree that we shall forthwith surrender the ATM / Debit Card upon request by the Bank.
- 5) We further confirm that we shall jointly and severally be liable for any claim, costs, damages, expenses, and/or other liability which may arise to the Bank or its successors or assigns in business by virtue of the said operations of the said account by the Managing Partner or by any other partner by the use of the said ATM / Debit Card. We jointly and severally undertake to indemnify the Bank and make good the said claims to the Bank.
- 6) We further undertake that we shall keep the Bank informed in writing about any change in the Partnership structure i.e. any addition or retirement of the partners and any reconstitution of the Partnership Firm shall be notified to the Bank forthwith and the copy of the partnership deed of the reconstituted firm shall also be submitted to the Bank.
- 7) We confirm that this understanding shall be binding not only in our capacity as partners but also in our individual capacity and shall bind our respective legal heirs, executors and assigns.

Dated _____ day of _____ Signed and Delivered by the within named

(Signature of the Partner)

(Signature of the Partner)

(Signature of the Partner)

(Signature of the Partner)

Place:

Date:

1. Passport
2. Driving licence
3. Aadhaar Number
4. Proof of possession of Aadhaar number
5. Voter's Identity Card issued by the Election Commission of India,
6. Job card issued by NREGA duly signed by an officer of the State Government and
7. Letter issued by the National Population Register containing details of name and address.

Constitution	Documents to be Submitted
Account of Individual - Current Account	<ol style="list-style-type: none"> 1. Any of the Officially Valid Documents (OVD). 2. Permanent Account Number (PAN) and any of the following: <ol style="list-style-type: none"> i. GSTIN registration certificate. ii. Certificate /License issued by the Municipal Authorities under Shop & Establishment Act. iii. Certificate / Registration document issued by Professional Tax Authorities. iv. License issued by the registering authority like Certificate of Practice in the name of individual issued by any of the following professional body incorporated under a statute. <ul style="list-style-type: none"> ● Institute of Chartered Accountants of India ● Institute of Cost Accountants of India ● Institute of Company Secretaries of India ● Indian Medical Council ● Food and Drug Control Authorities ● Institutions/associations like bar council and Institute of valuers. v. Registration/License document issued by the Central Government/ State Government Authority/ Department.
HUF - Account	<ol style="list-style-type: none"> 1. Joint Family Statement 2. PAN in the name of HUF 3. Any of the Officially Valid Documents (OVDs) for Karta and Co - parceners 4. Permanent Account Number (PAN) in respect of Karta and Co- parceners
Account of a Company	<ol style="list-style-type: none"> 1. Certificate of Incorporation 2. Certificate of Commencement of Business (if it is not available, undertaking should be submitted 3. Memorandum and Articles of Association; 4. A resolution from the Board of Directors and power of attorney granted to person/s to transact on its behalf; 5. PAN in the name of company 6. GSTIN / UIN 7. List of Directors 8. (a) Any of the Officially Valid Documents (OVDs) & (b) PAN in respect of all directors 9. (a) Any of the Officially Valid Documents (OVDs) & (b) PAN in respect of the person/s holding an attorney to transact on its behalf.
Account of a Proprietary concern	<ol style="list-style-type: none"> 1. Any of the Officially Valid Documents (OVDs) 2. Permanent Account Number (PAN) (as applicable to an individual) for the proprietor. And any two of the following in the name of Proprietary Concern: <ol style="list-style-type: none"> i) GSTIN / UIN ii) Registration Certificate (in the case of a registered concern); iii) Certificate / License issued by the Municipal Authorities under Shop & Establishment Act; iv) Certificate / Registration Document issued by Professional Tax Authorities; v) License issued by the Registering Authority, like Certificate of Practice issued in the name of proprietary concern by any professional body incorporated under a Statute. vi) The Complete Income Tax Return (not just the acknowledgment) in the name of the sole proprietor where the firm's income is reflected. vii) Utility bills such as electricity / water and landline telephone bills in the name of the Proprietary concerns. The illustrative list of documents covered under point no.v is as below: <ol style="list-style-type: none"> a) License issued by the Registering authority like Certificate of Practice issued by <ul style="list-style-type: none"> ● Institute of Chartered Accountants of India ● Institute of Cost Accountants of India ● Institute of Company Secretaries of India ● Indian Medical Council ● Food and Drug Control Authorities ● Institutions / associations like bar council and institute of valuers.institute of valuers. b) Registration / Licensing document issued in the name of the proprietary concern by the Central Government or State Government Authority/ Department. c) IEC (Importer Exporter Code) issued to the proprietary concern by the office of DGFT.

Constitution	Documents to be Submitted
Account of a partnership firm	<ol style="list-style-type: none"> 1. Registration Certificate, 2. Partnership Deed 3. PAN in the name of firm. 4. GSTIN / UIN 5. (a) Any of the Officially Valid Documents (OVDs) & (b) PAN in respect of all the partners of the firm 6. (a) Any of the Officially Valid Documents (OVDs) & (b) PAN in respect of the person/s holding an attorney to transact on its behalf.
Account of a Limited Liability Partnership (LLP)	<ol style="list-style-type: none"> 1. Certificate of registration. 2. Limited Liability Partnership agreement. 3. Letter of authority for opening and operating account granted to the authorized signatories. 4. List of designated partners. 5. PAN in the name of LLP. 6. GSTIN / UIN. 7. (a) Any of the Officially Valid Documents (OVDs) for POA & (b) PAN in respect of all designated partners. 8. (a) Any of the Officially Valid Documents(OVDs) for POA & (b) PAN in respect of authorized signatories to transact on its behalf.
Account of Trust & Foundation/ Society/Club	<ol style="list-style-type: none"> 1. Registration Certificate 2. Trust Deed 3. PAN In the name of Trust/ Society/Club. 4. (a) Any of the Officially Valid Documents (OVDs)for POA& (b) PAN in respect of all trustees of the Trust/ Office Bearers of Society/Club 5. (a) Any of the Officially Valid Documents (OVDs) for POA & (b) PAN in respect of the person/s holding a Power of Attorney to transact on its behalf.
Account of Unincorporated Association (or) Body of Individuals	<p>Resolution of the Managing Body of such association or Body of Individuals</p> <ol style="list-style-type: none"> 1. Power of Attorney granted to a person/s to transact on its behalf 2. PAN in the name of Association/Body of Individuals 3. (a)Any of the Officially Valid Documents (OVDs) for POA & (b) PAN in respect of Office Bearers 4. (a)Any of the Officially Valid Documents(OVDs) for POA& (b)PAN in respect of the person/s holding an Attorney to transact on its behalf 5. Such Information as may be required by the bank to collectively establish the legal existence of such an association or Body of Individuals.
<p>JURIDICAL PERSONS</p> <p>(Juridical Persons such as Government or its Departments, Societies, Universities and Local Bodies like Village Panchayats, Town Panchayats, Municipal Corporations etc.,)</p>	<ol style="list-style-type: none"> 1. Required documents to establish the legal existence of such an entity/juridical person. 2. Power of Attorney granted to a person/s to transact on its behalf 3. (a) Any of the Officially Valid Documents (OVDs) for POA & (b) PAN in respect of the person/s holding a power of attorney to transact on its behalf.

DETAILS OF ULTIMATE BENEFICIAL OWNER INCLUDING ADDITIONAL FATCA & CRS INFORMATION

1. Name of the entity*

2. Existing Customer* Y N If Yes, Customer 3. PAN or Form 60 & 49A

4. Address for Tax purpose* Communication/Local Registered/Residence Other if other, fill address details below

5. Other Address

City State Country Pin Code

6. Address type for tax purpose* Communication Permanent Registered Office

Please tick the applicable tax resident declaration: (Any one)

Entity is a tax resident of India and not resident of any other country OR Entity is a tax resident of the country/ies mentioned in the table below

Please indicate the country/ies in which the entity is a resident for tax purposes and the associates Tax ID Number below:

Country	Tax Identification Number%	Identification Type (TIN or other%, please specify)

% In case Tax Identification Number is not available, kindly provide functional equivalent\$

In case the Entity's Country of incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code¹ here:....

Owner-documented FFIs² should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8-BEN-E

Fatca-CRS declaration (Please consult your professional tax advisor for further guidance on FATCA-CRS classification)

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a <input type="checkbox"/> Financial institution ² or <input type="checkbox"/> Direct reporting NFE ³ (Please tick as appropriate)	GIIN: _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity _____	GIIN: not available (please tick as applicable): <input type="checkbox"/> Applied for Following options available only for Financial Institutions: <input type="checkbox"/> Not required to apply for (Please specify sub-category ⁴) Please provide with Form W8-BEN-E, duly filled in <input type="checkbox"/> Not obtained - Non-practicing FI
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Part B (please fill any one as appropriate to be filled by NFEs of other than Direct Reporting NFEs)

1.	Is the Entity a publicly traded company ⁵ (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange _____
2.	Is the Entity a related entity of a publicly traded company ⁶ - a company whose shares are regularly traded on an established securities market	<input type="checkbox"/> Yes Name of the Listed company, the stock of which is regularly traded _____ (If yes, please specify any one stock exchange upon which the stock is regularly traded) Name of the stock exchange _____ Nature of relation: <input type="checkbox"/> Subsidiary of the listed company <input type="checkbox"/> Controlled by a listed company
3.	Is the Entity an active NFE ⁷	<input type="checkbox"/> Yes Nature of business _____ Please specify the sub-category of Active NEF: _____ (mention code - refer 2c of Part D)
4.	Is the Entity a passive NFE ⁸	<input type="checkbox"/> Yes Nature of business _____

¹Refer 3(VIII) of Part D, ²Refer 1 of Part D, ³Refer 3(VII) of Part D, ⁴Refer 1A. of Part D, ⁵Refer 2a of Part D, ⁶Refer 2b of Part D, ⁷Refer 2c of Part D, ⁸ Refer 3(II) of Part D, ⁹Refer 3(VII) of Part D

Certifications

I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions & Definitions under Part D) and hereby confirm that the information provided by us on this Form is True, Correct and Complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions above and hereby accept the same.

Authorised Signatory Name: _____ Authorised Signatory Signature

Authorised Signatory Designation: _____

Date: Place:

Signature, Name of Official & S.S. Number

Branch Declaration: We have made best efforts to identify the beneficial owners/controlling persons of the said Company. The details furnished above have been verified from information available through constitutional documents, public domain.