



Life smiles where LVB Serves

Instructions for Account Opening :

Kindly submit anyone of the following to confirm the present address and Identity.

For Individuals / Partners of partnership firms / Directors of Companies / Principals / Agents / PA holders:

- Passport
- Voter's ID Card
- Employer's ID Card
- Driving License
- PAN Card
- Ration Card
- Photo Credit Card
- Gas Connection Receipt
- Latest Telephone Bill
- Latest Electricity Bill
- Statement from existing bank

In addition, the following documents are required

- Proof of PAN / GIR No. or Form 60/61
- Latest passport size photograph (2 copies)

Foreigners resident in India additionally require

- Photocopy of passport with valid visa or work permit

For Partnership Firm

- Declaration of Partnership
- Registration Certificate of firm (for Partnership firm, if registered)
- Partnership deed

For Limited Company

- Certificate of incorporation
- Certificate of commencement of business (in case of public limited company)
- Memorandum and Articles of Association duly certified by a Director / Secretary as true and up-to-date.
- Duly certified Resolution passed by its Board of Directors as per the following specimen.

RESOLVED that a Banking Account of the company be opened with LAKSHMI VILAS BANK and that the said Bank be and is hereby authorized to honour all cheques, Bills of Exchange, Promissory Notes and other orders accepted, endorsed or made on behalf of the Company by

For Hindu Undivided Family

- Declaration from the Karta
- Proof of identification of Karta
- Prescribed joint Hindu family letter signed by all the adult coparceners

For Club / Association / Societies / Trust / Foundations etc.

- Duly certified copies of constitution and bye-laws.
- Certificate of registration, in the case of registered clubs, societies, associations, and trusts
- Resolution passed by the Managing Body authorizing opening of account including mandate for operation of the account
- Power of attorney granted to transact business on its behalf.
- Photographs of Operating Trustees / operating Office bearers
- Telephone Bill / Utility Bill
- Document listing out the names & addresses of Trustees, settlers, beneficiaries and those holding power of attorney and other key officials involved in day to day management of the trust.



LAKSHMI VILAS BANK

Life Smiles where LVB Serves

For Bank use only

BRANCH CODE

Customer ID

Account No.

Account Type

: SB Current Fixed Deposit RD Reinvestment Others/New products

Status: Others

Staff

Account Opening Form

The Branch Manager
Lakshmi Vilas Bank Ltd.

Date: _____

_____ Branch

I / We request you to open an account with you for which I / We initially deposit Rs. _____
In words (_____) in cash / cheque.

Title of A/c. Mr/Mrs/Ms/Messers _____

Nature / Occupation / Activity of Business _____

CONSTITUTION

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account	<input type="checkbox"/> HUF	<input type="checkbox"/> Club	<input type="checkbox"/> Trust	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt.Ltd. Co.	<input type="checkbox"/> Public Ltd. Co	<input type="checkbox"/> Unregd. Partnership	<input type="checkbox"/> Others (Specify)	

Names of Joint Holders / Partners / Proprietor / Directors /Principal Owners/ Controllers / Principals / Agents / Trustees / Office Bearers with designation in applicable cases

	FIRST NAME	MIDDLE NAME	LASTNAME	FATHER'S / HUSBAND'S NAME
1 ST APPLICANT				
2 nd APPLICANT				
3 rd APPLICANT				

	DATE OF BIRTH (DD/MM/YY)	PAN / GIR NO.	SEX (M/F)	RELATIONSHIP WITH FIRST APPLICANT
1 ST APPLICANT				
2 nd APPLICANT				
3 rd APPLICANT				

DATE OF ESTABLISHMENT (In case of Firm / Companies) : DD/MM/YYYY

Registration No. (In case of Copanies / Firms) :

NATIONALITY :

EMPLOYEE ID No. :

IN CASE OF A MINOR:

Minor's date of birth (dd/mm/yyyy):

Name of parent/natural guardian :

Address of the guardian :

Relationship with minor Father Mother By Court Order (if yes please enclose a copy)
 Others (Please specify)

I / We hereby declare that I shall represent the MINOR applicant in all the present 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 / We also declare that the amount of money utilized from this account is for the benefit of the minor.

MAILING / RESIDENTIAL ADDRESS				
1 st APPLICANT				
	Country	Tel. (O)	Tel. ®	Fax
	Mobile	E-mail		
2 nd APPLICANT				
	Country	Tel. (O)	Tel. ®	Fax
	Mobile	E-mail		
3 rd APPLICANT				
	Country	Tel. (O)	Tel. ®	Fax
	Mobile	E-mail		

PERMANENT / REGISTERED OFFICE ADDRESS IN CASE OF COMPANIES :				
1 st APPLICANT				
	Country	Tel. (O)	Tel. ®	Fax
	Mobile	E-mail		
2 nd APPLICANT				
	Country	Tel. (O)	Tel. ®	Fax
	Mobile	E-mail		
3 rd APPLICANT				
	Country	Tel. (O)	Tel. ®	Fax
	Mobile	E-mail		

CHOICE OF ACCOUNT			
Type of Account	Account No. (Bank use only)	Account	Tenure
<input type="checkbox"/> Current			
<input type="checkbox"/> Savings			
<input type="checkbox"/> Fixed Deposit			
<input type="checkbox"/> Deposit Reinvestment			
<input type="checkbox"/> Monthly Income			
<input type="checkbox"/> Cumulative			
<input type="checkbox"/> Senior Citizen Scheme			
<input type="checkbox"/> RD			Rs. _____ for _____ months
<input type="checkbox"/> Others			

PAYMENT DETAILS FOR OPENING OF ACCOUNT			
<input type="checkbox"/> Cash	<input type="checkbox"/> Debit Current / Saving A/c No.		
Cheque No.	Drawn on	Bank	Branch

MANDATE FOR ACCOUNT OPERATION		
<input type="checkbox"/> Single	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Former or survivor
<input type="checkbox"/> Anyone or survivor	<input type="checkbox"/> Jointly by all	<input type="checkbox"/> Others

Form No.15-H relating to exemption from TDS : Enclosed : <input type="checkbox"/> Yes <input type="checkbox"/> No

SWEEP IN INSTRUCTIONS
I/We hereby authorize you to transfer amounts in excess of Rs. _____ from my SB account No. _____ on any day into a term deposit of _____ days tenor, in units of Rs. _____. In case of insufficient balance in my Savings / Current Account No. _____, please clear my cheque / allow withdrawal by transferring funds to my Savings / Current account by breaking units of my / our fixed deposits.

CHEQUE BOOK REQUIRED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:	<input type="checkbox"/> Local	<input type="checkbox"/> Multicity

STANDING INSTRUCTIONS			
For interest payment : Pay <input type="checkbox"/> Monthly Int. <input type="checkbox"/> Quarterly Int. <input type="checkbox"/> On Maturity			
<input type="checkbox"/> Credit to Account No. _____	<input type="checkbox"/> Issue DD/ Pay Order	<input type="checkbox"/> By Cash	
On maturity			
<input type="checkbox"/> Renew principal & Interest	<input type="checkbox"/> Renew Principal only	<input type="checkbox"/> Issue DD / Pay Order	<input type="checkbox"/> Credit to Account No.
Recurring Deposit - Debit installment from SB/CA A/c No. _____			
Due date intimation to be sent <input type="checkbox"/> Yes <input type="checkbox"/> No			
Renew Principal of Deposit on maturity for a further period of ___Y___M___D and credit to my / our SB/CA A/c No. _____			
Renew principal plus interest of the deposit on maturity for a further period of ___Y___M___D.			
Credit proceeds on maturity to my SB/CA No. _____ with _____ branch issued DD/PO on _____.			

STATEMENT FREQUENCY (In lieu of passbook)			
Savings Account	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly *
Current Account	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly *	<input type="checkbox"/> Daily *
* Charges Applicable <input type="checkbox"/> Hard Copies <input type="checkbox"/> E- Statements			
Where combined statement of accounts is desired? If, yes, provide account type and Account No. (Facility not available at present)			

FACILITIES REQUIRED?	<input type="checkbox"/> ATM Card	<input type="checkbox"/> Net Banking	<input type="checkbox"/> Tele- Banking Facility
	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Smart Card

NOMINATION REQUIRED?	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
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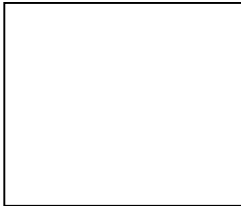
* Please complete the nomination form attached herewith.

DECLARATION / UNDERTAKING			
<p>(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 there to made from time to time and those relating to various services including but not limited to ATM Card/ Anywhere Banking convenience plus. (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 in future 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 ATM/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. (14) I/We hereby confirm that this account will be operated singly and in case of joint account, Operated by either or survivor. (*At select branches only). (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.</p> <p>I / We hereby declare that the information furnished above is true and correct to the best of my knowledge.</p>			
<input type="checkbox"/> I / We declare that I/We do not enjoy credit facilities with other bank/s			
<input type="checkbox"/> I / We enjoy credit facility / have Current Accounts with other bank/s. I / we inform that the facilities are regular as of now.			
(please attach details of such facilities separately)			
Name of bank & branch	Account No.	Facility	Amount

- I declare that I _____ the KARTHA of HUF/SOLE PROPRIETOR of the Business Concern.
- I authorize the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me.
- I/We are opening the account with your branch for convenience sake.
- I declare that the funds deposited with the bank are my own funds (Applicable for staff /Ex-staff members)

Signature of Applicant/s

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

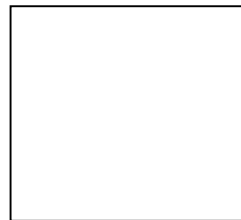
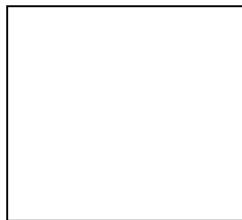
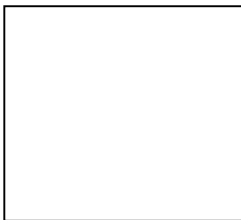


Signature in the presence of Bank Officials: (Applicants should also sign across photographs)

1st APPLICANT

2nd APPLICANT

3rd APPLICANT



4th APPLICANT

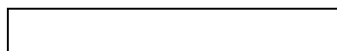
5th APPLICANT

6th APPLICANT

INTRODUCTION BY EXISTING LAKSHMI VILAS BANK CUSTOMER

Name _____ Account No. / Customer ID _____
 I confirm that I am an account holder with **Lakshmi Vilas Bank Ltd.** for over 6 months. I confirm that I have known Mr. / Mrs. / Miss. _____ since last _____ months / years and confirm his / her / their identity. Occupation and address stated in this application to open the account.

Signature of Introducer



(Please tick wherever applicable)

Documents furnished	Individuals/ Sole proprietor- ship	Partner- ship	Companies/ PSUs/ Statutory Corp./ Banks/ RRBs	Society/ club/Trust / Coop. Bank	Associa- tion	HUF
For Identification-any one of the following Passport Copy Voters ID card copy PAN card copy Photo Credit Card copy Driving license (Laminated) copy Banker's verification						
Entity Proof Copy of Certificate of Incorporation Copy of partnership/Trust Deed Copy of Shops & Establishment Certificate Resolution of Trustees/Members meeting Copy of Bye Laws Letter of consent signed by all partners Certified true copy of Board Resolution Certified true copy of Memorandum of Association Certified true copy of Articles of Association Certified true copy of Commencement of Business						
Other Documents Proof of PAN/GIR No. / Form 60/61 Passport size photograph (s) Name(s) & Address(es) of Partners / Directors / Trustees / Managing Committee / HUF						
Address Proof Copy of latest Telephone bill Bank account statement Latest Electricity bill Letter from any recognized Public authority Letter from employer Ration Card (Not preferable)						

For Branch Use:

Cust. ID No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Letter of thanks sent to Introducer / Customer on	Account opened by Name: Signature	Authorised by Name: Signature
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Please tell us about yourself to serve you better					
PERSONAL INFORMATION (To be filled in by each authorized signatory)					
Do you have any relatives in Lakshmi Vilas Bank				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relations with Directors of Lakshmi Vilas Bank				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single			
Dependents	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parents	<input type="checkbox"/> No. of children		
Education	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Professional Specify _____	

EMPLOYMENT DETAILS					
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Others	<input type="checkbox"/> Self emplo. Prof.	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
Profession	<input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer	<input type="checkbox"/> C.A <input type="checkbox"/> Journalist	<input type="checkbox"/> Engineer <input type="checkbox"/> Consultant	<input type="checkbox"/> Architect <input type="checkbox"/> Others	<input type="checkbox"/> Software / IT
Employed (Salaried) With Grade	<input type="checkbox"/> Public Ltd.Co.	<input type="checkbox"/> Pvt. Ltd. Co.	<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Multinational	<input type="checkbox"/> Others
	<input type="checkbox"/> Clerk	<input type="checkbox"/> Officer	<input type="checkbox"/> Junior Mgmt.	<input type="checkbox"/> Middle Mgmt.	<input type="checkbox"/> Senior Mgmt.
No. of years in services					
Employer's Name					
Employer's Address					

ESTIMATED INCOME FROM THE BUSINESS	Rs.			
DETAILS OF OTHER SOURCES OF INCOME IF ANY?				
ANNUAL HOUSEHOLD INCOME				
<input type="checkbox"/> < 60000	<input type="checkbox"/> 60000-120000	<input type="checkbox"/> 120000-240000	<input type="checkbox"/> 240000-360000	<input type="checkbox"/> 360000 & above

ASSET OWNERSHIP					
Assets	<input type="checkbox"/> Computer	<input type="checkbox"/> Cellular Phone	<input type="checkbox"/> House	<input type="checkbox"/> Commercial Property	
Vehicles	<input type="checkbox"/> Car	<input type="checkbox"/> Two wheeler	<input type="checkbox"/> Both (Car & Two Wheeler)	<input type="checkbox"/> None	
Car	<input type="checkbox"/> Make			<input type="checkbox"/> Year of purchase	
Residence	<input type="checkbox"/> Self-owned	<input type="checkbox"/> Family Residence	<input type="checkbox"/> Company Provided	<input type="checkbox"/> Rented	<input type="checkbox"/> Purchased on Loan

ESTIMATED VALUE OF ASSETS: Rs.					
BANKING / INVESTMENT ACTIVITIES					
Other banks used	<input type="checkbox"/> Nationalized	<input type="checkbox"/> Pvt. Sector	<input type="checkbox"/> Co-operative	<input type="checkbox"/> Foreign	
Main Banker					
Preferred Investments	<input type="checkbox"/> Company Deposits <input type="checkbox"/> Property	<input type="checkbox"/> Mutual Funds <input type="checkbox"/> Gold	<input type="checkbox"/> Shares <input type="checkbox"/> Others	<input type="checkbox"/> Bank Deposits <input type="checkbox"/> PPF	

LOANS					
Loans availed in the last three years	<input type="checkbox"/> Car <input type="checkbox"/> Housing	<input type="checkbox"/> Business <input type="checkbox"/> Durables	<input type="checkbox"/> Loans against <input type="checkbox"/> Shares	<input type="checkbox"/> Others	
Loan requirements					

LAKSHMI VILAS BANK PRODUCTS / SERVICES AVAILED OF					
<input type="checkbox"/> Lakshmi Home Loan	<input type="checkbox"/> Lakshmi Business Credit	<input type="checkbox"/> Lakshmi Agri Bike Loan	<input type="checkbox"/> Lakshmi Professional Credit	<input type="checkbox"/> Swarna Lakshmi Credit	
<input type="checkbox"/> Lakshmi Rental Loan	<input type="checkbox"/> Lakshmi Multipurpose Loan		<input type="checkbox"/> Lakshmi Easy Loan	<input type="checkbox"/> Vidya Lakshmi Loan	
<input type="checkbox"/> Cash Management Services		<input type="checkbox"/> DEMAT Services	<input type="checkbox"/> Insurance (tied up product)		

INTERNET ACCESS	If yes <input type="checkbox"/> At home <input type="checkbox"/> At Office
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SPOUSE DETAILS		CREDIT CARD DETAILS	
Name	E-mail ID	Name of issuer	
Occupation		Card details	

DO YOU HAVE MEDICAL INSURANCE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU LIKE TO RECEIVE PROMOTIONAL MATERIAL FROM THE BANK ON OUR PRODUCTS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, by what Mode?	<input type="checkbox"/> E-mail	<input type="checkbox"/> By Mail

Signature of Applicant

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GUIDELINES FOR KYC / AML COMPLIANCE

(For Branch use)

BRANCH NAME / CODE	<input type="text"/>
Customer Name	<input type="text"/>
Account No.	<input type="text"/>

KYC :

1. Identification of Account opener :
 - Introduction by an existing customer
 - Photograph
 - Passport and/or valid visa or work permit
 - Voter's ID
 - Employer's ID
 - Driving License
 - PAN Card
2. Address Proof (Documents that can be relied upon)
 - Passport Copy
 - Voter's ID Card
 - Employer's ID Card
 - Driving License (laminated card)
 - Ration Card
 - Statement from existing bank
 - Gas Connection Receipt
 - Latest Telephone Bill
 - Latest Electricity Bill
3. PAN Card
 - F-60
 - F-61

AML :

(While opening the account, the branch manager, during the course of his interview / discussion with the proposed account opener, may elicit the following information to enable monitoring of transactions.)

Purpose of opening the account_____

Anticipated level of business Turnover or Credits/Debits _____

Expected origin / Source of funds for transactions _____

Mode of transactions_____

(Based on the information furnished by the account opener the risk profile of the account may be categorized as follows) :

RISK PROFILE	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH
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BRANCH MANAGER

NOTE : The booklet brought out by the bank dated 22.02.2005 on KYC and AML measures may be referred to for further information.