



Personal Details -2 <sup>nd</sup> Applicant									
Related Person Type    Guardian of Minor    Assignee <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Others.....									
Customer ID		<input type="text"/>		CKYC No.		<input type="text"/>		Nationality	
Name		Title		First Name		Middle Name		Last Name	
(Same as ID proof)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Maiden Name		(If any)		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Father/Spouse Name		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Mother's Maiden Name		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth				Gender			Marital Status		
<input type="text"/>				Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>			Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>		
Staff				Related to Staff/Director			Minor		
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Staff PF No.				If yes, Name of Staff/Director			If yes, Name of Guardian		
<input type="text"/>				<input type="text"/>			<input type="text"/>		
Aadhaar				PAN			Form 60		
<input type="text"/>				<input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
							Senior Citizen		
							Yes <input type="checkbox"/> No <input type="checkbox"/>		
Officially Valid Document	Aadhaar <input type="checkbox"/> Driving Licence <input type="checkbox"/> NREGA <input type="checkbox"/> Voters ID <input type="checkbox"/> Passport <input type="checkbox"/> Letter from National Population Register <input type="checkbox"/>								
	Document No <input type="text"/> Issued on <input type="text"/> Valid Till <input type="text"/>								
Address Type    Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>									
Current Address/Communication Address									Please provide the full address for faster courier services
<input type="text"/>									
<input type="text"/>									
PIN									
State									
Country									
Address Type    Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>									
Permanent Address									Same as above <input type="checkbox"/>
<input type="text"/>									
<input type="text"/>									
PIN									
State									
Country									
I/We would like to opt <input type="checkbox"/> Permanent Address/ <input type="checkbox"/> Current Address as my/our address for communication									
Mobile Number    + 9 1    Phone (Res)									
<input type="text"/>									
Email ID									
<input type="text"/>									
Above details will be the Registered Mobile Number & E-mail ID									
Religion					Category				
Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Others.....					General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others.....				
Qualification				Monthly Income					
<input type="checkbox"/> Doctoral <input type="checkbox"/> Professional <input type="checkbox"/> PG				<input type="checkbox"/> <₹10,000 <input type="checkbox"/> ₹10,001 - 25,000 <input type="checkbox"/> ₹25,001 - 50,000 <input type="checkbox"/> ₹50,001 - 1,00,000					
<input type="checkbox"/> Graduate <input type="checkbox"/> Under graduate				<input type="checkbox"/> ₹1,00,001 - 5 Lakhs <input type="checkbox"/> ₹5,00,001 - 25 Lakhs <input type="checkbox"/> ₹25,00,001 - 50 Lakhs <input type="checkbox"/> >₹50 Lakhs					
Occupation									
<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Business <input type="checkbox"/> Government Sector									
<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student									
Choose sub category of occupation									
<input type="checkbox"/> Academicians <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Car Dealers <input type="checkbox"/> Financial Sector <input type="checkbox"/> Judiciary <input type="checkbox"/> Media <input type="checkbox"/> Pawn Broker									
<input type="checkbox"/> Real Estate <input type="checkbox"/> Scrap Dealers <input type="checkbox"/> Stateman <input type="checkbox"/> Stock Brokers <input type="checkbox"/> Virtual Currency <input type="checkbox"/> Dealers in Art and Antiques									
<input type="checkbox"/> Dealers in Arms and Armaments <input type="checkbox"/> Entertainment Industry <input type="checkbox"/> Professional Intermediaries <input type="checkbox"/> Dealers in Gems, Jewels and Precious Stones									

Account Activity									
<b>Purpose of Opening the Account</b>		Savings <input type="checkbox"/>		Repayment of Loans <input type="checkbox"/>		Others.....			
<b>Source of Funds</b>		Salary <input type="checkbox"/>		Parents <input type="checkbox"/>		Personal Savings <input type="checkbox"/>		Rental/Interest <input type="checkbox"/> Others.....	
Annual Transactional Volume.....( For account opened through non face to face mode)									
Channel Facilities									
<b>PASS BOOK</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>CHEQUE BOOK</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>ATM CARD</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Domestic <input type="checkbox"/>		International <input type="checkbox"/>			
		SOFT PIN will be enabled by default for your ATM card if you wish to receive a physical PIN Mailer from the branch, Please tick Here <input type="checkbox"/>				Card Type		Name to be appeared on the card	
<b>E-MAIL ALERT</b>		Yes <input checked="" type="checkbox"/>		<b>MOBILE ALERT</b>		Yes <input checked="" type="checkbox"/>		<b>MOBILE BANKING</b>	
<b>INTERNET BANKING (FEDNET)</b>		Yes <input checked="" type="checkbox"/>		<b>Facility</b>		PLEASE SUGGEST 3 CHOICES FOR USER ID			
		View <input type="checkbox"/>		Transaction <input type="checkbox"/>		1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>			
If you wish to receive a physical PIN Mailer, please tick delivery point: Communication Address <input type="checkbox"/> Branch <input type="checkbox"/>									
Please mention the facilities that you do not wish to avail <input style="width: 100%;" type="text"/>									
All electronic transactions (other than ATM cash withdrawal) via POS, e-com, FedNet, Lotza, FedMobile or any other electronic channel, will be allowed only if your valid mobile number is updated in our records									
FOR CORPORATE SALARY ACCOUNTS									
Name of the Corporate/Institution: <input style="width: 100%;" type="text"/>									
Company Stamp: <input style="width: 100%;" type="text"/>									
ATM CARD /INTERNET BANKING (FEDNET) /MOBILE BANKING/ MOBILE ALERT/ EMAIL ALERT/ TELE BANKING/ FED e-PAY MANDATE - INDIVIDUALS (Applicable for accounts of Individuals having more than one operator)									
Name of Joint Account Holders (other than User)									
1.....2.....3.....I/We authorize ..... (Applicant) to avail of ATM Card/ FedNet/ Mobile Banking/ Mobile Alert / Email Alert / Fed e-Pay / Telebanking Service in respect of all the accounts linked to his/ her customer ID(s) mentioned in this application form. I/We ratify and confirm all and whatever the applicant does or causes to do through these services(s). This authority shall continue to be in force until any one or all of us revokes it by a notice in writing delivered to you. <b>Signature of Joint Account Holders (other than user)</b>									
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			
Place:.....						Date: .....			
Form DA 1									
Nomination under Section 45 'ZA' of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits									
I/We..... (Name/s and address/es) nominate the following person to whom in the event of my/ our/ minor's death the amount of the deposit, particulars where of are given below, may be returned by <b>The Federal Bank Ltd., Branch.....</b>									
Deposit									
Nature of deposit			Distinguishing No.			Additional details, if any			
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			
Nominee									
Name			Address			Relationship with depositor if any		Age	if Nominee is a minor, date of birth
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum..... .....(name & address) aged.....years to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.									
Place:.....									
Date : ..... Name(s), signature(s) and Address(es) of witness(es) @ *Signature(s) / Thumb Impression(s) of the depositor(s)									
<input type="checkbox"/> The Bank official/representative have briefed me/us about the advantages of nomination and requested to fill nominee details. After considering Bank's request I/we have decided not to provide the nomination and demand that the Bank should open my/our account/s without nomination.									
Place:.....									
Date : ..... *Signature(s) / Thumb Impression(s) of the depositor(s)									
Note : *Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor & Strike out if nominee is not a minor. @ Thumb impression(s) shall be attested by two witnesses.									
FATCA – CRS Declaration									
I am citizen/national/tax resident of any country outside India (If Yes, Please fill in the annexure separately). First Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Second Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No I/We hereby declare that the information provided by me/us is true. In case any changes, I/We will inform the bank within 30 days.									

Certificates/ Declarations

Please Tick (✓) wherever applicable

A) For Accounts in the name of Minors:

I hereby certify that.....was born on ...../...../.....and attains majority on ...../...../.....and I am the natural guardian/legal guardian appointed by the court order dated...../...../.....Name of the guardian.....Relationship with Minor.....Account No.....

B) For Bank Employees:

I.....am an employee of .....Bank.....Branch/office my ID/PF No. is.....and Designation is.....

C) For Politically Exposed Persons:

I am a Politically Exposed Person i)performing important functions for the government, ii)holding important positions in a political party, iii)am closely related to Politically Exposed Person/s by name .....

	Positions held	Name of the Party/Organisation	Designation	Period of Office
Political party				
Government Organisation				

D) For Current Deposits (Strike out whichever is not applicable)

i. I/We am/are not enjoying any credit facility with any other bank/any other branch of your bank and I/We undertake to inform you, in writing as soon as any credit facility is availed of by me/us from any other bank/any other branch of your bank. ii. I/We am/are enjoying credit facilities with our bank(s)/other branch(es) of your bank as per details given in the enclosed sheet.

E) I hereby declare that I will close my existing savings account (held singly or jointly as JT, E or S, A or S, F or S) other than BSBDA in 30 days from the date of opening this BSBDA account failing which, Bank is free to close my savings account other than BSBDA after 30 days.

F) I hereby declare that I am not maintaining any BSBDA account with any other banks.

G) For professional intermediaries opening accounts on behalf of their clients

i. The account is maintained on behalf of a single client and the KYC documents of the client is furnished. ii. The amounts in the account are pooled funds held on behalf of several clients in my capacity as a professional intermediary and the KYC documents of the clients on whose behalf the account is held shall be made available as and when called for.

Declaration: 1) I/We hereby undertake: (A) To inform the bank immediately on any change occurring in my business/office/communication address/other contact details. (B) To pay any overdraft created in my/our account inadvertently together with applicable interest and without demur. (C) To inform the bank of the wrong credits in my/our account, pertaining to other customers and refund the same together with applicable interest and without demur. (D) We agree and affirm that the instruction regarding operation of saving bank/ current deposit Account is not revocable/or modified by one or more of us unless the request is signed by all of us jointly.

2) I/We understand & declare that: (A) I/ We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening and operation of account under Savings/Current deposit schemes of Federal Bank and those relating to various services including but not limited to ATMs/Debit Card/Mobile Banking/Tele Banking/Internet Banking/E Pay Facility/Mobile & e-mail alert/IMPS/Cheque Book. I/We accept and agree to be bound by the said Terms and Conditions. I/We agree that the Bank may debit my account for service charges as applicable from time to time. Apart from this the current Schedule of Charges has been received by me/us and I/We agree with the same. I/We further understand and agree that any subsequent changes in the tariffs/service charges shall be published by the Bank in its website and/or on the notice boards of its branches, which shall be sufficient notice to me/us regarding such change. (B) The above account will be opened on the basis of the statements/declarations made by me/us and I/we also agree that if any of the statements/declarations made herein are found to be not correct in material particulars you are not bound to pay any interest on my/our deposits. (C) Rate of interest applicable, TDS on interest earned and filing/renewal/cancellation of the nomination will be as per RBI/IBA/Income Tax/Bank's rules in force from time to time. I/We understand that there will be no interest paid in current accounts. In the cases of all types of joint accounts, name of the first person will be considered for all Income Tax Purpose. Unless and until modified or cancelled by filing a fresh nomination form/request for cancellation, a nomination once filed will continue to be applicable to the deposit. (D) I/we understand that the bank may at any time and without notice to me/us combine and consolidate all or any of my/our accounts and set off or transfer any sum or sums standing to the credit of any one or more such accounts in or towards the satisfaction of any of my/our liabilities to the bank or any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint. (E) I/We wish to avail the add on facility/facilities, as selected above, in my account. For the purpose of availing the services in respect of joint accounts, I/We am/are enclosing the mandate from the joint account holders. (F) I/We will verify the account details/balances periodically, (at least once in every 3 months) and ensure correctness of the same in order to avoid/curtail fraudulent transactions occurring in the account, irrespective of the reasonable care and caution exercised by the Bank. (G) For existing customers, details given will be updated in all accounts held with the bank. If more than one Customer ID exist, Bank reserves the right to consolidate the customer IDs without any prior notice.

3) 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 there in, 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. My/our personal/KYC details may be shared with central KYC registry. I/we hereby consent to receive information from central KYC registry through SMS/Email on the above registered number/email address. I/we hereby give explicit consent to download my/our KYC document(s) and data from CKYCR for the purpose of the on-boarding process of the bank.

4) I/we hereby state that I/we have no objection for federal bank validating and fetching my /our ekyc details from Unique identification authority of India(UIDAI) through the Federal bank ekyc system using my/our Aadhaar number Aadhaar card/s which is /are provided by UIDAI. I/we further authorise UIDAI to release my/our identity/Address available in UIDAI data base to the Federal Bank. I/we also agree to provide the biometric scan of my /our finger (s) and the Aadhaar number/s or Aadhaar card/s details as required by the Federal Bank for the above purpose. I/we hereby state to have submitted Aadhaar number voluntarily to the Federal Bank for the purpose of KYC Process.

5) I/We agree to maintain average Monthly Balance required for the applied account scheme as stipulated by the Bank. I/We have understood that non-maintenance of the above Average Monthly Balance will attract charges and the same have been explained to me. I/We understand the detailed charging structure for non-maintenance of minimum average monthly balance, which is available on bank's Website

6) In case of accounts without PAN or any equivalent e-document thereof or Form no.60, I/we hereby authorise the Federal Bank to either partly or in-full to freeze the account in the event of the PAN or any equivalent e-document or Form no.60 is not being furnished when called upon by the Bank.

7) I/We have carefully read, understood and agreed to all the terms contained in the Terms and Conditions document published in Federal Bank's website (www.federalbank.co.in/general-terms-and-conditions) and I/We undertake abide by the same at all times. I/We further hereby authorise the Bank to share all the information provided by me/us of any nature with credit rating/credit information companies, other service providers who have an agreement with the Bank for business purpose, and to third parties engaged by the bank for the purposes as detailed in the Terms & Conditions

8) I/We undertake to submit data/information and valid and up to date KYC documents for periodic updation of KYC details or for validating the genuineness and identity of the transaction/person/s or for any other valid reason from time to time as may be required by the Bank, failing which, bank is at liberty to place partial or full restrictions in the operation, including freeze on the account.

9) I/We understand/acknowledge that i)Centralised Positive Pay System (CPPS) facility, an additional indicator provided by NPCI, is available for all CTS cheques to pre-empt occurrence of cheque related frauds ii) CPPS facility would be an added safety measure to reconfirm the key particulars of the cheques issued like date, name of the beneficiary / payee etc., to ensure correctness/genuineness of the cheques presented for collection iii) in the event of non-subscription to CPPS facility, I/We would become incapable/disentitled to lodge complaints under the dispute redressal mechanism at the CTS grids/clearing houses

Place: .....

Date: .....

Signature (s):

		For Office Use	
PRIMARY APPLICANT	Please paste Passport Size color Photograph here	Address Proof	<input type="checkbox"/>
	JOINT APPLICANT	ID Proof	<input type="checkbox"/>
		Photos	<input type="checkbox"/>
		PAN Card/ Aadhaar/Form 60	<input type="checkbox"/>
Signature		Signature	Pre-opened kit Yes <input type="checkbox"/> No <input type="checkbox"/>
	KYC Norms complied with Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Signature of introducer verified Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Employee ID/ DSA ID	Date
		<div></div>	<div></div>
For Office use			
Customer Search Made		Customer Search Made	
<input type="checkbox"/> No Cust ID exists in the name of the applicant		<input type="checkbox"/> No Cust ID exists in the name of the applicant	
<input type="checkbox"/> Cust ID exists in the name of the applicant		<input type="checkbox"/> Cust ID exists in the name of the applicant	
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Customer Risk Rating			
		Clerk	Asst. Manager
		PF No.....	SP No.....
		Principal Officer	
		SP No.....	

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**ACKNOWLEDGEMENT (NOMINATION)**

To,  
Shri/Smt.....  
Dear Sir / Madam,

Branch.....  
Date.....  
Appl. No.....

Reg : Nomination in respect of your deposit No..... with us  
Ref : Your Application Form DA1/Letter No.....dated.....

We acknowledge receipt of your letter of nomination dated.....authorizing Shri/Smt.....  
..... to receive the amount of the aforesaid deposit kept in A/c No.....with us.

Yours Faithfully

Manager

**ACKNOWLEDGEMENT (ACCOUNT OPENING FORM)**

To,  
Shri/Smt.....(Primary A/c Holder)  
Shri/Smt.....(Joint A/c Holder)

Branch.....  
Date.....  
Appl. No.....

Reg : Application for opening a Saving/Current Account with us

Ref : Your Application No..... Dated..... with initial remittance of.....

We acknowledge with thanks the receipt of your application for opening a Savings/Current Account as referred to above

- ☐ Your pre-opened account will be activated within a maximum of 7 working days (subject to verification of documents)
- ☐ Your welcome kit (Applicable for Saving accounts only) will be sent to the communication address of the primary account holder within 7 working days (subject to verification of documents)

Yours Faithfully

Manager

For further queries relating to this application please call us at our national toll free numbers 1800 420 1199 or 1800 425 1199

**Instructions To Customers**

**Appl. No**

Please complete all sections with black ink, in BLOCK LETTERS and tick the boxes wherever applicable.

- Please use this form for beginning a new relationship with The Federal Bank Ltd.
- Identity and address of the prospective customer shall be established by providing adequate proof to the Bank. Customer can submit any one or more of the following documents /copies as identity proof and address proof, subject to the satisfaction of the Bank.

**Officially Valid Documents**

- Aadhaar
- Driving License
- NREGA
- Voters ID
- Passport
- Letter from National Population Register

Please note that the original documents must be presented for verification.

- Documents to be enclosed with this form:  
In addition to the above documents, the following documents/copies (the list is not exhaustive) are also required as described below

**Individuals**

- Photograph
- Copy of PAN Card/Aadhaar or duly filled Form 60
- Copy of duly acknowledged Form 49 A where Form 60 is filled with the reason Applied for PAN/Aadhaar

- Saving Bank account cannot be opened for Business/Trade purpose even in the name of individuals. Bank reserves the right to close the account in case the Savings Bank account is used for business purposes as evidenced by transactions.
- Adequate minimum balance must be maintained in the account for cheque book facilities, failing which charges will be levied.
- Rules and Regulations of each type of deposits, policy for collection of cheques/instruments, Tariffs for various products and services etc. can be had from the Bank and it is presumed that the depositors before opening the accounts read and understood the same. Any subsequent changes shall be published by the Bank in its website and on the notice boards of its branches, which will constitute a valid notice to the customers/depositors.
- Premium accounts will enjoy certain privileges and concessions in service charges on the basis of the average balance kept with the respective accounts or group of accounts
- Please ensure that latest photograph of the account holder is affixed.
- If any documents such as passbook, cheque book, deposit receipt, Debit card, Credit card etc. is lost, the matter shall be immediately brought to the notice of the bank to prevent misuse of the same. Bank will not be liable for any financial loss suffered by the customer due to non-reporting of the same in time.
- In the case of all types of joint accounts, primary account holder will be considered for all Income Tax Purposes
- Login to [www.federalbank.co.in](http://www.federalbank.co.in) to refer other terms and conditions, policy on customer protection, customer compensation policy etc.

**GST REGISTRATION DETAILS**

- GST Registration Number to be filled only if you are required by law to have registration under GST.
- GST Registration Number will be updated only if PAN is provided.
- 'State' provided in the Communication Address to be same as that of the 'State Code' mentioned in the GST Registration document.