



ACCOUNT OPENING FORM
For Resident / Non-resident Individuals
and Sole Proprietors

Place welcome kit sticker here
Updated on 01.01.2018

BANK USE ONLY : Existing customer Y N Customer ID
Customer IC Account No.
Product Code Branch Code Branch Name

Please open my/our account Savings Account Current Account Term Deposit Recurring Deposit Cash Certificate
NRO NRE FCNR RFC Currency

DIGITAL / ALTERNATE CHANNELS

I want the following channel(s): Debit card Mobile banking Internet banking SMS banking SMS alerts E-Statement
Cheque book Existing card Linkage Card No.

PERSONAL DETAILS (Kindly fill the form in block letters only; Fields marked with \* are mandatory)

Title\* Name\* Maiden Name (if any)\* Gender\* Male Female Third
Father/Spouse/Proprietor Title\* Name\* Mother's Name\*
Date of Birth\* Minor\* Y N Country of Birth\*
PAN No.\* Form 60/61 Aadhaar No.\*
UPI ID
Nationality\* Passport No. Validity
Date of Issue Place of issue
Residential status\* Resident Individual Non-resident Indian Foreign National Person of Indian Origin

COMMUNICATION DETAILS

Address\* Current Permanent
State\*
Pin code\* Same as current address
Mobile\* +91 Tel (landline) S T D

Email ID\*

KYC

Identity Proof\* [Passport /Aadhaar/ PAN/ Voter's ID, DL, Letter from recognized public authority]
Address Proof\* [Passport /Aadhaar/Phone bill/Bank statement/ Ration card/Letter from employer/ recognized public authority]

CUSTOMER PROFILE

Qualification\* Illiterate Undergraduate Graduate Postgraduate Professional Others
Category\* Salaried Self-employed Retired Home Maker Politician Student Other
Community\* General SC ST OBC
Source of funds\* Salary Business Profession Commission and Brokerage Pension Rentals
Donations Agriculture Others
Gross annual income\* <50,000 50,000-2,00,000 2,00,001-5,00,000
5,00,001-10,00,000 10,00,001 to 100 crores above 100 crores
Married\* Y No. of N Spouse name\*
children\* No. of dependents\* Religion\* Hindu Muslim Christian Sikh Others
Are you differently abled?\* Y N If Yes, please specify



**FATCA/ CRS\*(Self certification as per Foreign Account Tax Compliance Act /Common Reporting Standard)**

For tax purpose I am a resident in a country / territory outside India  Y  N

If No; I have submitted my identity and address proof to the satisfaction of the bank. I have submitted a copy of my PAN Card / Form 60/61

If Yes; the following are my details in this regard:

Passport No  Tax identification no   
TIN issuing country  Country of tax residency

Applicant should provide the documentary evidence of "Certificate of Tax Residence and TIN"

Validity of documentary evidence

Place of Birth  Father's Name

**Inside India**

**Outside India**

Address  Same as current address  Use as mailing address  Same as permanent address  Use as mailing address  
  
  
  
Phone No.

If the applicant is a tax resident of more than 1 country then he/she should provide the requisite details by a separate annexure along with appropriate documentary evidence. Since US taxes the global income of its citizen, every US citizen whatever nationality, is also a resident for tax purpose in USA. If TIN has not been issued by the jurisdiction, "Functional Equivalent" like Social Security Number may be reported.

**SWEEP OUT / SWEEP IN FACILITY**

I hereby authorize you to transfer amount in excess of Rs.  in my SB A/c on any day into a fixed deposit of  180 days  366 days  3 years tenure in multiples of Rs.1,000/-. I further authorize that inadequacy of funds in my SB account referred above may be met any time by prematurely breaking the fixed deposit in multiples of Rs.1000/- and transferring the required amount into the said SB account.

**MINOR DECLARATION (In case of minor below 10 years/account operated by legal guardian)**

Relation with Guardian:  Father  Mother  Other \_\_\_\_\_  
Title:  Guardian Name(in full)

I hereby declare that I will represent the said Minor as Natural guardian/ Guardian appointed by the Court vide its order dated  (copy enclosed) in all future transactions of any description in the above account until the said minor attains majority. I shall indemnify the Bank against the claim of the above Minor for any withdrawal / transactions made by me in his/her account. Further I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

KYC / ID Proof No.  Date   Signature of Guardian

**CLOSE RELATIVE DECLARATION (To be filled by the close relative of applicant, if applicant does not have local address proof)**

I hereby confirm that (Applicant Name)  who is desirous of opening an account with your Bank is my (Relationship) . He/She is residing with me since  at (Address)

City   
State  PIN Code  Phone Number +91

The applicant does not hold a documentary address proof in his/her independent name. Since the applicant is residing with me, the address proof in my name is being provided to the bank for the purpose of address verification. I have no objection towards receiving any correspondence from the bank in the name of applicant at my above-mentioned address. I enclose herewith the below:

- 1. Self-attested (Document Name)  as Identity Proof
- 2. Self-attested (Document Name)  as Address Proof

Name of the Declarant  Cust ID (If applicable)

**Form 60 / 61 (To be filled by those who do not have PAN)**

Form  60  61 Father's Name   
Particulars  Amount

Are you assessed to tax?  Y  N. If No, I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any. If Yes:

- (i) Details of Ward/Circle/Range  where the Last return of income was filed
- (ii) Reasons for not having PAN

Declarant Signature

**ADDITIONAL CUSTOMER INFORMATION\***

I/we declare that we do enjoy credit facilities with other banks  Y  N

	Name of Bank & Branch	Facility	Amount
Detail of borrowed accounts	1. <input type="text"/>	<input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>	<input type="text"/>

Type of related person\*  Beneficial Owner  Beneficiary  Assignee  Authorized Representative  KYC / ID Proof No.

Related Person Title\*  Name\*

**CUSTOMER BANKING NEEDS**

I would like to avail  Home Loan  Vehicle Loan  Education Loan  Mutual Fund  Life Insurance  General Insurance  Health Insurance  Others \_\_\_\_\_

**DECLARATION**

1) I/we confirm having received, read and understood the accounts 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 Syndicate Bank and amendments there to made from time to time will be binding on me/us when displayed by the bank on its notice board or on its website [www.syndicatebank.in](http://www.syndicatebank.in) and those relating to various services offered by the bank including but not limited to International debit card/Internet banking/SMS banking/ Mobile banking/ Teleshopping and other facilities listed in this form. 2) I/we am/are aware that the usage of these facility/s is/are governed by the terms and conditions which are displayed on [www.syndicatebank.in](http://www.syndicatebank.in) the site maintained by Syndicate Bank and I/we have reviewed the contents of the same. 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 am aware that Savings Accounts can be opened by Individuals for Non – Business purposes only. 5) I declare, confirm and agree – (a) That I have/had no insolvency proceedings initiated against me nor have I ever been adjudicated insolvent. (b) That the Multicity cheques/Any branch Banking facility will not be utilized for making money/profits by conducting commission agency business or otherwise. (c) That I understand that the copy of the Banking Codes & Standard Board of India (BCSBI) is available on the Bank's website for my reference. (d) I/we declare that the transactions in the account will be made from legitimate sources only and the account will not be used for any purpose contrary to law. 6) I/we authorize Syndicate Bank/its Group Companies or its/their agents to make references and enquiries as may be deemed necessary in their discretion with regard to the information furnished in this application and are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary. 7) I agree, undertake and authorize to pay any debit balance/overdraw including commission, interest at the appropriate rate and other incidental charges allowed either at my request by compulsion of circumstance or by oversight or mistake. 8) I agree to notify the Bank of any change in my communication address due to relocation or any other reason within two weeks of such a change. 9) I / We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank. I/we understand that any change in this respect will be notified by the Bank on its website [www.syndicatebank.in](http://www.syndicatebank.in) and also will be displayed on the notice board of the branches one month in advance. 10) INFORMATION ON PRODUCT AND SERVICES: I understand that to provide better services the bank would like to communicate about updates on various products and services, new products and features and special offers from the Bank and their Group Companies. I hereby give my consent for the same. 11) The Bank debits Accountholder's account with charges for various banking services availed by them as per the applicable Tariff. In case the Accountholder account does not have sufficient funds to collect the charges, the Bank reserves the right to debit the Accountholder account at a later date as and when funds are available without prior intimation to the Accountholder. 12) The Accountholder hereby agrees that he/it shall at his/its own expense, indemnify, defend and hold harmless the Bank from and against any and all liabilities, any other loss that may occur arising from or relating to the operation or use of the account or the features or breach, non-performance or inadequate performance by the Accountholder of any of these terms or the acts, errors, representations, misrepresentations, misconduct or negligence of the Accountholder in performance of its obligations. 13) In line with the requirements of the Bank's policy, the Know Your Customer (KYC) documents along with other documentation need to be submitted at the time of opening a new account or as and when requested by the Bank. The Bank reserves a right to allow/restrict operations in a newly opened/existing accounts maintained with the Bank, if the customer is not able to satisfy the due diligence requirements in line with the Bank's policy. 14) I have received the Welcome Kit containing welcome letter, non personalized ten leaf cheque book, non personalized debit card and pin, internet banking login password and I understand that in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss. I declare, confirm and agree that all the particulars and information given in the form are true, correct and complete in all respects to the best of my knowledge and belief and I have not withheld any information and I undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. 15) In case of Joint accounts, we acknowledge that in the event of death, insolvency or withdrawal of any of the account holders, the Survivor/s of us shall have full control of any monies then and thereafter standing to our credit in our Account with you, and in that event the Survivor/s will have full powers to operate the Account and/or to close the Account. 16) In case of Proprietorship Accounts, the sole proprietor of the said concern is solely responsible for all the transactions entered into and obligations incurred with the Bank whether under the trade name or in his/her individual name or in conjunction with others till he/she informs in writing otherwise. 17) FATCA: (a) The information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with the Rules 114F to 114H of the Income Tax Rules, 1962. (b) The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I / we have not withheld any material information that may affect the assessment/ categorization of the account as a Reportable account or otherwise. (c) I/we permit / authorize the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities (including Central KYC Registry) in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign. (d) I / we undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence. (e) I / we also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions in the operations of my/ our account or close it or report to any regulator and/or authority designated by the Government of India for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by us within the stipulated period. (f) I/we hereby accept and acknowledge that the Bank shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me/us to the Bank. (g) It shall be my/our responsibilities to educate myself / ourself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder. (h) I / we also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein. (i) I / we shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information. 18) CKYC: My personal / KYC details may be shared with the central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/ Email on the above registered number/ email address. 19) NRI accounts: a) I/we hereby declare that I am / we are Non-residents of Indian origin NRI(s) and not residents of any country where opening or maintaining of the account is prohibited by the law and regulatory requirement of such country or by the applicable laws in India or by the Reserve Bank of India. b) I/we understand that the above account will be opened on the basis of the statements/declarations made by me/us and I/we agree that if any of the statements/declarations made herein is found to be incorrect in material particulars, I/we are not eligible for any interest on the deposit made by me/us and the account may be closed. c) I/we hereby agree that the remittance can be converted to US\$/Stg/Pound/EUR/CAD/AUD at my/our exchange risk in case Currency other than the above is deposited/remitted for the purpose of opening FCNR(B) Account. Interest is eligible from the date of credit of funds to Nostro Account. d) I/we authorize the Bank to automatically renew the deposit on the due date for an identical period at the applicable ruling rates on date of maturity unless the instruction to the contrary from me/us is received by the Bank before maturity. I/we understand that the renewal will be in accordance with the provisions of the Reserve Bank of India / Syndicate Bank in force at the time of renewal. e) I/we agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations, laid down by the Reserve Bank of India/Syndicate Bank in this regard. f) I/we agree that no claim will be made by me/us for interest on the deposit for any period after the date of maturity of deposits in case automatic renewal of deposit is not accepted. g) I/we agree to abide by the provisions of the NRO / NRE / FCNR (B) / RFC Account. I/we hereby declare that only legitimate dues in India will be deposited in my/our account with the prevailing stipulations, as laid down by the Reserve Bank of India. h) I/we hereby undertake to intimate you about my/our return to India for permanent residence immediately on arrival, to re-designate my/our existing NRO / NRE / FCNR (B) account to a resident Indian account or RFC account as applicable. i) I/we hereby undertake not to make available to any person in India any foreign currency against reimbursement in rupees or in any other manner (for NRO A/c). j) I/we hereby agree that the transactions in the above account will be governed by the applicable laws in India and all disputes or differences arising out of or related to or connected with transaction or matters in relation to the above account shall be subject to exclusive 'Jurisdiction of Indian Courts'.

<i>In case of thumb impression</i>		<i>Affix photo of primary applicant here</i>
Attestor Name	<input type="text"/>	
Attestor A/C No.	<input type="text"/>	
Attestor Address	<input type="text"/>	
	<i>Signature of attestor with date</i>	
	<i>Signature / thumb impression of Primary applicant</i>	
	<i>Signature / thumb impression of Joint applicant 1</i>	
	<i>Signature / thumb impression of Joint applicant 2</i>	

**BANK USE ONLY:**

ID Proof	Address Proof	Photo	KYC done and customer signed in my presence	Emp name	Signature	
Primary applicant	<input type="checkbox"/>	<input type="checkbox"/>			Emp number	
Joint applicant 1	<input type="checkbox"/>	<input type="checkbox"/>				
Joint applicant 2	<input type="checkbox"/>	<input type="checkbox"/>				
Welcome Kit Issued	<input type="checkbox"/> Y <input type="checkbox"/> N					
Risk Categorization	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High					
<i>To be filled by Back Office :</i>						
Nominee registration number	<input type="text"/>				<i>Branch Stamp With Date</i>	



BANK USE ONLY : Existing customer Y N Customer ID
Customer IC Account No.

DIGITAL / ALTERNATE CHANNELS

I want the following channel(s):
Add on Debit card Mobile banking Internet banking SMS banking SMS alerts E-Statement
Cheque book Existing card Linkage Card No.

PERSONAL DETAILS (Kindly fill the form in block letters only; Fields marked with \* are mandatory)

Title\* Name\*
Maiden Name (if any)\* Gender\* Male Female Third
Father/Spouse/Proprietor Title\* Name\*
Mother's Name\*
Date of Birth\* Minor\* Y N Country of Birth\*
PAN No.\* Form 60/61 Aadhaar No.\*
UPI ID
Nationality\* Passport No. Validity
Date of Issue Place of issue
Residential status\* Resident Individual Non-resident Indian Foreign National Person of Indian Origin

COMMUNICATION DETAILS

Address\* Current Permanent
State\*
Pin code\* Same as current address
Mobile\* +91 Tel (landline) STD

Email ID\*

KYC

Identity [Passport /Aadhaar/ PAN/ Voter's ID, DL, Letter from recognized public authority]
Proof\* Address
[Passport /Aadhaar/Phone bill/Bank statement/ Ration card/Letter from employer/ Proof\* recognized public authority]

CUSTOMER PROFILE

Qualification\* Illiterate Undergraduate Graduate Postgraduate Professional Others
Category\* Salaried Self-employed Retired Home Maker Politician Student Other
Community\* General SC ST OBC
Source of funds\* Salary Business Profession Commission and Brokerage Pension Rentals
Donations Agriculture Others
Gross annual income\* <50,000 50,000-2,00,000 2,00,001-5,00,000
5,00,001-10,00,000 10,00,001 to 100 crores above 100 crores
Married\* Y N Spouse name\*
No. of children\* No. of dependents\* Religion\* Hindu Muslim Christian Sikh Others
Are you differently abled?\* Y N If Yes, please specify
I/we declare that we do enjoy credit facilities with any bank Y N
Name of Bank Facility Amount
Detail of borrowed accounts
1.
2.
Type of related person\* Beneficial Owner Beneficiary Assignee Authorized Representative KYC / ID Proof No.
Related Person Title\* Name\*



