II-426

DhanlaxmiBank
established 1927

SB ACCOUNT OPENING FORM FOR SHG/JLG*

(To be filled by applicant only)

For office use only

Branch Name: _____ Branch Code ____ Date D D M M Y Y Y Y

Customer ID ____ Product Code ____ Account No. ____

Customer Type ____ SBU Code ____ Channel Code ____

ACCOUNT DETAILS

Please open our account (More than one type of account can be opened if all the applicants including the primary applicant remain the same.)'

Name of SHG/JLG* ____

Existing Customer ☐ Yes ☐ No If yes, Customer ID ____ Number of members in the group _____

Date of Formation D D M M Y Y Y Y

Saving Account: ☐ Savings Bank Resident ☐ Dhanam Preferred ☐ Dhanam Premium ☐ Dhanam Privilege ☐ Special Savings A/c. for TASC
☐ Others _____

Expected Annual Banking Turnover (Threshold Limit) S P E C I F Y ____

Operating Instructions As per Resolution

Purpose of account opening ☐ Savings ☐ Others_____ ☐ Type of SHG / JLG : ☐ Male ☐ Female ☐ Others_____

Distance from the branch ☐ Within 50 km ☐ Above 50 km

PERMANENT ADDRESS

*Please provide complete address with pin code and telephone no. to help us serve you better

Flat/Door No./Building Name ____

Road No./Name ____

Area Name / Landmark ____ City ____

District ____ State ____ Pin Code ____

COMMUNICATION ADDRESS

(To be filled if Communication Address is different from Permanent Address)

*Please provide complete address with pin code and telephone no. to help us serve you better

Is Communication Address same as Permanent Address ☐ Yes ☐ No

Flat/Door No./Building Name ____

Road No./Name ____

Area Name / Landmark ____ City ____

District ____ State ____ Pin Code ____

SHG/JLG CONTACT DETAILS

Tel. (Off) ____ - ____ Tel. (Res) ____ - ____ Mobile ____ - ____

Fax ____ - ____ Email ID ____

INITIAL DEPOSIT DETAILS

Amount Rs. ____ Amount (in words) _____

☐ Cash ☐ Cheque No. ____ Dated: D D M M Y Y Y Y

Drawn on Bank Name _____ Branch _____

☐ Debit SB / CA Account No. ____

The Cheque should be crossed A/c payee and drawn payable to "Dhanlaxmi Bank A/c - < Customer Name > -
To open an account with cash, the customer must deposit the cash, in person, only at the home branch.

Signature of Authorised Signatories with Seal

* For Current Accounts, use the Product Application Form for Legal Entity and fill in the related Annexure (Current Account Declaration)

DOCUMENTATION

☐ Bylaw of SHG / JLG

☐ Group Formation minutes indicating the election of Office bearers and Name of SHG / JLG D D M M Y Y Y Y

☐ The copy of the minutes, showing the decision to open relationship with the Bank. D D M M Y Y Y Y

Whether Registered ☐ Yes ☐ No Registration No. (if registered)

☐ Copy of affiliation / registration certificate (if registered)

☐ The registration number provided by the sponsor (If not registered) Dated: D D M M Y Y Y Y

☐ Sponsorship letter / recommendation letter (if not registered) Dated: D D M M Y Y Y Y

PAN No. (if PAN obtained) Form 60 ☐

Govt. Sponsored SHG/JLG ? ☐ Yes ☐ No

ACTIVITY (FOR JLGS)

☐ Farm Sector ☐ Non-farm sector

Line of Activity

Location

Proposed annual sales turnover S P E C I F Y

DELIVERABLES

Cheque Book Required ☐ Yes ☐ No

FATCA / CRS DECLARATION

Is the entity a tax resident of any country/ies outside India ☐ Yes ☐ No

RELATED PARTY DETAILS

Authorised Signatory Details	Name	Customer ID	Whether PEP (Yes / No)	Beneficial Owner (Yes / No)
☐ President ☐ Others S P E C I F Y				
☐ Secretary ☐ Others S P E C I F Y				
☐ Treasurer ☐ Others S P E C I F Y				

CUSTOMER DECLARATION

I/We have read and understood the Terms and Conditions published on the banks website www.dhanbank.com governing the opening of an account with Dhanlaxmi Bank Limited and those relating to various services including but not limited to ATMs/Debit Card/SMS Banking/Net Banking. I/We accept and agree to be bound by the said Terms and Conditions 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 agree that the Bank may debit my account for service charges as applicable from time to time.

☐ I/We am/are Residents of India. Apart from this, the current Schedule of Charges has been received by me and I agree with the same.

I/We agree that "The Bank reserves the right, at its sole discretion and without prior notice, to block, freeze or place restrictions on the operations of any account, either partially or fully, in the event it is observed that the account is being operated by a third party, or if the transactions in the account are in consistent with the declared nature and purpose of the account as provided by you at the time of account opening or subsequently updated. I/We agree that The Bank may, at its sole discretion, without prior notice, restrict the operations in such account to branch-only transactions or impose such other conditions as deemed necessary to safeguard the interest of the Bank and to ensure compliance with applicable laws, regulations, and the Bank's internal policies.

☐ I/We agree that The Bank shall not liable for any loss or inconvenience caused to you due to such restrictions, blockages, or freezing of account operations, undertaken in good faith and in accordance with applicable regulatory and internal compliance requirements."

Dated D D M M Y Y Y Y

President / Convener

Secretary / Joint Convener

Treasurer/ Authorised Signatory

BRANCH DECLARATION

☐ I confirm having met the customer and verified the original with the document proof.

Branch Staff Emp No. _____ LG Code _____ LC Code _____

Branch Staff Emp Name _____

Branch Staff Signature _____

☐ I hereby confirm having done the due diligence. I hereby certify that this Application form is complete in all respects and relevant documents have been obtained.

The following risk level to be assigned to the customer

LOW ☐ **MEDIUM** ☐ **HIGH** ☐

Employee designation _____

Employee Code POA

Employee Name _____

Employee Signature _____