



Tamilnadu
Mercantile
Bank Ltd

Regd. Office : 57, V.E. Road, Thoothukudi-628 002
Website : www.tmb.in

Form No. 23

Branch

De-dupe ID

Customer ID

Date

CUSTOMER IDENTITY FORM - INDIVIDUAL

(Leave one space between two words Fill up in BLOCK Letters and use Black Ink for signature. Please tick () the appropriate boxes)

For Office Use only Application Type ☐ New ☐ Update

(To be filled by the financial institution)

CKYC Number

(Mandatory for CKYC update request)

Account Type ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

Name (Same as ID Proof) Prefix ☐ MS First Name ☐ JANE Middle Name ☐ HENZY Last Name ☐ SHEEBA

Maiden Name ☐ JANE ☐ HENZY ☐ SHEEBA

Father / Spouse Name ☐ MR ☐ CHANDRASEKAR V ☐ K

Mother Name ☐ MRS ☐ GLORY ☐ M

Date of Birth ☐ 18081989 Gender ☐ Male ☒ Female ☐ Transgender

(Proof of Date of Birth for Minor / Senior Citizen)

Marital Status ☒ Married ☐ Unmarried ☐ Others Wedding Date ☐ 19052009 No. of Children ☐ 2

Constitution ☐ Individual ☒ Sole Proprietor ☐ Karta ☐ Member of Association

Residential Status ☒ Resident ☐ Non Resident ☐ Foreign National ☐ Person of Indian Origin Physically challenged ☐ Yes ☒ No

Citizenship ☒ IN-Indian ☐ Others (ISO 3166 Country Code ☐)

Occupation Type ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ Professional ☐ Self-Employed ☐ Retired ☐ Housewife ☐ Student ☐ Employment ☐ Agriculturist
☒ B-Business ☐ X - Not Categorized Actual Occupation

Religion ☐ Hindu ☐ Muslim ☒ Christian ☐ Sikh ☐ Jain ☐ Buddhist

Community ☒ OBC ☐ MBC ☐ SC ☐ ST ☐ Others

Educational Qualification ☐ Non Matriculate ☐ SSLC / HSC ☐ Graduate ☐ Post Graduate ☒ Professional ☐ Others

Income Tax Status ☒ Individual ☐ Senior Citizen ☐ Very Senior Citizen IT Assesee ☐ Yes ☐ No

Relationship with bank (TMB) ☐ Employee Staff No. ☐ Director ☐ Outsource ☐ Family Member of employee ☐ Eligible Ex.employee/ family member

Accommodation ☒ Own Independent House ☐ Own Flat ☐ On Rental ☐ Company Provided ☐ Others

Vehicle Type ☒ Two Wheeler ☒ Car Vehicle Used is ☒ Owned ☐ Company Provided

Interest in Other Products ☐ Life Insurance ☐ Mutual Funds ☐ Demat Service ☐ General Insurance ☐ Others

Residence for TAX purposes in Jurisdiction(s) outside India

ISO 3166 Country Code of Jurisdiction of Residence ☐ Place/City of Birth ☐ ISO 3166 Country Code of Birth ☐

Tax Identification Number or equivalent (if issued by jurisdiction) ☐ TIN Issuing Country ☐

Address Type ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Permanent Address

City ☐ District ☐ State / U.T.Code ☐

State ☐ PIN / Post Code ☐ ISO 3166 Country Code ☐

Phone with STD Code ☐ Country Code ☐

Communication Address

City ☐ District ☐ State / U.T.Code ☐

State ☐ PIN / Post Code ☐ ISO 3166 CountryCode ☐

Mobile ☐ e-mail ☐

Tel (Office) ☐ Tel (Res.) ☐

Please Paste
Photograph
(Passport Size)
&
Sign above the Photograph

Signature of the Applicant

Applicant Information

Source of Funds ☐ Salary ☐ Pension ☐ Rental ☒ Business ☐ Investment ☐ Agriculture ☐ Remittance from Abroad
 Expected Annual Income ₹ 60000/-
 Expected Annual Income Range ☐ < One Lakh ☐ >1 Lakh <2.5 Lakh ☐ >2.5 Lakh <5 Lakh ☐ Above 5 Lakh ☐
 Purpose of Account Opening ☒ Personal Savings ☐ Investments ☐ Business Activities ☐ Others

Accounts with other Banks / Other Branches of TMB :

Bank	Branch / Address	Account Type	Account No.
SBI	CANTONMENT	SB	XXXXXX

- ☒ I declare that I do not enjoy credit facilities with other bank/s
☐ I enjoy credit facility / have current account with other bank, details of which are furnished below.
 (If credit facility is enjoyed with other bank, NOC should be obtained and produced for opening the account)

Name of the Bank	Account No.	Facility	Amount

TRAVEL ABROAD

Travel Abroad on ☐ Work ☐ Family ☐ Holidays ☐ Religion
 Wish to Register Name in "Do Not Call" Register : Yes ☒ No ☐

- I declare that the above particulars submitted by me are true and correct to the best of my knowledge and belief and I 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 am aware that I may be held liable for it.
- My personal KYC details may be shared with Central KYC Registry.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/e-mail address.
- I hereby give my voluntary consent in seeding my Aadhaar Number to all existing bank accounts and to my customer profile (Cust ID No.)
- (i) Account Number 1. (ii) Account Number 2.
- I have no objection in authenticating myself with Aadhaar based Authentication system and hereby give my voluntary consent as required under the Aadhaar Act 2016 and Regulations framed thereunder for seeding my Aadhaar number to my bank account & to provide my identity information (Aadhaar number, biometric information & demographic information) for Aadhaar based authentication for the purpose of availing of the banking services.
- I hereby authorise to use my linked Aadhaar enabled bank account for receiving Government payment across schemes that I am eligible & or any other payment using Aadhaar based information and NPCI may MAP my primary account in the Aadhaar Mapper of NPCI.
- (Tick ☒ only one from below for NPCI Mapper for getting DBT benefits)
☒ Map My Account no. at NPCI to enable me to receive Direct Benefits Transfer (DBT) from Government of India in my above account.
 I understand that if more than one Benefit transfer is due to me, I will receive all Benefit Transfers in this account.
☐ I already have an with another bank linked to Aadhaar and only that will be used for NPCI mapper and for receiving Direct Benefit Transfer from Government of India.
- 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 requirements of law.

Date 16 05 2021Place TRICHYSignature of the Applicant S.S.**MINOR ACCOUNT :** I hereby declare that I am the natural guardian / guardian appointed by the Court vide Order No.

Dated (copy enclosed) of Master / Miss I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I shall fully indemnify the bank against the claims of the above for any withdrawal / transaction made by me in his / her account.

Guardian Type: Natural Guardian ☐ Father ☐ Mother ☐ Guardian appointed by Court

Name of Guardian

Address

Signature of Guardian

INTRODUCTION DETAILS: I Confirm that I am an account holder in Tamilnad Mercantile Bank Ltd for over 6 months. I confirm that I personally know the applicant/s detailed herein for more than 6 months and confirm his / her identity and address.

Name

Customer ID

A/c No.

Date of A/c Opened

For Bank Use**Risk Categorization**☐ Low ☐ Medium ☐ High

Threshold Limit : ₹

I hereby declare that this form is complete in all respects. I have verified the signature of the introducer and it is found correct. All the signature have signed in my presence. All KYC norms are fully complied with. Relevant documents have been obtained. I have verified the documents produced for identity and address proof with the original and certified to that effect on the copies for opening of the account.

Name & Staff No.

KYC Verified Date

Signature of Officer

Signature of the Introducer

MODE OF OPERATION

☒ Single
 ☐ Joint
 ☐ Either or Survivor
 ☐ Former or Survivor
☐ Any One
 ☐ POA
 ☐ LOA
 ☐ Others

FOR JOINT ACCOUNTS

In the event of death of any of us, the survivor/s or the continuing account holder/s of us shall have full control and be entitled to continue operation of the account or to receive all the monies standing in our account with you :

☐ Opted
 ☐ Not Opted

TMB'S VALUE ADDED SERVICES

I request you to offer me the following service, in my SB account

I. ☐ TMB Surabhi ATM Card ☒ TMB ATM-CUM-DEBIT Card (Smart Shoppers Visa Card)

For Bank Use
Application No.

Applicant's Name JANE HENZY SHEEBA

Add On Card Required ☐ Yes ☒ No If Yes Customer ID

Name to be printed on the Add-on Card

II. TMB'S eConnect (Retail) Internet Banking

View only: ☐ Yes ☒ No

For Bank Use
Application No.

Applicant's Name JANE HENZY SHEEBA

Internet Banking User ID yourpref [Min. 6 Characters]

A/c Holder's Wedding Anniversary Date 18082010 e-mail ID: BM1@GMAIL.COM

A/c Holder's Mother Name GLORY

III. Mobile Banking Facility

☒ Yes ☐ No

For Bank Use
Application No.

Applicant's Name JANE HENZY SHEEBA

Mobile Number 9876543210 Make & Model VIVO V19 Service Provider Vodafone

IV. TMB's SMS Alert Facility

☒ Yes ☐ No

Mobile Number to be registered 9876543210

Alert for Term Deposit maturity ☒ Yes ☐ No Alert for Loan installment due data ☒ Yes ☐ No

FACILITIES

Cheque Book Facility ☒ Yes ☐ No

Nomination Facility ☒ Yes ☐ No

If Nomination is not required, Sign here

I / We, at present do not want to nominate any one. I / We will contact the bank / branch if necessity arises.

Signature of Account Holder / s

INITIAL PAYMENT DETAILS

Initial remittance of ₹ 5000/- by Cash /

NOMINATION

NOMINATION FORM DA 1

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/We JANE MENZY SHEERA, NO. 1 FIRST FLOOR CAR ST. TRICHY 620028 (Name and Address)
nominate the following person to whom in the event of my / our / minor's death the amount of deposit, in the account (s)
mentioned below may be returned by Tamilnad Mercantile Bank Ltd. TRICHY MAIN
CANTONMENT
(Branch Name & Address where deposit is held).

Details of Deposit Account

Nominee

Nature of Account	Account Number	Name & Address	Relationship with Account Holder	If nominee is a minor data of birth and age*
		V.K. CHANDRASEKAN NO. 1 FIRST FLOOR CAR ST. TRICHY - 620028	SPOUSE	

*As the nominee is a minor on this date, I/We appoint

(Name, Address and age) 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 TRICHY

Date 18-05-2021

Witness(es)** : (Name, Address & Signature)

**Signature(s)/ Left Hand Thumb Impression(s) of depositor/s

1. _____

2. _____

* Strike out the inapplicable / Strike out if nominee is not a minor. ** Where the account is opened in the name of the minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

*** Witness is required only for thumb impression and not for signature.

Print Name of the Nominee in Passbook / Account statement :

☐ Yes

☒ No



ACKNOWLEDGEMENT FOR NOMINATION REGISTRATION

(TO BE RETURNED TO THE CUSTOMER AFTER REGISTRATION OF NOMINATION)

Name of the Depositors and Address	Account Number
Nomination in favour of	Registered on
	For Tamilnad Mercantile Bank Ltd., Asst. Manager/Manager/Branch Head

Branch

DECLARATION BY APPLICANT (S)**Request / Agreement / Undertaking**

The Branch Head, Tamilnad Mercantile Bank Ltd., Branch
 I/We have read the rules & regulations in the application form. I/We agree to comply with and bound by RBI rules and Bank's rules & regulations and terms & conditions regarding the conduct of the account and Anywhere Banking facility (Core Banking Solutions). I/We have received a copy and read and understood / has been explained to me/us, the terms and conditions including minimum balance rules, charges etc. related to Savings Bank Account, ATM-cum-debit card, Internet Banking, Mobile Banking, SMS service offered by Tamilnad Mercantile Bank Ltd and undertake to abide by the said rules. I/We also acknowledge that the Bank may from time to time change the same. The latest terms and conditions shall be as published in the website of the Bank, www.tmb.in. All correspondences related to TMB eConnect should be originated from the e-mail ID registered for internet banking.

I/We also authorise the Bank to debit any charges in the account (s) related to the account (s) or the value added services. I/We agree and understand that the Bank reserves the right to reject any application or stop any of the services, without assigning any reason.

Joint Account Holders Declaration for Internet / SMS Alert / ATM Cum Debit Card / Mobile Banking

I/We the join holder (s), hereby authorize Mr/Mrs/Miss, (a Joint holder of the account) to use the TMB eConnect, Mobile Banking, SMS Alert Services and TMB ATM Cum Debit Card. I/We also agree and undertake that all acts, deeds, things etc. done or omitted to be done by him/her shall be binding on me/us and I/We shall not question the same. I/We also agree that various terms and conditions accepted and signed by him/her shall be binding on me/us. This authority shall continue to be in force, until I/any one us revoke this mandate by a notice in writing delivered to you.

TMB VISA SB:

Kindly open a Savings Bank Account under the swap in swap out scheme TMB VISA in my / our name/s. The period of deposit to be made under sweep shall be months..... days (Sweep :)
 (Daily / Weekly / Fortnightly / Monthly) Amount I have understood the specific Terms and Conditions related to the deposits made under the TMB VISA SB Account and agree to abide by the same.

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. 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.

SIGNATURE OF APPLICANTS

1st Applicant Sign 2nd Applicant

3rd Applicant 4th Applicant

For Bank Use

I hereby confirm that all the applicants of this account had signed before me. I authorised the opening of this account.

Signature of the officer

Name & P.A.No.

For Bank Use

The Savings Bank Account Opened in the FINACLE Computer System is authorised by me.

Signature of the officer

Name & P.A.No.

**Basic Guidelines
Savings Bank Account**

- # Savings Bank Accounts are designed to help the individual customers to inculcate habit of saving money and to meet their future requirement of money
- # The amounts can be deposited/withdrawn from these accounts by way of Remittances / Cheques / Debit/ATM Card/Internet Banking/Mobile Banking
- # The accounts can be opened by eligible person (s) and certain organizations / agencies as approved by the Reserve Bank of India (RBI)
- # Interest on Savings Account is paid based on the regulatory environment and overall terms and conditions governing Savings Bank Account as available on our website www.tmb.in, provided the interest amount works out to the minimum of ₹1/- at the time of payment of interest.

- # Cheques, dividend warrants drawn in the name of account holder (s) shall only be collected through this account.
- # No customer initiated transactions routed through the account for a continued period of 2 years shall be treated as a Dormant Account
- # The account holder is required to maintain certain minimum Average Quarterly Balance in the account, as specified in the Schedules of Charges of the Bank from time to time. Non-compliance of this would attract service charges. Average Quarterly Balance (AQB) is calculated as - Average of End of Day (EOD) balance in the account for a period of a Financial Quarter (Apr-Jun, Jul-Sep, Oct-Dec, Jan-Mar). For Example - (EOD balance Day 1 + EOD balance Day2.....) / Number of days in the Financial Quarter

Nomination Facility

- # Nomination Facility is available for accounts opened in individual capacity (i.e. single/joint accounts)
- # Nomination can be made in favour of one person only
- # Nomination can be made, cancelled or varied by the account holder anytime during his/her life time. While making nomination, cancellation or variation, witness is required and the request should be signed by all account holders

- # Nomination can be made in favour of a minor, subject to applicable regulatory guidelines
- # For the existing accounts where nomination is not made, the account holder (s) can do so by filling up form available with the branches
- # Customers are advised to avail Nomination Facility, if they have not availed so far.

A copy of 'OUR BANK Citizen's Charter' and 'schedule of charges' for key information on the usage and benefits of various services/facilities offered by the Bank is available on request and on Bank's In case of any complaint relating to features of any of the product, the Grievance Redressal Cell within the bank can be approached for a resolution at, www.tmb.in and if not resolved satisfactorily within 30 days the Ombudsman, appointed by the Reserve Bank of India in charge of the region, may be approached.

Tamilnadu
Mercantile
Bank Ltd

Be a step ahead of life

Regd. Office: 57, V.E.Road, Thoothukudi - 628 002. Website: www.tmb.in

Branch Name :

A/c Opened on :

Customer ID :

A/C No. :

ACCOUNT OPENING FORM - SAVINGS BANK - (RESIDENT INDIAN INDIVIDUALS)

If you have an existing relationship with us, please mention your Customer ID Number.

APPLICANT NAME

Customer ID

Aadhaar No.

1) JANE HENZY SHEEBA 123456789102

2)

3)

4)

NATURE OF A/c: ☒ SINGLE ☐ JOINT ☐ PUBLIC ☐ STAFFSCHEME OF A/c: ☒ ORDINARY ☐ SB JANATHA ☐ SB PREMIUM ☐ VISA SB ☐ CLASSIC SB☐ SANTHOSH SB ☐ DYNAMIC YOUTH ☐ ROYAL ☐**PERMANENT ADDRESS**

Line-1 NO. 1 FIRST FLOOR

Line-2 MOON APARTMENT

Line-3 CAR STREET

City TRICHY

District TRICHY

State TAMILNADU

Pincode 620028

COMMUNICATION ADDRESS

Line-1 NO. 1 FIRST FLOOR

Line-2 MOON APARTMENT

Line-3 CAR STREET

City TRICHY

District TRICHY

State TAMILNADU

Pincode 620028

Phone

Mobile 9876543210

E-mail Address BM@GMAIL.COM

ACCOUNT STATEMENT REQUIREMENT☒ Passbook Required☐ Account Statement Required☐ Electronic Form**ACCOUNT OPENING THROUGH**

If by Staff : Name

EMP Code

Branch Code

For Office Use Only

Periodical Updation of Customer Identification Procedure:

(In case of High Risk account, once in 2 years, in case of Medium Risk Account, once in 8 years and in case of Low Risk Account, once in 10 years)

	Data of Updation	Entered in Finacle on	Year of Next review	Details of identification Procedure (Including Photography)	Authorised Signature with Date
Please Paste a Latest Passport Size Photo				Name of ID Proof: _____ Name of Address Proof: _____ Photograph (Latest) Obtained : Yes/No Other Documents, if any : _____	
Please Paste a Latest Passport Size Photo				Name of ID Proof: _____ Name of Address Proof: _____ Photograph (Latest) Obtained : Yes/No Other Documents, if any : _____	
Please Paste a Latest Passport Size Photo				Name of ID Proof: _____ Name of Address Proof: _____ Photograph (Latest) Obtained : Yes/No Other Documents, if any : _____	
Please Paste a Latest Passport Size Photo				Name of ID Proof: _____ Name of Address Proof: _____ Photograph (Latest) Obtained : Yes/No Other Documents, if any : _____	

PERIODICAL REVIEW OF RISK RATING :

Sl.No.	Date of Review	Risk Rating (Low / Medium / High)	Entered in Finacle on	Next Review due date	Officer Signature
1.					
2.					
3.					
4.					
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