सेन्ट्रल बैंक ऑफ़ इंडिया
Central Bank of India
1911 से आपके लिए "केंद्रित" "CENTRAL" TO YOU SINCE 1911

CENTRAL BANK OF INDIA IFSC Banking Unit GIFT City IFSC, GIFT SEZ , Gandhinagar, Gujarat – 382 355 SWIFT: CBININAAXXX	**FOR BANK USE ONLY** CIF ID (Primary) : _____ CIF ID (Joint Holder/s): _____ TD Account Number : _____ CBS Product Code : _____ Date of Opening : _____ Maker ID & Name : _____ Checker ID & Name : _____ Branch / IBU Stamp :

TERM DEPOSIT ACCOUNT OPENING FORM — EXISTING CUSTOMER

For Individual and Non-Individual Account Holders

I/We request you to open a Term Deposit Account by debiting A/c No.: _____
with an amount of: _____(*In Words*_____)
□ **USD** (US Dollar) □ **GBP** (Pound Sterling) □ **EUR** (Euro) □ **JPY** (Japanese Yen) □ **Other**: _____

PART A TERM DEPOSIT DETAILS

Name of A/c Holder(s)	Scheme / Product	Period	Rate of Interest (% p.a.)	Interest Payout Mode	QIC / MIC Credit A/c No.
				□ Monthly □ Quarterly □ Half-Yearly □ Yearly □ On Maturity	

PART B TD TYPE & AUTO-RENEWAL INSTRUCTIONS

TD Type:	□ Callable (Premature withdrawal permitted) □ Non-Callable (Locked-in; premature withdrawal not permitted)
On Maturity:	□ Do NOT auto-renew (pay maturity proceeds to operative account) □ Auto-renew as per instructions below
If Auto-Renew:	□ Renew Principal only (credit interest to operative account) □ Renew Principal + Interest (compound renewal)
Renewal Period:	Same as original period □ Different period: _____

PART C JOINT ACCOUNT HOLDER(S) (COMPLETE IF APPLICABLE)

Sl No	Full Name (as in KYC documents)	Relationship with Primary Holder	Passport / ID No.	Nationality
1.				
2.				

Note: For more than 2 joint holders, attach a separate sheet with the same details.

PART D	MINOR DETAILS (COMPLETE IF APPLICABLE)

Name of Minor:		**Date of Birth:**	
Name of Guardian:		**Relationship with Minor:**	
Nature of Guardianship:	□ Natural Guardian □ Legal / Court-Appointed Guardian		
Source of Funds:			

PART E	NOMINEE DETAILS

Full Name of Nominee:		**Date of Birth:**	
Relationship with A/c Holder:		**Address (if different from A/c holder):**	
Is Nominee a Minor? □ **Yes** □ **No**		(If **Yes**, Guardian details required below)	
Name of Nominee's Guardian:		**Relationship of Guardian with Nominee:**	

PART F	ACCOUNT OPERATING INSTRUCTIONS

□ Self □ Either or Survivor □ Former or Survivor □ Jointly □ Any One or Survivor/s □ Others (specify below):

PART G	APPLICANT DECLARATION

1. I/We confirm that the information provided in this form is true, complete, and correct to the best of my/our knowledge and belief. I/We undertake to promptly notify the Bank of any changes thereto.

2. I/We agree to be bound by the Terms and Conditions governing Term Deposit Accounts at the IFSC Banking Unit of Central Bank of India, GIFT City, as may be amended from time to time, and by all applicable regulations of the Reserve Bank of India and IFSCA.

3. I/We acknowledge that Tax Deducted at Source (TDS) shall be applicable on interest credited to my/our account as per the Income Tax Act, 1961, or such other applicable law, unless a valid Form 15G / 15H / exemption certificate is submitted prior to interest credit.

4. I/We authorise the Bank to debit the above-mentioned account for opening the Term Deposit and to credit maturity proceeds / interest to the operative account designated herein, or as separately instructed.

5. I/We confirm that the funds deposited are from legitimate sources and are compliant with all applicable anti-money laundering (AML) and foreign exchange management (FEMA) regulations.

Signatures of Account Holder(s):

Primary / Sole Account Holder	Joint Holder – 1	Joint Holder – 2
Signature / Thumb Impression Date: _____ Place: _____	Signature / Thumb Impression Date: _____ Place: _____	Signature / Thumb Impression Date: _____ Place: _____