



Bank of Maharashtra

Bank with personal touch – One Family One Bank – Bank of Maharashtra

Account No.

Branch Name

Branch Code

Savings Bank Account Opening Form for Indian Residents

FOR BRANCH USE

Documents obtained (Please tick on appropriate clause)

- Account opening form
- Customer Information forms for all applicants / signatories
- Identity Proof for each individual applicant
- Address Proof for each individual applicant
- Undertaking for account opened under relaxed KYC Norms, where Identify/Address proof not submitted
- Undertaking by Guardian for Minor's accounts
- HUF Letter for Joint Hindu Family Accounts
- Form 60 / 61 in case, PAN not available
- Any other, _____
- In case of Non-Individual customers, Customer Information form for Non-individuals and all required documents listed on page 2 of Customer Information form for Non-Individuals

Letter of thanks/ Letter for confirmation sent to

- Introducer

Date: _____

- Customer

Date: _____

Account opened by

Name of the operator

Signature of the operator.

Risk Classification

High / Medium / Low

Name of the Authorised Official

Signature of AO with Code No.

Observations of the Official opening the account briefly indicating the reasons for risk classification

Approvals

- Approved for issue of cheque books
- Approved for issue of Mahabank Debit card/s
- Approved for access to the following delivery channels
 - Phone Banking Mobile Banking Internet Banking Others _____

Signature of authorised Official

Date / /

Approvals - Delivery Channel Requests

Mahabank debit Card

Request ID

Primary Card _____

Add on Card 1 _____

Add on Card 2 _____

Internet Banking

- Enquiry and request only
- Including financial transactions

Request ID _____

Mode of operation - Singly / Jointly / Severally

Mobile Banking

Request ID _____

Phone Banking

Request ID _____

Cheque Book

Request ID _____

Entered on / /

Entered by _____

Verified By _____

Please tick and fill in details wherever applicable

Instructions for Account Operation

- | | | |
|---|---|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Either or survivor | <input type="checkbox"/> Former or survivor |
| <input type="checkbox"/> Anyone or survivor | <input type="checkbox"/> Jointly by all | <input type="checkbox"/> Any other _____ |

Balance Payable to –

- | | | |
|---|---|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Either or survivor | <input type="checkbox"/> Former or survivor |
| <input type="checkbox"/> Anyone or survivor | <input type="checkbox"/> Jointly to all | <input type="checkbox"/> Any other _____ |

Additional Facilities Required

- | | | |
|---|--|--|
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Mahabill Pay | <input type="checkbox"/> SDV Lockers |
| <input type="checkbox"/> Mahabank Flexi Deposit | <input type="checkbox"/> Bancassurance | <input type="checkbox"/> Any Other _____ |

Statement Requirement in addition to Passbook (Charges Applicable)

- | | | | |
|------------------------------------|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Other-Specify |
|------------------------------------|----------------------------------|--------------------------------------|--|

Access Channels Required

- | | | |
|---|--|---|
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Add-on Card | <input type="checkbox"/> Internet Banking |
| <input type="checkbox"/> Mobile Banking | <input type="checkbox"/> Phone Banking | |

Request for Mahabank Debit Card (maximum 19 characters for cardholder's name)

A. I / We request for issue of Mahabank debit card

- Primary Card (Name of first applicant) _____
- Add on Card 1 (Name of the joint applicant 1) _____
- Add on Card 2 (Name of the joint applicant 2) _____

B. I / We authorise the bank to levy applicable fees and charges as prescribed from time to time

Request for Phone Banking

I / We register my /our Fax No. for Phone Banking - Fax No.

- In case of joint accounts / HUF all authorised signatories hereby give consent to avail the service
- In case of trusts, charitable institutions, societies, etc. persons listed as authorised signatories as per resolution are authorised to avail the service

Request for Internet Banking

I / We apply and would like to register for internet banking facility -

- For inquiry and request only
- For inquiry, requests and financial transactions (Funds transfer between my/our own accounts and to third party accounts maintained with the bank, utility payments, etc.)

| | User name | Login ID Preference (10 digits) | Email Address |
|----|-----------|---|---------------|
| 1) | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | _____ |
| 2) | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | _____ |
| 3) | _____ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | _____ |

- I/We request the bank to link my / our D-mat account to my/our internet banking ID for enquiry only. My client ID is _____
- In case of joint accounts and HUF all signatories / members have read and agreed to abide by the terms and conditions governing the said internet facility and authorise above-mentioned user/s to access and operate this account through internet facility
- In case of trust / society etc. above mentioned users are authorised as per the resolution (Copy attached).

Request for Mobile Banking

I / We register my / our mobile number/s for mobile banking facility

| | Names of persons authorised to avail Mobile banking facility | Mobile No |
|----|--|-----------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

In case of joint accounts and HUF accounts all the joint holders/coparceners hereby give consent to nominate the above mentioned person/s

