



NOTE: 1. Best effort will be made to deliver the Welcome Kit to the mailing address within seven working days.  
2. Please fill the form in BLOCK LETTERS and in BLACK INK only.  
3. All fields marked \* are mandatory.  
4. This is a MACHINE READABLE form and will pass through a SCANNER.  
5. Account facility shall be at sole discretion of Deutsche Bank AG, India.  
6. In the event of death of depositor, premature termination of term deposit would be allowed without penalty charges.

Date: Work Item No. Account No. 

For Bank Use Only

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I/We hereby request Deutsche Bank AG, India to open my/our account at your  Branch.**\*Account Details**

Customer ID No. (If existing customer)

1st Appl.

2nd Appl.

3rd Appl.

**\*Account Option**

☐ Savings Account ☐ Current Account ☐ Fixed Deposit  
(Tick Savings/Current and/or Fixed Deposit Account Options provided)

Payroll Reimbursement Account. Account Scheme 

(Please mention Deutsche Bank Saving/Current Account and/or Fixed Deposit Scheme)

**\*Mode of Operation**

☐ Single ☐ Either / Anyone or Survivor ☐ Jointly (No Debit Card will be issued) ☐ Others (Please specify)

**Fixed Deposit Details**

Amount Rs.  Paise  Tenure :  Months  Days

**SIMPLE FIXED DEPOSIT**\*\* ☐ Monthly Interest\*\* ☐ Quarterly Interest**Maturity Instructions**\*\* ☐ Renew Principal and Pay Interest\*\* ☐ Do Not Renew**REINVESTMENT DEPOSIT****Maturity Instructions**☐ Renew Principal and Interest\*\* ☐ Renew Principal and Pay Interest\*\* ☐ Tenure :  Months  Days\*\* ☐ Do Not Renew\*\* Interest/ Maturity payment to ☐ Account Number  OR ☐ DD/PO to mailing address**ATM / Debit Card Details**

No new ATM / Debit Card will be issued if you already possess one under the Customer ID mentioned above. If applicable, this account will be linked to the same ATM / Debit Card. (This facility is available only for accounts with operating instructions being Single, Either/Anyone or Survivor.)

**\*ATM & POS**

Appl. Type of ATM / Debit Card Name to be embossed on the card  
(Maximum 19 Characters)

\*\*\*ATM / POS Limit

Min 25K Max 150K Others (multiples of Rs.1000)

1st ☐ Gold ☐ Platinum

2nd ☐ Gold ☐ Platinum

3rd ☐ Gold ☐ Platinum

\*\*\*In case the limits are not mentioned, the default limit of Rs 25,000 will be assigned on your card. The default limit assigned will be applicable for domestic ATM and domestic physical point of sale (POS).  
As per RBI circular "RBI/2019-20/142 DPSS.CO.PD No.1343/02.14.003/2019-20 Enhancing Security of Card Transactions", all new debit cards will be active only for domestic ATM & domestic physical POS transactions.  
You can activate/set limits for the ecommerce, contactless and international transactions by logging into db OnlineBanking or MyBank India app or contact your Relationship manager/Phone banking/nearest branch.

**Alternate Channel Access\***

Debit Card Yes No Internet & Mobile Banking Access# Yes No Digital Signature Certificate (DSC) Yes No

Internet Banking Access# Yes No

\*Only Minors who are of age 10 years &amp; above can apply for a Debit Card

Internet / Mobile Banking access to minors will be given based on their age. Minors of age 10 years & above will be given view & transaction access whereas all minors of age less than 10 years will only get a view access. "Customer Declaration for Internet / Mobile Banking password and Debit Card issuance to Minors" is mandatory to be given by the Guardian for availing Alternate channel access.

#Note: You will get access for both Internet & Mobile Banking if you select 'Internet & Mobile Banking' option otherwise only Internet Banking access will be provided if you select the 'Internet Banking' option. Only Mobile Banking access cannot be provided separately. Internet / Mobile Banking will be set at the default limit. Please contact our 24-hour Phone Banking service on 1860 266 6601 for enhancing the Internet / Mobile Banking limit. Internet / Mobile Banking access can be given to all individual customers except to account with Joint operations. Using the Internet / Mobile Banking services, you may view and transact on your account including transfer to external Bank Accounts. For Digital Signature Certificate, customers should complete all the formalities separately for procurement of DSC. Charges apply.

**Deliverables**

#Cheque Book Yes No 10 Leaves 25 Leaves

E-mail account statements will be sent automatically. If you wish to receive physical account statement also, please tick the box ☐**Initial Payment Details**Amount Rs.  Paise  Rupees (In words) Cash Cheque No.  Drawn on  Bank  Branch dated 

Cheque should be crossed A/c Payee &amp; drawn payable to "Deutsche Bank A/c - Customer Name" and should be from own account with other Bank.

NOTE: THIS FACILITY / SERVICE IS NOT AVAILABLE FOR RESIDENTS OF CERTAIN COUNTRIES

It is mandatory to maintain minimum Average Quarterly Balance (AQB) as prescribed for your savings account. Please note, charges are applicable if AQB is not maintained. Please refer our website [www.deutschebank.co.in](http://www.deutschebank.co.in) or approach any of our branch or our 24X7 phone banking at 1860 266 6601 for Schedule of Charges.

Nomination Details

In case of Sole Applicant, please fill the 'Nomination Form DA1' provided below.  
In case of no nomination, please fill the 'No Nominee Declaration' provided below the Form DA1.

Nomination Form DA1

Nomination under Sec. 45 ZA of Banking Regulation Act, 1949, and Rule 2(1) of Banking Companies (Nomination) Rule, 1985, in respect of Bank Deposits.  
I / We \_\_\_\_\_  
nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account, particulars where of are given below, may be returned by Deutsche Bank AG, India  
Nominee Name \_\_\_\_\_  
Name of the Branch where account is held \_\_\_\_\_  
Nominee address \_\_\_\_\_  
Relation with nominee, if any \_\_\_\_\_ Age (in years) \_\_\_\_\_  
If nominee is a minor#, his/her date of birth \_\_\_\_\_  
#As the nominee is minor on this date, I/we appoint \_\_\_\_\_  
to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Details of Witness 1:  
Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

Details of Witness 2:  
Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of the Depositor(s)  
\_\_\_\_\_

\*Strike out if nominee is not minor.  
\*Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.  
\*Thumb impression(s) shall be attested by two witnesses.  
Nominee name to be displayed on Bank statement/Passbook/FD receipt.    Yes ☐    No ☐

No Nominee Declaration

I, \_\_\_\_\_ resident of \_\_\_\_\_ declare that I do not wish to avail the nomination facility for my account being opened with Deutsche Bank, \_\_\_\_\_ Branch.  
I have been explained by the Deutsche Bank representative, the benefits of availing the nomination facility and I undertake to inform the Bank if I intend to avail the nomination facility in future.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration**  
I/we have read and understood Bank's General Business Conditions (a copy of which has been sent to me/us in my/our possession) governing the business relationship with the Bank and those special conditions relating to various services including but not limited to Accounts, ATM, Internet Banking, Mobile Banking, Phone Banking, Debit Card, Bill Payment etc. I/we accept and agree to be bound by the said Bank's General Business Conditions including those excluding/limiting the Bank liability. I/we understand the Bank may at its absolute discretion, discontinue any of the services completely or partially with notice (personal or public) to me/us. I/we agree the Bank may debit my account for service charges as applicable from time to time. I/we confirm the I/we am/are resident of India. I/we hereby irrevocably authorize the Bank to monitor my/our account(s) and disclose, from time to time, any information on or relating to my/our account(s) with the Bank to any other branch of the Bank and any of its subsidiaries or affiliates or Regulators or to any Authority or Credit Bureaus or third party without my/our specific consent. The Bank's General Business Conditions, the receipt and acceptance of which I/we herewith confirm, and all other rules and conditions of the Bank including any amendments there to as notified by the Bank shall apply to each of the accounts and all documentation in relation thereto. \*I/we are aware that Deutsche Bank reserves the right to either close my payroll account or convert my payroll account as a normal savings account with average quarterly balance requirement & applicable schedule of charges if salary credits / other credits are not received in the said account for the period of 3 months and above under intimation to me.\*At present, I/we do not wish to include my/our contact details with Do Not Call Registry and I/we take note to update my/our contact details with the registry whenever I/we wish to.

**Information pursuant to Anti-Money Laundering Regulations**  
[ ] I/we am/are the beneficial owner of all assets run through my/our account(s) opened with Deutsche Bank  
[ ] The beneficial owner of some/all assets run through the account(s) is/are (name and address of person for whom the account(s) are maintained)

The Branch of the Bank in \_\_\_\_\_ (State/Country) where my/our account is kept (the "Accountable Branch") is the sole branch of account for repayment of any credit balance in the account and any interest accruing there on which will only be made at the Accountable Branch and in the currency in which the credit balance is denominated. Accordingly, the Bank shall not be required to repay any such credit balance or interest at its head office or any branch other than the Accountable Branch for so long as and to the extent that the Accountable Branch cannot repay the balance or interest due to (a) an act of war, insurrection or civil strife; or (b) an action by the government or any instrumentality of or in \_\_\_\_\_ (State/Country) (whether de jure or de facto) preventing such repayment. The competent court within whose jurisdiction the Accountable Branch is situated shall have exclusive jurisdiction in respect of any claims against the Bank. However, this will not affect the Bank's general lien and right of set-off over all my/our accounts at all branches of the Bank and for this purpose the Bank shall be entitled to combine and consolidate all or any of such accounts.  
I/we understand the Bank can seek my/our latest information and collect the required KYC documents on periodical basis in compliance with applicable regulatory guidelines.  
I/we will update the Bank in case of any change in my/related party/Beneficial Owner details provided at the time of opening the account which includes address change, change in industry, change in employment etc.  
**Foreign Exchange Management Act, 1999 (FEMA)**  
I/we hereby declare that the transaction relating to foreign exchange routed through your Bank do not invoice, and are not designed for the purpose of any contravention or evasion of the provisions of the aforesaid Act or of any rule, regulation, direction, or order made hereunder. I/we also hereby agree and undertake to give such information/ documents as will reasonably satisfy you about the transactions in terms of the above declaration.

**\*Customer Signature** (Sign within the box and use black ink for Signature)  
I/we confirm that all the details provided on the above form are correct

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

For Bank Use Only

\*Debit Card Label Code    1st Applicant        2nd Applicant        3rd Applicant        Promo Code

Payroll Co./ Promo/ Campaign Code            \*Sol ID        \*Scheme Code

\*Lead Generated by Code            \*Customer Sourced by Code

A/c Manager Code

Branch/ Service Manager \_\_\_\_\_ Signature \_\_\_\_\_ Employee ID         Date

Imaging QC Done \_\_\_\_\_ Signature \_\_\_\_\_