

ACCOUNT OPENING FORM

For Sole Proprietor/HUF/Trust/Partnership/Corporate/AOP/Societies
(To be filled by applicant only)

Deutsche Bank



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.
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.

Date:

Work Item No. For Bank Use Only

Account No.

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

*Account Details

Name

Customer ID No. (If existing customer)

*Account Option

☐ Savings Account ☐ Current Account

Account Scheme

(Tick Savings or Current Account Options provided)

(Savings Account cannot be opened by Proprietorship, Partnership and Corporate entities)

(Please mention Deutsche Bank Savings/Current Account Scheme)

*Mode of Operation

☐ As per Resolution

☐ As per details mentioned below

ATM / Debit Card Details (Applicable only to Sole Proprietorship Accounts with individual being the proprietor. ATM / Debit Card will be issued to Corporate entities only on submission of specific Deutsche Bank Application form for ATM / Debit Cards along with the requisite Board Resolution)

* ATM & POS

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)

☐ Business Platinum ☐ Gold

***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 transactions by placing a physical request at the your branch or contact your Relationship Manager. International Usage option on debit card is not available for Current Accounts.

Deliverables

*Cheque Book ☐ Yes ☐ No

(*For Savings Account cheque book of 25 cheque leaves and for Current Account cheque book of 50 leaves will be issued)

*Initial Payment Details

Amount: Rs. Paise Rupees (In words)

☐ Cheque No. Drawn on Bank Branch dated

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

Other Bank Details

Have you availed of any Credit Facilities (including non-fund based)/Loans from Financial Institutions/NBFC/Employer/Banks including lease, hire purchase, factoring derivative contracts

If Yes, please provide the following details ☐ Yes ☐ No

Name of Bank*	Facility Amount*	Type of Facility*	Date of Disbursal

PLEASE ATTACH NOC IF ANY FACILITIES ARE AVAILED BY YOU

*Declaration

I/We have read and understood Bank's General Business Conditions (a copy of which has been sent to me/us is 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, Phone Banking, Debit Card, Internet Banking, 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 agree, understand and acknowledge that Bank may at its absolute discretion, reject, discontinue or terminate any of the services or transactions, completely or partially, with notice (personal or public) to me/us, for any reason whatsoever including any violation of applicable laws or internal policies of the Bank. I/We agree that Bank may debit my account for service charges as applicable from time to time. I/we confirm that I/we am/are resident of India. I/We hereby irrevocably authorize the Bank to monitor my/our account 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 thereto as notified by the Bank shall apply to each of the accounts and all documentation in relation thereto. 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 own account(s) opened with Deutsche Bank
The beneficial owner of some/all assets run through the account 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 thereon 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 that 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/UBO 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 transactions relating to foreign exchange routed through your Bank do not involve, 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)

<div></div> <div>Authorised Signatory 1: _____ Date: _____</div>	<div></div> <div>Authorised Signatory 2: _____ Date: _____</div>
<div></div> <div>Authorised Signatory 3: _____ Date: _____</div>	<div></div> <div>Authorised Signatory 4: _____ Date: _____</div>

For Bank Use Only

*Debit Card Label Code	1st Applicant		2nd Applicant		3rd Applicant		Account Label Code												
*Sol ID				Scheme Code						*A/c Manager Code									
*Lead Generated by Code										*Customer Sourced by Code									

In case of Sole Proprietorship Account where individual is the Sole Proprietor, please attach a Nomination Form or No Nomination Declaration.

Branch/Service Manager _____ Employee ID _____ Date _____

Imaging QC Done _____ Si gnature _____



ALTERNATE CHANNEL APPLICATION FORM

ANNEXURE II

Details of Firm/ Corporate

Name of the Corporate

Account No

Cust ID

Constitution

☐ Partnership☐ Private Ltd☐ Public Ltd☐ Others (Please specify)

Declaration

We wish to avail the following facilities ("Facilities")

☐ Phone Banking☐ Debit Card

ATM / Debit Card Details (Applicable only to Sole Proprietorship Accounts with individual being the proprietor. ATM / Debit Card will be issued to Corporate entities only on submission of specific Deutsche Bank Application form for ATM / Debit Cards along with the requisite Board Resolution)

* ATM & POS Limits applicable at ☐ Within India Only ☐ International (Please indicate your preference for using your Debit card at Domestic and/or International locations)

Type of ATM / Debit Card

Name to be Embossed on the card
(Maximum 19 Characters)***ATM / POS Limit
25K 50K 100K☐ Business Platinum☐ Gold

" *** If you do not specify an ATM and POS limit on this form, a default limit of Rs. 25,000 will be assigned to you. The default limit assigned will be applicable for both Domestic and International ATM and POS usage"

We maintain an account with **Deutsche Bank AG, India** ("Bank") in the name of our firm / company as above. We have read and understood the Bank's General Business Conditions and the terms and conditions applicable to the Facility (copy of which has been provided to us) and agree to abide by them and amendments thereof. We hereby request you to allow us to avail of the Facility subject to Bank's terms and conditions and permit our **Director/Partner / Authorized Signatory / Company official** ("Authorized Signatory") as per our resolution / consent letter dated _____ to operate the Facility. We hereby authorize the Bank to debit the above mentioned account for any amounts that may be due under the Facility including interest, charges and cost which have not been reimbursed by us to the Bank separately.

In consideration of the Bank providing us with these services, we hereby jointly and severally agree and undertake to:

- indemnify and keep indemnified the Bank of, from and against all costs, claims, disputes and consequences whatsoever arising out of use of the Facilities by us or our Authorized Signatory including any misuse of the personal identification number ("PIN") or unintentional / intentional disclosure of the PIN by the Authorized Signatory resulting in any unauthorized access to our account;
- ensure that the Facility is used only by the Authorized Signatory only;
- inform the Bank of any change in our constitution; and
- inform the Bank of any instance of insanity, insolvency and death of any Authorized Signatory.

We enclose herewith a copy of the resolution (consent letter in case partnership firm signed by all partners) passed in a duly convened meeting of our Board of Directors in terms of which this application is being made.

Name of the Director / Partner / Authorized Signatory /
Company official / Authorized Representative

Designation

Signature

For and on behalf of the Company / Partnership Firm (All partners in case of Partnership / Authorized Signatories in case of Corporates)

Name of the Authorised Signatory	Designation	Signature

Branch Use

Signature of the Sourcing Staff with Emp ID

Signature of Service Staff with Emp ID

Cust ID

Account Number

For Customer Use

Name of the User	<input type="text"/>		
	First name	Middle name	Last name
Preferred User ID	<input type="text"/>		
*Mobile No.	<input type="text"/>	-	<input type="text"/>
	Country Code	Mobile Banking Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email	<input type="text"/>		Individual PAN <input type="text"/>
Access Required (Select any one)	<input type="checkbox"/> View only access	<input type="checkbox"/> Inputter access	<input type="checkbox"/> Transaction Access (Can only to be provided to authorised Signatories)

Name of the User	<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"/> <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"/> <input type="text"/>																		
	First name					Middle name					Last name								
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*Mobile No.	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile Banking Required	Yes	<input type="text"/>	No	<input type="text"/>											
	Country Code																		
Email	<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"/>										Individual PAN	<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"/>							
Access Required (Select any one)	<input type="checkbox"/>	View only access				<input type="checkbox"/>	Inputter access				<input type="checkbox"/>	Transaction Access (Can only to be provided to authorised Signatories)							

Name of the User	<input type="text"/>		
	First name	Middle name	Last name
Preferred User ID	<input type="text"/>		
*Mobile No.	<input type="text"/>	- <input type="text"/>	Mobile Banking Required Yes <input type="checkbox"/> No <input type="checkbox"/>
	Country Code		
Email	<input type="text"/>		Individual PAN <input type="text"/>
Access Required (Select any one)	<input type="checkbox"/> View only access	<input type="checkbox"/> Inputter access	<input type="checkbox"/> Transaction Access (Can only to be provided to authorised Signatories)

Name of the User		First name										Middle name										Last name											
Preferred User ID																																	
*Mobile No.		Country Code		-												Mobile Banking Required		Yes		No													
Email																						Individual PAN											
Access Required (Select any one)		<input type="checkbox"/> View only access		<input type="checkbox"/> Inputter access		<input type="checkbox"/> Transaction Access (Can only to be provided to authorised Signatories)																											

Name of the User	<input type="text"/>		
	First name	Middle name	Last name
Preferred User ID	<input type="text"/>		
*Mobile No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile Banking Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Country Code		
Email	<input type="text"/>		Individual PAN <input type="text"/>
Access Required (Select any one)	<input type="checkbox"/> View only access	<input type="checkbox"/> Inputter access	<input type="checkbox"/> Transaction Access (Can only to be provided to authorised Signatories)

1. Indemnify and keep indemnified the Bank of, from and against all costs, claims, disputes and consequences whatsoever arising out of use of the internet banking / mobile banking facility by us or our Director/Partner/Authorized User;
2. Inform the Bank of any change in our constitution;
3. Confirm that we are aware that default limit for transaction through internet banking / mobile banking under this application is Rs. 20 lacs.
4. Note that a digital signature is mandatory for availing online banking limits in excess of INR 50 lacs.
5. Inform the Bank of any instance of insanity, insolvency and death of any Director/Partner/Authorized User;
6. Ensure that the facility will be used by the authorised person/s only as resolved in the Board resolution/Consent letter, and any misuse of password or unintentional/intentional disclosure of the password by that authorised person/s resulting in any unauthorized access to the company account/s details, will be at the company's / firm's sole and final risk. The Bank in no way or to any extent will have the responsibility to scrutinize or verify that the access to the account/s was or is being availed by the authorised person/s at any point of time.

Name of the Proprietor/Director/Partner/Authorised Signatory	Designation	Signature

For Bank Use Only

Approval workflow for db OnlineBanking transactions.

Approval level	Level Name, Hierarchy	User IDs to be tagged (separated by comma)	Amount From	Amount To	Number of users required in the workflow	Alerts (Yes/No) (update alerts flag for all user ID's)	Remarks
Level 6 (Inputter)	L6 , 6						
Level 5 (Inquiry only)	L5 , 5		NA	NA	NA	NA	NA
Level 4 (First level approver)	L4 , 4						
Level 3 (Second level approver)	L3 , 3						
Level 2 (Third level approver)	L2 , 2						
Level 1 (Final approver)	L1 , 1						

Signature of the Sourcing Staff with Emp ID

Signature of Service Staff with Emp ID

Cust ID

Account Number

