

Serial No.:

Deutsche Bank



CUSTOMER INFORMATION FORM (RESIDENT INDIVIDUAL)

Customer ID No.:
(For Bank use only)

Date:
D D M M Y Y Y Y



Please fill in the form in CAPITAL/BLOCK letters and tick boxes wherever applicable.

Personal Details

Title Mr. Ms. Mrs. Others (Please specify) _____

Name
First name Middle name Last name

Date of Birth Gender M / F
D D M M Y Y Y Y

Nationality Mother's Maiden Name

Educational Qualification Non-Matriculation SSC/HSC Undergraduate Graduate
 Postgraduate (General) Postgraduate (Professional)

Marital Status Married Unmarried No. of Dependents Adults Children

Minor Yes (Please provide guardian details) / No Senior Citizen Yes (Please attach age proof) / No

PAN/GIR No. Form 60/61 attached
(If not available, please attach Form No. 60/61)

Passport No. Date of Issue Date of Expiry
D D M M Y Y Y Y D D M M Y Y Y Y

Deutsche Bank Staff Deutsche Bank Group Staff Deutsche Bank India Staff Employee No.

Contact Details

Mailing Address

Address Line-1

Address Line-2

City State PIN Code Country

E-mail Phone No. (L) Mobile
STD Code

Permanent Address (Only if different from the mailing address)

Address Line-1

Address Line-2

City State PIN Code Country

Phone No. (L) Mobile
STD Code

Office Address (Optional)

Company Name

Address Line-1

Address Line-2

City State PIN Code Country

Phone No. (L) Mobile
STD Code

Preferred Mode of Contact E-mail Phone (L) Mobile Personal Visit Residence Visit Office Do not call

Preferred Time of Contact Before 7 AM 7 AM - 9 AM 10 AM - 6 PM 7 PM - 9 PM Anytime during the day

Banking Relationship

| | | | | |
|-------------------------------|------------------------------|-----------------------------|-------------|----------------------|
| With Deutsche Bank (Overseas) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Account No. | <input type="text"/> |
| Branch Name | | | Location | <input type="text"/> |
| With other Bank | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Account No. | <input type="text"/> |
| Bank Name (1) | | | Account No. | <input type="text"/> |
| Bank Name (2) | | | Account No. | <input type="text"/> |

Employment Details

| | | | | | | | |
|------------------------------|---|---|--|--|--|-------------------------------------|--|
| Occupation | <input type="checkbox"/> Salaried | <input type="checkbox"/> Self-employed Professional | <input type="checkbox"/> Business | <input type="checkbox"/> Retired | <input type="checkbox"/> Student | | |
| If salaried, employed with | <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Private Limited Company | | | | | |
| Name of the company | <input type="text"/> | | | | | | |
| Grade | <input type="checkbox"/> Clerk | <input type="checkbox"/> Officer | <input type="checkbox"/> Junior Management | <input type="checkbox"/> Middle Management | <input type="checkbox"/> Senior Management | | |
| If self-employed, profession | <input type="checkbox"/> CA | <input type="checkbox"/> Engr. | <input type="checkbox"/> Doctor | <input type="checkbox"/> Trader | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Consultant | <input type="checkbox"/> Others <input type="text"/> |
| If in business | <input type="checkbox"/> Public Limited | <input type="checkbox"/> Private Limited | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership | | | |
| Annual household income | <input type="checkbox"/> < Rs. 250,000 | <input type="checkbox"/> Rs. 250,000 - 500,000 | <input type="checkbox"/> Rs. 500,000 - 1,000,000 | <input type="checkbox"/> > Rs. 1,000,000 | | | |

Help us to know you better

| | | | | | |
|---|---|--|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Golf | <input type="checkbox"/> Health | <input type="checkbox"/> Music | <input type="checkbox"/> Marine |
| <input type="checkbox"/> Personal/Finance | <input type="checkbox"/> Computer/Technical | <input type="checkbox"/> Motorsports | <input type="checkbox"/> Sports/Outdoor | <input type="checkbox"/> Home/Family | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Shopping | No. of Annual Overseas Travel <input type="text"/> | | | |

Preferences

| | | | |
|---------------|------------------------------|-----------------------------|---|
| Language | <input type="text"/> | TV Station | <input type="text"/> |
| Radio Station | <input type="text"/> | Newspaper | <input type="text"/> |
| Credit Card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Type of card <input type="checkbox"/> Regular <input type="checkbox"/> Silver <input type="checkbox"/> Gold |
| Bank Name (1) | | | Card Limit (1) <input type="text"/> |
| Bank Name (2) | | | Card Limit (2) <input type="text"/> |

Minor Account

| | | | | |
|--|---------------------------------|---------------------------------|---|---|
| Name of Parent/Guardian | <input type="text"/> | Minor's Date of Birth: | <input type="text"/> | |
| | | D D M M Y Y Y Y | | |
| Relationship with minor | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> By Court Order (If yes, please affix a copy) | <input type="checkbox"/> Others (Please specify) <input type="text"/> |
| I shall represent the minor in all future transactions of any description in the above account till the said minor attains majority. I shall fully indemnify the Bank against any claim of the above minor for any withdrawal/transaction made by me in his/her account. | | | | |
| | | | | ----- Guardian Signature |

Introduction Details

| | | | | | |
|--|----------------------|----------------------|----------------------|---|--|
| <input type="checkbox"/> Introduction by existing Deutsche Bank Account Holder | | | | | |
| Customer's Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| | | First name | Middle name | Last name | |
| Customer ID | <input type="text"/> | Account No. | <input type="text"/> | I confirm that I am an account holder with Deutsche Bank for over six months. I confirm that I personally know the applicant/s detailed here in for more than six months and confirm his/her identity occupation and address. | |

| | |
|---|--|
| ----- (Introducing Customer Signature) Location: <input type="text"/> Date: <input type="text"/> D D M M Y Y Y Y | Signature verified By (Name) <input type="text"/> |
| | Signature verified By (Signature) ----- |
| | Employee ID <input type="text"/> |
| | Date A/c. opened <input type="text"/> D D M M Y Y Y Y |

Declaration

I/WE have read and understood Bank's General Business conditions (a copy of which I / WE am/are in possession of) governing the entire business relationship with Deutsche Bank AG and those special conditions relating to various services including but not limited to Accounts, ATM, Phone Banking, Debit Card, Internet Banking, Bill Payment. I/WE accept and agree to be bound by the said Bank's Conditions including those excluding/limiting the Bank Liability. I/WE understand that Bank may as its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/WE agree that Bank may debit my account for service charges as applicable from time to time. I/WE authorize the Bank to keep providing me/us the information of the Bank's new products and offers through my/our preferred mode of contact or through a phone call as convenient. I / WE confirm that I / WE am/ are resident of India. I/We hereby irrevocably authorize the Bank to disclose from time to time any information on or relating to my/our account(s) with the Bank to any other branch of Deutsche Bank AG and any of its subsidiaries. The Bank's General Business Conditions receipt and acceptance of which I/we herewith confirm, and all other rules and conditions of the Bank, shall apply to each of the accounts and all documentation in relation thereto.

Information pursuant to Anti-Money Laundering

- I/WE am/are the beneficial owner of all assets run through my/our own account
 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 Deutsche Bank AG 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, Deutsche Bank AG 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 Deutsche Bank A.G. However this will not affect the Bank's general lien and right of set-off over all my/our accounts at all branches of Deutsche Bank AG and for this purpose Deutsche Bank AG shall be entitled to combine and consolidate all or any of such accounts.

Customer Signature (Sign within the box & use black ink for signature.)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|----------------|------|---|---|---|---|---|---|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|
| | | | Date | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> | | | | | | | | | | | D | D | M | M | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | Name _____ | Location _____ | | | | | | | | | | | | | | | | | | | | | | |

Form No. 60

Form of Declaration to be filed by a person who does not have either a Permanent Account Number (PAN) or General Index Register Number and who makes payment in cash in respect of transactions specified in Clauses (a) to (h) of rule 114B.

Full name and address of the Declarant:

1. Mr./Mrs./Ms.

| | | |
|------------|-------------|-----------|
| First name | Middle name | Last name |
|------------|-------------|-----------|

Address Line -1 _____

Address Line -2 _____

City

 PIN

Phone No.

 STD Code _____ Fax No.

2. Particulars of transaction - Opening of _____ account(s)

3. Amount of the transaction _____

4. Are you assessed to tax? Yes No

5. If yes,

(i) Details of Ward/Circle/Range where the last returns of Income Tax was filed. _____

(ii) Reasons for not having Permanent Account Number/General Index Register Number. _____

6. Details of the documents being produced in support of address in Column (1).

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the _____ day of _____ 20 ____

Place:

Signature of the Declarant

Instructions: Documents which can be produced in support of the address are:

- Ration Card
 - Passport
 - Driving Licence
 - Identity Card issued by any institution.
 - Copy of the electricity bill or telephone bill showing residential address.
 - Any document or communication issued by any authority or Central Government, State Government or local bodies showing residential address.
 - Any other documentary evidence in support of his address given in the declaration.
- In item 3, give the amount of first day's transactions for SavingsBank and CurrentAccount.

For Bank Use Only

| | | | |
|---------------------------|---|---|---|
| Customer Category | <input type="checkbox"/> Affluent | <input type="checkbox"/> Private Banking | <input type="checkbox"/> Payroll |
| Lead Generated By: | <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"></table> Empl Code/DST Code | Customer Sourced By: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"></table> Empl Code/DST Code | Customer Managed By: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"></table> RM Empl Code |
| Private Banking Team Code | <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"></table> (Only in case of Private Banking Customers) | Promotion Code <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"></table> | Valid up to <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"></table> D D M M Y Y Y Y |
| Customer Risk Profile | <input type="checkbox"/> Very Conservative | <input type="checkbox"/> Conservative | <input type="checkbox"/> Moderate |
| | | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Very Aggressive |
| Payroll Company Code | <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px;"></table> | | |

For Bank Use Only (Contd...)

| | | | | |
|--|-------------|---|------|---|
| Branch Manager/Service Manager (Signature) | Employee ID | <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"/> | Date | <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"/> |
| | | | | D D M M Y Y Y Y |
| Account Details Input By: (Signature) | Employee ID | <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"/> | Date | <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"/> |
| | | | | D D M M Y Y Y Y |
| Account Details Verified By: (Signature) | Employee ID | <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"/> | Date | <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"/> |
| | | | | D D M M Y Y Y Y |

Documents Checklist

Documents required for Savings/Current Account opening

- I. Completed account opening form and latest passport-sized photograph and self cheque or cash deposit and copy of passport.
In the absence of passport copy, please submit copies of one document each from List A and List B.

List A

- Voter's ID Card Govt. ID Card PAN Card Employee ID Card
- Driving License/Photo Credit Card Defence Services ID

List B

- Latest bank account statement/credit card statement Latest electricity/telephone/mobile phone bill
- Latest copy of LIC policy or insurance premium receipt Latest copy of NSC
- Letter from employer certifying current mailing address Latest house lease agreement

or

- Introduction by existing account holder (Account in existence for more than 6 months)

or

- Introduction by the existing banker
- In addition, the following documents are required for cash deposits:
proof of PAN/GIR No. or Form 60 (in the the absence of PAN/GIR No.)

- II. Minor accounts additionally require copy of the birth certificate.
- III. Senior Citizen's accounts additionally require a copy of any one of the following documents:
 - Birth Certificate Passport Driving License Ration Card
 - Pension Card Govt. ID Card School Leaving Certificate Life Insurance Policy
- IV. Sole proprietorship firms will additionally require a copy of any one of the following documents:
 - Shops and Establishment Certificate/Municipal License Sales Tax and Income Tax Returns Registration Certificate
 - Chartered Accountant's Certificate Existing Bank Statement from the current banker
- V. Foreign citizen in India additionally requires
 - Photocopy of passport with valid Visa or Work Permit