

കൊച്ചി ശാസ്ത്ര സാങ്കേതിക സർവ്വകലാശാല
COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY

KOCHI-22

Dated: 10.10.2023

CIRCULAR

Sub:- CASH - Starting multilevel fund transferring system in Plan Scheme Treasury Savings Bank (PSTSB) Account - submitting duly filled account opening forms - informed of - reg.

Ref :- 1. Circular dated 23.02.2023

2. Letter No.TRY.DTOEKM/554/2023-C3 dated 27.06.2023

Based on the previous Circular (1), 32 departments/centers have already submitted their applications for the opening of Tier II PSTSB Accounts, and consequently, 32 Tier II PSTSB Accounts were established at the District Treasury in Kakkanad. However, it has come to our attention that there are still a few departments/centers that have not yet initiated the process of opening PSTSB Tier II accounts and have continued to submit their applications for the same.

In light of this, it is informed that the departments/centers that have not yet submitted their applications for the opening of Tier II PSTSB Accounts, have to promptly complete and sign the necessary application forms. These forms should be submitted to the Cash A section no later than October 17, 2023.

Dr. Meera V *

Registrar

* This is a computer generated document. Hence no signature is required.



SB FORM No. 1

(Rules 57 & 67)

GOVERNMENT OF KERALA

TREASURY SAVINGS BANK**Application to Open an Account for***(Tick the category applicable)*

| | | | | | | | |
|--|------|------|-----|-----|-------|------|--|
| TSB | STSB | PTSB | TSA | TPA | JPTSB | *TFD | |
| Name(s) in full | | | | | | | |
| Address(es) | | | | | | | |
| Customer ID | | | | | | | |
| Object (in the case of Public Account) | | | | | | | |
| Name of Pledgee (in the case of Security Account / Term Deposit) | | | | | | | |
| Purpose for which the Security is offered | | | | | | | |

TERM DEPOSIT

| | |
|-----------------------------|--|
| Amount (in words & figures) | |
| Period & Rate of interest | |

* TSB account should also be opened for crediting interest on TFD

NOMINATION

| Sl. No. | Name & address of Nominee | Relationship | Share % | DOB (if minor) | Name & address of Guardian (in case of minor) |
|---------|---------------------------|--------------|---------|----------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

Date :

Signature(s) of the Applicant(s) (in blue or black ink)

Application verified with KYC form and ID proof
Account opened

| | |
|---------------------|---|
| Category of Account | TSB / STSB / PTSB / TSA / TPA / JPTSB / TFD |
| Customer ID | |
| Account No. | |

Date :

(Treasury seal)

Signature of Passing Officer

DECLARATION

I/We hereby declare that the savings bank rules have been read by melus and that I/We accept them as binding upon melus.

I/We further declare that I/We have no TSB Account opened by melus on my/our on behalf at any time, at any other Treasury.

I/We declare that I/We have no account on behalf of a minor/Lunatic at any other Treasury Savings Bank.

I/We declare that the minor was born on.....

I/We hereby undertake not to make any claim on the Treasury Savings Bank for the principal or any interest thereon except with the express written sanction of.....

(here enter the name of the pledgee).....

to whom the security is hereby pledged nor to object to the payment by the Bank of the whole or part of the principal or interest to the said office on his claiming it.

I/We hereby declare the person(s) nominated are entitled to receive after my death the balance amount to the credit of my Account.

I/We understand that, if I/We request repayment of term deposit before maturity the repayment would be on forfeiture of 1% interest unless the bank at its discretion agree to pay interest when such interest will be @ applicable to term deposits for the period of which the deposit has actually run. —

Station:

Date:

Signature of the Applicant'(s)

Received the with-in mentioned Term Deposit Certificate

Signature of Depositor(s) with date

Countersigned
(in case of Pledged accounts)

Signature and official
address of the Pledgee

Note: Score out the declaration not applicable to the class of the deposit. Countersignature is required only in the case of security account and public accounts wherever applicable.

SB FORM No. 1(a)
GOVERNMENT OF KERALA
Treasury Savings Bank

Know Your Customer (KYC) Form for Institution
(To be filled by the head of office)
[Rule 67(a) of KTC Vol. II]

Customer ID STSB/TPA/PD Account No.
(To be assigned by the Treasury)

Branch Treasury

Basic Details

Name of the Institution:

| | A | B | C | D | E | F |
|---------------------------------------|-------------|------|------|-----------------|---------------------------|--------|
| Institution Type* (Tick necessary) | Govt. Dept. | LSGI | PSUs | Co-op Societies | Grant in aid institutions | Others |

Office Name*

TAN No.* PAN No.

Office Address

| | |
|----------------------|-------------------------------|
| House/Building Name* | Street/ Locality* |
| City* | Post Office* |
| Pin Code* | Office No. (with STD Code) |

Holder Status

Name of Officer in charge*

| | | | |
|----------------------|-----|----|----------------|
| Government Employee* | Yes | No | If Yes PEN No. |
|----------------------|-----|----|----------------|

Designation*

Aadhaar No.* Mobile No.

Email ID

| | | |
|--------|------|----|
| Charge | From | To |
|--------|------|----|

Ido hereby declare that the information furnished above is true to the best of my knowledge and belief.

Date: (Office seal)

Signature, Name & Designation

* Fresh KYC should be filed in the event of any change in the charge-officer who operates the account.