



Date

D	D	M	M	Y	Y	Y	Y
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In case of current account, declaration cum undertaking, to be obtained

Branch Name	<input type="text"/>	Branch Code	<input type="text"/>	Bank/Branch to affix rubber stamp of name and code no.
Fields marked asterisk (*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature (For office use only)				
Customer ID	<input type="text"/>	Application Type	<input type="checkbox"/> New <input type="checkbox"/> Update	
Account No.	<input type="text"/>	CKYC No.	<input type="text"/>	
Account type	<input type="checkbox"/> Normal <input type="checkbox"/> Small <input type="checkbox"/> Minor	(Mandatory for CKYC update request and creation of CIF/Account through using CKYC No.)		
		Staff	<input type="checkbox"/> PF NO. <input type="text"/>	

A. Personal Details

1.Name*: (Same as ID Proof)		M A L Y A L A L A K S H M I N A R A Y A N A A S H O K																																																																															
		N A M E													L A S T N A M E																																																																		
2.Date of Birth*:		D 1 6 - 0 6 - 2 0 0 4										3.Gender*		Male M A L E										Female										Third Gender																																															
4.Marital Status		Married										Unmarried										Others										5. No. of Dependents																																																	
6. Name of * (Please tick one)		Father										Mother										Spouse*																																																											
		F I R S T N A M E													M I D D L E N A M E													L A S T N A M E																																																					
		(Father name is mandatory, if PAN is not provided)																																																																															
7.Name of Guardian		F I R S T N A M E													M I D D L E N A M E													L A S T N A M E																																																					
(In Case of Minor*)		Relationship with Guardian																																																																															
8.Nationality:		In-Indian										Others										Country Name																				9.Citizenship:																																							
*10.Occupation Type Service		State Govt.										Central Govt.										Public Sector Undertaking										Defence										Pvt. Sector										Employee ID																				(other than Defence & Paramilitary personnel)									
Place of Posting																																																																																	
Business		Industrialist										Trade Sect.										Serv. Sect										Migrant Labour										Contractor										Jeweller / Bullion Trader										Pawn Shop																			
		Import / Export Customer										Other Self Employed																																																																					
Others		Medical Prof.										Legal Prof.										CA / ICWA / Taxation / Finance										Eng. / Architect / Tech. Consultant										Retired										Journalist																													
		Housewife										Student										Share and Stock Broker										Oth. Professional										Agriculture										Political / Social Worker																													
		Not categorised-Please specify																																																																															
11.Organization's Name:																												Designation / Profession:																																																					
Nature of Business:																																																																																	
12. Annual Income* Rs.																												13.Net Worth (approx value) Rs.																																																					
14.Source of Funds		Salary										Business Income										Agriculture										Investment										Pension										Others																													
15.Religion:		Hindu										Muslim										Christian										Sikh										Others																																							
16.Category:		General										OBC										SC										ST																																																	
17.Person with Disability		Yes										No										If yes,										i. Visually impaired										ii. Differently abled																																							
18.Educational Qualification:		up to 9th Class Passed										10th Class Passed										Graduate (Gen.)										Post Graduate(Gen.)																																																	
		Med. Graduate / Post Graduate										Eng. Graduate / Post Graduate										Law Graduate / Post Graduate										CA / ICWA / MBA / CFA																																																	
		Computer Degree / Diploma / MCA										Other Professional Degree/Diploma										Illiterate										If Yes : Identification Marks :																																																	
19.Please Tick the Applicable box*:		Politically Exposed Person										Related to Politically Exposed Person										None																																																											
(Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a foreign country e.g. Heads of State / Governments, Senior Politicians / Senior Governments /Judicials / Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc.)																																																																																	
20.Country of Tax Residence in India only and not in any other country or territory outside India*		Yes										No										(If no, please fill the FATCA details form - Annexure I)																																																											
21.PAN*												(If PAN is not submitted, submit Form 60 - Annexure I)																																																																					

B. Contact Details (All communications will be sent on provided Mobile No./Email-ID)

[illegible]

C. Proof of Identity/Address (Officially Valid Documents) [Please tick the appropriate Box (any one ID type) and give details]*

<input type="checkbox"/> A-Passport	<input type="checkbox"/> B-Voter's Identity Card	<input type="checkbox"/> C-Driving Licence	<input type="checkbox"/> D-Proof of Possession of Aadhaar Number (Verification)	<input type="checkbox"/> E-KYC	<input type="checkbox"/> Offline
<input type="checkbox"/> E-NREGA Job Card	<input type="checkbox"/> F-Letter Issued by National Population Register Containing Details of Name & Address				

Whether submitted document is equivalent e-document: ☐ Yes ☐ No.

Document No. / Identification No.*

Issued By: Issue Date:* Expiry Date:*

[illegible]

Small Accounts: Only Self Attested Photograph

D. Address details ☒ Current ☐ Overseas

Address type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified																						
Address*	<input type="text"/>																										
	<input type="text"/>																										
City/Village*	<input type="text"/>										District*: <input type="text"/>	<input type="text"/>															
State:*	<input type="text"/>										Pin:*	<input type="text"/>					Country Name*	<input type="text"/>									

E. Address details ☐ Correspondence ☐ Same as Current/Overseas Address

[illegible]

F. If the Officially Valid Document (OVD) does not contain current address-please provide any of the documents below. (Not more than 2 months old)

☐ Utility Bill
 ☐ PPO / FPPO
 ☐ Property or Municipal tax receipt

☐ Letter of allotment of accommodation issued by employer / issued by State or Central Government departments, statutory or regulatory bodies, Public sector undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and licence agreements with such employers allotting official accommodation.

☐ Self-Declaration (If Aadhaar is voluntarily provided for identification purpose and current address is different from address available in Central Identities Data Repository Authentication of Aadhaar number using e-KYC authentication facility provided by the UIDAI is mandatory)

Document No.

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 Date

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G. DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION

1. I have read the copy of Terms and Conditions of the Account Opening Form given to me. The Terms and Conditions have been explained to me / us and having understood, I accept the same.
2. I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002
3. I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric / OTP based authentication to the Bank.

☐ YES ☐ NO (E-KYC authentication and Aadhaar seeding is mandatory for availing DBT benefit)

<p>PHOTO*</p> <p>Please Paste</p> <p>Recent passport Size (Do not Staple)</p>		<p>Signature/Thumb impression of the Applicant</p> <p>Please sign in black ink only</p>																				
Place	<table border="1" style="margin: auto; 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> <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> </table>																					Date
		<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y															

H. FOR OFFICE USE ☐ Documents received ☐ Self-certified ☐ True Copies ☐ Notary ☐ Equivalent e-Documents

- i. Self-certification & documents received as part of account opening process have been verified and found correct.
- ii. Certified that Copy of Terms and Conditions signed by Customer obtained
- iii. Aadhar verification: ☐ e - KYC ☐ Offline
- iv. Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

v. Threshold Limit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	vi. BIS Organisation Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	vii. Customer Segment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
viii. Depositor	<input type="text"/>	Illiterate	<input type="text"/>	Blind	<input type="text"/>	Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Risk Category:*	<input type="text"/>	High	<input type="text"/>	Medium	<input type="text"/>	Low

Details of one or two identification marks, if any, such as a mole or scar (mandatory for illiterate applicant)

In person verification carried out and Signature / LTI of the applicant verified.

[illegible]

Date	D	D	M	M	Y	Y	Y	Y	SS No.		Signature	
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ACCOUNT OPENING FORM FOR INDIVIDUAL (PART -II) (SAVING BANK, CURRENT ACCOUNT AND TERM DEPOSITS)

Fields marked asterisk (*) are mandatory.
Please fill up in BLOCK letters only and use black ink for signature



(For office use only)

First Applicant Customer ID

Second Applicant Customer ID

Account No.

Date

Bank / Branch to affix rubber stamp of name and code no.

I / We request you to open my / our deposit account with your branch / bank as under: (Tick (v) relevant type of account)

A. Type of Account (In case of current account, declaration cum undertaking, Annexure 3 to be obtained)

☐ Savings Bank Account ☐ BSBD ☐ BSBD Small Account ☐ Current Account (Individual) ☐ Fixed Deposit / MOD / RD (Please fill point No D 1/2/3) ☐ Caps Gain (SB) (Please fill point No D. 1) ☐ Savings Plus Account

(In case of Current Account, declaration cum undertaking to be obtained)

B. Mode of Operation

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Any one or Survivor ☐ Jointly Operated ☐ Other _____

C. Services Required

1. ATM-CUM-DEBIT CARD

1st Applicant ☐ Yes ☐ No

2nd Applicant ☐ Yes ☐ No

Name as would appear on the card

Additional Factor of authentication is not mandatory for transactions on International E-Commerce merchants. Card will be supplied with International transactions disabled status which can be enabled with available channel as and when required. Card can be used for Contactless transaction upto limit prescribed by the Banks from time to time without PIN.

Card Type	
Ist Applicant	2nd Applicant
Physical Card <input type="checkbox"/>	Physical Card <input type="checkbox"/>
Virtual Card <input type="checkbox"/>	Virtual Card <input type="checkbox"/>
a) Rupay <input type="checkbox"/>	a) Rupay <input type="checkbox"/>
b) Visa <input type="checkbox"/>	b) Visa <input type="checkbox"/>
c) Master <input type="checkbox"/>	c) Master <input type="checkbox"/>

2. CHEQUE BOOK ☐ Yes ☐ No

(Only for Regular SB/Current Accounts/Caps Gain(SB)
(Not available for Regular BSBD/Small Accounts)

3. INTERNET BANKING REQUIRED:

Transaction rights required

1st Applicant ☐ Yes ☐ No

2nd Applicant ☐ Yes ☐ No

(Available only for singly operated accounts and joint accounts operated by Either or Survivor mode.
In case of accounts operated as Former or Survivor mode INB facility is available to 1st applicant only)

(Mobile no. is mandatory for services 2 to 6)

4. SMS ALERTS on Registered mobile number ☐ Yes ☐ No

5. PHONE BANKING SERVICES: ☐ Yes ☐ No

6. MOBILE BANKING: ☐ Yes ☐ No

7. PASSBOOK REQUIRED:
(For Savings Bank Account) ☐ Yes ☐ No

8. e-Statement (at monthly intervals),
in lieu of paper copy: ☐ Required ☐ Not Required

D. Term Deposit

1) In Case of Joint Accounts, Income Tax provision will applicable to primary / First Account holder only.

D. (1) Fixed Deposit : For the following products/facilities, please furnish options/details:

☐ TERM DEPOSIT ☐ TERM DEPOSIT (REINVESTMENT) ☐ ANNUITY DEPOSIT ☐ TAX SAVING SCHEME ☐ CAPS GAIN (TDR)

Amount: Rs. Rs. (in words).....

Period: Year(s) Month(s) Days

In case of Term Deposit, interest payable* ☐ Monthly ☐ Quarterly ☐ Calendar Quarter ☐ Half Yearly ☐ Yearly

Maturity instruction@ ☐ Auto renew* principal & payback interest ☐ Auto renew* principal & interest ☐ Pay principal & interest ☐ Auto Renew* with part amount for Rs.

* (Auto Renewal will be done for the similar term at the prevailing interest rate on the date of renewal.)

@#(All Interest payable and Maturity instructions options will not be offered by all Banks. Contact respective Banks for the options available.)

Payment instruction (Maturity Proceeds/Residual amount):

☐ By credit to my Bank Account No. ☐ Issue Banker's Chq / Draft

D. (2) MULTI-OPTION DEPOSIT SCHEME (MOD) / AUTO SWEEP

Type of Deposit ☐ Term Deposit ☐ Term Deposit (Reinvestment) Period of Deposit Year(s) Month(s)

I/We hereby give consent for debiting my/our account for recovering service charges as normally applicable to Savings Bank and Current Account.

I/We hereby give consent for debiting my/ our Savings Bank/ Current Account for creating MODS/AUTO SWEEP as per the Terms and Conditions.

Linked Saving Bank/Current Account No.

Under reverse sweep facility for breaking the MOD, the MOD to be broken by:* ☐ Last in first out ☐ First in first out

(* In case the applicant does not opt for any option, Last in first out will be the default option.)

D. (3) RECURRING DEPOSIT

☐ Monthly / Core Monthly instalment: Rs. Rs. (In words) Period: Years: Month(s)

☐ Standing Instruction (if any) Debit Account No.

☐ On Maturity, credit proceeds to Account No.

☐ Issue Banker's Chq /Draft Issue STDR for a period of Year(s) Month(s) Day(s)

For the above Term Deposit Account, please deduct applicable TDS from (SB/CA Account No.)

D. (4)

If Term Deposit Accounts are opened with operating instructions 'Either or Survivor' OR 'Former or Survivor', the signatures of both the depositors need not be obtained for payment of the amount of the deposits on maturity. However, signatures of both the depositors have to be obtained, in case the deposit is to be paid before maturity.

- A. If the operating instruction is 'Either or Survivor' and one of the depositors expires before maturity, no pre-payment of the term deposit may be allowed without concurrence of the legal heirs of the deceased joint holder. This, however, would not stand in the way of making payment to the survivor on maturity.
If the operating instruction is 'Former or Survivor' and if the former expires before maturity, the 'Survivor' can withdraw the deposit on maturity. Premature withdrawal would however require consent of the surviving depositor and legal heirs of the deceased, in case of death of one of the depositors.
- B. Premature withdrawal of the deposit on death of one of the depositors: Instead of the concurrence of legal heirs of the deceased depositors as provided in Clause D (5) (A), the Bank on death of any one of us, may allow premature withdrawal of the deposit by the surviving depositor without seeking consent from the legal heirs of the deceased depositor. This mandate will remain valid during the term of the deposit and also, during any renewed term(s) (whether for full or partial amount) unless, it is specifically withdrawn or modified by us jointly, either during the original or modified term(s), if any.
- ☐ Yes, I/We agree. As a result, we understand that the guidelines contained in Clause D (5)(A) as regards premature withdrawal of the deposit on death of one of the depositors, shall not apply. Other guidelines contained in Clause D (5)(A) shall apply to the deposit.
- ☐ No, I/We do not agree. As a result, we understand that the guidelines contained in Clause D (5)(A) shall apply to the deposit in entirety.

☐ Yes, I/We agree. As a result, we understand that the guidelines contained in Clause D (5)(A) as regards premature withdrawal of the deposit on death of one of the depositors, shall not apply. Other guidelines contained in Clause D (5)(A) shall apply to the deposit.

☐ No, I/We do not agree. As a result, we understand that the guidelines contained in Clause D (5)(A) shall apply to the deposit in entirety.

Threshold	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Resultant Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sweep Multiple	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency:	<input type="text"/>	Weekly	<input type="text"/>	Fortnightly	<input type="text"/>	Monthly	<input type="text"/>	Bi-Monthly	<input type="text"/>	Quarterly	<input type="text"/>	Half Yearly	<input type="text"/>	Yearly								
MOD to be broken:	<input type="text"/>					Last in First Out				<input type="text"/>	First in First out											

FORM DA-1 (Nomination Form)

Details of Nomination:

Details of Nomination:										Registration No.	

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules 1985 in respect of Bank Deposits.

I/We _____
(Name(s) and Address (es)) nominate the following person to whom in the event of my/our/minor's death the amount of this deposit, particulars of which are given

(Name(s) and Address (es)) nominate the following person to whom in the event of my/our/minor's death the amount of this deposit, particulars of which are given

below, may be returned by the State Bank of India,(Name & address of the branch / office in which the deposit is held.)

☐ I / We want the name of the nominee to be printed on the passbook

Details of Deposit: Type of Deposit: Account Number:

Details of Deposit: Type of Deposit: Account Number:

Details of Nominee	

[illegible]

Address of the nominee:

Additional Details (If any):

Mobile Number of the Nominee

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Date of Birth of nominee (in case of minor)

D	D	M	M	Y	Y	Y	Y
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Mobile Number of the Nominee											Date of Birth of nominee (in case of minor)	D	D	M	M	Y	Y	Y	Y
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Relationship with the Depositor..... Age.....Years

As the nominee is a minor on this date, I appoint Shri / Smt / Kum..... Age Years

Address.....

.....to receive the amount of deposit on behalf of the nominee in the event of my / our / minor death during the minority of the nominee

(Nomination in favour of other than Individual is invalid)

(Signature of the Applicant / Thumb impression of the Applicant)

(Signature of the Applicant / Thumb impression of the Applicant)

*Signature of the first witness Name:..... Signature : Address	*Signature of the second witness Name:..... Signature : Address
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(*Witnesses are mandatory only in case of the applicant is affixing his/her thumb impression)

☐ I / We do not want to nominate any person in this account

(Signature of the Applicant / Thumb impression of the Applicant)

G. DECLARATION CUM UNDERTAKING CUM SELF – CERTIFICATION

1. I / We have read the copy of Terms and Conditions of the Account Opening Form given to me / us. The Terms and Conditions have been explained to me/us and having understood, I / we accept the same.
2. (In case of Minor Accounts)
I hereby declare that the date of birth of the minor who is myand I am his/her natural and lawful guardian/guardian appointed by court order dated.....(copy enclosed)
I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I shall indemnify the bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account).
3. I hereby declare that I do not maintain a Basic Savings Bank Deposit Account (BSBDA) with any other Bank/Branch (Applicable in case of BSBDA Account)

Place:

Date:

D	D	M	M	Y	Y	Y	Y
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 (Signature of the Applicant / Thumb impression of the Applicant) (Signature of the Applicant / Thumb impression of the Applicant)

Place:										
Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	(Signature of the Applicant / Thumb impression of the Applicant)	(Signature of the Applicant / Thumb impression of the Applicant)
D	D	M	M	Y	Y	Y	Y			

FOR OFFICE USE / ATTESTATION

(for office use only)	Queue No.	Initials
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Open Account	Account		
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Date:

D	D	M	M	Y	Y	Y	Y
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 (Authorised signatory) CIF Linking

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i) Internet Banking (INB) Kit No.: INITIALS Personalised Cheque

ii) INB Viewing rights ☐ Transaction rights ☐ given on: INITIALS RINB

iii) ATM Card data transmitted on:

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INITIALS

 MBS

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iv) Nomination Serial No.:

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INITIALS

 SMS Alert

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v) Threshold (KYC) limit:

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INITIALS

 Removal of Posting

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vi) Phone Banking										INITIALS	Scanning		
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i)	Internet Banking (INB) Kit No.:.....	INITIALS	Personalised Cheque		
ii)	INB Viewing rights <input type="checkbox"/> Transaction rights <input type="checkbox"/> given on: <input type="text"/>	INITIALS	RINB		
iii)	ATM Card data transmitted on: <input type="text"/>	INITIALS	MBS		
iv)	Nomination Serial No.: <input type="text"/>	INITIALS	SMS Alert		
v)	Threshold (KYC) limit: <input type="text"/>	INITIALS	Removal of Posting		
vi)	Phone Banking <input type="text"/>	INITIALS	Scanning		

TERMS AND CONDITIONS FOR OPENING OF DEPOSITS ACCOUNTS

1. I affirm and declare that I have read over and understood the rules and regulations of the "Bank" and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-Banking/Mobile Banking/Virtual Banking and any other facilities. I agree to abide by the same as amended/modified from time to time by the Bank/Regulator/Government published through circulars, notifications, notice board/websites/newspaper publications, etc. I waive the rights, if any, to have personal notice in respect of such amendments/modifications. I agree that the transactions and requests executed in my account(s) through internet, mobile, tele-banking or virtual banking under my User ID and password/PIN/OTP will be legally binding on me & I am responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/details/OTP/PIN, etc., in such matters. I agree that Bank has got all the rights to debit my account for any service charge, expenses or other dues which the Bank is entitled/liable to recover from me. I also authorise the Bank and agree to close/discontinue my account without any notice to me (under normal circumstance, bank will not close account without giving 30 days notice indicating reason for closure). I hereby undertake to inform the Bank on any change in my communication address or constitution.
2. In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002 and I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank. I wish to seed this account with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG subsidy from Govt of India (GOI) in this account. I understand that if more than one benefit transfer is due to me, I will receive all the benefit transfer in this account.
3. I confirm and declare that I am not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
4. I agree that my personal KYC details may be shared with Central KYC registry or any other competent authority. I hereby provide my consent to download the KYC records from the Central KYC Records Registry (CKYCRR) by using the KYC Identifier as submitted by me or retrieved through CKYCRR by using the information provided by me in the Customer Information Sheet (CIF). I hereby provide my consent to use the downloaded KYC information for opening of CIF and Accounts. I hereby consent to receive information from the Bank/Central KYC Registry/ GoI/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
5. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
6. I understand, acknowledge and authorise that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
7. I certify & declare that the information provided by me for opening loan account and availing other services herein or through website/electronically as applicable to me signed/authenticated by me as well as in the documentary evidence provided by me for opening loan account and availing other services are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of my account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
8. I undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/ or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended document/information provided by me unless revised self-certification as above is provided to the Bank.
9. I also agree that my failure to disclose any material fact/information known to me now or in future or my failure to remedy any deficiency in documents/information/other details within the stipulated period, may invalidate me from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time.
10. I also agree to furnish and intimate to the Bank any other particulars that are called upon me to provide on account of any change in law either in India or abroad in the above matter or otherwise.
11. I shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me.
12. I undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
13. I understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
14. In case the account is opened without PAN, I undertake to submit PAN on or before such date as may be notified by the Government of India, failing which the account shall cease to be operational till the time PAN is submitted, as per Prevention of Money -Laundering (Maintenance of Records) Rules 2005. Till the time PAN is submitted, as per Prevention of Money -Laundering (Maintenance of Records) Rules 2005. PAN details are mandatory for conducting International / Forex transaction through account.
15. In case, deemed OVDs are submitted for Current Address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing which I understand that my account may cease to be operational as per GOI guidelines at the material time.
16. I have received the Welcome Kit containing INB Kit and ATM card/cheque book and understand that in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss/damage.
17. I hereby certify that the Savings Bank Account would be used by me to route transactions of only non-business/non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as commercial/business/dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and /or close the account.
18. I have been advised of Average Monthly Balance (AMB) requirement for the account to be opened and given to understand that these requirements are subject to revision/changes and such revision/changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect.
19. I confirm that the product features of BSBD account have been explained to me (applicable to BSBD account applicant)
20. Applicable for Small Accounts: I understand that this account shall remain operational initially for twelve months, can be extended for further twelve months on submission of evidence applied for OVD. The entire relaxation/ provisions shall be reviewed after twenty four months.
21. I have been advised that if I do not provide my mobile number, I will not be eligible for any facility of electronic transactions other than ATM cash withdrawals.
22. (Applicable for accounts opened for credit of Social Welfare Benefits)
I understand that this account will be opened under BSBD category. I also understand that in case, I do not wish to continue in this BSBD account, and switch over to Regular Savings Bank account, I will have to maintain the Average Monthly Balance (AMB) applicable for Regular Savings Bank Account. I therefore undertake to maintain AMB in the account if I switch over to Regular Savings Bank Account from BSBD.
23. (Applicable for accounts opened in the name of Minors)
I understand that the requirements of Average Monthly Balance (AMB) and penalty for non-maintenance will be applicable in this account once the applicant becomes Major. I therefore undertake to maintain Average Monthly Balance (AMB) from the date of attaining majority.
24. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately in case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
25. I understand that in the event of failed Standing Instruction for Loan Repayment / dishonour of a cheque/NACH/ECS due to lack of funds / insufficient funds on 04 occasions during financial year no fresh cheque book would be issued, closure of account may also be considered.
26. I/We confirm that the product features of account have been explained to me
27. I acknowledge receipt of rules and regulations of Savings Bank Account.

(Signature of the Applicants / Thumb impression of the Applicants)

(Signature of the Applicants / Thumb impression of the Applicants)

ACKNOWLEDGEMENT DA-1

We acknowledge receipt of nomination made by you in favour of:

Name of the Nominee.....Age:..... Years:.....

Date:
Yours faithfully

With respect to your Account Number

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Registration No.

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Signature of Bank Official with Seal

SAVINGS BANK RULES (ABRIDGED)

Know Your Customer Guidelines

Any person fulfilling account opening requirements may, upon agreeing to comply with the prescribed rules, open a Savings Bank Account, provided she/he furnishes proof of identity and proof of address as required by the Bank.

Nomination & Survivorship Facility

The nomination facility is available on Savings Bank Accounts and the account holders are advised to avail of this facility for smooth settlement of claim by legal heirs in unforeseen circumstances. Nomination can be made in favour of only one nominee. In case they do not wish to make a nomination, the fact should be recorded on the account opening form under their full signature. Joint account with survivorship benefit can be operated by the survivor, in such circumstances. Types of Accounts, Balance Stipulation & Service Charges The applicants can open an account either with chequebook facility or without chequebook. The current monthly average balances prescribed for SB accounts and the charges prescribed for non maintenance of minimum balance, are available at the Banks website and Contact Centre. The information can also be obtained from Branches. There is no ceiling on maximum balance in Savings Bank account, except for Minors account.

Minors Accounts

Minors who can adhere to uniform signature and are not less than ten years old can open accounts in their single name and maintain therein a maximum balance of Rs. 10,00,000/ (Rs. Ten lacs only). Minors may open joint accounts with their guardians.

How To Open An Account?

In ordinary course, applicant(s) should attend the Bank personally for completion of formalities for opening the account. They will duly fill in and sign the prescribed application form. Applicant(s) should submit KYC documents, declaration as applicable for RBI/CBDT and two copies of his/her/ their recently taken passport size photographs. Applicants can also apply for opening an account online. Account holders signatures must be legible and well formed. Signatures should not be in capital or block letters. Each account will be given a distinctive account number. While dealing with the Bank, this number should be invariably quoted by the account holder(s). The account holders, in their self-interest, are expected to adhere to uniform signature as per specimen recorded with the Bank while operating the accounts and addressing any correspondence to the Bank.

Pass Book

The pass book and cheque book supplied to the account holder should be kept in a safe place. The Bank will not be responsible for any loss or incorrect payment attributable to the account holders neglect in this regard. For withdrawing cash by means of a withdrawal form, the pass book must be presented. Withdrawals using cheque forms and Debit card can be effected without pass book. Deposits may be made without production of the pass book. Pass book should be got updated regularly. The pass book will be returned to the account holder immediately after completion of the transaction duly updated. In case it is not collected within a weeks time, it will be returned to them by Registered A.D. post/ Courier at their cost. The account holders should carefully examine the entries in their pass books and draw the Banks attention to errors or omissions, if any. Duplicate in lieu of the lost or mutilated pass book may be issued on receipt of a written request from the account holder after necessary enquiries, completion of formalities and recovery of prescribed charges. The current charges prescribed for this are available at the Banks website and Contact Centre. This information can also be obtained from Branches.

Cheque Book

The Bank will issue the first cheque book after completion of all formalities with regard to opening of the account. Bank shall issue Cheque Book subject to recovery of charges as applicable. The current charges prescribed for this are available at the Banks website and Contact Centre. This information can also be obtained from Branches. The account holders must use only the cheques from the cheque books issued to them by the Bank. The Bank reserves the right to refuse payment of any cheques drawn otherwise. Ordinarily, Bank will not issue more than one cheque book at a time or before exhausting all or nearly all cheque leaves issued previously. Cheques must be written legibly. Stop payment instructions in respect of cheques issued or lost can be registered with the Bank on payment of a prescribed service charge. The current charges prescribed for this are available at the Banks website. This information can also be obtained from Branches.

General

Savings Bank account is essentially a facility to build up savings and hence must not be used as a Current Account. Bank may close an account should it have any reason to believe that the account holder has used her/his account for a purpose for which it is not allowed.

Deposits

Only three cash deposit transactions are allowed free of cost in a month. No restrictions on cash deposit at Non Home branch. No deposit in cash for less than Rs 10/- will be accepted. Cheques, drafts or other instruments drawn only in favour of the account holder will be accepted for credit of the account. Third party instruments endorsed in favour of the account holder will NOT be accepted. No drawings against accepted instruments will be normally permitted until these are realised. In satisfactorily conducted accounts, immediate credit will be afforded for outstation / local instruments upto the value laid down from time to time. The normal collection and out of pocket charges will be recovered. The current limit and charges prescribed for this are available at the Banks website and Contact Centre. This information can also be obtained from Branches. Overdue interest will be recovered for instruments subsequently returned unpaid.

Withdrawals

The account holder can withdraw money personally from her/his ordinary Savings Bank Account by using Banks standard withdrawal form. The Pass Book /any OVD must accompany the withdrawal form. The withdrawal form can be used only for receiving payments by the accountholder himself/ herself. ATM cum Debit card can also be used in ATMs for cash withdrawal. The account holder cannot withdraw an amount less than Rs. 50/-. All withdrawals must be in round Rupees only. Third party payments through withdrawal forms are not permitted. A letter of authority as per the prescribed format, along with the pass book should be sent to the Bank through an authorised representative to receive payment in case the account holder is unable to attend personally to withdraw cash from her/his account. The minimum drawing permitted per cheque form is limited to Rs. 50. The maximum number of free debit entries permitted in an account depends on the AMB in the account or as decided by the Bank from time to time. Charges prescribed for exceeding this limit are available at the Banks website and Contact Centre. This information can also be obtained from Branches. Cash withdrawal can be made from the accounts of the sick, old or incapacitated account holders who are unable to attend the Bank and/or also not able to put their signature or thumb impression for withdrawing cash by completing the laid down formalities.

Overdrafts

Overdrafts in Savings Bank accounts may be permitted under exceptional circumstances with prior arrangements only. Cheques drawn in excess of the balance in the account will be returned unpaid. Service charge will be recovered each time a cheque is returned unpaid for want of sufficient funds. Charges prescribed for this are available at the Banks website and Contact Centre This information can also be obtained from Branches.

Inoperative Accounts

Account holders are advised to operate their accounts regularly. Accounts not operated are classified as Inoperative after the stipulated time period of 24 months since last operation. The current prescribed charges in this regard are available at the Banks website and Contact Centre. This information can also be obtained from Branches.

Standing Instructions

The account holder can request the Bank for effecting periodical payment of insurance premium, membership fees, etc. by debit to her/ his account on payment of service charges. The current prescribed charges for Standing Instruction are available at the Banks website. This information can also be obtained from Branches.

Payment of Interest

As per RBI guidelines applicable from time to time. Interest will be calculated on a daily product basis. Interest will be credited to the account at quarterly intervals. Interest will be paid only if it works out to Re 1/- or more. There after fifty paise and more will be rounded off to the next higher rupee and anything less will be ignored. In case of accounts frozen by the enforcement authorities, "Bank shall continue to credit the interest to the account on a regular basis."

Transfer & Closure Of Account

Accounts may be transferred between branches of the Bank at the request of the account holder(s). Request for closure of account should state the reason for closure. The pass book must accompany such request. Joint accounts can be closed only at the request of all such joint signatories. Service charge at prescribed rate will be recovered if an account is closed after 14 days upto one year of its opening. The current charges prescribed for this are available at the Bank's website. This information can also be obtained from Branches. Accounts can be transferred ONLINE also.

Change in Rules

The Bank reserves the right to alter, delete or add to any of these Rules and service charges for which the customer will be duly notified through Bank's website and/or branch notice board.

Features of BSBD account.

- The deposit of cash at bank branch as well as ATMs/CDMs
- Receipt / credit of money through any electronic channel or by means of deposit / collection of cheques drawn by Central / State Government agencies and departments.
- No limit on number and value of deposits that can be made in month.
- Minimum 4 withdrawals including ATM withdrawals
- ATM Card or ATM-cum-Debit Card



IF PAN IS NOT APPLIED, FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

[illegible]

.....do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my / our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than the maximum amount not chargeable to tax.

Verified to day, the day of 20

Place:

Signature of the Declarant

Addition of Related Person

Deletion of Related Person

[illegible]

Related Person type* ☐ Guardian of Minor ☐ Assignee ☐ Authorised Representative

Prefix

Name*:					F	I	R	S	T	N	A	M	E			M	I	D	D	L	E	N	A	M	E			L	A	S	T	N	A	M	E								
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(If KYC Number and name are provided, below details are optional)

☐ A-Passport ☐ B-Voter's Identity Card ☐ C-Driving Licence ☐ D-UID (Aadhaar) ☐ E-NREGA Job Card

F-Letter Issued by National Population Register Containing Details of Name & Address

	G-OTHERS	(Any Document notified by the Central Government/RBI)
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[illegible]

Issue Date*:	D	D	M	M	Y	Y	Y	Y	Expiry Date (If Applicable)*:	D	D	M	M	Y	Y	Y	Y
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[illegible]

Multiple Tax Residency: Details of Country of Tax Residence in India, and/or in USA @ And / or in any other Country of Territory Outside India as Under

Country of Tax Residence#	Tax Identification number or equivalent if issued by jurisdiction	Identification type (TIN or Other, please specify)

* A citizen of US including individual born in US but resident in another country (who has not given up US citizenship)
 * A person residing in US including US green card holder * Certain persons who spend more than 180 days in US each year
 Address in the jurisdiction/Country - where the applicant is Resident outside India for Tax Purpose

[illegible][illegible][illegible][illegible]

Place: