



## CURRENT ACCOUNT OPENING FORM FOR SOLE PROPRIETORSHIP FIRM

APPLICATION TYPE\*:  NEW  UPDATEDATE:  FOR OFFICE USE ONLYCIF NO. CURRENT A/C NO. CKYC NUMBER (MANDATORY FOR CKYC UPDATE REQUEST): ACCOUNT HOLDER TYPE\*:  US REPORTABLE  OTHER REPORTABLE (PLEASE REFER TO GENERAL INSTRUCTIONS POINT 'A')

- A. Fields marked with '\*' are mandatory fields.  
 B. Tick 'V' wherever applicable.  
 C. Please fill the date in DD-MM-YYYY format.  
 D. Please fill the form in English and in BLOCK Letters.  
 E. Please read section wise detailed guidelines / Instructions  
 F. List of two character ISO 3166 country codes and List of State/UT Code as per Indian Motor Vehicle Act,1988 is available in the General Instructions.  
 G. General instructions are available at the Banks website : bank.sbi>>Business>>Current Account  
 H. For particular section update, please tick ( ) in the box available before the section number and strike for the sections not required to be updated.

## 1. FIRM DETAILS\* (Please see General Instruction Point 'C')

NAME OF THE FIRM :   
(IN BLOCK LETTERS)NAME OF THE PROPRIETOR : DATE OF FORMATION\* :  PLACE OF FORMATION\*:  COUNTRY OF FORMATION\*  (SELECT "IN" FOR INDIA)PAN\*:  OR FORM 60 TAN : GSTN:  IDENTIFICATION TYPE\*:  (Please refer General Instructions 'C2')

## 2. PROOF OF IDENTITY (PoI)\* (Please refer 'D' in General Instructions) Any Two documents to be obtained

 REGISTRATION CERTIFICATE ACTIVITY PROOF 1 (NAME OF THE ACTIVITY PROOF) ACTIVITY PROOF 2 (NAME OF THE ACTIVITY PROOF)IDENTITY NUMBER\*: ACTIVITY PROOF NUMBER\*: 

## 3. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email- ID) (Please refer General Instruction 'F')

TELE (RES.):  TELE (OFF.):  FAX : MOBILE NO. OF AUTHORISED SIGNATORY:  -  EMAIL ID : 

## 4. PROOF OF ADDRESS (PoA)\* (Copies of the document, as applicable, need to be submitted) (Please refer General Instruction 'E')

## 4.1 BUSINESS / OFFICE ADDRESS DETAILS\*

PROOF OF ADDRESS\*:  REGISTRATION CERTIFICATE  OTHER \_\_\_\_\_LINE 1\*: LINE 2: LINE 3:  CITY/ TOWN/VILLAGE\*: DISTRICT\*:  PIN/ POST CODE\*: STATE/ UT NAME\* STATE/ UT NAME CODE\*:  COUNTRY CODE\*:  COUNTRY \*: 

## 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \*

 SAME AS BUSINESS / OFFICE ADDRESS DETAILS\*PROOF OF ADDRESS\*:  REGISTRATION CERTIFICATE  OTHER \_\_\_\_\_LINE 1\*: LINE 2: LINE 3:  CITY / TOWN / VILLAGE\*: DISTRICT\*:  PIN / POST CODE\*: STATE/ UT NAME\* STATE/ UT NAME CODE\*:  COUNTRY CODE\*:  COUNTRY \*:

## 5. NATURE OF BUSINESS

<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> TRADER	<input type="checkbox"/> RETAILER	<input type="checkbox"/> SERVICE PROVIDER	<input type="checkbox"/> EXPORT / IMPORT	<input type="checkbox"/> OTHERS _____
INDUSTRY CLASSIFICATION CODE *: <input type="text"/> <input type="text"/>		(PLEASE REFER TO INDUSTRY CODES GIVEN AT THE BOTTOM)			OTHERS: _____ (PLEASE SPECIFY FOR CODE 50, 51, 52, 74, 93, 99)

<b>BUSINESS SECTOR CODE*</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>ANNUAL TURNOVER* : RS.</b> _____		<b>FY</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
Please refer to Business Sector Code given below :					
<b>CODE</b>	<b>SECTOR</b>	<b>CODE</b>	<b>SECTOR</b>	<b>CODE</b>	<b>SECTOR</b>
00011	AGRICULTURAL	00204	ENGINEER/ARCHITECT/TECHNICAL CONSULTANT	00299	OTHER PROFESSIONALS
00100	AGRICULTURE / FISHING	00205	ARTIST / WRITER	00300	MANUFACTURING
00200	MINING	00206	ARTISAN / CRAFTSMAN	00301	INDUSTRIALIST
00201	MEDICAL PROFESSION	00207	JOURNALIST	00302	BUSINESS IN TRADE SECTOR
00202	LEGAL PROFESSION	00209	SHARE AND STOCK BROKER	00303	BUSINESS IN SERVICE SECTOR
00203	CA / ICWA / TAXATION / AUDIT / FINANCE	00210	CAPITAL MARKET MAKER	00400	GAS / WATER / ELECTRICITY

**SOURCES OF FUND :**  BUSINESS INCOME  DONATION / GRANT  FROM GROUP COMPANY  EQUITY INVESTMENT  OTHER \_\_\_\_\_

## MLM UNDERTAKING :

"I Declare that my Proprietorship Firm is not a MLM (Multi Level Marketing) Firm"  
 "I Declare that my Proprietorship Firm is a MLM (MultiLevelMarketing) Firm" (Select Industry code 98, if MLM Firm)  
 Firm is doing business of MULTI-Level Marketing and has given an undertaking to the Department of Consumer Affairs that the Firm is in compliance with Direct Selling Guidelines, 2016 issued by the Government of India, Ministry of Consumer Affairs, Food & Distributions as also any direct selling guidelines issued by the State Government, where the registered office of the Firm is located. Further, the Firm is not in violation and I undertake not to violate the provisions of Prize Chit.

Signature of the Declarant

## 6. ACCOUNT VARIANT

Regular Current Account (MAB - Rs. 5,000/-)  Gold Current Account (MAB - Rs. 1,00,000/-)  
 Diamond Current Account (MAB - Rs. 5,00,000/-)  Platinum Current Account (MAB - Rs. 10,00,000/-)  Others \_\_\_\_\_

## 7. SERVICES REQUIRED

<b>CORPORATE INTERNET BANKING :</b> <input type="checkbox"/> VIEWING RIGHTS <input type="checkbox"/> TRANSACTION RIGHTS <input type="checkbox"/>	<b>BUSINESS DEBIT CARD :</b> <input type="checkbox"/> PRIDE <input type="checkbox"/> PREMIUM <input type="checkbox"/>
<b>CASH MGMT PRODUCTS</b> <input type="checkbox"/> viz CASH PICK UP <input type="checkbox"/> e-COLLECTION <input type="checkbox"/> e-PAYMENT <input type="checkbox"/>	POS FACILITY (CARD SWIPING MACHINE) <input type="checkbox"/> CHEQUE BOOK <input type="checkbox"/> UPI / QR CODE <input type="checkbox"/> SMS ALERTS <input type="checkbox"/> E-HAND SHAKE INSTA DEPOSIT CARD <input type="checkbox"/>

**DO YOU WISH TO REGISTER FOR POSITIVE PAY SYSTEM :**  YES

**NO**

## 8. MODE OF OPERATION

SINGLY  OTHERS : ( PLEASE SPECIFY ) \_\_\_\_\_

## 9. COUNTRY OF RESIDENCE AS PER TAX LAWS \*

**DETERMINE\* WHETHER THE ENTITY IS 'FI' OR 'NFE' [AN ENTITY CAN BE EITHER AN 'FI' OR 'NFE', IT CAN NOT BE BOTH]**  
 FINANCIAL INSTITUTION (FI) : (IF FINANCIAL INSTITUTION (FI) IS TICKED, PLEASE ALSO FILL ANNEXURE I & ANNEXURE II FOR ALL THE RELATED PERSON (BANKS, INSURANCE AGENCIES, NBFCs ETC.) OR  
 NON FINANCIAL ENTITY (NFE) : IF ENTITY IS NFE, WHETHER IT IS\* :  ACTIVE NFE OR  PASSIVE NFE  
 (AN ENTITY CAN BE EITHER AN 'ACTIVE NFE' OR A 'PASSIVE NFE', IT CAN NOT BE BOTH - SEE INSTRUCTIONS 'H' IN GENERAL GUIDELINES FOR ACTIVE & PASSIVE NFE)  
**TAX RESIDENT OF INDIA ONLY AND NOT OF ANY OTHER COUNTRY OUTSIDE INDIA** YES  NO  **IF "NO" THEN PLEASE FILL ANNEXURE C - FATCA & CRS\***

## INDUSTRY CODES

01: AGRI & RELATED SERVICE ACTIVITIES	23: MFG OF COAL/COKE/PETRO PRODUCTS	41: WATER SUPPLY	72: COMPUTER & RELATED ACTIVITIES
02: FORESTRY, LOGGING & RELA ACTIVITIES	24: MFG OF CHEMICALS PRODUCTS	45: CONSTRUCTION	73: RESEARCH & DEVELOPMENT
05: FISHING & RELATED ACTIVITIES	25: MFG OF RUBBER/PLASTIC PRODUCTS	50: WHOLESALE/RETAIL TRADE	74: OTHER BUSINESS ACTIVITIES
10: MINING OF COAL & LIGNITE	26: MFG OF NON-METALLIC MINERAL PRODUCTS	51: WHOLESALE/COMMISSION TRADE	75: PUBLIC ADMN AND DEFENCE
11: PETROLEUM & NATURAL GAS	27: MFG OF BASIC METALS	52: RETAIL TRADE	80: EDUCATION
12: URANIUM & THORIUM	28: MFG OF FABRICATE METAL PRODUCT	55: HOTELS/RESTAURANTS	85: HEALTH & SOCIAL WORK
13: MINING OF METAL ORES	29: MFG OF MACHINERY/N.E.C.	60: TRANSPORT/STORAGE/COMMUNICATION	90: SEWAGE/SANITATION
14: OTHER MINING/QUARRYING	30: MFG OF COMPUTING MACHINERY	61: WATER TRANSPORT	91: ACTIVITIES OF MEMBERSHIP ORGANIZATION
15: MFG OF FOOD PRODUCTS/BEVERAGES	31: MFG OF ELECTRICAL MACHINERY	62: AIR TRASPORT	92: RECREATIONAL/CULTURAL/SPORTING
16: MFG OF TOBACCO PRODUCTS	32: MFG OF RADIO/TV/COMMUNICATION	63: SUPPORTING/AUXILIARY TRANSPORT	93: OTHER SERVICE ACTIVITIES
17: MFG OF TEXTILES	33: MFG OF MEDICAL/OPTICAL EQUIPMENT	64: POST & TELECOMMUNICATIONS	94: PERSONAL LOANS
18: MFG OF WEARING APPAREL	34: MFG OF MOTOR VEHICLES/TRLERS	65: FINANCIAL INTERMEDIATION	98: MULTI-LEVEL MARKETING FIRM (MLM)
19: MFG OF LEATHER PRODUCTS	35: MFG OF OTHER TRANSPORT EQUIPMENT	66: INSURANCE/PENSION FUNDING	99: MISCELLANEOUS
20: MFG OF WOOD PRODUCTS	36: MFG OF FURNITURE/N.E.C.	67: AUXILIARY FINANCIAL INTERMEDIA	
21: MFG OF PAPER & PAPER PRODUCTS	37: RECYCLING	70: REAL ESTATE ACTIVITIES	
22: PUBLISHING/PRINTING	40: ELECTRICITY/GAS/STEAM SUPPLY	71: RENTING OF MACHINERY/EQUIPMENT	

## 10. FORM - 60 (IN CASE PAN IS NOT AVAILABLE)

NAME: 

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION  & THE ACKNOWLEDGEMENT NUMBER 

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

AGRICULTURE INCOME (RS)  OTHER THAN AGRICULTURAL INCOME **VERIFICATION**

I..... 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 maximum amount not chargeable to tax.

Verified today, the ..... day of ..... 20.....

Place: .....

Signature of the Declarant

**11. DECLARATION CUM UNDERTAKING FOR OPENING / CONTINUING CURRENT ACCOUNT***(This undertaking is similar to Annexure ver 3 (V-A) of e-Circular NBG/TBU-LTP/19/2021-22 dated 29.11.2021)*

Name of the Customer:

Rs.

Bank Name	Total Exposure	Fund Based CC/OD	Fund based (like TL/DL)	Non-Fund based (like LC/BG)	Exposure %
SBI					
Bank1:					
Bank2:					
Total					

**TOTAL CREDIT EXPOSURE :**LESS THAN RS. 5 CRS  (FILL UNDERTAKING GIVEN BELOW)≥ RS. 5 CRS  PLEASE FILL ANNEXURE B (i)EXEMPTED CATEGORY  PLEASE FILL ANNEXURE B (ii)

I/We .....(Name of the Customer) have to advise that I/We have no credit exposure with any Banks including SBI or, our total credit exposure with all the Banks (including SBI) is less than Rs.5.00 crores.

I / We undertake to inform SBI in case of any changes to my/ our CC/OD/ Other Credit facilities. I/We also understand that it will be my/our sole responsibility to inform SBI in writing regarding any changes in the above undertaking and/or when the credit facilities availed by me/us from the banking system reaches Rs.5.00 crores or more.

I/We also agree to provide any documents that may be required from me/us time to time in terms of RBI regulations / SBI requirements for continuing my Current Account with SBI.I/We also agree to close the Current Account as and when demanded by SBI and understand thatSBI is empowered to close / discontinue the Account if I/We fail to respond in a reasonable time to any notice issued in this regard.

Signature of the Customer(s) / Authorised Representative(s)

(Tick whichever is applicable)

**ACKNOWLEDGEMENT DA-1**

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

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

Date:  
Yours faithfullyWith respect to your Account Number Registration No. 

Signature of Bank Official with Seal

## 12. APPLICANT DECLARATION

1. 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 information found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
2. I affirm and declare that I have read over and understood the rules and regulations of the State Bank of India ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Telebanking/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) by me/authorized person through internet, mobile, telebanking 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 in case of any violation of laws/rules/regulations or terms and conditions of maintaining the account. I hereby undertake to inform the Bank on any change in my communication address or constitution, and I shall submit the address proof in case of transfer of my account from one branch to another branch.
3. In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI for identification and / or address proof towards the compliance of KYC norms under the PMLA , 2002 and I hereby agree that the Bank may verify the same with UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank.
4. 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.
5. I agree that my personal KYC details may be shared with Central KYC registry/Govt/RBI/Credit Bureau Agencies or any other competent authority. I hereby consent to receive information from the Bank/Central KYC Registry/Govt/RBI/Credit Bureau Agencies 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.
6. 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.
7. I understand, acknowledge and authorize 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 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.
8. I certify & declare that the information provided by me for opening account and availing other services herein or through website/electronically as applicable to me and signed/authenticated by me as well as in the documentary evidence provided by me for opening 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.
9. 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 documents/information provided by me unless revised self-certification as above is provided to the Bank.
10. 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.
11. 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 relating to the operation or maintenance of the account.
12. 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.
13. 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.
14. 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.
15. I have been advised of Monthly average/minimum balance requirement for the account to be opened and given to understand that these requirements are subject to revision/change from time to time and such revision/changes will be uploaded in the Bank's site which will be acceptable to me as a notice to that effect. I also undertake to keep MAB (Monthly Average Balance) in the account as prescribed from time to time under the respective account scheme and agree to pay the penalty if MAB is not maintained.
16. I Undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account, failing to which I understand my account will cease to be operational as per GoI guidelines, Prevention of Money laundering (Maintenance of Records ) Rules 2005, as amended from time to time (In case the account is opened without Aadhaar/ PAN)
17. 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.
18. Notwithstanding the above I acknowledge and agree that the bank may at its absolute discretion disclose any of my information if required or permitted by any law rule or regulation or at the request/ direction of any statutory or regulatory authority or court of law or such disclosure is required for the purpose of preventing any fraud without any specific consent authorisation from me.
19. I declare that I can understand, read and write in English language.
20. I hereby confirm that I have read and understood all the SBI Current Account rules as applicable to Current Accounts as well as the General instructions for filling Current Account opening form as available at the Banks website :bank.sbi>Business>>Current Account Physical copy of General instructions is also available at the Branch.

		
Please paste photograph here		SIGNATURE OF PROPRIETOR
NAME :  DATE :		OFFICER (SIGNATURE)
NAME :  PF No. :  SS No. :		

## CURRENT ACCOUNT RULES

1. Whenever the customer does not use alternate channels for opening the Current Account, payments to credit of an account with the Bank should ordinarily be accompanied by a pay-in slip duly signed by the constituent. Slips with counterfoils will be supplied in book form and the entry of the transactions made in the counterfoil will be authenticated by the initials of an authorised employee of the Bank. The depositor should satisfy himself that the transaction is so certified.
2. Cheques must be drawn on the Bank's printed forms. The Bank reserves its right to refuse payment of any cheque drawn otherwise. The bank reserves the right to refuse payment of cheques that have been altered in any way unless the alteration is authenticated by the drawer under full signature. Cheques should be drawn in such a way as to prevent alteration after issue, and the signature should be uniform with that on record at the Bank.
3. Constituents should not overdraw their accounts, even for small amounts without having made previous arrangements. Overdraft are granted in current accounts on terms as per extant instructions. Interest will be charged at the rates stipulated by the Bank and calculated upon the daily balances.
4. The Bank will register instructions from the drawer regarding cheques lost, stolen, etc. but cannot guarantee depositors against loss in such cases in the event of such a cheque being paid.
5. The bank collects bills, drafts, cheques, pay and pension bills, etc. on behalf of constituents. In personal accounts, the Bank offers up to a specified limit immediate credit in respect of cheques, drafts, dividend warrants, etc., payable at outstation branches.
6. Local cheques, etc. will be cleared under CTS Clearing
7. Cheques, bills, etc. sent in for collection and credit of an account must not be drawn against until they have been realised.
8. Bills, notes, etc. not payable on demand, intended for realisation by the Bank, should be sent at least one clear day before due date.
9. The Bank accepts standing instructions on accounts for making periodic remittances, etc.
10. Statements of accounts will be sent to constituents periodically and can be obtained at any time on application. The entries of accounts should be carefully examined by the constituent, and, if any errors or omissions are discovered, the attention of the Bank must be drawn to them immediately. The Bank will not be responsible for any loss arising from neglect of this precaution.
11. Any change in the address of the constituent must be promptly advised to the Bank. In all their correspondence with the Bank and on pay-in slips etc. constituents should clearly mention the account number allotted at the time of opening of the account.
12. Accounts may be transferred at the request of the constituents to any other office of the Bank.
13. The Bank accepts securities and shares for safe custody and realisation of interest, dividends, etc. on terms which may be had on application.
14. The Bank reserves the right to alter/add/delete any of these rules at any time.



**13. NOMINATION :**

- I WANT TO MAKE A NOMINATION IN MY ACCOUNT **OR**  
 I DO NOT WANT TO MAKE A NOMINATION IN MY ACCOUNT

**NOMINATION FORM (DA1)**

Nomination under Section 45ZA of the Banking Regulation Act , 1949 and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in the respect of Bank Deposits.

I \_\_\_\_\_ nominate the following person to whom in the event of my /our /minor's death the amount of Deposit, particulars whereof are given below, may be returned by State Bank of India \_\_\_\_\_ (Name and address of branch / office in which the deposit held).

NOMINATION  
SERIAL NO.**DETAILS OF DEPOSIT :**

Type of Deposit : \_\_\_\_\_ ACCOUNT NO:

**DETAILS OF THE NOMINEE**

NAME:

RELATIONSHIP WITH THE DEPOSITOR : \_\_\_\_\_ AGE:  DATE OF BIRTH OF NOMINEE:

ADDRESS:

CITY:  PIN:  STATE:

CIF NO. OF NOMINEE ( to be filled by LCPC):

As the nominee is a minor on this date, I appoint Shri/Smt. \_\_\_\_\_ age \_\_\_\_\_ years

Address \_\_\_\_\_

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

[Note : Nomination in favour of other than Individual is invalid]

SIGNATURE OF PROPRIETOR

**FOR OFFICE USE ONLY**

1. APPLICANT INTERVIEWED AND PURPOSE ASCERTAINED (SPECIFY THE PURPOSE) : \_\_\_\_\_

2. WHETHER SELF - CERTIFICATION & DOCUMENTS SUBMITTED BY THE CUSTOMERS HAVE BEEN VERIFIED AND FOUND CORRECT AND RELIABLE:  YES  NO  
**(CARE : BRANCH TO PROCEED WITH OPENING OF ACCOUNT ONLY WHEN THIS CERTIFICATION IS "YES")**

3. THRESHOLD LIMIT IS RS: \_\_\_\_\_

4. DOCUMENTS RECEIVED:  SELF CERTIFIED  TRUE COPIES  NOTARY      5. RISK CATEGORY:  HIGH  MEDIUM  LOW

6. IN PERSON IDENTITY AND SIGNATURE VERIFIED  YES  NO

7. AUTHORISED OFFICIAL HAS VERIFIED THE ACTIVITY OF PROPRIETARY CONCERN AT THE ADDRESS MENTIONED IN ACCOUNT OPENING FORM:  YES  NO

OFFICIAL NAME: \_\_\_\_\_ PF NO.: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

SIGNATURE



OPEN CIF

QUEUE NO.

INITIALS



DATE:

CIF:

CIF NUMBER:

SIGNATURE



OPEN THE ACCOUNT

BRANCH MANAGER / AUTHORISED OFFICIAL

ACCOUNT OPENED ON:

ACCOUNT NUMBER:

SIGNATURE



REMARKS (IF ANY) : \_\_\_\_\_



ASSISTANT (SIGNATURE)



NAME : \_\_\_\_\_

S. S. No. / P.F. No. \_\_\_\_\_

EMP. / OFF. DESIGNATION \_\_\_\_\_

EMP. / OFF. BRANCH \_\_\_\_\_

OFFICER (SIGNATURE)



NAME : \_\_\_\_\_

S. S. No. / P.F. No. \_\_\_\_\_

EMP. / OFF. DESIGNATION \_\_\_\_\_

EMP. / OFF. BRANCH \_\_\_\_\_

## PERSONAL DETAILS OF PROPRIETOR

Branch Name  Branch Code

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

Customer ID

Application type  New  Update

Account No.

CKYC No.

Account type  Normal  Small  Minor

(Mandatory for CKYC update request and creation of CIF/Account through using CKYC No.)

Staff  PF NO.

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

### A Personal Details

1.Name\*:  S T A R T U T A T I O N  F I R S T  N A M E  M I D D L E  
(Same as ID Proof)  N A M E  L A S T  N A M E

2.Maiden 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

3.Date of Birth\*:  D  M  M  Y  Y  Y  4.Gender\*  Male  Female  Third Gender

5.Marital Status  Married  Unmarried  Others 6. No of Dependents

7.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)

8.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

9.Nationality:  In-Indian  Others Country Name  10.Citizenship:

#### \*11.Occupation Type

Business	<input type="checkbox"/> Industrialist	<input type="checkbox"/> Trade Sect.	<input type="checkbox"/> Serv. Sect	<input type="checkbox"/> Migrant Labour	<input type="checkbox"/> Contractor	<input type="checkbox"/> Jeweller / Bullion Trader	<input type="checkbox"/> Pawn Shop
	<input type="checkbox"/> Import / Export Customer		<input type="checkbox"/> Other Self Employed				
Others	<input type="checkbox"/> Medical Prof.	<input type="checkbox"/> Legal Prof.	<input type="checkbox"/> CA/ICWA/Taxation/ Finance	<input type="checkbox"/> Eng./Architect/Tech. Consultant	<input type="checkbox"/> Retired	<input type="checkbox"/> Journalist	
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Share and Stock Broker	<input type="checkbox"/> Oth. Professional	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Political / Social Worker	
Not categorised-Please specify <input type="text"/>							

12.Organization's Name:  Designation/Profession:

Nature of Business:

13. Annual Income\* Rs.  14.Net Worth (approx value) Rs.

15.Source of funds  Business Income  Agriculture  Investment  Others \_\_\_\_\_

16.Religion:  Hindu  Muslim  Christian  Sikh  Others

17.Category:  General  OBC  SC  ST

18.Person with disability Yes  No  If yes,  i. Visually impaired  ii. Differently abled

19.Educational Qualification:  upto 9th Class passed  10th Class passed  Graduate (Gen.)  Post Graduate(Gen.)  
 Med. Graduate/Post Graduate  Eng. Graduate/Post Graduate  Law Gradutae/Post Graduate  CA/ICWA/MBA/CFA  
 Computer Degree/Diploma/MCA  Other Professional Degree/Diploma  Illiterate if yes : Identification Marks : .....

20.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.)

21.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 II)

22.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)

Mobile No.  Email ID

STD Tel. (Off):  Tel.(Res):

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

A-PASSPORT  B-VOTER'S IDENTITY CARD  C-DRIVING LICENCE  D-Proof of possession of Aadhaar Number (Verification)  E-KYC  Offline  
 E-NREGA JOB CARD  F-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME & ADDRESS

Whether submitted document is equivalent e-document:  Yes  No.Document No/Identification Number\* Issued By:  Issue Date:\*  Expiry Date.\* **Only for Foreign Nationals:**VISA Details (reference No): Issued By:  Issue Date.\*  Expiry Date.\* **D Address details  Current  Overseas**Address type\*  Residential/Business  Residential  Business  Registered Office  UnspecifiedAddress\*   
City/Village\*  District\*:   
State:\*  Pin.\*  Country Name\*   
**E Address details  Correspondence  Same as Current/Overseas Address**Address type\*  Residential/Business  Residential  Business  Registered Office  UnspecifiedAddress\*   
City/Village\*  District\*:   
State:\*  Pin.\*  Country Name\*   
**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 license agreements with such employers allotting official accommodation. Self-Declaration (If Aadhar is voluntary 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.  Date  D  D  M  M  Y  Y  Y **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)

PHOTO\*  
Please Paste  
  
Recent passport Size  
(Do not Staple)

Signature/Thumb impression of the Applicant  
Please sign in black ink only

Place Date  D  D  M  M  Y  Y  Y **ATTESTATION / FOR OFFICE USE ONLY**DOCUMENTS RECEIVED:  SELF-CERTIFIED  TRUE COPIES  NOTARYRISK CATEGORY:  HIGH  MEDIUM  LOWIN PERSON VERIFICATION CARRIED OUT (IDENTITY VERIFICATION)  DONEDATE: 

EMP./OFFICIAL SIGNATURE \_\_\_\_\_ EMP./OFF. NAME: \_\_\_\_\_

S.S No. / P.F No.: \_\_\_\_\_ EMP./OFF. DESIGNATION: \_\_\_\_\_ EMP./OFF. BRANCH: \_\_\_\_\_

**Annexure - B-(i) - (Exposure Rs.5.00 Crs or more)**

(This undertaking is similar to Annexure ver 3 (V-B) of e-Circular NBG/TBU-LTP/19/2021-22 dated 29.11.2021)

**Declaration for Opening/Continuing Current/Collection Account**  
**(Annexure to Current Account Opening Form)**

I/We .....(Name of the Customer) have to advise as under:

Sl. No.	<b>My / Our Credit Exposure</b>	<b>My / Our request</b>	<b>Tick one</b>
3a.	i) Total Credit exposure Rs.5 Crores or more ii) SBI exposure 10% or more iii) SBI having CC/OD Account iv) Customer willing to have operative CA with SBI	I/We willing to have an Operative Current Account with SBI	
3b.	i) Total Credit exposure Rs. 5 Crore or more ii) SBI exposure 10% or more (or) Exposure 10% or less iii) Customer having CC/OD Account with any Bank, which may or may not include SBI. iv) Customer NOT willing to have operative CA with SBI	I/We am willing to have a *collection account with SBI.	
3c.	i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure less than 10% with CC/OD facility and is the highest amongst all the lenders. iii) No other bank has exposure 10% or more	I/We willing to have an Operative Current Account with SBI.	
3d.	i) Total Credit exposure Rs. 5 Crores or more ii) SBI exposure 10% or more without CC/OD iii) SBI is one of the lenders. iv) Customer having CCOD with another Bank	I/We am willing to have a *collection account with SBI.	
4a	i) Total credit exposure Rs.5 crores or more but less than Rs.50 crore, <b><u>without CC/OD exposure</u></b> from any Bank ii) SBI is one of lending Bank	I/We am willing to have an Operative Current Account with SBI	
4b	i) Total credit exposure Rs.5 crore or more but less than Rs.50 crore, <b><u>without CC/OD exposure</u></b> from any Bank ii) SBI is not one of lending Bank	I/We am willing to have a *collection account with SBI.	
5	i) Total credit exposure Rs. 50 crores or more <b><u>without CC/OD exposure</u></b> from any Bank ii) SBI one of lending Bank	I/We am willing to have Current account (under the prescribed Escrow mechanism) / *collection account with SBI (strike whichever not applicable). I understand that Current account can be opened/ maintained with the escrow managing bank only.	

**For \* collection accounts only**

Name of Bank / IFSC Code:	
Account Number:	

\* I / We understand that only credits will be permitted and we will not have any transaction rights in the collection account. Further, we understand that SBI can recover fees / charges from the collection account and balance in lying in these collection accounts cannot be used for margin purposes. The balance (above the applicable minimum balance) may please be transferred to the above main operating CC / OD / Escrow account within two working days (T+ 2 basis) on receipt of such funds.

**Signature of the Customer(s) / Authorised Representative(s)**

(Tick whichever is applicable)

**Annexure - B-(ii) - Exempted categories**

(This undertaking is similar to Annexure ver 3 (V-C) of e-Circular NBG/TBU-LTP/19/2021-22 dated 29.11.2021)

**Declaration for Opening/Continuing Current Account**  
**(Annexure to Current Account Opening Form)**

I/We .....(Name of the Customer) have to advise that I am/We are eligible for opening / continuation of current accounts .....which falls under **exempted category/category to which instructions of RBI as regards opening/maintaining of current accounts do not apply.**

I/We also agree to provide any documents /proofs that may be required from time to time in terms of RBI regulations / SBI requirements for continuing my Current Account with SBI under the said exempted category. I / We also agree to route only the permitted / specified transactions in the Current Account as intended by relevant regulations. I/We also agree to close the Current Account as and when demanded by SBI and SBI is empowered to close / discontinue the Account if I / We fail to respond in a reasonable time to any notice issued in this regard.

**Signature of the Customer(s) / Authorised Representative(s)**

<b>Sl. No.</b>	<b>My / Our Credit Exposure</b>	<b>Documents</b>	<b>Tick one</b>
1	Accounts for real estate projects mandated under Section 4(2) I (D) of the Real Estate (Regulation and Development) Act, 2016 for the purpose of maintaining 70% of advance payments collected from the home buyers.	As specified in RERA Circular	
2	Nodal or escrow accounts of payment aggregators/prepaid payment instrument issuers for specific activities as permitted by Department of Payments and Settlement Systems(DPSS), Reserve Bank of India under Payment and Settlement Systems Act,2007.	As specified by RBI	
3	Accounts for settlement of dues related to debit card / ATM card / credit card issuers / acquirers.	As specified by RBI / relevant regulation	
4	Accounts permitted under FEMA,1999.	As specified by FEMA regulation	
5	Accounts for the purpose of IPO/NFO/FPO/ share buyback /dividend payment/ issuance of commercial papers/ allotment of debentures/gratuity, etc. which are mandated by respective statutes or regulators and are meant for specific /limited transactions only.	As mandated by respective statutes or regulators	
6	Accounts for payment of taxes, duties, statutory dues, etc. opened with banks authorized to collect the same, for borrowers of such banks which are not authorized to collect such taxes, duties, statutory dues, etc.	Letter from Other Bank	
7	AccountsofWhiteLabelATMOperatorsandtheiragentsforsourcingof currency/Cash-in-Transit/Companies/Cash Replenishment Agencies.	As mandated by respective statutes or regulators	
8	Current accounts which are stipulated under various statutes and instructions of other regulator/regulatory department <b>(Give details of such regulations and attach regulation copy(ies))</b>	As mandated by respective statutes or regulators	
9	To open a current account for project specific facilities like Term Loan/Rental Discounting (LRD) term loan for receiving/monitoring cash flows of a specific project, I / We have not availed any CC/OD facility for that specific project. Give details and attach relevant proofs (FAQ 11 of RBI Circular dated 14.12.2020). I /We undertake to ensure that cash flows will be coming in this account are from that specific project only.	Documents established the claim of customer and Annexure ver 3 (V-A)	
10	To open current accounts for borrowers having credit facilities only from NBFCs/FIs/co-operative banks/ non-bank institutions. Give details and attach relevant proofs (FAQ12 of RBI Circular dated 14.12.2020).	CRIF report & Annexure ver 3 (V-A)	
11	Inter-bank accounts	Ensure customer is a Bank	
12	Accounts of All India Financial Institutions (AIFIs), viz., EXIM Bank, NABARD, NHB, and SIDBI	Ensure customer is AIFI	
13	Accounts opened under specific instructions of Central Government and State Governments	Copy of relevant Govt Instructions	

TAX RESIDENT OF US: YES  NO  (IF YES ; PLEASE PROVIDE US TIN) US TIN

**IF TAX RESIDENT OF US, WHETHER THE PERSON IS**

A US PERSON: YES  NO  (A TAX RESIDENT OF US IS US PERSON SEE INSTRUCTION "J")

A SPECIFIED US PERSON (SEE INSTRUCTION "K") YES  NO  (IF SPECIFIED US PERSON IS YES, THEN THE ENTITY IS US REPORTABLE))

TAX RESIDENT OUTSIDE INDIA OTHER THAN US : YES  NO

IF TAX RESIDENT OUTSIDE INDIA & OTHER THAN US IS "YES", WHETHER ENTITY FALLS IN ANY OF THE FOLLOWING CATEGORY (TICK FROM FOLLOWING CATEGORY) AS APPLICABLE - IF NONE OF THE FOLLOWING CATEGORY IS MARKED "YES" THEN THE ACCOUNT IS AN "OTHER REPORTABLE ACCOUNT")

- I. ANY CORPORATION THE STOCK OF WHICH IS REGULARLY TRADED ON ONE OR MORE ESTABLISHED SECURITIES MARKET YES  NO   
II. ANY CORPORATION THAT IS A RELATED ENTITY OF A CORPORATION DESCRIBED IN (I) ABOVE YES  NO

- III. ANY CORPORATION THAT IS A TREATED ENTITY OF A CORPORATION DESCRIBED IN (II) ABOVE YES  NO

- IV. AN INTERNATIONAL ORGANIZATION YES  NO

- IV. AN INTERNATIONAL ORGANIZATION      YES  NO



- VI. A FINANCIAL INSTITUTION                          YES                   NO

- NO RESIDENCE FOR TAX PURPOSE      YES       NO

IF "YES" PLEASE PROVIDE COUNTRY CODE WHERE THE PRINCIPAL OFFICE OF THE ENTITY LOCATED

**COUNTRY CODE**

—  
—  
—  
—

MULTIPLE TAX RESIDENCY \* YES  NO  (IF "YES" PLEASE FILL ALL THE TABLE BELOW)

**IF ANY OF THE ITEM (I) TO (VI) IS TICKED "YES" THE ACCOUNT IS NOT AN  
"OTHER REPORTABLE ACCOUNT"**

IF ENTITY IS NEITHER TAX RESIDENT OF INDIA OR US NOR A TAX RESIDENT OUTSIDE INDIA  
OTHER THAN US, THEN THE FIELD NO RESIDENCE FOR TAX PURPOSE WILL BE "YES")

**1. IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCE**

**COUNTRY CODE**

—  
—  
—  
—

**1. IF AN ENTITY IS A SPECIFIED US PERSON AND ALSO HAS A TAX RESIDENCY OUTSIDE INDIA OTHER THAN US, THE ENTITY HAS MULTIPLE TAX RESIDENCY.**

2. IF IS NOT A SPECIFIED US PERSON BUT HAS TAX RESIDENCIES OUTSIDE INDIA OTHER THAN US IN MORE THAN ONE COUNTRY THE ENTITY HAS MULTIPLE TAX RESIDENCY.

COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US		TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)
<b>ADDRESS</b>			
LINE 1 :	<input type="text"/>		
LINE 2 :	<input type="text"/>		
LINE 3 :	<input type="text"/>		
		CITY : <input type="text"/>	
		STATE : <input type="text"/>	
		PIN : <input type="text"/>	
COUNTRY OF TAX RESIDENCE OUTSIDE INDIA OTHER THAN US		TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN, COMPANY IDENTIFICATION NUMBER (CIN), EIN OR OTHER, PLEASE SPECIFY)
<b>ADDRESS</b>			
LINE 1 :	<input type="text"/>		
LINE 2 :	<input type="text"/>		
LINE 3 :	<input type="text"/>		
		CITY : <input type="text"/>	
		STATE : <input type="text"/>	
		PIN : <input type="text"/>	

**Signature of Declarant**

A	Completion of Form	Tick
1	AOF filled in Block Letters	✓
2	All mandatory fields are filled	✓
3	Name on AOF and all Documents is Matching	✓
4	Signature of customer checked on all relevant places, and is same at all places	✓
5	Bank Official has signed with SS number and Stamp at all relevant places in the form	✓
6	Verified with original done with date on all documents attached by branch official	✓
7	Recent color photograph (not more than 6 months old) of authorized signatories affixed	✓
8	MLM Declaration Filled and signed by the customer	✓
9	FATCA declaration taken from Customer	✓
10	Beneficial Owner Details obtained, verified and entered in CBS	✓
11	Undertaking for Credit facilities availed is taken from the Customer, duly signed and stamped.	✓
12	Beneficiary Owner Name and Controlling Interest is filled (Ann 4), Signed & Stamped by Entity (Not for Proprietor & Public Ltd)	✓
B	KYC	
13	PAN is mentioned and taken (Compulsory for Partnership, LLP, Private & Public Ltd) else Form 60 is filled	✓
14	KYC documents as per constitution of the Customer/ALL Beneficiary Owner/ALL Related Person obtained & updated in CBS	✓
15	Name & Address details mentioned in the form matches with details on Identity & proof	✓
C	Sole Proprietorship	
1	Two Identity Proof - duly verified has been taken as per latest KYC guidelines	✓
2	Contact Point Verification, if taken, is duly filled with Customer Signature and Verified by Branch Official	✓
D	Partnership Account	
1	ID and Address proof of all partners is obtained	✓
2	Copy of self attested Partnership Deed Obtained	✓
3	Partnership letter (Cos 37) Duly Dated Signed Twice By All Partners – Ones With Stamp And Ones Without Stamp In Personal Capacity signed by all partners	✓
4	PAN of Partnership Firm is taken	✓
5	PoA/ granted to a partner or employee of the firm to transact business on its behalf or Resolution to operate Account with clear mandate to be submitted	✓
E	LLP Account	
1	LLP Agreement & Certificate of Incorporation of LLP is Taken	✓
2	LLP Registration Certificate from Registrar of Companies (ROC) along with DPIN is attached (required if current Address differs from address mentioned in Certificate of Incorporation of LLP.)	✓
3	Resolution of the Partners for Opening Current Account with the Bank is taken	✓
F	Private Limited	
1	Name of company exactly match with all Docs, AOF, Stamp, letterhead, COI, MOA & AOA	✓
2	Complete Set Of Memorandum and Articles Of Association is obtained	✓
3	Certificate of Incorporation of company is obtained	
4	Resolution Copy is Signed By All Directors/ Company Secretary	✓
G	Public Limited	
1	Resolution Copy is Signed By All Directors/ Company Secretary	✓
2	Complete Set Of Memorandum and Articles Of Association is Uploaded	✓
3	Certificate of Incorporation of company is obtained	
4	Certificate Of Commencement Of Business is Submitted	✓
H	HUF	
1	Cos 38 To Be Filled And Signed Twice By Karta And All Adult Co-Parceners, Karta has Signed Twice On Behalf Of Minor Co Parceners	✓
2	Cos 38 Part A Is For Current A/C And Part B Is For Saving A/C, and is uploaded As Per A/C Type Or Vice Versa	✓
3	Declaration From Karta duly dated stating That "Depositor Is Karta Of Joint Family And Deposits Belongs To Joint Hindu Family" With Full Address is taken.	✓
I	Trust/ Body of Associations/ Society	
1	Resolution is Signed By All Trustees/ Committee Members (For all)	✓
2	Complete Set Of Trust Deed is Submitted (For Trust)	✓
3	Registration Certificate Of Trust/ Society/Association is provided	✓
4	Complete Set Of By Laws/Memorandum Of Association is Provided (for Society)	✓
5	Letter Of Auth Sig / Power Of Attorney Is Prodived (For Society)	✓
J	Government	
1	Government Gr To Open And Operate A/C is Submitted	✓
2	Higher Authority Letter To Operate A/C With Signatory Name and Designation is Provided or Departmental ID proof of Signatories is obtained.	✓

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

S,S No. / P.F No.:\_\_\_\_\_

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

(Signature of the Branch Head / Branch Operation Head)



