

**ACCOUNT OPENING FORM (Savings Bank and Current Account)****For Resident Individuals**

Date: _____

TCRN : AC85932055 TARN : AA80984076

(For office use only)

1st Applicant CIF No.: _____

Branch to affix rubber stamp of Name and Code No. _____

2nd Applicant CIF No.: _____

KYC Number: _____

Account No.: _____

Welcome kit No.: _____

Account Type: ☐ New ☐ Update

(Mandatory for KYC update request)

Instructions

- For opening solely operated account of Minor, complete KYC documents of the Minor will have to be provided.
- Fields marked asterix (*) are not mandatory
- In case of illiterate customers, Left Thumb Impression (LTI) to be affixed and verified.
- Please affix a passport size photograph in the box provided. Also enclose another photograph for affixing in the pass book
- Please fill up in BLOCK letters only and use black ink for signature. Please leave one box blank between two words. Tick (✓) the appropriate boxes.

Mode of Operation☐ No. of Applicants ☒ Self Only ☐ Either or Survivor ☐ Former or Survivor ☐ Any one or Survivor ☐ Jointly ☐ Other _____**1st/Sole Applicant**☐ I do not have any account with SBI ☐ I have an account with SBI & the account number is: _____**Personal Details**

Customer Type: ☒ Public ☐ Staff Senior Citizen: ☐ Yes Minor: ☐ Yes

Residential Status: ☒ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Name: (Same as ID proof) ☒ Mr. ☐ Ms. ☐ Mrs. ☐ Other _____

Name: BARRANI RAJA SARAVANAN

Maiden name (if Any): _____ Mother's Name: SANTHI SARAVANAN

Date of Birth: 17/03/1994 Gender: ☒ Male ☐ Female ☐ Transgender

IT PAN: CUDPB3207P OR Form 60/61: N UID Adhaar No: _____

Name of Father (Mandatory if PAN not submitted):

First Name: SARAVANAN Middle Name: _____ Last Name: RAMAKRISHNAN

Name of Spouse: _____ Guardian's Name: (In case of Minor) _____

City of Birth: MADURAI Country of Birth: INDIA

Nationality: ☒ Indian ☐ Others Country Name: INDIA

Multiple Tax Residency: ☐ Yes ☐ No

Additional Details for FATCA/CRS *(If applicable is resident outside India for TAX purpose)

Foreign TIN Number 1: _____ TIN 1 Issuing Country: _____

Country 1 of Residence for TAX Purpose: _____

Foreign TIN Number 2: _____ TIN 2 Issuing Country: _____

Country 2 of Residence for TAX Purpose: _____

Identification Details: Documents acceptable as proof of identity. Please tick the appropriate box (any one document) and give details:Election ID card with same address is the same as the Correspondence Address mentioned on the first page of this form.
No.: ROG1088137 Issued at/by: ELECTION COMMISSION Issue Date: 10-Feb-2015OR
Please tick the appropriate box and give details:

☐ Passport Document No: _____ Passport Expiry Date: _____

☐ Voter's Identity Card Issued by: _____

☐ Driving Licence Issued at: _____ Driving Licence Expiry Date: _____

☐ Adhaar Letter Card Issue date: _____

☐ NREGA Card _____

☐ PAN Card _____

☐ Other Officially Valid Documents _____

☐ ID Card @ _____

☐ Not Categorized _____

Please attach one self-attested photocopy of the document. Originals thereof will have to be produced for verification

@ Not to be accepted till RBI-GOI circulates detailed guidelines on it.

Proof of Address: ☐ Current ☐ Permanent ☐ Overseas Address

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Jointly ☐ Unspecified

Proof of Address ☐ NREGA Job Card ☐ Passport ☐ Aadhaar ☐ Voter ID Card ☐ Driving Licence ☐ Others

Address: _____

City/Village _____ District _____ Pin _____

Sub District _____ State _____

Country _____ Telephone(Res) _____ Mobile _____

E-mail _____ Tel(off) _____ Fax _____

Address in the Jurisdiction Details where Applicant is Resident:(all the details same as Permanent Address) ☐ Yes ☐ No

Correspondence / Local Address details:

Address type ☐ Residential or Business ☒ Residential ☐ Business ☐ Registered office ☐ Jointly ☐ Unspecified

Address: C/16 UPPILIPALAYAM POLICE QUARTERS

AVINASHI ROAD

City/Village COIMBATORE District COIMBATORE Pin 641018

Sub District _____ State TAMILNADU Country INDIA

Address in the Jurisdiction Details where Applicant is Resident:

Same as ☐ Current Address ☐ Permanent Address ☐ Overseas Address ☐ Correspondence/Local Address

Address: _____

City/Village _____ District _____ Pin _____

Sub District _____ State _____ Country _____

Additional Details:

Monthly Income(Rs): Upto INR 20,000 Net worth (approx value) Rs.: _____

Marital Status: ☐ Married ☒ Unmarried ☐ Others S

Religion: ☒ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Others _____

Category: ☐ General ☐ OBC ☒ SC ☐ ST

Qualification: ☐ Below SSC ☐ SSC ☐ HSC ☒ Graduate ☐ Post Graduate ☐ Professional ☐ Others

Occupation Type: ☒ S-Services (☒ Private Sector ☐ Public Sector ☐ Government Sector)

☐ Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)

☐ Business ☐ Not Categorized

*Organization's Name: _____ *Designation/Profession: PARTNER Nature of Business: SERVICES

Please Tick if Applicable: ☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Residence for TAX purpose in jurisdiction (s) outside India

Details of Related Person

☐ Addition of related Person ☐ Deletion of related Person ☐ KYC number (If available) _____

Related Person Type: ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorised Representative ☐ Beneficial Owner ☐ Beneficiary

Name: _____

☐ Passport Document No _____ Passport Expiry Date _____

☐ Voter's Identity Card _____ Issued by _____

☐ Driving Licence _____ Issued at _____ Driving Licence Expiry Date _____

☐ Aadhaar Letter Card _____ Issued date: _____

☐ NREGA Card _____

☐ PAN CARD _____

☐ Other Officially Valid Documents _____

☐ Remarks _____

FATCA / CRS - Related Declaration cum Undertaking:

- I/We hereby certify that I/we have declared my/our 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/AMLBC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
- I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the 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 our 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 At (FATCA) and Common Reporting Standards (CRS) and/or any other similar arrangements.
- I/We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/us are, to the best of my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of my account as a US Reportable Account or Other Reportable Account or otherwise.
- I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self-certification along with documentary evidence.
- I/We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and State Bank of India would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by State Bank of India, under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
- I/We also agree to furnish and intimate to State Bank of India any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in the subject matter herein.
- I/We shall indemnify State Bank of India for any loss that may be caused to State Bank of India on account of providing incorrect or incomplete information by me/us.

Specimen Signature(s)

Paste a Passport Size
Photograph of 1st Applicant

I/We affirm and declare that I/We have read over and understood the present rules and regulations of the Bank, and those relating to various services offered by the Bank including but not to Debit Card/Internet Banking/SMS Banking/Tele-banking and other facilities. I/We agree to abide by the same as they are in force now and also by those as would be amended further from time to time through circulars/Notice Boards/Websites etc. I/We agree that the transactions & request executed in above mentioned account through internet, mobile & tele-banking under my/our User ID and Password will be legally binding on me/us & I/We are responsible for maintenance of secrecy and confidentiality of the information passed on to me/us by the Bank through internet/mobile/e-mail/telephone. I/We mandate from other joint holders to view/enquire/operate the joint account mentioned above. Further I/We agree that Bank has got all the rights to debit my/our account for any service charge or discontinue my/our account without any notice to me/us. I/We hereby undertake to inform the Bank on any change in my/our communication address or constitution. And I/We shall submit the address proof in case of transfer of our account from one Branch to other Branch. I/We here declare that I/We have submitted the Aadhaar Card issued by UIDAI for identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002. I/We hereby agree that the Bank may verify the same with the UIDAI, and authorize the UIDAI expressly to release the identity and address through biometric authentication to the Bank. (Applicable only where accounts are opened with Aadhaar)."

"I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand there in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss."

INFORMATION ON PRODUCT AND SERVICES To serve you better, we would like to communicate about updates on our various products and services, new products and features and special offers from our Bank and our Group Companies.

Please give your consent to stay informed about these products and offers. Your consent: ☐ Yes ☐ No

"I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case of the above information is found to be false or untrue or misleading or misrepresenting, I/We are aware that I/We may be held liable for it. My personal/KYC details may be shared with central KYC registry. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered Number/Email address."

Paste a Passport Size
Photograph of 1st Applicant

Please sign in black ink only

Please sign in black ink only

Place

Signature(s)/ Thumb impressions(s)
Sole/First Holder

Signature(s)/ Thumb impressions(s)
Sole/Second Holder

(DD/MM/YYYY)
Date

Type of Account

Savings Bank Account ☐ Silver Account ☐ Gold Account ☐ Diamond Account ☐ Platinum Account

Savings Account for Minors ☐ PEHLA KADAM (for Minors of any age) ☐ Current Account ☐ Others (Please specify):
☐ PEHLI UDAAN (for Minors older than 10 years)

Services Required

1. ATM-CUM-DEBIT CARD:

1st Applicant: ☒ Required ☐ Not

Name as would appear on the card _____

Required 2nd Applicant: ☐ Required ☒ Not Required

#I/We understand that use of international debit card is subject to applicable Foreign Exchange Management Act(FEMA) guidelines issued by the reserve bank of india from time to time

Please mention any other account desired to be linked:

Account Type SAVINGS Account No _____ Account Name _____

2. CHEQUE BOOK: ☒ Required ☐ Not Required

3. INTERNET BANKING: Viewing rights ☐ 1st ☐ 2nd applicant (please tick) Transaction rights ☒ 1st ☐ 2nd applicant (please tick)

4. TELE BANKING kit: ☒ Required ☐ Not Required

5. SMS ALERTS(charges applicable) SMS alerts on mobile number as mentioned in Correspondence Address: ☒ Required ☐ Hindi ☒ English ☐ Not Required

6. MOBILE BANKING: Mobile banking services to be enabled on this no: 7200626615 Please SMS MBSREG to 9223440000 (from mobile no. mentioned above) to generate username

7. STATEMENT FREQUENCY: (for current account) ☒ Monthly ☐ Quarterly ☐ Half-yearly
e-Statement, in lieu of paper copy, to be sent to e-mail id as mentioned in Part-I: ☒ Required ☐ Not Required

8. PHONE BANKING SERVICES: ☐ Required ☒ Not Required Please specify, if you wish to use other account number as Phone banking User ID : (You can select any of your Savings Bank or Current Account number in 'Single' or 'E' or 'S' as User ID. The account number selected as USER ID. will also be enabled for Phone banking.)

Auto-sweep (Only for Gold, Diamond, Platinum Accounts)

Threshold Amount @ :Rs. _____ @ Min; Gold A/c - Rs. 25000; Diamond A/c - Rs. 1 lac; Platinum A/c - Rs. 2 lac Sweep time: _____ day (example Monday, Tuesday) of every week OR _____ (example 1st, 2nd) of every month beginning on _____

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

Nomination

Nomination, if required fill Form DA-I, otherwise sign below
I/We Do not want to nominate any person in this account

Sole/First Holder

Sole/Second Holder

Form DA-I (Nomination form)

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

I/We BARRANI RAJA SARAVANAN nominate the following person to whom in the event of my/our/minor's death the amount of Deposit, particulars where 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 number: _____
Additional details, if any _____

Details of Nominee

Name _____
Relationship with the Depositor _____ Age _____ Date of Birth of nominee: _____
Address _____
City/Village _____ Pin _____ State _____
As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum _____ Age _____ Years
Address _____

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

(Witness are required only in case of applicant is illiterate and is affixing thumb impression)

Signature(s)/Thumb impressions(s) First depositor

Signature(s)/Thumb impressions(s) Second depositor

☐ I want the name of the nominee to be printed on the passbook Date _____ Place _____

Signature(s)/Thumb impressions(s) First witness

Name _____

Address _____

Signature(s)/Thumb impressions(s) First witness

Name _____

Address _____

For Office Use/Attestation (First Applicant)

Documents received: ☐ Self certified ☐ True copies ☐ Notary

Whether self-certification & documents received as part of account opening process have been verified and found correct, Yes/No (Branch to proceed with account opening only when certification is YES)

Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Depositor is: ☐ Illiterate ☐ Blind Staff Staff PF Risk Category: ☐ High ☐ Medium ☐ Low

In person verification carried out and signature of the applicant verified by:

Official Name _____ PF No. _____ Designation _____
Date _____ SS No. _____ Signature _____

For Office Use/Attestation (Second Applicant)

Documents received: ☐ Self certified ☐ True copies ☐ Notary

Whether self-certification & documents received as part of account opening process have been verified and found correct, Yes/No (Branch to proceed with account opening only when certification is YES)

Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Depositor is: ☐ Illiterate ☐ Blind Staff Staff PF Risk Category: ☐ High ☐ Medium ☐ Low

In person verification carried out and signature of the applicant verified by:

Official Name _____ PF No. _____ Designation _____
Date _____ SS No. _____ Signature _____

i. Internet Banking (INB) Kit No: _____

Initial

ii. INB: ☐ Viewing ☐ Transaction ☐ rights given on: _____

iii. Mobile Banking MPIN given on: _____

Initial

iv. ATM Card data transmitted on: _____

Initial

v. Nomination serial no: _____

Initial

vi. Threshold (KYC) limit: _____

Initial

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

Open Account

Account number generated _____

Date: _____

Authorised signatory

	Queue No.	Initials
CIF	_____	_____
Account	_____	_____
CIF Linking	_____	_____
Personalised chq	_____	_____
RINB	_____	_____
MBS	_____	_____
SMS Alert	_____	_____
Posting Restriction	_____	_____
Scanning	_____	_____

Operations In The Accounts

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. (Rule No. 5)

Deposits

There is no restriction on number of deposits that can be made into the account. 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 realized. In satisfactorily conducted accounts, immediate credit will be afforded for outstation instruments deposited up to Rs 20000/-, which may change 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 Bank's website www.statebankofindia.com and Contact Centre. This information can also be obtained from Branches. Overdue interest will be recovered for instruments subsequently returned unpaid (Rule Nos. 21, 22, 23)

Withdrawals

The account holder can withdraw money personally from her/his ordinary Savings Bank Account by using Bank's standard withdrawal form. The pass book must accompany the withdrawal form. The withdrawal form can be used only for receiving payments by the account holder himself/herself. A 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 authorized representative to receive payment in case the account holder is unable to attend personally to withdraw cash from her/his account. (Rule Nos. 24, 25, 26) The minimum drawing permitted per cheque form is limited to Rs. 50. (Rule No. 30). 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 Bank's website www.statebankofindia.com and Contact Centre. This information can also be obtained from Branches. (Rule No. 35) 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. (Rule No. 33)

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 Bank's website www.statebankofindia.com and Contact Centre. This information can also be obtained from Branches. (Rule No. 31)

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 Bank's website www.statebankofindia.com and Contact Centre. This information can also be obtained from Branches. (Rule Nos. 36, 37)

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 Bank's website www.statebankofindia.com. This information can also be obtained from Branches. (Rule No. 40)

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 half yearly intervals. Interest will be paid only if it works out to Re 1/- or more. Thereafter 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. (Rule Nos. 41, 42)

Transfer & Closure Of Account

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 half yearly intervals. Interest will be paid only if it works out to Re 1/- or more. Thereafter 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. (Rule Nos. 41, 42)

Acknowledgement-DA-1

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 prior to twelve months of its opening. The current charges prescribed for this are available at the Bank's website www.statebankofindia.com. This information can also be obtained from Branches. (Rule Nos. 43, 44, 45)

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 (Rule Nos. 39, 46)