



(Without CKYCR number and no change in KYC information/OVDs (or)
With or without CKYCR number and change in KYC information/OVDs)

Date D D M M Y Y Y Y

[illegible]Branch Code

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

[illegible]

Application type	New	Update
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☐ New ☐ Update

[illegible]

CKYC No.

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

Account type ☐ Normal ☐ Small ☐ Minor

Sta PF NO.

A Personal Details

1.Name*: (Same as ID Proof)

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				
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3.Date of Birth*: 4.Gender* Male Female Third Gender

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

7.Name of *
(Please tick one)

			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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(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								
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(In Case Of Minor*)

[illegible][illegible]

*11. Occupation Type ☐ State Govt. ☐ Central Govt. ☐ Public Sector Undertaking ☐ Defence ☐ Pvt. Sector Employee ID
(other than Defence & Paramilitary personnel)

[illegible]

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 Stockbroker ☐ Oth. Professional ☐ Agriculture ☐ Political / Social Worker

[illegible]

12.Organization's Name: _____ Designation/Profession: _____

[illegible][illegible]

15. Source of funds ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment ☐ Pension ☐ 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.) ☐ Postgraduate (Gen.)
☐ Med. Graduate/Postgraduate ☐ Eng. Graduate/Postgraduate ☐ Law Graduate/Postgraduate ☐ CA/ICWA/MBA/Other

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/ Judicial /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*

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 (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][illegible]

Tel. (Res): S T D

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:

Small Accounts: Only Self Attested Photograph

D Address details ☐ Current ☐ Overseas

Address type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Address*

City/Village* District*:

State:* Pin:* Country Name*

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

Office

Address type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Address*

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 I institutions and listed companies. Similarly, leave and license agreements with such employers allotting Official accommodation.

Self-Declaration (If Aadhar 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.

Date

G DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION

- 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
- I hereby consent that the Bank may verify the same with the UIDAI and authorize the UIDAI expressly to release the identity and address through biometric / OTP based authentication to the Bank* ☐ Yes ☐ No
- I agree that my personal KYC details may be shared with CKYC registry or any other competent authority. 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 I also agree that non-receipt of any such SMS/e-Mail shall not make the Bank liable for any loss or damage whatsoever in nature.

(*E-KYC authentication and Aadhaar seeding is mandatory for availing DBT benefits)

PHOTO*
Please Paste

Recent passport Size
(Do not Staple)

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

Place

Date

H FOR OFFICE USE

☐ Documents received ☐ Self-certified ☐ True Copies ☐ Notary ☐ Equivalent e-Documents

i. PAN details (if available) have been verified from database issuing authority. ii. Information submitted by the customer verified & updated in the CBS.

iii. Aadhar verification: ☐ e - KYC ☐ Offline iv. KYC details entered in CBS.

ii. Threshold limit

iii. Depositor ☐ Illiterate ☐ Blind ☐ Staff Risk Category: * ☐ High ☐ Medium ☐ 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

Official Name: PF No. Designation

Date SS No. Signature

ACCOUNT OPENING FORM FOR INDIVIDUAL (PART -II)
(SAVING BANK, CURRENT ACCOUNT AND TERM DEPOSITS)

Fields marked asterix (*) 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 (✓) 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, Annexure III to be obtained)

B Mode of Operation

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Any one or Survivor ☐ Jointly Operated ☐ Other_____

For Term Deposit only ☐ Either or survivor premature withdrawal to survivor ☐ Former or survivor premature withdrawal to survivor

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 Interational transactions disabled status which can be enabled with avilable channel as and when required. Card can be used for Conatactless transaction upto limit prescribed by the Banks from time to time without PIN.

Card Type

Ist Applicant	2nd Applicant
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.
- 2) I/We undertake that in case of term deposits with operating instructions "Either or Survivor", or "Former or Survivor" in line with the operating instructions of the application-cum-deposit slip, premature termination/payment will be allowed to the survivor in event of the death of the either of the depositors or former as the case may be on submission of the death certificate of the deceased depositors along with application without obtaining consent of the legal heirs of the deceased depositors.

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

Name of Depositor(s), Amount and Period of Deposit authenticated by Cash Officer in case of Illiterate Depositor

Initials of Cash Officer

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

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.)

3 RECURRING DEPOSIT

☐ Monthly / Core Monthly installment: 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.)

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 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(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. 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

Registration No.

Signature of Bank Official with Seal

Request for Activation of Inoperative Account

Branch Code:

Date:

Branch Name:

Account Number:

Name of Customer:

Address of Customer:

KYC Details:

Name of OVD

Number of OVD

Please arrange to update my KYC details and activate my above-mentioned account as per details mentioned above.

Signature of Customer.

For Branch Use:

OVD verified with Original: ☐

Customer signature verified with CBS: ☐

Customer physically visited branch: ☐

Customer contacted over mobile number registered with us: ☐

Signature of Maker with SS number

Signature of Checker with SS number