(for BASIC/SMALL SB A/c)

For Bank Use Only	
Name & Code of the Branch	
Cust ID	Affix
A/C No.	Passport
	size Photo
1. Name in Full (Mr/Ms)	
2. Father/ Husband/Guardian Name	
3. Residential address:	
House No. and name :	
Street No. and name	
Village /City District	
State	
Pincode	
Telephone/Landline Mobile No.	
4. Sex : Male/Female Date of Birth:	
5. a) Occupation (b) Category-	
KYC Documents Provided	
7. Nomination Required Yes/No	
8. Request for ATM Debit Card : Yes/No SMS Alert : Yes/No	
9. Introduction [if applicable]:	
Name of the introducer	
Customer ID Account No.	
I know Shri/Smtfor the pastYears/months. H	e/she is residing at the address given above.
Date : Signature of the introducer	
(Nam	e, SS No & Signature of the verifying Branch official)
Please open a Savings Bank account in the name of Mr./Ms(second Applicant)**. The Saving Bank rules and regulat	(first/sole applicant) and Mr./Ms. ions including those relating to Small Account
have been explained to me/us and I/we agree to abide by the same. An additional p	hotograph of sole/each applicant is attached.
Date:	
	ture/Thumb Impression of second Applicant
Name & No. of BC/BF.	Trains impression of second Applicant
Signature of Business Correspondent	/Facilitator
Name, SS No & Signature of the veri	fying Branch official

^{**} The Joint Account holder (i.e. second applicant) shall fill up a supplementary Form. 1.BASIC SB A/c. should be opened with full KYC Compliance.

^{2.} SMALL SB A/c should be opened with simplified KYC norms and separate KYC form should not be taken

ACCOUNTS OF INDIVIDUALS: LIST OF KYC DOCUMNETS

<u>(one document from each list)</u>						
LIST I	LIST 2					
Documents accepted as proof of identity	Documents accepted as proof of residence					
issuance of identity proof which is verifiable from records Ex-Servicemen Card with photograph Bar Council/Medical Association/ICAI/ICWAI/ICSI Card with photograph Student Identity Card with photo issued by reputed colleges with validity during the course period.	University/Institute, where the student resides, duly countersigned by the Registrar/Principal/Dean of Student Welfare. Such accounts shall however, be required to be closed on completion of education/leaving the University/Institute provided the constituent does not give any other acceptable proof of residence to the Bank.					
 Defense Dependent's Card with photograph' Married woman identity proof with maiden name, if supported with a verified true copy of marriage certificate Credit card with photo together with statement of such card, not more than three months old. Registered Property document with photo identity Arms License issued by State / Central Government of India. Freedom fighter's pass issued by Ministry of Home Affairs, Government of India with photograph of applicant. Employee State Insurance Card (ESIC) with photograph supported by latest 	 For students residing with relatives, address proof of relatives, along with their identity proof, can also be accepted provided declaration is given by the relative that the student is related to him/her and is staying with him/her. In respect of officials of Central/State Governments and Public Sector undertakings, who are low risk customers for Bank, Branch Heads may verify the photo/identity and confirm residential address of such officials from independently verifiable sources, to their satisfaction, and permit opening of accounts. This facility is extended only to the Gazetted officers of Central/State Government and Senior 					
month's pay slip 25 Talati / Patwari (a local govt. official) attestation by way of putting rubber stamp and signature. Gram Sarpanch / Mukhiya attestation by way of putting rubber stamp and signature (For Small Accounts) NOTE; If passport having current address is given as proof of identity, there is no need to give separate proof for address from list 2. OCCUPATION: 1. SERVICE: (a. Government, b) Public Sector Undertaking, c) Private Sector) 2. PROFESSIONAL: a) Lawyer b) Doctor, c) Chartered/Cost Accountant, d) Engineer e) Information Technology f) Others (specify) 3. OTHERS a) Retired b) Home Maker c) Student, d) Agriculturist, e) Business f) Others (specify) Category: A) Religion: a)Hindu b)Christian c)Muslim d)Others	 Management and above functionaries of Public Sector Undertakings. Latest telephone bills from any telephone service providers and mobile service providers not more than 2 month old, postpaid. Consumer gas connection card/book/Pipe gas bill Certificate from ward/equivalent rank officer, maintaining election roll certifying address of the applicant Post Office Savings Pass Book Domicile Certificate with communication address and photograph Certificate by Village Extension Officer (VEO) / Village Head or equal or higher rank officer. Branch to confirm the authenticity of the certificate and that it has been issued by the person who is holding the said office. Court divorce order – Marriage annulment order issued by Court 					
B. <u>Caste:</u> a) OBC b) MBC c) SC d) ST e) OC To be filled by those we	who do not have either PAN/GIR					

FORM NO. 60	FORM NO. 61	
[See second proviso rule 114B] Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B	[See proviso to clause (a) of rule 114C (1)] Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B	
Full name and address of the declarant Particulars of transaction	Full name and address of the declarant	
3. Amount of the transaction	Particulars of transaction	
4. Are you assessed to tax? Yes No 5. If yes,(i) Details of Ward/Circle/Range where the last return of income was filed	3. Details of the documents being produced in support of Address in column (1): Ye No I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.	
(ii)Reasons for not having permanent account Number: 6. Details of the document being produced in support of address		
In column(1)		
,, do hereby declare that what is stated ab	VERIFICATION ove is true to the best of my knowledge and belief. Verified today, the d	day of
Date: Place:	Signature of the declarant	

SAVING BANK ACCOUNT OPENING FORM -ADDITIONAL INFORMATION [For full KYC Compliance]- FOR BASIC SB A/c

1.

	First Applicant	Second Applicant
Customer ID		
Name		
Account No.		

2.Mode of Operation :	Self/Jointly/Either or S	urvivor/Forme	er or Surv	ivor					
3.PAN /GIR NO./FORM	1 60/61								
4.Income Per annum									
5.Educational Qualifica	tion : Non Graduate/Gr	aduate/Post (Graduate,	Profe	essio	onal			
6.Email ID									
7.KYC Document : Id	entification Proof :	Ac	ldress Pr	oof :					
8.Request for add on:-									

S.NO.	Product	
1	e-Statement of Account	Yes/No
2.	Cheque Book	Yes/No
3.	Mobile Banking	Yes/No
4	Internet Baking	Yes/No
5.	Credit Card	Yes/No
6.	Others	Yes/No

9. Additional Information for Cross Selling

I would like to also avail:-

S.NO.	Product	
1	Housing Loan	Yes/No
2.	Vehicle Loan	Yes/No
3.	Mutual Fund	Yes/No
4.	Life/General INsurance	Yes/No
5.	Pension	Yes/No
6.	Others	Yes/No

I/we understand that a booklet on the Banking Codes & Standards Board of India Code(BCSBI) posted on your website shall be provided to me on demand.

Terms & Conditions:

I/we confirm having received, read and understood (a) the accounts rules and hereby agree to be bound by the terms & conditions outlined in these rules which governs the account(s) which I/we am/are opening/will open and (b) amendments to the rules made from time to time and those relating to various services availed by me/us when displayed by the Bank on its notice board or on its website and those relating to various services offered by the Bank

including but not limite	ed to debit card, credit card, internet banking mobile	e banking and other facilities listed in this
form. The usage of the	se facilities is governed by the terms and conditions	stipulated by the Bank from time to time.
Date:		
Place:	Signature/Thumb Impression of first/sole Applicant	Signature/Thumb Impression of second Applicant

Branch Uttice	Branch	Office
---------------	--------	--------

FORM DA-1: NOMINATION

Nomination Deposits,	on under Section 45	ZA of Banking	Regulation Act, 194	9 and Rule 2(1) of th	ne Banking Companies	(Nomination	on) Rules 1985 in re	spect of Bank	
I/ We (N	lame(s))							_	
R/o								_	
	the following persor		event of my/our/ m	ninor's death, the am	ount of deposit in the ad	ccount ma	y be returned by Sw	abhiman	
	DEPOSIT				NOMINEE			7	
Nature of Account	Account No.	Additional Details, if any	Name	Address	Relationship with depositor, if any	Age	Date of birth		
* As the n	ominee is minor on	this date. I/we a	appoint Mr/Ms						
Age	Address								
to receive	the amount of the o	deposit on beha	If of the nominee in	the event of my/our/	minor's death during the	e minority	of the nominee.		
Place:									
				@ C:(-)	/ # T bb.:	-!/-\	-f -lit		
Date:				@ Signature(s)	/ #Thumb impres	sion(s)	or depositors		
@Where	the deposit is made	in the name of	minor, the nominati	on is to be signed by	natural/legal guardian	of the min	or to act on behalf o	f the minor.	
*Strike ou	t if nominee is not a	minor							
			WITNESS	SES					
_									
Name 8	Signature of the f	irst witnesses		Name & Sig	gnature of second witi	nesses			
Name_				Name					
Address	re: s:			Signature:_ Address:					
Place:_				Place:					
Date:	ne No.				No				
				wise it shall be attest					
NOMINAT	'ION REGISTERED								
The abov					in r	espect of	(Type of Account.)		
Date		•					ericad Official)		
						`	norised Official)		
					SS	No			

SAVING BANK ACCOUNT OPENING FORM(supplementary form for second applicant) (FOR BASIC/SMALL SB A/c)

For Bank Use Only

Name & Code of the Branch	Affix	Sall Paris
Cust ID		A CONTRACTOR OF THE PARTY OF TH
A/C No.	Passport size Photo	केल का औ
I. Name in Full (Mr/Ms) (second applicant)		
2. Father/ Husband/Guardian Name		
3. Residential address:		
C/o		
House No. and name :		
Street No. and name		
	1 1 1 1	
Village /City District		
State		
Pincode		
Telephone/Landline Mobile No.		
I. Sex : Male/Female Date of Birth:		
5. a) Occupation (b) Category-		
5. KYC Documents Provided		
Signature/Thumb Im	npression of second A	Applicant
Name & No. of BC/BF.		
Signature of Business Correspondent	:/Facilitator	
Name, SS No & Signature of the veri	fying Branch official	