

STATE BANK OF INDIA FINANCIAL INCLUSION ACCOUNT OPENING FORM

Reference Number: _____

Date: _____

Name (as per aadhaar & PAN card): _____

Date of birth: _____ Place of birth: _____

Aadhaar number: _____ PAN number: _____

Mobile Number: _____ e-mail: _____

Have you applied SBI Account before: Yes/No If yes Account No. _____

Do you have any other bank account? Yes/No If yes, name of the bank _____

Is mobile number in your name? Yes/No If not, in whose name? _____

Relation with mobile number owner: _____

Marital status: _____ Religion: _____ Caste: _____

Occupation: _____ Annual income: _____

If employed, Employer Name & address: _____

Father's name: _____ Mother's name: _____

Spouse name (if married): _____

Address: _____

Block/Sub-District: _____ P.S. _____

District: _____ State: _____ PIN: _____

Nominee name: _____ Relation: _____

Nominee date of birth: _____ Nominee address: _____

Declaration:

I _____ hereby apply for opening of a Bank Account. I declare that the information provided by me in this application for is true and correct. I also declare that I do not have any other SBI account with SBI/Other Bank. The terms and conditions applicable have been read over explained to me and have understood the same. I also declared that the features and benefits of Social Security Schemes (Pradhan Mantri Suraksha Bima Yojana, Prantri Mantri Jeevan Jyoti Bima Joyana & Atal Pension Joyana) have been explained and have understood the same and I hereby give my consent to enroll for Social Security Schemes.

Place:

Date:

Signature/Thumb impression of Applicant