



Account Opening Form

1. TYPE OF ACCOUNT : I wish to open the following type of account **SB Basic savings Bank deposit Account**

2. NATURE OF ACCOUNT : **OTHER INDIVIDUAL**

3. FULL NAME, in CAPITAL Letters(Leaving a space between first, middle & last name)

Customer Photo :

Reference No	K410009409900012072301000014
Customer Name	Deepa Yadav
Sex	Female
Account No	0990001700194967
Customer ID	R35546904
Aadhaar No	XXXXXXXXX9786
Mobile No	9754458192



4. Mode of Operation : **SELF**

5. ADDRESS :

Flat No./Bldg. Name	C/O Naresh Prasad Yadav, bajariya ward no. 08, bajariya ward no.
Street / Road / Locality	08, BAZRIYA WARD, DAMOH, MADHYA PRADESH, 470661
City / District / State with pincode	
Tel.No / Fax No.(with STD code)	9754458192
Email	

6. CUSTOMER PROFILE :

Date of Birth	01-07-1983
Educational Qualification	MATRICULATE
Nationality	INDIAN
Category	OBC
Religion	HINDU
PAN / GIR no(if not available, please fill form 60 / 61 at 12)	BEOPY4212F
Occupation Type	HOUSEWIFE
Designation / Profession	House Wife
Annual Income	60001 - 1 LAC
Annual turnover / Receipt from business(Rs. Lakh)	
Classification *	
Name of Father / Guardian	RAGHUVeer PRASAD
Marital Status	MARRIED
Name of Spouse (if married)	NARESH PRASAD YADAV

7. KNOW YOUR CUSTOMER (KYC) DOCUMENTS :

Type of document	ID Proof	Address Proof
Document ID No.	UIDAI	UIDAI
Issuing Authority	XXXXXXXXX9786	XXXXXXXXX9786
Place of Issue	UIDAI	UIDAI
Date of Issue		
Valid up to		

I attach the copies of documents opted for and produce the original copies of these documents for verification.

8. Nomination :

I want to nominate as under

Name of the nominee	Relationship	Age	Date of Birth in case of minor	Person authorised in case of minor to receive the amount of deposit on behalf of the nominee in event of my / minor's death during the minority of nominee.

**NARESH
PRASAD YADAV HUSBAND**

Date:

Place:Signature of declarant

WITNESS IN CASE OF NOMINATION (FOR THUMB IMPRESSION ONLY)

Name & Signature of the first witnesses
Name:-
Signature:-
Address:-

Name & Signature of the second witnesses
Name:-
Signature:-
Address:-

To be filled by those who do not have either PAN/GIR: (Select appropriate form)

Form No. 60

To be filled by person without PAN
1. Are you assessed to tax? Yes No

2. If yes (i) Details of ward/Circle/Range where the last return of income was filed_____

Form No. 61

To be filled by a person who has agricultural income and is not in receipt of any other income chargeable to income tax

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.

Declaration

I Deepa Yadav do hereby declare that what is stated is true to the best of my knowledge and belief.

Date:
Place:Signature of declarant

Declaration/Undertaking

a) Please seed my Aadhaar / UID Number issued by UIDAI. I hereby give my consent to the Bank to use my Aadhaar details to authenticate me from UIDAI by using my biometrics for the purpose of Bank account.
b) I declare that I am desirous of receiving entitled benefits or subsidies of welfare schemes funded from the Consolidated Fund of India in my account directly.
Date:
Place:Signature of declarant

For Official Use:

Specimen
Signature /
Thumb
impression of
the customer

Photograph

	Name	Signature	GBPA / PF No	Date
Rupay Debit Card issued				
Signature Verified				
Account Verified				
Registration of Nomination				
Punjab National Bank				
(Authorized Official)			Name_____GBPA No_____	