



SCRN : SC92923125

SARN : SA71847974

Branch Office **FORM DA-1: NOMINATION**

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits,

I/ We (Name(s))

R/o 

nominate the following person to whom in the event of my/our/ minor's death, the amount of deposit in the account may be returned by State Bank of India,

Branch Office 

DEPOSIT			NOMINEE				
Nature of Account	Account No.	Additional Details,if any	Name	Address	Relationship with depositor,if any	Age	Date of birth
SAVING	31483877560		SHIVAJI NAMDEO WAGH	SHREE NIWAS SUYOG COLONY SAKORA ROAD NANDGAON	FATHER	58	01/06/1962

\* As the nominee is minor on this date, I/we appoint Mr/Ms Age 

Address  to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place: Date: **Signature(s) / Thumb impression(s) of depositors**

Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

\*Strike out if nominee is not a minor

**WITNESSES**

Name & Signature of the first witnesses	Name & Signature of second witnesses
Name: _____	Name: _____
Signature: _____	Signature: _____
Address: _____	Address: _____
Place: _____	Place: _____
Date: _____	Date: _____
Telephone No: _____	Telephone No: _____

#Thumb impression(s) shall be attested by two witnesses; otherwise it shall be attested by one witness .....

**NOMINATION REGISTERED**

The above mentioned nomination is registered at serial no \_\_\_\_\_ in respect of (Type of Account.)

\_\_\_\_\_ Deposit Account No. \_\_\_\_\_.

Date \_\_\_\_\_.

SS No. \_\_\_\_\_

For \_\_\_\_\_  
(Authorised Official)☐ I want the name of the nominee to be printed on the pass book.



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## Basic Savings Bank Deposit / Small Account Opening Form

## Name &amp; Signature of the first witnesses

Name &amp; Code of the Branch

Cust ID

A/C No.

Affix  
Passport  
size Photo

## 1. Name in Full (Mr/Ms)

Mr. VINOD SHIVAJIWAGH

## 2. Father/ Husband/Guardian Name

Mr. SHIVAJI NAMDEOWAGH

## 3. Residential address:

C/o

House No. and name SHREE NIWAS, PLOT NO 41

Landmark SAKORA ROAD, NANDGAON

District NASHIK

State MAHARASHTRA

Census Code

Telephone/Landline(With STD Code)

Street No. and name SUYOG COLONY

Village/City NANDGAON (DIST. NASIK)

Sub District/Tehsil NANDGAON

Pincode 423106

Mobile No. +91 7843061083

Date of Birth: 31/07/1994

MM DD YY YY

4. Sex: Male ☒ Female ☐5. a) Occupation: ☐ Salaried ☐ Self-employed ☐ Business ☐ Retired ☐ Student ☒ Others Services In Private Establishmentsb) Category: ☐ General ☒ OBC ☐ SC ☐ ST6. KYC Documents Provided ☒ Yes ☐ No7. Nomination Required ☒ Yes ☐ No8. Request for ATM Debit Card ☒ Yes ☐ NoSMS Alert: ☒ Yes ☐ No

9. Aadhar Number (if applicable) 732853077320

Please open a small deposit account under liberalized KYC norms specified by RBI. I undertake to submit the required/additional KYC documents as and when the balance or the total annual transaction in my account exceeds the stipulated limit prescribed by RBI or as and when required by the Bank. In the event of non-compliance, the Bank is within its right to stop operations in the account

Signature of the Applicant

Please open a Small Account / Basic Savings Deposit Account in the name of Mr./Ms.

VINOD SHIVAJI WAGH

(first/sole applicant) and Mr./Ms. (second Applicant)\*. The Savings Bank rules and regulations including those relating to Small Account / Basic Savings Deposit Account have been explained to me/us and I/we agree to abide by the same. An additional photograph of sole/each applicant is attached.

For Basic Savings Bank Deposit Account

☐ I do not have any other Savings Bank Account with SBI☐ I have a Savings Bank Account with SBI and undertake to close it within 30 days of opening a Basic Savings Bank Deposit Account

## Mode of Operation

☒ Self Only ☐ Either or Survivor ☐ Former or Survivor ☐ Any one or Survivor ☐ Jointly ☐ Other

Date: 08/03/2020

Place: NANDGAON (DIST. NASIK)

Signature/Thumb Impression of first/sole Applicant

Signature/Thumb Impression of second Applicant

Name &amp; No. of BC/BF.

Signature of Business Correspondent/Facilitator

Name, SS No &amp; Signature of the verifying Branch official

\* The Joint Account holder (i.e. second applicant) shall fill up a supplementary Form.



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**ACCOUNTS OF INDIVIDUALS : LIST OF KYC DOCUMENTS**

(one document from each list)

**1. Individuals (identity documents with same address as the one declared in Account opening form)**

- ☐ Passport  
☐ Voter's Identity Card  
☐ Driving Licence  
☐ Identity card issued by Post offices  
☐ Identity card issued by Public authorities who keep record of issue of such identity cards.  
☒ Aadhaar Letter/Card  
☐ NREGA Card  
☐ Pension Payment orders

**2. Individuals (where identity documents are with different address) - One document each from List 1 and List 2 which should be mutually exclusive****Proof of identity (List 1)**

- ☐ Passport  
☐ Voter's Identity Card  
☐ Driving Licence  
☐ Aadhaar Letter /Card  
☐ Identity card issued by Public authorities  
☐ Photo identity cards issued to bonafide students by a university approved by UGC/AICTE  
☐ Govt./Defence ID Card  
☐ ID Cards issued by reputed employers  
☐ NREGA Card  
☐ Pension Payment orders  
☐ Identity card issued by Post offices  
☐ PAN Card

**Proof of address (List 2)**

- ☐ Telephone bill (not more than 3 months old)  
☐ Bank account Statement (Not more than 3 months old)  
☐ Letter from any recognized public authority  
☐ Electricity bill (not more than 6 months old)  
☐ Copies of Registered Leave & License agreement/ Sale Deed/Lease Agreement  
☐ Letter issued to students by Hostel warden of the University/ Institute, where the student resides, duly countersigned by the Registrar/ Principal/Dean of Student Welfare  
☐ In case of students/ close relatives, identity and address of the relative whom they are staying along with the declaration from such person.  
☐ Ration card  
☐ Letter from reputed employer  
☐ Income Tax/ Wealth Tax Assessment orders  
☐ Credit Card Statement (not more than 3 months old)

**To be filled by those who do not have PAN****FORM NO. 60****[See second provision 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**

1. Full name and address of the declarant \_\_\_\_\_  
\_\_\_\_\_  
2. Particulars of transaction  
(a) Opening of accounts \_\_\_\_\_  
(b) Issuance of ATM cum Debit Card \_\_\_\_\_  
3. Amount of the 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 \_\_\_\_\_  
(ii) Reasons for not having permanent account Number: \_\_\_\_\_  
6. Details of the document being produced in support of address in column (1) \_\_\_\_\_

**FORM NO. 61****[See provision 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**

1. Full name and address of the declarant \_\_\_\_\_  
\_\_\_\_\_  
2. Particulars of transaction (a) Opening of accounts  
(b) Issuance of ATM cum Debit Card  
3. Details of the documents being produced in support of Address in column (1): Yes ☐ 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.

**VERIFICATION**

I, \_\_\_\_\_, do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Date: 08/03/2020 Place: \_\_\_\_\_  
Signature of the declarant \_\_\_\_\_



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### Basic Savings Bank Deposit Account Opening Form - ADDITIONAL INFORMATION

#### 1. Mode of Operation:

☒ Self Only ☐ Either or Survivor ☐ Former or Survivor ☐ Any one or Survivor ☐ Jointly ☐ Other

2. PAN /GIR NO./FORM 60/61

3. Income Per annum  Assets (approximate value): Rs.

4. Educational Qualification ☐ Non- Graduate ☒ Graduate ☐ Post Graduate ☐ Others

5. Email ID

6. KYC Documents Provided Identification Proof:

Address Proof

#### 7. Request for add on:

S.No	Product	
1	e-Statement of Account	<input checked="" type="radio"/> Yes <input type="radio"/> No
2	Cheque Book	<input checked="" type="radio"/> Yes <input type="radio"/> No
3	Mobile Banking	<input type="radio"/> Yes <input checked="" type="radio"/> No
4	Internet Banking	<input checked="" type="radio"/> Yes <input type="radio"/> No
5	Credit Card	<input type="radio"/> Yes <input checked="" type="radio"/> No
6	Request for ATM Debit	<input checked="" type="radio"/> Yes <input type="radio"/> No
7	SMS Alert	<input checked="" type="radio"/> Yes <input type="radio"/> No
8	Others	<input type="radio"/> Yes <input checked="" type="radio"/> No Specify <input type="text"/>

#### 8. Additional Information for Cross Selling

I would like to also avail:

S.No	Product	
1	Housing Loan	<input type="radio"/> Yes <input checked="" type="radio"/> No
2	Vehicle Loan	<input type="radio"/> Yes <input checked="" type="radio"/> No
3	Mutual Fund	<input type="radio"/> Yes <input checked="" type="radio"/> No
4	Life/General Insurance	<input type="radio"/> Yes <input checked="" type="radio"/> No
5	Pension	<input type="radio"/> Yes <input checked="" type="radio"/> No
6	Others	<input type="radio"/> Yes <input checked="" type="radio"/> No Specify <input type="text"/>

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 limited to debit card, credit card, internet banking mobile banking and other facilities listed in this form. The usage of these 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