

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUAL (PART -I) (Must accompanied with Terms and Conditions) CUSTOMER INFORMATION SHEET (CIF Creation/Amendment)



| Un case of joint accounts, Part -I (CIF Sheet) and Terms & Conditions to be taken for each customer) | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Branch Name Branch Code | | | | | | | | | | | | | | |
| Fields marked asterix (*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature (For office use only) Bank/Branch to affix rubber stamp of name and code no. | | | | | | | | | | | | | | |
| Customer ID Application type New Update | | | | | | | | | | | | | | |
| Account No. 1234567891234567 | | | | | | | | | | | | | | |
| Account type V Normal Small Minor (Mandatory for CKYC update request) | | | | | | | | | | | | | | |
| A Personal Details | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (Same as ID Proof) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2.Maiden Name: | | | | | | | | | | | | | | |
| 3.Date of Birth*: D D M M Y Y Y Y 4.Gender* Male Female Third Gender | | | | | | | | | | | | | | |
| 5.Marital Status Married Unmarried Single Divorced Living Apart. Defacto | | | | | | | | | | | | | | |
| 6.Name of Father Mother Spouse* | | | | | | | | | | | | | | |
| (Father's name is mandatory if PAN is not provided) | | | | | | | | | | | | | | |
| 7.No. of Dependents 8.Illiterate YES NO if yes: Identification Marks: | | | | | | | | | | | | | | |
| 9.Name of Guardian | | | | | | | | | | | | | | |
| (In Case Of Minor*) Relationship with Guardian | | | | | | | | | | | | | | |
| 10.Nationality: | | | | | | | | | | | | | | |
| 12.Occupation Type Service State Govt. Central Govt. Public Sector Undertaking Defence Pvt. Sector | | | | | | | | | | | | | | |
| Business Industrialist Trade Sect. Serv. Sect Migrant Labour Contractor Jeweller / Bullion Trader Pawn Shop | | | | | | | | | | | | | | |
| Import / Export Customer Other Self Employed | | | | | | | | | | | | | | |
| Import / Export Customer Other Self Employed | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/ Finance Eng./Architect/Tech. Consultant Retired Journalist | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/ Finance Eng./Architect/Tech. Consultant Retired Journalist Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/ Finance Eng./Architect/Tech. Consultant Retired Journalist Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify Designation/Profession: Designation/Profession: | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify Designation/Profession: Nature of Business: | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify Designation/Profession: 13. Organization's Name: Designation/Profession: Nature of Business: 14. Annual Income Rs. 15. Net Worth (approx value) Rs. | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify Designation/Profession: 13. Organization's Name: Designation/Profession: 14. Annual Income Rs. 15. Net Worth (approx value) Rs. 16. Religion: Hindu Muslim Christian Sikh Others 17. Category: General OBC SC ST | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/ Finance Eng./Architect/Tech. Consultant Retired Journalist Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify Designation/Profession: 13. Organization's Name: Designation/Profession: Nature of Business: 14. Annual Income Rs. 15. Net Worth (approx value) Rs. 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.) Post Graduate (Gen.) | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify 13. Organization's Name: Designation/Profession: 14. Annual Income Rs. 15. Net Worth (approx value) Rs. 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.) Post Graduate (Gen.) Med. Graduate/Post Graduate Eng. Graduate/Post Graduate Law Gradutae/Post Graduate | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist Medical Prof. Housewife Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify Designation's Name: Designation's Name: Designation's Name: Nature of Business: 14. Annual Income Rs. 15. Net Worth (approx value) Rs. 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.) Post Graduate (Gen.) Med. Graduate/Post Graduate Eng. Graduate/Post Graduate Law Graduate/Post Graduate CA/ICWA/MBA/CFA Computer Degree/Diploma/MCA Other Professional Degree/Diploma Illiterate 20. Please Tick the Applicable box*: Politically exposed Person Related to politically Exposed Person None | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist Medical Prof. Student Share and Stock Broker Oth. Professional Agriculture Political / Social Worker X-Not categorised-Please specify | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist | | | | | | | | | | | | | | |
| Others Medical Prof. Legal Prof. CA/ICWA/Taxation/Finance Eng./Architect/Tech. Consultant Retired Journalist | | | | | | | | | | | | | | |

| C Proof of Identity/Address (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 | | | | | | | | | | | | | | |
| Document No/Identification Number* | | | | | | | | | | | | | | |
| Issued By | | | | | | | | | | | | | | |
| Issue Date:* D D M M Y Y Y Y Expiry Date (If applicable):* D D M M Y Y Y Y | | | | | | | | | | | | | | |
| Small Accounts : Only Self Attested Photograph | | | | | | | | | | | | | | |
| D Address details Current Permanent Overseas | | | | | | | | | | | | | | |
| Address type* Residential/Business Residential Business Registered Office Unspecified | | | | | | | | | | | | | | |
| Address* INDIASUBCONTIENANT | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| City/Village* District*: | | | | | | | | | | | | | | |
| State:* Country Name* | | | | | | | | | | | | | | |
| E Address details Correspondence Same as Current/Permanent Address | | | | | | | | | | | | | | |
| Address type* Residential/Business Residential Business Unspecified | | | | | | | | | | | | | | |
| Address* | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| City/Village* District*: | | | | | | | | | | | | | | |
| State:* Country Name* | | | | | | | | | | | | | | |
| F If the Offically Valid Document (OVD) does not contain current address-please provide any of the documents below. | | | | | | | | | | | | | | |
| Fit the Officially Valid Document (OVD) does not contain current address-please provide any or the documents below. | | | | | | | | | | | | | | |
| Utility Bill PPO/FPPO Property or Municipal tax receipt | | | | | | | | | | | | | | |
| Letter of allotment of accomodation issued by employer/ issued by State or Central Government departments, statutory or regulatory bodies, Public sector undertaking, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accomodation. | | | | | | | | | | | | | | |
| Self-Declaration (If Aadhar is voulatray provided for identification purpose and current address is different form address aviiable in Central Identities Data Repository Authentication of Aadhaar number using e-KYC authentication facility providede by the UIDAI is mandatory) | | | | | | | | | | | | | | |
| Document No. Date D D M M Y Y Y Y | | | | | | | | | | | | | | |
| G DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION | | | | | | | | | | | | | | |
| 1. I have read the copy of Terms and Conditions of the Account Opening Form given to me. The Terms and Conditions have been explained to me/us and having understood, I accept the same. | | | | | | | | | | | | | | |
| 2. 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 3. 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 / OTP based authentication to the Bank. YES NO (E-KYC authentication and Aadhaar seeding is mandatory for availing DBT benefit) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| PHOTO* Please Paste Signature/Thumb impression of the Applicant | | | | | | | | | | | | | | |
| Recent passport Size | | | | | | | | | | | | | | |
| (Do not Staple) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Place Date D M M Y Y Y Y | | | | | | | | | | | | | | |
| Place Date D M M Y Y Y Y H FOR OFFICE USE Documents received Self-certified True Copies Notary | | | | | | | | | | | | | | |
| H FOR OFFICE USE Documents received Self-certified True Copies Notary i.Self-certification & documents received as part of account opening process have been verified and found correct. | | | | | | | | | | | | | | |
| H FOR OFFICE USE Documents received Self-certified True Copies Notary | | | | | | | | | | | | | | |
| H FOR OFFICE USE Documents received Self-certified True Copies Notary i.Self-certification & documents received as part of account opening process have been verified and found correct. ii.Certified that Copy of Terms and Conditions signed by Customer obtained | | | | | | | | | | | | | | |
| H FOR OFFICE USE Documents received Self-certified True Copies Notary i.Self-certification & documents received as part of account opening process have been verified and found correct. ii.Certified that Copy of Terms and Conditions signed by Customer obtained iii.Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant) | | | | | | | | | | | | | | |
| H FOR OFFICE USE Documents received Self-certified True Copies Notary i.Self-certification & documents received as part of account opening process have been verified and found correct. ii.Certified that Copy of Terms and Conditions signed by Customer obtained iii.Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant) iv.Threshold Limt v. BIS Organistion Code vi. Customer Segment vii. 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) | | | | | | | | | | | | | | |
| HFOR OFFICE USE Documents received Self-certified True Copies Notary i.Self-certification & documents received as part of account opening process have been verified and found correct. ii.Certified that Copy of Terms and Conditions signed by Customer obtained iii.Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant) iv.Threshold Limt v. BIS Organistion Code vi. Customer Segment vii. Depositor Illiterate Blind Staff Risk Category:* High Medium Low | | | | | | | | | | | | | | |
| i.Self-certification & documents received as part of account opening process have been verified and found correct. ii.Certified that Copy of Terms and Conditions signed by Customer obtained iii.Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant) iv.Threshold Limt v. BIS Organistion Code vi. Customer Segment vii. 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. | | | | | | | | | | | | | | |

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) Date D D M M Y Y Y Y |
|---|
| First Applicant Customer ID |
| Second Applicant Customer ID Bank / Branch to affix rubber stamp of name and code no. |
| Account 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 |
| Savings Bank Account BSBDA BSBDA Small Account Current Account (Individual) Fixed Deposit / MOD / RD Caps Gain (SB) |
| B Mode of Operation |
| Self Either or Survivor Former or Survivor Any one or Survivor Jointly Operated Other |
| C Services Required |
| Additional Factor of authentication is not mandotory for transactions disabled status which can be enabled with avilable channel as and when required. Card can be used for Conatactless transaction upto limit Card Type Ist Applicant |
| prescibed by the Banks from time to time without PIN. (Mobile no. is mandatory for services 2 to 6) |
| 2. CHEQUE BOOK Yes No 4. SMS ALERTS on Registered mobile number Yes No |
| (Only for Regular SB/Current Accounts/Caps Gain(SB) (Not available for Regular BSBD/Small Accounts) 5. PHONE BANKING SERVICES: Yes No |
| 3. INTERNET BANKING REQUIRED: Transaction rights required 6. MOBILE BANKING: |
| 1st Applicant Yes No |
| 2nd Applicant Yes No 17. PASSBOOK REQUIRED: Yes No Yes No |
| (Available only for singly operated accounts and joint accounts operated by Either or Survivor mode. 8. e-Statement (at monthly intervals), |
| In case of accounts operated as Former or Survivor mode INB facility is available to 1st applicant only) in lieu of paper copy: |
| In case of accounts operated as Former or Survivor mode INB facility is available to 1st applicant only) In lieu of paper copy: Required Not Required |
| ппесо рарегсору. |
| D 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. Name of Depositor(s), Amount and Period of Initials of Cash |
| D Fixed Deposit: For the following products/facilities, please furnish options/details: TERM DEPOSIT TERM DEPOSIT TERM DEPOSIT TAX SAVING SCHEME CAPS GAIN (TDR) Amount: Rs. (in words) |
| D 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. Name of Depositor(s), Amount and Period of Deposit authenticated by Cash Officer in case |
| D Fixed Deposit: For the following products/facilities, please furnish options/details: TERM DEPOSIT TERM DEPOSIT TERM DEPOSIT TERM DEPOSIT TERM DEPOSIT TAX SAVING SCHEME CAPS GAIN (TDR) Amount: Rs. Name of Depositor(s), Amount and Period of Deposit authenticated by Cash Officer in case of Illiterate Depositor Name of Deposit authenticated by Cash Officer in case of Illiterate Depositor |
| D 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. Name of Depositor(s), Amount and Period of Deposit authenticated by Cash Officer in case of Illiterate Depositor In case of Term Deposit, interest payable* Monthly Quarterly Calendar Quarter Half Yearly Yearly Maturity instruction(a) Auto renew* principal & payback interest Auto renew* principal & interest Payable and Maturity instructions options will not be offered by all Banks. Contact respective Banks for the options available.) |
| D Fixed Deposit: For the following products/facilities, please furnish options/details: TERM DEPOSIT TERM DEPOSIT TERM DEPOSIT (REINVESTMENT) ANNUITY DEPOSIT TAX SAVING SCHEME CAPS GAIN (TDR) Amount: Rs. Name of Depositor(s), Amount and Period of Deposit authenticated by Cash Officer in case of Illitrate Depositor 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 |
| D 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. Name of Depositor(s), Amount and Period of Deposit authenticated by Cash Officer in case of Illiterate Depositor In case of Term Deposit, interest payable* Monthly Quarterly Calendar Quarter Haif Yearly Yearly Maturity instruction@ Auto renew* principal & payback interest Auto renew* principal & interest Pay principal & interest Auto Renew* with part amount for Rs |
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| D Fixed Deposit: For the following products/facilities, please furnish options/details: TERM DEPOSIT TERM DEPOSIT TERM DEPOSIT (REINVESTMENT) ANNUITY DEPOSIT TAX SAVING SCHEME CAPS GAIN (TDR) Amount: Rs. |
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| D Fixed Deposit: For the following products/facilities, please furnish options/details: TERM DEPOSIT |
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| D Fixed Deposit: For the following products/facilities, please furnish options/details: TERM DEPOSIT |
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| G Nomination (If required, fill Form DA-1) | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| FORM DA-1 (Nomination Form) | | | | | | | | | | | | | | | |
| Details of Nomination: Registration No. | | | | | | | | | | | | | | | |
| Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules 1985 in respect of Bank Dep | | | | | | | | | | | | | | | |
| I/We | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| I/We want the name of the nominee to be printed on the passbook | | | | | | | | | | | | | | | |
| Details of Deposit Type of Deposit: | Account Number: | | | | | | | | | | | | | | |
| Details of Nominee | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | |
| Mobile Number of the Nominee | | | | | | | | | | | | | | | |
| Proble Number of the Norminee | | | | | | | | | | | | | | | |
| Relationship with the Depositor | Date of Birth of nominee (in case of minor) | | | | | | | | | | | | | | |
| As the nominee is a minor on this date, I appoint Shri / Smt / Kum | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| to receive the amount of deposit on behalf of the nominee in the event of my / minor's death during the minority of the nominee | | | | | | | | | | | | | | | |
| (Nimination in favour of other than Individual is invalid) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | (Signature of the Applicant/Thumbienessis of the Applicant) | | | | | | | | | | | | | | |
| (Signature of the Applicant/Thumb impression of the Applicant) | (Signature of the Applicant/Thumb impression of the Applicant) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Signature of the first witness | Signature of the second witness | | | | | | | | | | | | | | |
| Name: Signature: | Name:Signature: | | | | | | | | | | | | | | |
| Address | Address | | | | | | | | | | | | | | |
| (Witnesess are required only in case of applicant is illiterate and if affixing thumb impression) | Date D D M M Y Y Y Place | | | | | | | | | | | | | | |
| Date D D M M T T T T Place | | | | | | | | | | | | | | | |
| I/We do not want to nominate any person in this account | | | | | | | | | | | | | | | |
| I/We do not want to nominate any person in this account | | | | | | | | | | | | | | | |
| I/We do not want to nominate any person in this account | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| I/We do not want to nominate any person in this account (Signature of the Applicant/Thumb impression of the Applicant) | (Signature of the Applicant/Thumb impression of the Applicant) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| (Signature of the Applicant/Thumb impression of the Applicant) H DECLARATION CUM UNDERTAKING CUM SELF – CERTIFICATION 1. I/We have read the copy of Terms and Conditions of the Account Opening Form given to me / us. The Terms | (Signature of the Applicant/Thumb impression of the Applicant) | | | | | | | | | | | | | | |
| (Signature of the Applicant/Thumb impression of the Applicant) H DECLARATION CUM UNDERTAKING CUM SELF – CERTIFICATION 1. I/We have read the copy of Terms and Conditions of the Account Opening Form given to me / us. The Ten 2. (In case of Minor Accounts) | (Signature of the Applicant/Thumb impression of the Applicant) rms and Conditions have been explained to me/us and having understood, I / we accept the same. | | | | | | | | | | | | | | |
| (Signature of the Applicant/Thumb impression of the Applicant) H DECLARATION CUM UNDERTAKING CUM SELF – CERTIFICATION 1. I/We have read the copy of Terms and Conditions of the Account Opening Form given to me / us. The Term (In case of Minor Accounts) I hereby declare that date of birth of the minor who is my | (Signature of the Applicant/Thumb impression of the Applicant) | | | | | | | | | | | | | | |
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TERMS AND CONDITIONS FOR OPENING OF DEPOSITS ACCOUNTS

- 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 theBank. 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 consent to receive information from the Bank/Central KYC Registry/Gol/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.
- $12. \quad I undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.$
- 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.
- 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.
- $19. \quad I confirm that the product features of BSBD account have been explained to me (applicable to BSBD account applicant)$
- 20. Applicable for Small Accounts: I undersatnd 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.
- $21. \quad \text{I have been advised that if I do not provide my mobile number, I will not be eligible for any facility of electronic transactions other than ATM cash withdrawals.}$
- 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 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 confirm and undertake that I will not deal in virtual currencies and will not use my account for any services relating to virtual currencies or facilitate any person or entity in delaing with or settling Virtual Virtual Currencies
- 26. 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 yearno fresh cheque book would be issued., closure of account may also be considerd.
- 27. I/We confirm that the product features of account have been explained to me



(Signature of the Applicants/Thumb impression of the Applicants)

--- → CKNOWLEDGEMENT DA-1

| acknowledge receipt of nomination made by you in favour of: | | | | | | | | | | | | | | |
|---|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Ann Varia | Date: Yours faithfully | | | | | | | | | | | | | |
| ame of the Nominee | rours faithfully | | | | | | | | | | | | | |
| fith respect to your Account Number | | | | | | | | | | | | | | |
| egistration No. | Signature of Bank Official with Seal | | | | | | | | | | | | | |

SAVINGS BANK RULES (ABRIDGED)

Know Your Customer Guidelines

Any person fulfilling account opening requirements may, upon agreeing to comply with the prescribed rules, open a Savings Bank Account, provided she/he furnishes proof of identity and proof of address as required by the Bank.

Nomination & Survivorship Facility

The nomination facility is available on Savings Bank Accounts and the account holders are advised to avail of this facility for smooth settlement of claim by legal heirs in unforeseen circumstances. Nomination can be made in favour of only one nominee. In case they do not wish to make a nomination, the fact should be recorded on the account opening form under their full signature. Joint account with survivorship benefit can be operated by the survivor, in such circumstances. Types of Accounts, Balance Stipulation & Service Charges The applicants can open an account either with chequebook facility or without chequebook. The current monthly average balances prescribed for SB accounts and the charges prescribed for non maintenance of minimum balance, are available at the Banks website and Contact Centre. The information can also be obtained from Branches. There is no ceiling on maximum balance in Savings Bank account, except for Minors account.

Minors Accounts

Minors who can adhere to uniform signature and are not less than ten years old can open accounts in their single name and maintain therein a maximum balance of Rs. 10,00,000/ (Rs. Ten lacs only). Minors may open joint accounts with their guardians.

How To Open An Account?

In ordinary course, applicant(s) should attend the Bank personally for completion of formalities for opening the account. They will duly fill in and sign the prescribed application form. Applicant(s) should submit KYC documents, declaration as applicable for RBI/CBDT and two copies of his/her/ their recently taken passport size photographs. Applicants can also apply for opening an account online. Account holders signatures must be legible and well formed. Signatures should not be in capital or block letters. Each account will be given a distinctive account number. While dealing with the Bank, this number should be invariably quoted by the account holder(s). The account holders, in their self-interest, are expected to adhere to uniform signature as per specimen recorded with the Bank while operating the accounts and addressing any correspondence to the Bank.

Pass Book

The pass book and cheque book supplied to the account holder should be kept in a safe place. The Bank will not be responsible for any loss or incorrect payment attributable to the account holders neglect in this regard. For withdrawing cash by means of a withdrawal form, the pass book must be presented. Withdrawals using cheque forms and Debit card can be effected without pass book. Deposits may be made without production of the pass book. Pass book should be got updated regularly. The pass book will be returned to the account holder immediately after completion of the transaction duly updated. In case it is not collected within a weeks time, it will be returned to them by Registered A.D. post/ Courier at their cost. The account holders should carefully examine the entries in their pass books and draw the Banks attention to errors or omissions, if any. Duplicate in lieu of the lost or mutilated pass book may be issued on receipt of a written request from the account holder after necessary enquiries, completion of formalities and recovery of prescribed charges. The current charges prescribed for this are available at the Banks website and Contact Centre. This information can also be obtained from Branches.

Cheque Book

The Bank will issue the first cheque book after completion of all formalities with regard to opening of the account. Bank shall issue Cheque Book subject to recovery of charges as applicable. The current charges prescribed for this are available at the Banks website and Contact Centre. This information can also be obtained from Branches. The account holders must use only the cheques from the cheque books issued to them by the Bank. The Bank reserves the right to refuse payment of any cheques drawn otherwise. Ordinarily, Bank will not issue more than one cheque book at a time or before exhausting all or nearly all cheque leaves issued previously. Cheques must be written legibly. Stop payment instructions in respect of cheques issued or lost can be registered with the Bank on payment of a prescribed service charge. The current charges prescribed for this are available at the Banks website. This information can also be obtained from Branches.

Genera

Savings Bank account is essentially a facility to build up savings and hence must not be used as a Current Account. Bank may close an account should it have any reason to believe that the account holder has used her/his account for a purpose for which it is not allowed.

Deposits

Only three cash deposit tranactions are allowed free of cost in a month. No restrictions on cash deposit at Non Home branch. No deposit in cash for less than Rs 10/- will be accepted. Cheques, drafts or other instruments drawn only in favour of the account holder will be accepted for credit of the account. Third party instruments endorsed in favour of the account holder will NOT be accepted. No drawings against accepted instruments will be normally permitted until these are realized. In satisfactorily conducted accounts, immediate credit will be afforded for outstation / local instruments upto the value laid down from time to time. The normal collection and out of pocket charges will be recovered. The current limit and charges prescribed for this are available at the Banks website and Contact Centre. This information can also be obtained from Branches. Overdue interest will be recovered for instruments subsequently returned unpaid.

Withdrawals

The account holder can withdraw money personally from her/his ordinary Savings Bank Account by using Banks standard withdrawal form. The Pass Book /any OVD must accompany the withdrawal form. The withdrawal form can be used only for receiving payments by the accountholder himself/ herself. ATM cum Debit card can also be used in ATMs for cash withdrawal. The account holder cannot withdraw an amount less than Rs. 50/-. All withdrawals must be in round Rupees only. Third party payments through withdrawal forms are not permitted. A letter of authority as per the prescribed format, along with the pass book should be sent to the Bank through an authorized representative to receive payment in case the account holder is unable to attend personally to withdraw cash from her/his account. The minimum drawing permitted per cheque form is limited to Rs. 50. The maximum number of free debit entries permitted in an account depends on the AMB in the account or as decided by the Bank from time to time. Charges prescribed for exceeding this limit are available at the Banks website and Contact Centre. This information can also be obtained from Branches. Cash withdrawal can be made from the accounts of the sick, old or incapacitated account holders who are unable to attend the Bank and/or also not able to put their signature or thumb impression for withdrawing cash by completing the laid down formalities

Overdrafts

Overdrafts in Savings Bank accounts may be permitted under exceptional circumstances with prior arrangements only. Cheques drawn in excess of the balance in the account will be returned unpaid. Service charge will be recovered each time a cheque is returned unpaid for want of sufficient funds. Charges prescribed for this are available at the Banks website and Contact Centre This information can also be obtained from Branches.

Inoperative Accounts

Account holders are advised to operate their accounts regularly. Accounts not operated are classified as Inoperative after the stipulated time period of 24 months since last operation. The current prescribed charges in this regard are available at the Banks website and Contact Centre. This information can also be obtained from Branches.

Standing Instructions

The account holder can request the Bank for effecting periodical payment of insurance premium, membership fees, etc. by debit to her/his account on payment of service charges. The current prescribed charges for Standing Instruction are available at the Banks website. This information can also be obtained from Branches.

Payment of Interest

As per RBI guidelines applicable from time to time. Interest will be calculated on a daily product basis. Interest will be credited to the account at quarterly intervals. Interest will be paid only if it works out to Re 1/-or more. There after fifty paise and more will be rounded off to the next higher rupee and anything less will be ignored. In case of accounts frozen by the enforcement authorities,

Transfer & Closure Of Account

Accounts may be transferred between branches of the Bank at the request of the account holder(s). Request for closure of account should state the reason for closure. The pass book must accompany such request. Joint accounts can be closed only at the request of all such joint signatories. Service charge at prescribed rate will be recovered if an account is closed after 14 days upto one year of its opening. The current charges prescribed for this are available at the Bank's website. This information can also be obtained from Branches. Accounts can be transferred ONLINE also.

Change in Rules

The Bank reserves the right to alter, delete or add to any of these Rules and service charges for which the customer will be duly notified through Bank's website and/or branch notice board.

${\sf Features\,of\,BSBD\,account.}$

- i. The deposit of cash at bank branch as well as $\ensuremath{\mathsf{ATMs/CDMs}}$
- ii. Receipt / credit of money through any electronic channel or by means of deposit / collection of cheques drawn by Central / State Government agencies and departments.
- iii. No limit on number and value of deposits that can be made in month.
- $iv.\,Minimum\,4\,with drawals\,including\,ATM\,with drawals$
- $v.\,ATM\,Card\,or\,ATM\text{-}cum\text{-}Debit\,Card\\$



Annexure-1

Income-tax Rules, 1962 FORM NO.60 [See second proviso to rule 114B]

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

| | First Name | Middle Name | | Surname | rname | | | | | | | | | |
|----|--|---|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|
| 2 | Date of Birth / Incorporation of declarant | | | | | | | | | | | | | |
| 3 | Father's Name (in case of individual) | | | | | | | | | | | | | |
| 4 | Flat No./Floor No. | | | | | | | | | | | | | |
| 5 | Name of premises / Block Name & No. | | | | | | | | | | | | | |
| 6 | Road / Street / Lane | | | | | | | | | | | | | |
| 7 | Area / Locality | | | | | | | | | | | | | |
| 8. | Town/District/State | | | | | | | | | | | | | |
| 9 | Pin code | | | | | | | | | | | | | |
| 10 | Telephone Number (with STD code) | | | | | | | | | | | | | |
| 11 | Mobile Number | | | | | | | | | | | | | |
| 12 | Amount of Transaction (Rs.) | | | | | | | | | | | | | |
| 13 | Date of Transaction | | | | | | | | | | | | | |
| 14 | In case of transaction in joint names, number of persons involved in the transaction | | | | | | | | | | | | | |
| 15 | Mode of transaction Cash Chequ | e Card | Draft/Banker's Cheque | Online transfer | Other | | | | | | | | | |
| 16 | Aadhaar Number issued by UIDAI (if availa | able) : | | | | | | | | | | | | |
| 17 | If applied for PAN and it is not yet generat | ed, enter date of | application and acknowledg | gement number: Date : | | | | | | | | | | |
| 18 | If PAN not applied, fill estimated total inco Act, 1961) for the financial year in which th (b) Other than Agr. Income (Rs.) | | | | 4 of Income-tax | | | | | | | | | |
| 19 | Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf) | Document code | Document identification number | Name and add authority the doc | issuing | | | | | | | | | |
| 20 | Details of document being produced in support of identity in Column 4 to 13 (Refer Instruction overleaf) | Document code | Document identification number | Name and add authority the doct | issuing | | | | | | | | | |
| | | Veri | ification | | | | | | | | | | | |
| | I,above is true to the best of my knowledge my / our estimated total income (includir computed in accordance with the provision held will be less than maximum amount no | ng income of spo ons of Income ta: ot chargeable to | ther declare that I do not ha ouse, minor child etc., as per x Act, 1961 for the financial tax. | r section 64 of Income year in which the abov | unt Number and Tax Act, 1961) | | | | | | | | | |
| | Verified today the | day of_ | 20 | | | | | | | | | | | |
| | Place: | | | _ | re of declarant) | | | | | | | | | |
| | Note: Before signing the declaration, the correct and complete in all respects. Any under section 277 of the Income-tax Act, | person making a | a false statement in the dec | | | | | | | | | | | |
| | (i) in a case where tax sought to be evade less than six months but which may ex | | | rous imprisonment w | hich shall not be | | | | | | | | | |
| | (ii) in any other case, with rigorous imprise years and with fine. | sonment which s | shall not be less than three r | months but which ma | y extend to two | | | | | | | | | |
| 2. | The person accepting the declaration shall item 22b exceeds the maximum amount w | | | | | | | | | | | | | |

Instruction:

(1) Documents which can be produced in support of identity and address (not required if applied for PAN and item 20 is filled): -

| I. Na | ture of Documents | Document Code | Proof of Identity | Proof of Address |
|----------------|--|------------------|-------------------|---------------------|
| \ Fo | r Individuals and HUF | | | |
| 1 | AADHAAR card | 01 | Yes | Yes |
| 2 | Bank/Post office passbook bearing photograph of the person | 02 | Yes | Yes |
| 3 | Elector's photo identity card | 03 | Yes | Yes |
| 4 | Ration/Public Distribution System card bearing photograph of the person | 04 | Yes | Yes |
| 5 | Driving License | 05 | Yes | Yes |
| 6 | Passport | 06 | Yes | Yes |
| 7 | Pensioner Photo card | 07 | Yes | Yes |
| 8 | National Rural Employment Guarantee Scheme (NREGS) Job Card | 08 | Yes | Yes |
| 9 | Caste or Domicile certificate bearing photo of the person | 09 | Yes | Yes |
| 10 | Certificate of identity/address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer as per annexure A prescribed in Form 49A | 10 | Yes | Yes |
| 11 | Certificate from employer as per annexure B prescribed in Form 49A | 11 | Yes | Yes |
| 12 | Kisan passbook bearing photo | 12 | Yes | No |
| 13 | Arm's license | 13 | Yes | No |
| 14 | Central Government Health Scheme/ Ex -Service men Contributory Health Scheme | 14 | Yes | No |
| 15 | Photo identity card issued by the Government/Public Sector Undertaking | 15 | Yes | No |
| 16 | Electricity bill (Not more than 3 months old) | 16 | No | Yes |
| 17 | Landline Telephone bill (Not more than 3 months old) | 17 | No | Yes |
| 18 | Water bill (Not more than 3 months old) | 18 | No | Yes |
| 19 | Consumer gas card/book or piped gas bill (Not more than 3 months old) | 19 | No | Yes |
| 20 | | 20 | No | Yes |
| 21 | Credit Card Statement (Not more than 3 months old) | 21 | No | Yes |
| 22 | Depository Account Statement (Not more than 3 months old) | 22 | No | Yes |
| 23 | Property registration document | 23 | No | Yes |
| 24 | Allotment letter of accommodation from Government | 24 | No | Yes |
| 25 | Passport of spouse bearing name of the person | 25 | No | Yes |
| 26 | Property tax payment receipt (Not more than one year old) | 26 | No | Yes |
| Fo | r Association of persons (Trusts) | | | |
| | py of trust deed or copy of certificate of registration issued Charity Commissioner | 27 | Yes | Yes |
| | r Association of persons (other than Trusts) or Body of Individuals or Local ridical Person) | authority or A | rtificial | |
| Co au Go | by of Agreement or copy of certificate of registration issued by Charity or mmissioner or Registrar of Cooperative Society or any other competent thority or any other document originating from any Central or State overnment Department establishing identity and address of such person. | 28 | Yes | Yes |

- (2) In case of a transaction in the name of a Minor, any of the above-mentioned documents as proof of Identity and Address of any of parents/guardians of such minor shall be deemed to be the proof of identity and address for the minor declarant, and the declaration should be signed by the parent/guardian.
- (3) For HUF any document in the name of Karta of HUF is required.
- (4) In case the transaction is in the name of more than one person, the total number of persons should be mentioned in Sl. No. 18 and the total amount of transaction is to be filled in Sl. No. 16.

In case the estimated total income in column 22b exceeds the maximum amount not chargeable to tax, the person should apply for PAN, fill out item 21 and furnish proof of submission of application.

| | Details of Related Person (To be filled for minor) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--------|--------|--------|--------|--------|----------|----------|--------|----------|---------|------------|------------|-------------|------------|------------|----------|--------|--------------------|-------|-----------------------|----------|-----------------------|-----------------------|--------|---------------|------|--------|------|------|----------|-----|------|------|----------|----------------|-----------|---------|---------------|---------------|----------|---|
| Customer ID: | | | | | | | Τ | | | | | | | | | | 7 | CKY | /C No | .: [| T | T | | | | | | | T | T | | | T | T | | \exists | \exists | | | | | |
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| Name*: | | | | | F | 1 | R | S | Т | N | А | М | Е | | М | 1 | D | D | L | Е | N | А | М | Е | | | L | А | S | Т | 1 | N | А | М | Е | | T | \top | \perp | I | | |
| | | Ad | ditio | n of I | Relate | ed Pe | erson | | | De | letior | n of R | elate | d Per | son | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KYC of Related Person (If Available)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Related Person | n type | * | | | | | Gu | uardia | n of | Minor | r | | As | signe | ee | | A | utho | rised | Repr | esent | ativ | е | | | | | | | | | | | | | | | | | | | |
| Name*: | | | | | F | I | R | S | Т | N | А | М | Е | | М | 1 | D | D | L | Е | N | А | М | Е | | | L | Α | S | Т | ١ | N | А | М | Е | | | | | \prod | | |
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| | F-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME & ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | G-OTHERS (Any Document notified by the Central Government/RBI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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