

For Office Use :

Verifying officer/open CIF/Account	CIF/Account Generated (For Second Applicant)																		
Signature : _____	(Authorized Signatory) _____																		
Name : _____	Date : DD/MM/YYYY																		
Designation: _____	CIF No. : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
	Account No. : <table border="1"><tr><td>3</td><td>9</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	3	9	0															
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Second Applicant's Personal Details

Customer Type : Public ☐ Staff ☐ Senior Citizen : Yes ☐ Minor : Yes ☐
 Name : Mr./Ms./Mrs./Other _____
 Name of Father/Guardian (For Minors Only) : Mr./Ms./Mrs./Other _____
 Date of Birth : DD/MM/YYYY Gender : Male ☐ Female ☐ Nationality _____
 Mother's Maiden Name _____ Marital Status : Married ☐ Unmarried ☐ Other ☐
 PAN No.

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 Aadhar No.

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Address

City : _____ PIN : _____ Tel No. : _____
 Mob. No. _____ E-mail Address : _____

Identification Details

S.No.	LIST-I	S.N.	LIST-II
1.	Passport (where address differs)	1.	Bank account Statement
2.	Election ID Card	2.	Salary Slip
3.	PAN Card	3.	Income/Wealth tax assessment order
4.	Govt./Defence ID Card	4.	Electricity Bill
5.	ID Card of Reputed Employers	5.	Telephone Bill
6.	Driving License	6.	Credit Card Statement
7.	Secondary School Certificate/Mark Sheet (with photo)	7.	Ration Card (Latest)
8.	Aadhar Card/Enrolment ID	8.	Later from any reputed employer (acceptable to bank)
9.	Bhamashah Card ID	9.	Later from any recognized public authority (acceptable to bank)
		10.	Bonafide resident certificate issued by SDM
		11.	Other (Please specify)

Additional Details (Please Tick) Wherever applicable)

Religion : Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ others ☐ **Category :** General ☐ OBC ☐ SC ☐ ST ☐
Qualification : Non-Graduate ☐ Graduate ☐ Post-Graduate ☐ Others ☐ Designation/Profession : _____
Occupation Type : Salaried ☐ Business ☐ Self-Employed ☐ Retired ☐ Student ☐ Others _____

Place :

Date :

Signature/Thumb Impression of 2nd Applicant**Service Required (Please tick the type of service required)**

- ATM-CUM-DEBIT-CARD: Yes ☐ No ☐
- INTERNET BANKING Viewing rights 1st ☐ 2nd Applicant ☐ Transaction rights 1st ☐ 2nd Applicant ☐
- SMS ALERTS Required ☐ No Required ☐
- EMAIL ALERTS Yes ☐ No ☐
- CHEQUEBOOK Yes ☐ No ☐

Mode of Operation

Self only ☐ Either of Survivor ☐ Former of Survivor ☐ Any one or Survivor ☐ Jointly ☐ Others ☐

Photograph (s)

1 st Applicant
Paste a Passport Size Photograph

2 nd Applicant
Paste a Passport size photograph

1st Applicant												
Adhar No.												
PAN No.												
Mobile No.												
CIF												
2nd Applicant												
Aadhar No.												
PAN No.												
Mobile No.												
CIF												

Signature/Thumb Impression of 1 st Applicant	Signature of Verifying Officer
Signature/Thumb Impression of 2 nd Applicant	Signature of Verifying Officer

Annexure I : Additional Details for Fixed Deposits

Amount Rs. Period : Year Months Days Interest Rate :%

Interest Payment Frequency (Pl. Tick in the appropriate box)	On Maturity	Annually	Half Yearly	Quarterly	Monthly	Credit interest to SB/CA/CC/OD Account No.
						Credit maturity proceeds to SB/CA/CC/OD Account No.
TDS Details	TDS, if applicable : Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Exemption reference No. If Yes, Whether Form 15 G/H* submitted : Yes <input type="checkbox"/> No <input type="checkbox"/> *Form 15G for general category, 15H for Senior Citizen					
Instruction for Auto Renewal on maturity of deposit (Tick the relevant Column)	Yes/No	Period for Which Auto renewal required : Days Yrs. Months				
		No. of times				
Place :						
Date : Signature(s) / Thumb impression(s) of depositor(s)						

Nomination

Nomination, if required fill form DA-1, otherwise please sign below

I/We do not want to nominate any person in this account

Signature of 1st Applicant

Signature of 2nd Applicant

Form DA-1 (Nomination Form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of banking companies (Nomination) Rules, 1985 in respect of bank deposits.

I/We nominate the following person to whom in the event of my/your/minor's death amount of the deposit, particulars where of are given below, may be returned by the Bank.

Details of Deposit

Type of deposit Account

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 No.

Additional details, if any

Details of the Nominee :

Name

Relationship with the depositor Age Date of birth of nominee :

DD	/	MM	/	YYYY
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Address

City Pin

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 State Country

CIF No. of Nominee

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As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum.....

Age Years Residing at

To receive the amount of the deposit on behalf of the nominee in the event of any/our/minor's death during the minority of the nominee.

Date

Place

Signature / Thumb impression of
1st Applicant

Signature / Thumb impression of
2nd Applicant

Nomination Serial No. _____

Signature/Thumb Impression of 1st Applicant

Name : _____

Address : _____

Mobile No. _____

Signature/Thumb Impression of 2nd Applicant

Name : _____

Address : _____

Mobile No. _____

Form No. 60 and 61

☐ Form No. 60

(See Second provision of Rule 114 (B))

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 filled _____

(ii) Reasons for not having permanent account Number _____

☐ Form No. 61

(See provision to clause (a) Rule 114 C (1))

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.

Verification

I/We _____ do hereby declare that what is stated is true to the best of my knowledge and belief. Verified at _____ this the _____ day of _____ 20

Date

Place

Signature of declarant