



The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

ACCOUNT OPENING FORM (Savings Bank and Current Account)

(For office use only)

For Resident Individuals

Rs. _____

SYS: _____

SAN: _____

1st Applicant CIF No. _____

CKYC No.1 _____

Date :

2nd Applicant CIF No. _____

CKYC No.2 _____

3rd Applicant CIF No. _____

CKYC No.3 _____

Account No. _____

Application Type

☐ New

☐ Update

Branch to affix rubber stamp of Name and Code no.

INSTRUCTIONS

- For opening solely operated account of Minor, Complete KYC Documents of the Minor will have to be provided.
- Fields marked asterisk(*) are not mandatory.
- In case of illiterate customers, Left Thumb impression (LTI) to be affixed and verified.
- Please affix a passport size photograph in the box provided.
- Please fill up in BLOCK letters only and use black ink for signature. Please leave one box blank between two words. Tick (✓) the appropriate boxes.

☐ SAVING GENERAL

☐ JUNIOR PLUS

☐ SAVING PREFERRED

☐ ECOD

☐ CURRENT GENERAL

☐ BSBDA-SMALL

☐ CURRENT PRIVILEGE

☐ FIXED DEPOSIT

Rs. _____

Period _____

☐ RECURRING DEPOSIT

Rs. _____

Period _____

SI Date for Debit:



No. of Applicants

Mode of Operation

☐ Self only

☐ Either or Survivor

☐ Former or Survivor

☐ Any one or Survivor

☐ Jointly

Other, _____

1st / Sole Applicant

☐ I do not have any account with GSC Bank

☐ I have an account with GSC Bank & the account number is

Personal Details

Customer Type ☐ Public ☐ Staff ☐ Senior Citizen ☐ Minor ☐ HUF

Residential Status ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Name: (Same as Officially Valid Documents) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other _____

Maiden name (if Any)

Mother's Name

IT PAN

Date of Birth:

Gender: ☐ Male ☐ Female ☐ Transgender

Name of Father (Mandatory if PAN not submitted)

UID / Aadhar No.:

Name of Spouse :

Guardian's Name (In case of Minor)

City of Birth

Country of Birth

Nationality Indian ☐ Others ☐ Country Name

Multiple Tax Residency: ☐ Yes ☐ No

Additional Details for FATCA/CRS *(If applicables resident outside India for TAX purpose)

Foreign TIN Number 1:

Foreign TIN Number 2:

TIN 1 Issuing Country

TIN 2 Issuing Country

Country 1 of Residence for TAX Purpose:

Country 2 of Residence for TAX Purpose:

Identification Details: Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

☐ PASSPORT Document No. :

Passport Expiry Date:

☐ VOTER'S IDENTITY CARD Issued by:

☐ DRIVING LICENCE Issued at:

Driving Licence Expiry Date:

☐ AADHAR LETTER/CARD Issue Date:

AADHAR Card No.:

☐ NREGA CARD

☐ OTHER OFFICIALLY VALID DOCUMENTS

☐ ID Card@

☐ Not Categorized@

@ Not to be accepted till RBI-GOI circulated detailed guidelines on it.

Please attach one self-attested photocopy of the document. Originals thereof will have to be produced for verification

Proof of Address
☐ Current
☐ Permanent
☐ Overseas Address

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Proof of Address ☐ Passport ☐ Driving Licence ☐ Aadhar ☐ Voter ID Card ☐ NREGA Job Card ☐ Others _____

Address

Address

City/Village PIN District

Sub-District State

Country Name

Telephone (Res.) Mobile No.

Email Address:

Telephone (Off.) Fax No.

Address in the Jurisdiction Details where Applicant is Resident: ☐ YES ☐ NO
(all the details same as Permanent Address)
Correspondence / Local Address details
☐ Same as Proof of Address

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Address

Address

City/Village PIN District

Sub-District State

Country Name
Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes*
Same as ☐ Current Address ☐ Permanent Address ☐ Overseas Address ☐ Same as Correspondence / Local Address

Address

Address

City/Village PIN District

Sub-District State

Country Name
Additional Details
Monthly Income:Rs.

Net Worth (approx value) Rs.

Marital Status ☐ Married ☐ Unmarried ☐ Others

Religion* ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh Others _____

Category* ☐ General ☐ OBC ☐ SC ☐ ST

Educational Qualification: ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Post Graduate ☐ Professional Others _____

Occupation Type ☐ S-Service ☐ Private Sector Service ☐ Public Sector ☐ Government Sector

☐ Others ☐ Professional ☐ Self employed ☐ Retired ☐ House Wife ☐ Student

☐ Business ☐ Not categorised ☐ Occupation:

*Organization's Name: *Designation/Profession: Nature of Business:

Please Tick if applicable: ☐ Politically Exposed person ☐ Related to politically Exposed Person ☐ Residence for TAX purpose in Jurisdiction(s) outside India.
Details of Related Person
☐ Additional of related Person ☐ Deletion of Related Person ☐ KYC number(If available)

Related Person type ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorised Representative ☐ Karta

Name
☐ PASSPORT Document No. : Passport Expiry Date:
☐ VOTER'S IDENTITY CARD Issued by:
☐ DRIVING LICENCE Issued at: Driving Licence Expiry Date:
☐ AADHAR LETTER/CARD Issue Date: AADHAR Card No.:
☐ NREGA CARD

☐ PAN CARD PAN No. :
☐ OTHER OFFICIALLY VALID DOCUMENTS

Remarks

2nd Applicant

☐ I do not have any account with GSC Bank ☐ I have an account with GSC Bank & the account number is

Personal Details

Customer Type ☐ Public ☐ Staff Senior Citizen: ☐ Yes Minor: ☐ Yes
Residential Status ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Name: (Same as Officially Valid Documents) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other _____

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Maiden name (if Any) PREFIX FIRST NAME MIDDLE NAME LAST NAME

Mother's Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

IT PAN Date of Birth: D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender

Name of Father (Mandatory if PAN not submitted) UID / Aadhar No.:

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Name of Spouse : PREFIX FIRST NAME MIDDLE NAME LAST NAME

Guardian's Name (In case of Minor) PREFIX FIRST NAME MIDDLE NAME LAST NAME

City of Birth

Country of Birth

Nationality Indian ☐ Others ☐ Country Name

Multiple Tax Residency: ☐ Yes ☐ No Additional Details for FATCA/CRS *(If applicables resident outside India for TAX purpose)

Foreign TIN Number 1:

TIN 1 Issuing Country:

Country 1 of Residence for TAX Purpose:

Foreign TIN Number 2:

TIN 2 Issuing Country:

Country 2 of Residence for TAX Purpose:

Identification Details: Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

☐ PASSPORT Document No. : Passport Expiry Date: D D M M Y Y Y Y
☐ VOTER'S IDENTITY CARD Issued by:
☐ DRIVING LICENCE Issued at: Driving Licence Expiry Date: D D M M Y Y Y Y
☐ AADHAR LETTER/CARD Issue Date: D D M M Y Y Y Y AADHAR Card No.:
☐ NREGA CARD
☐ OTHER OFFICIALLY VALID DOCUMENTS
☐ ID Card@
☐ Not Categorized@

@ Not to be accepted till RBI-GOI circulated detailed guidelines on it.

Please attach one self-attested photocopy of the document.
Originals thereof will have to be produced for verification

Proof of Address ☐ Current ☐ Permanent ☐ Overseas Address

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Proof of Address ☐ Passport ☐ Driving Licence ☐ Aadhar ☐ Voter ID Card ☐ NREGA Job Card ☐ Others _____

Address

City/Village PIN District

Sub-District State

Country Name

Telephone (Res.) Mobile No.

Email Address:

Telephone (Off.) Fax No.

Address in the Jurisdiction Details where Applicant is Resident: ☐ YES ☐ NO
(all the details same as Permanent Address)

Correspondence / Local Address details

Same as Proof of Address

Address type	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Unspecified
Address	<div></div> <div></div>				
City/Village	<div></div> <div></div>	PIN	<div></div> <div></div>	District	<div></div> <div></div>
Sub-District	<div></div> <div></div>	State	<div></div> <div></div>		
Country Name	<div></div> <div></div>				

Address in the Jurisdiction details where the applicant is Resident out side India for Tax purposes*

Same as	<input type="checkbox"/> Current Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Overseas Address	<input type="checkbox"/> Same as Correspondence / Local Address	
Address	<div></div> <div></div>				
City/Village	<div></div> <div></div>	PIN	<div></div> <div></div>	District	<div></div> <div></div>
Sub-District	<div></div> <div></div>	State	<div></div> <div></div>		
Country Name	<div></div> <div></div>				

Additional Details

Monthly Income:Rs.	<div></div> <div></div>	Net Worth (approx value) Rs.	<div></div> <div></div>	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Religion*	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh Others_____			
Category*	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST			
Educational Qualification:	<input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional Others_____			
Occupation Type	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Others <input type="checkbox"/> Professional <input type="checkbox"/> Self employed <input type="checkbox"/> Retired <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Not categorised Occupation: <div></div> <div></div>			
*Organization's Name:	<div></div> <div></div>	*Designation/Profession:	<div></div> <div></div>	
Please Tick if applicable:		<input type="checkbox"/> Politically Exposed person <input type="checkbox"/> Related to politically Exposed Person <input type="checkbox"/> Residence for TAX purpose in Jurisdiction(s) outside India.	Nature of Business:	<div></div> <div></div>

Details of Related Person

<input type="checkbox"/> Additional of related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> KYC number(If available)	<div></div> <div></div>
Related Person type	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Authorised Representative <input type="checkbox"/> Karta		
Name	<div></div> <div></div>		
<input type="checkbox"/> PASSPORT	Document No. :	<div></div> <div></div>	Passport Expiry Date: <div>D D M M Y Y Y Y</div>
<input type="checkbox"/> VOTER'S IDENTITY CARD	Issued by:	<div></div> <div></div>	
<input type="checkbox"/> DRIVING LICENCE	Issued at:	<div></div> <div></div>	Driving Licence Expiry Date: <div>D D M M Y Y Y Y</div>
<input type="checkbox"/> AADHAR LETTER/CARD	Issue Date:	<div>D D M M Y Y Y Y</div>	AADHAR Card No.: <div></div>
<input type="checkbox"/> NREGA CARD			
<input type="checkbox"/> PAN CARD	PAN No. :	<div></div> <div></div>	
<input type="checkbox"/> OTHER OFFICIALLY VALID DOCUMENTS	<div></div> <div></div>		

Remarks_____

3rd Applicant

☐ I do not have any account with GSC Bank ☐ I have an account with GSC Bank & the account number is

Personal Details

Customer Type ☐ Public ☐ Staff Senior Citizen: ☐ Yes Minor: ☐ Yes
Residential Status ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
Name: (Same as Officially Valid Documents) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other _____

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Maiden name (if Any) PREFIX FIRST NAME MIDDLE NAME LAST NAME

Mother's Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

IT PAN Date of Birth: D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender

Name of Father (Mandatory if PAN not submitted) UID / Aadhar No.:

PREFIX FIRST NAME MIDDLE NAME LAST NAME

Name of Spouse : PREFIX FIRST NAME MIDDLE NAME LAST NAME

Guardian's Name (In case of Minor) PREFIX FIRST NAME MIDDLE NAME LAST NAME

City of Birth

Country of Birth

Nationality Indian ☐ Others ☐ Country Name

Multiple Tax Residency: ☐ Yes ☐ No Additional Details for FATCA/CRS *(If applicables resident outside India for TAX purpose)

Foreign TIN Number 1:

TIN 1 Issuing Country:

Country 1 of Residence for TAX Purpose:

Foreign TIN Number 2:

TIN 2 Issuing Country:

Country 2 of Residence for TAX Purpose:

Identification Details: Documents acceptable as proof of identity Please tick (✓) the appropriate box (any one document) and give details:

☐ PASSPORT Document No. : Passport Expiry Date: D D M M Y Y Y Y
☐ VOTER'S IDENTITY CARD Issued by:
☐ DRIVING LICENCE Issued at: Driving Licence Expiry Date: D D M M Y Y Y Y
☐ AADHAR LETTER/CARD Issue Date: D D M M Y Y Y Y AADHAR Card No.:
☐ NREGA CARD
☐ OTHER OFFICIALLY VALID DOCUMENTS
☐ ID Card@
☐ Not Categorized@

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Proof of Address ☐ Current ☐ Permanent ☐ Overseas Address

Address type ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered office ☐ Unspecified

Proof of Address ☐ Passport ☐ Driving Licence ☐ Aadhar ☐ Voter ID Card ☐ NREGA Job Card ☐ Others _____

Address

City/Village PIN District

Sub-District State

Country Name

Telephone (Res.) Mobile No.

Email Address:

Telephone (Off.) Fax No.

Address in the Jurisdiction Details where Applicant is Resident: ☐ YES ☐ NO
(all the details same as Permanent Address)

Same as Proof of Address

Address type	<input type="checkbox"/> Residential or Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	<input type="checkbox"/> Unspecified																						
Address																											
City/Village													PIN						District								
Sub-District																			State								
Country Name																											

Same as ☐ Current Address ☐ Permanent Address ☐ Overseas Address ☐ Same as Correspondence / Local Address

[illegible][illegible]

<input type="checkbox"/> Additional of related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> KYC number(If available)	<input type="text"/>
Related Person type	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Nominee	<input type="checkbox"/> Assignee
<input type="checkbox"/> Prefix	<input type="checkbox"/> Authorised Representative	<input type="checkbox"/> Karta	
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> PASSPORT	Document No. :	<input type="text"/>	Passport Expiry Date: <input type="text"/>
<input type="checkbox"/> VOTER'S IDENTITY CARD	Issued by:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> DRIVING LICENCE	Issued at:	<input type="text"/>	Driving Licence Expiry Date: <input type="text"/>
<input type="checkbox"/> AADHAR LETTER/CARD	Issue Date:	<input type="text"/>	AADHAR Card No.: <input type="text"/>
<input type="checkbox"/> NREGA CARD			
<input type="checkbox"/> PAN CARD	PAN No. :	<input type="text"/>	
<input type="checkbox"/> OTHER OFFICIALLY VALID DOCUMENTS		<input type="text"/>	

Remarks _____

1. ATM-CUM-RUPAY DEBIT CARD: ☐ Required ☐ Not required **OR** PLATINUM RUPAY DEBIT CARD: ☐ Required ☐ Not required

I/we have received Insta debit card no (Please mention last 4 digit of debit card issued to customer)

I/We understand that use of Debit Card is subject to applicable guidelines issued by the Reserve Bank of India from time to time

- | | | |
|----------------------|-----------------------------------|---------------------------------------|
| 2. CHEQUE BOOK: | <input type="checkbox"/> Required | <input type="checkbox"/> Not required |
| 3. INTERNET BANKING: | <input type="checkbox"/> Required | <input type="checkbox"/> Not required |
| 4. SMS ALERTS | <input type="checkbox"/> Required | <input type="checkbox"/> Not required |
| 5. MOBILE BANKING: | <input type="checkbox"/> Required | <input type="checkbox"/> Not required |

*Refer our service charges schedule

FATCA & CRS Related Declaration cum undertaking

1. I / We hereby certify that I / we have declared my/our 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 this regard.
2. I /We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the 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 our 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.
3. I / We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/us are, to the best of my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of my account as a US Reportable Account or Other Reportable Account or otherwise.
4. I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self- certification along with documentary evidence.
5. I / We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and The Gujarat State Co-op. Bank Ltd. would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by The Gujarat State Co-op. Bank Ltd. under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
6. I/We also agree to furnish and intimate to The Gujarat State Co-op. Bank Ltd. any other particulars that are called upon me / us to provide on account of any change in law either in India or abroad in the subject matter herein.
7. I/We shall indemnify The Gujarat State Co-op. Bank Ltd. for any loss that may be caused to The Gujarat State Co-op. Bank Ltd. on account of providing incorrect or incomplete information by me/us.

DECLARATION

I/we affirm and declare that I/we have read over and understood the present rules and regulation of the Bank, and those relating to various services offered by the Bank including but not limiting to Debit Card/Internet Bank^SMSBanking/Tele-banking and other facilities. I/We agree to abide by the same as they are in force now and also by those as would be amended further from time to time through Circulars/Notice Boards/Websites etc. I/We agree that the transactions & request executed in above mentioned account through internet, mobile, or telebanking under my/our User ID and Password will be legally binding on me/us & I/we are responsible for maintenance of secrecy and confidentiality of the information passed on to me/us by the Bank through internet/mobile/e-mail/telephone. I/We mandate from other joint holders to view/enquiry/operate the joint account mentioned above. Further, I/we agree that Bank has got all the rights to debit my/our account for any service charge or discontinue my/our account without any notice to me/us. I/We hereby undertake to inform the Bank on any change in my/our communication address or constitution, and I/we shall submit the address proof in case of transfer of our account from one Branch to other Branch. I/We hereby declare that I/We have submitted the Aadhaar Card issued by UIDAI for Identification and/or address proof towards the compliance of KYC norms under the PMLA, 2002 I/We hereby agree that the Bank may verify the same with the UIDAI, and authorize the UIDAI expressly to release the identity and address through biometric . authentication to the Bank, (applicable only where accounts are opened with Aadhaar. " " I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand there in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss."INFORMATION ON PRODUCT AND SERVICES To serve you better, we would like to communicate about updates on our various products and services; new products and features and special offers from our Bank and our Group Companies-Please give your consent to stay informed about these products and offers. Your consent Yes / No

"I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein .immediately. In case of the above information is found to be false or Untrue or misleading or misrepresenting, I/We are aware that I/We may be held liable for it. My personal/KYC details maybe shared with central KYC registry. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered Number/E mail address.

Specimen Signature(s)

Paste a passport size
photograph inside this
box
1st Applicant

Please sign in black
Ink only.

X

Signature(s)/Thumb impressions(s) Sole/First Holder

Paste a passport size
photograph inside this
box
2nd Applicant

Please sign in black
Ink only.

X

Signature(s)/Thumb impressions(s) Second Holder

Paste a passport size
photograph inside this
box
3rd Applicant

Please sign in black
Ink only.

X

Signature(s)/Thumb impressions(s) Third Holder

Place : _____

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nomination

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

I/We do not want to nominate any person in this account	X	X	X
	Sole/First Holder	Second Holder	Third Holder

Form DA-1 (Nomination Form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules, 1985 in respect of bank deposits

I/We _____ nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Gujarat State Co-op. Bank Ltd. (Name and address of branch / office in which the deposit is held)

**Nomination
Serial No.****Details of Deposit**

Type of deposit: _____ Account Number :

Additional details, if any _____ Nominee CIF Number:

(For office use only)

Details of the Nominee

Name PREFIX FIRST NAME MIDDLE NAME LAST NAME

Relationship with the depositor _____ Age _____ Date of Birth of nominee

Address

City/Village PIN State

As the nominee is a minor on this date, I/We appoint Shri/Smt _____ Age _____ years

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.
(Witness are required only in case of applicant is illiterate/minor and is affixing thumb impression)

Signature / Thumb impression of first witness
Name : _____
Address : _____

Signature / Thumb impression of second witness
Name : _____
Address : _____

X
Signature(s) / Thumb impression of first depositor

X
Signature(s) / Thumb impression of second depositor

X
Signature(s) / Thumb impression of third depositor

DECLARATION BY BRANCH

1. Verified the copies with original documents. ☐
2. Applicant(s) interviewed and purpose ascertained. ☐
3. Risk Categorisation ☐ Low ☐ Medium ☐ High

I hereby certify that this account opening form is complete in all aspects and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer. The Account may please be set up in CBS. In case of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly open the Account.

Officer/ Asst. Manager**Branch Manager / In-Charge**

Full Name: _____

Employee Code: _____

Full Name: _____

Employee Code: _____

Branch Name: _____

**Acknowledgement - DA 1**

Date: _____

We acknowledge receipt of nomination made by you in favour of:

Name of the nominee _____ Age: _____ years.

with respect to your A/c. nos. _____

Yours faithfully,

Signature of bank official with seal