



Date-/...../.....

Sr No.

Account Opening Form

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

2. NATURE OF ACCOUNT : OTHER INDIVIDUAL

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

Reference No _____

Customer Name _____

Sex Male / Female Customer Photo:

Account No _____

Customer ID _____

Aadhaar No XXXXXXXX.....

Mobile No _____

4. Mode of Operation : SELF

5. ADDRESS :

Flat No./Bldg. Name _____

Street / Road / Locality _____

City / District / State with pincode _____

Tel.No / Fax No.(with STD code) _____

Email _____

6. CUSTOMER PROFILE :

Date of Birth/...../.....

Educational Qualification --- SELECT ---

Nationality INDIAN

Category ALL OTHER COMMUNITIES

Religion OTHERS

PAN / GIR no (if not available, please fill form 60 / 61 at 12)

Occupation Type OTHERS

Designation / Profession ALL CUSTOMERS NOT FALLING UNDER THE CATEGORY OF HIGH / MEDIUM RISKS ARE TO BE CLASSIFIED UNDER LOW RISK CATEGORY I.E. SALARIED EMPLOYEES, ACCOUNTS WIT

Annual Income < 60000

Annual turnover/Receipt from business (Rs. Lakh)

Classification *

Name of Father / Guardian

Marital Status Married/Single

Name of Spouse (if married)

7. KNOW YOUR CUSTOMER (KYC) DOCUMENTS:

Type of document	ID Proof	1Address Proof
Document ID No.	UIDAI XXXXXXXX.....	UIDAI XXXXXXXX.....
Issuing Authority	UIDAI	UIDAI
Place of Issue		
Date of Issue		
Valid up to		

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

8. Nomination :

I want to nominate as under

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

.....
.....

Date:

Place:

Signature of declarant

WITNESS IN CASE OF NOMINATION (FOR THUMB IMPRESSION ONLY)

Name & Signature of the first witnesses

Name:-

Signature:-

Address:-

Name & Signature of the second witnesses

Name:-

Signature:-

Address:-

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

Form No. 60

Form No. 61

To be filled by person without PAN

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

9. Are you assessed to tax? Yes No

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

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.

Declaration

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

Date:

Place:

Signature of declarant

Declaration/Undertaking

11. Please seed my Aadhaar / UID Number issued by UIDAI. I hereby give my consent to the Bank to use my Aadhaar details to authenticate me from UIDAI by using my biometrics for the purpose of Bank account.

12. I declare that I am desirous of receiving entitled benefits or subsidies of welfare schemes funded from the Consolidated Fund of India in my account directly.

Date:

Signature of declarant

Place:

For Official Use:

Specimen
Signature /
Thumb
impression of
the customer

Photograph

Name

Signature

GBPA / PF No

Date

Rupay Debit Card issued

Signature Verified

Account Verified

Registration of Nomination

Punjab National Bank

(Authorized Official)

Name

GBPA No