

The following details are mandatory in case of Residence for tax purpose in Jurisdiction(s) outside India

Country of Jurisdiction of residence*	<input type="text"/>	TIN issuing Country	<input type="text"/>
TIN (if issued by jurisdiction*)	<input type="text"/>	Country of Birth	<input type="text"/>
Place/City of Birth*	<input type="text"/>		

+ Tax Identification Number (TIN): TIN needs to be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent") the same may be reported. Examples of that type of number for individual included a social security/insurance number, citizen/personal identification/service code/number, and resident registration number. if you have any questions about your tax residency, please contact your tax advisor.

7. Personal Details

Particulars	Applicant-1	Applicant -2	Applicant -3
Annual Income			
Net worth (Approx Value)			
Nationality			
Caste/Religion			
Category (General/OBC/SC/ST)			
Educational Qualification (Specify) (Non-Metric/Metric/Graduate/Post Graduate)			
Person with Disability (If yes specify)			
Contact Details for Communication (Mobile No/Telephone No/ Email ID)			
Residential Status (Resident Individual/Non-Resident Indian/Foreign National/Person of Indian Origin)			

8. KYC Identification Documents: (Please mark ✓ at the appropriate box)

Proof of Identification		Proof of Address	
A. Passport			
B. UID (Adhar)			
C. PAN Card			
D. Voter ID Card			
E. Driving License/Passport No (Expiry Date) _____			
F. Others (any other Govt ID Card with Photo)			

9. Residential Address

Particulars	Applicant-1	Applicant -2	Applicant -3
Permanent Address with PIN			
Correspondence Address with PIN			
Mobile Number			
E-Mail ID			

10. Operation Instructions (Please Mark ✓ in appropriate Box)

Self	Jointly	Either or Survivor	Former or Survivor	Any one or Survivor	Others (Specify)

11. Facilities Required

Cheque Book	ATM Card	SMS

12. Other Accounts if any in the Bank/in any other Banks:

Applicant	Account Type & No	Bank & Branch	Account Type & No	Bank & Branch
1				
2				
3				

13. Relationship with Staff & Director

Applicant	Name of the Staff	Relationship	Name of the Director	Relationship
1				
2				
3				

14. Introduction

Name:	Type of A/c SB/CA/CC/OD/Membership:-			
Address:	Account No:		M'ship No:	
	Date of Opening of A/c:			
	Customer ID:			
Phone No:	Branch Name:			
E-mail ID:	Familiarity Period:			

I/We certify that Mr/Mrs _____ is/are known to me personally since last _____ months/years and confirm the occupation and address stated in the application form for A/c Opening are correct to the best of my knowledge and belief. I recommend that the bank may consider to open the account

Date:**Introducer Signature****Nomination under section 45ZA of the Banking Regulation ACT, 1949 and Rule 2(1) of the Banking Companies (Nomination) 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 deposit in the account(s) may be returned

Name & Address of the Nominee	Age	Relationship	Date of Birth if the nominee is a minor

*As the nominee is a minor on this date I/We appoint Name _____

Address: _____

Relationship with minor* _____ age _____ Years

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

WITNESSES:

	Name & Address	Signature	Place	Date
1				
2				

* Strike out if nominee is not a minor

** Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor

*** Thumb impression(s) to be attested by two witnesses.

1. I/We _____ here by request you to open a savings bank account in My/Our name in the books of the Bank
2. I/We here by declare that the details furnished are true and correct to the best of my knowledge and belief. And I/we undertake to inform you of any changes there in, immediately. In case any 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.
3. I/We request and authorize you to honour all cheques or other orders drawn by me/us on the said account and I/We request you to Debit such cheques as also the amount of any dishonoured cheques to the said account whether such account be for time being in Credit. I/We will maintain sufficient balance before issue of cheques.
4. In the matter of Cheques payable at other branches/Banks, lodged by me/us from time to time for collection, I/we authorise you to send the same for the collection by ordinary post or recorded delivery entirely at my/our risk and responsibility, provided, however these drafts/cheques, bills are for amounts not more

than Rs.2,500/- and Rs. 10,000/- respectively in each case. In the case of cheques bills etc payable at places where you have not established your Branches I/We authorise you to collect them through any Bank entirely at my/our risk and responsibility. Where drafts/cheques are negotiated by you and same are lost in transit or otherwise I/We hereby agree to reimburse to you the full amount of such drafts/cheques on demand. It is distinctly understood by me/us that you shall not be liable to pay the amount until they are realised in cash by you.

5. My personal/KYC details may be shared with the Central KYC Registry. I hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number/email address.
6. I/We agree to comply with and to be bound by the Bank's rules for the time being in force for the conduct of such accounts I/we declare that the rules now in force have been read by/to me/us
7. I/we here by affirm that I/we will maintain minimum balance in the account, if not Bank may deduct the minimum balance charges as per the Bank rules.

Date:

Signature
1st Applicant

Signature
2nd Applicant

Signature
3rd Applicant

OFFICE NOTE (TO BE FILLED BY THE BRANCH OFFICIAL)

A/C Type & A/c No			ID:	
Customer Type	General /Staff / Senior Citizen /Institution /Societies /Others			
Individual/Others				
Details of Customer having account at other Branches	Customer ID	A/c Type	A/c No	Branch Name
Introduced by	Account Type	A/c No	Membership No	Name of the Introducer
Verification of KYC Documents				
Whether Specimen Signature Scanned	Yes/No	If Yes	Scanned By	Verified By

Risk assigned based on the source of income identified	Low	Medium	High	Very High
Average transaction for the last quarter/Last Year (in case of existing accounts only)	Last Quarter		Last Year	
Threshold Limit Fixed (RLTL)	Monthly			
	Yearly			

I/we here by certify that we have verified all the details provided by the applicant/s and the applicant/s have signed before me

Signature: _____

Opened by

Verified by

Approved by

Name: _____

Designation: _____

Date: _____