

**SAVINGS BANK & CURRENT ACCOUNT OPENING FORM**

**Request & Declaration**

(For new customers, the customer registration form must be obtained for each constituent)

I/We request you to open a Savings Bank A/c / Current A/c as per details provided below in my/our name/s or in the name of

1..... 2.....

3..... 4.....

I/We have understood the rules for the above mentioned account and agree to comply with and be bound by Bank's rules now in force and from time to time in force for conduct of such accounts. I/We declare that I am /We are Indian Nationals and residents / non residents in India.

Yours faithfully

Name, Signature /Thumb impression of

- |                           |    |             |                      |
|---------------------------|----|-------------|----------------------|
| 1) First / Sole applicant | 1) | Customer ID | <input type="text"/> |
| 2) Second applicant       | 2) | Customer ID | <input type="text"/> |
| 3) Third applicant        | 3) | Customer ID | <input type="text"/> |
| 4) Fourth applicant       | 4) | Customer ID | <input type="text"/> |

Place :

Date :

<b>Type of Account</b>	<input type="checkbox"/> Savings Bank	<input type="checkbox"/> Current Account	<b>Constitution</b> <input type="text"/>	
<b>SB / CA Product</b>	<input type="checkbox"/> SB Domestic	<input type="checkbox"/> Basics Savings Bank	<input type="checkbox"/> SB NRE	<input type="checkbox"/> SB NRO
	<input type="checkbox"/> Current	<input type="checkbox"/> Current NRI	<input type="checkbox"/> Current NRO	<input type="checkbox"/> SB No Frill
	<input type="checkbox"/> Others (Please Specify .....			
<b>Mode of Operation</b>	<input type="checkbox"/> Self	<input type="checkbox"/> Former or survivor	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Severally	<input type="checkbox"/> Jointly by ..... and.....		
<b>Other Service Facilities required</b>	<input type="checkbox"/> ATM / Debit Card	<input type="checkbox"/> Cheque Book	<input type="checkbox"/> Credit Card	<input type="checkbox"/> SMS / Alert
	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Net Banking	<input type="checkbox"/> Others .....	
<b>Statement of account through</b>	<input type="checkbox"/> By post	<input type="checkbox"/> By hand	<input type="checkbox"/> Email	<input type="checkbox"/> Not required
	<input type="checkbox"/> Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	

In case the account is opened in the name of minor or mentally challenged person, Name of the guardian & Customer ID.

Name : Mr./Mrs./Miss  Customer ID

Relationship  Date of Birth of minor

**For Office use Only**  
**Declaration by the Bank Official**

I have met the account opener /s in person and hereby confirm that KYC norms are fully complied with. Verified the documents attached as per KYC / PMLA Guidelines, Permitted to open the account.

Date: Assistant Manager Chief Manager / Senior Manager / Manager



**Form DA-1 Nomination Form**

**Nomination under section 45ZA to 45ZF of the Banking Regulation Act 1949 and 2(1) of the Banking Companies.**

**(Nomination) Rules 1985 in respect of bank deposits.**

I/We ..... name(s) and address (es) nominate the following persons to whom in the event of my/our/minor's death, the amount of deposit, particulars where of are given below may be returned by the Bank..... Branch

Deposit			Nominee				
Nature of Deposit	Distinguishing No.	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If Nominee is minor date of birth #

# As the nominee is a minor on this date, I/We appoint Shri/Smt/Kumari .....  
 .....(Name Address, and Age ) to receive the amount of deposit on behalf of the nominee in the event of my/our/minors death during the minority of the nominee.

Place: .....

Date: .....

# Strike out if nominee is not a minor

@ Signature, Name and Address of Witnesses			# Signature /Thumb Impression of Depositors
	Witness 1	Witness 2	
Signature			
Name			
Address			

# Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor  
 @ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two persons.

**Letter of undertaking from illiterate person**

With reference to the above application, I hereby undertake to call on person for withdrawing money from the account and not to issue cheques in favour of third parties. You are at liberty to dishonour by nonpayment of cheque, if any, drawn by me in favour of third parties and I will indemnify you against losses, claims etc., that may arise consequent upon such dishonour. You are also not bound to act upon any instruction, I may issue in regard to the account unless I personally call on you to convey the same.

Contents of this letter have been explained to me and I have understood the same.

Yours faithfully

Date:

Depositor

The contents of this letter account opening form and rules of business have been explained by me to the depositor and the depositor has affixed his left/right hand thumb impression in my presence.

Signature of witness:

Name and address:

Date:

**For Office use**

Signed before me and verified with the customer Registration form, permitted to open the account

**Nomination Accepted and Registered Vide Registration No. .... Dtd.....**

Date:

Assistant Manger

Manager / Senior Manager / Chief Manager