FORM-I SAVING BANK ACCOUNT OPENING FORM

For Bank Use Only		
Name & Code of the Branch		
Cust ID	Affix	
A/C No.	Passport size Photo	
[FOR SMALL ACCOUNT]		
1. Name in Full (Mr/Ms)		
2. Father/ Husband/Guardian Name		
3. Residential address:		
		C/o
House No. and I I I I I I I I I I I I I I I I I I I		
Street No. and name		
	Landmark	
Village I </td <td></td> <td></td>		
Pin code		
Telephone/La Mobile		
ndline No.		
4. Sex : [Male/Female] Date of Birth: [DD/MM/\	(YYY)	
	_	
5. a) Occupation : 1. Salaried [] 2. Self-employed/Professional 4. Student [] 5. Retired [] 6. Agricultur		
7. Other Specify []		LJ
If self employed: 1. Doctor [] 2. Lawyer []	3. Engine	por []
I sell employed. I. Doctor [] 2. Lawyer []	J. LIIGIIR	
4. Business [] 5. CA []	6. Others	5 []
b) Category- SC/ST/OTHERS		
6. KYC Documents Provided YES/NO		

7. Nomination Required YES/NO	
8. Request for ATM Debit Card : YES/NO; SMS Alert : YES/NO	
9. Introduction [if applicable]:	
Name of the introducer	
Customer ID Account No I I I I	
I know Shri/Smtfor the pastYears/months He/she is residing at the address given above.	
Date : Signature of the introducer	
(Name, SS No & Signature of the verifying Branch official)	
Please open a Savings Bank account in the name Mr./Ms.	of ./Ms. uding ame.
An additional photograph of sole/each applicant is attached.	
]
Signature/Thumb Impression of first/sole Applicant Signature/Thumb Impression of second Applie	cant
Date: Place:	
Name & No. of BC/BF.	
Signature of Business Correspondent/Facilitator	

Name of the Authorized officer with SS Number

Account Open	Signature of the Authorized Officer	SS Number

(Declaration By Guardian)

Type of Guardian	Father	Mother		_Appointed by (Court full
Name of Guardian					
I hereby declare that the date of b	pirth of the minor who is n	ny	is	and I ar	n his/her
natural and lawful guardian /guard	dian appointed by the cou	urt order dated		_(copy enclose	ed). I shell
represent the said minor in all futu	ure transaction of any dea	scription in the above	e account until	the said minor a	attains
majority. I declare that money with	h which I am opening the	account and which f	form time to tin	ne be lodged th	erein will be
money belonging to me but that I	am opening the account	as guardian of minor	r. I declare that	t the amount wit	thdrawn from
this account by me will be used fo	or the benefit of the minor	and eventually mak	e the amount ly	ying in the acco	ount available
to the minor on his/her attaini withdrawal/transaction made by m should take place during the mino	ne in his/her account. I ui	, ,			

Date_____

Signature of Guardian_____

Mode of Operation in case of joint account:- In case of Joint account.

Jointly	Either or Survivor	Former or	Later or Survivor	Any one Survivor	Any Other(Please
		Supervisor			Specify)

** The Joint Account holder shall fill up a supplementary Form.

	<u>FORM-II</u> SAVING BANK ACCOUNT OPENING FORM –ADDITIONAL INFORMATION						
1.	Mode of Operation	[F	or full KYC Compliance]				
	Self Only	[]	Former of Survivor	[]	Either or Survivor []		
	Any One or Survivor	[]	Jointly	[]	Any other (specify) []		
2.	. PAN /GIR NO./FORM 60/61						
3.	Income Per annum						
	1. Upto Rs.20000/- 4. Rs.1000001/- to 5 lac				3. Rs.50001/- to 1 lac [] 6. Above Rs.10 lac []		
4.	Educational Qualification						
	1. Upto HSC []		2. Graduate		[]		
	3. Post Graduate []		4. Professional (Pl. Specif	y)	[]		
5.	Email ID						
6.	KYC Document : Identifie	cation I	Proof :[] Addres	s Pro	of : []		

7. Request for add on:-

S.NO.	Product	
1	e-Statement of Account	Yes/No
2.	Cheque Book	Yes/No
3.	Mobile Banking	Yes/No
4	Internet Baking	Yes/No
5.	Credit Card	Yes/No
6.	Others	Yes/No

8. Additional Information for Cross Selling

I would like to also avail:-

S.NO.	Product	
1	Housing Loan	Yes/No
2.	Vehicle Loan	Yes/No
3.	Mutual Fund	Yes/No
4.	Life/General INsurance	Yes/No
5.	Pension	Yes/No
6.	Others	Yes/No

I/we understand that a booklet on the Banking Codes & Standards Board of India Code (BCSBI) posted on your website shall be provided to me on demand.

Terms & Conditions:

I/we confirm having received, read and understood (a) the accounts rules and hereby agree to be bound by the terms & conditions outlined in these rules which governs the account(s) which I/we am/are opening/will open and (b) amendments to the rules made from time to time and those relating to various services availed by me/us when displayed by the Bank on its notice board or on its website and those relating to various services offered by the Bank including but not limited to debit card, credit card, internet banking mobile banking and other facilities listed in this form. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time.

Date: _____

Place:_____

Signature/Thumb Impression of first/sole Applicant	Signature/Thumb Impression of second Applicant
Signature/Thumb Impression of third Applicant	Signature/Thumb Impression of forth Applicant

(Separate KYC sheet for each applicant)

Mode of Operation in case of Joint account.

Jointly	Either or Survivor	Former or	Later or Survivor	Any one Survivor	Any Other(Please
		Supervisor			Specify)

Date:_____

Place:_____

<u>FORM-III</u>

SAVING BANK ACCOUNT OPENING FORM(supplementary form for second applicant)

For Bank Use Only		
Name & Code of the Branch		
Cust ID	Affix Passport size Photo	
1. Name in Full (Mr/Ms) (second applicant)		
2. Father/ Husband/Guardian Name		
3. Residential address:		
		C/o
House No. and		
Street No. and name		
	Landmark	
Village /City District		
State		
Pin code		
Telephone/La Mobile ndline No.		
4. Sex : [Male/Female] Date of Birth:	[DD/MM/YYYY]]
5. a) Occupation : 1. Salaried [] 2. Self-employed/Professional [] 4. Student [] 5. Retired [] 7. Other Specify []	3. Business [6. Agriculture 8	
If self employed: 1. Doctor [] 2. Lawyer []	3. Engineer []
4. Business [] 5. CA []	6. Others []

5.	(b)	Category-	SC/ST/OTHERS				
6.	KYC	Documents Provided	[YES/NO]				
			Sigi	ignature/Thumb Impression of second Applicant			
			Name & No. of BC/BF.	3F.			
Si	Signature of Business Correspondent/Facilitator						
N	Name, SS No & Signature of the verifying Branch official						

ACCOUNTS OF INDIVIDUALS : LIST OF KYC DOCUMNETS

(one document from each list)

	(one document from each list)					
LIST I			LIST 2			
Documents accepted as proof of identity			Documents accepted as proof of residence			
1	Passport	1	Ration Card			
2	PAN card	2	Electricity Bill			
3	Voter's Identity Card	3	Telephone Bill			
4	Driving licence	4	Bank account statement			
5	Job card issued by NREGA duly signed by an	5	Letter from employer (to the satisfaction of the			
	officer of the State Government(For Small	6	Bank)			
	Accounts)	6	Letter from any recognized public authority (to the			
6	,	7	satisfaction of the Bank)			
-	name, address and Aadhaar number	7	Credit Card Statement- not more than 3 months			
7	Identity card (subject to the bank's satisfaction)	0	old			
8	Letter from a recognized public authority or public	8	Income/Wealth Tax Assessment Order			
	servant verifying the identity and residence of the customer to the satisfaction of bank.	9	Letter from Public Sector employer			
0	Government/Defence ID card	10	Letter from any recognized public authority having proper and verifiable record of issuance of such			
) ID cards of reputed Public Sector employers		certificates.			
	Pension Payment Orders issued to the retired	11	Voter ID Card (only if it contains the current			
	employees by Central/State Government	11	address)			
	Departments, Public Sector Undertakings	17	Pension Payment Orders issued to retired			
12	Photo ID cards issued by Post Offices	12	employees by Government Departments/Public			
	Photo identity cards issued to bonafide students		Sector Undertakings, if they contain current			
10	by a University, approved by the University Grants		address.			
	Commission (UGC) and/or an Institute approved	13	Copies of Registered Leave & License			
	by All India Council for Technical Education	10	agreement/Sale Deed/Lease Agreement.			
	(AICTE).	14	Certificate and also proof of residence,			
14	Photo identity issued by any public authority		incorporating local address as well as permanent			
	having proper record of issuance of identity proof		address, issued by the Hostel Warden of the			
	which is verifiable from records		University/Institute, where the student resides,			
15	Ex-Servicemen Card with photograph		duly countersigned by the Registrar/Principal/Dean			
16	Bar Council/Medical Association/ICAI/ICWAI/ICSI		of Student Welfare. Such accounts shall however,			
	Card with photograph		be required to be closed on completion of			
17	'Student Identity Card with photo issued by		education/leaving the University/Institute provided			
	reputed colleges with validity during the course		the constituent does not give any other acceptable			
	period.		proof of residence to the Bank.			
18	B Defense Dependent's Card with photograph'	15	For students residing with relatives, address proof			
19	Married woman identity proof with maiden name,		of relatives, along with their identity proof, can also			
	if supported with a verified true copy of marriage		be accepted provided declaration is given by the			
	certificate		relative that the student is related to him/her and			
20	Credit card with photo together with statement		is staying with him/her.In respect of officials of			
_	of such card, not more than three months old.		Central/State Governments and Public Sector			
21	Registered Property document with photo		undertakings, who are low risk customers for Bank,			
_	identity		Branch Heads may verify the photo/identity and			
22	Arms License issued by State / Central		confirm residential address of such officials from			
<u>-</u> -	Government of India.		independently verifiable sources, to their			
23	Freedom fighter's pass issued by Ministry of		satisfaction, and permit opening of accounts. This			
	Home Affairs, Government of India with		facility is extended only to the Gazetted officers of			
	photograph of applicant.		Central/State Government and Senior			
24	Employee State Insurance Card (ESIC) with		Management and above functionaries of Public			
	photograph supported by latest month's pay slip	40	Sector Undertakings.			
25	5 Talati / Patwari (a local govt. official) attestation	16	Latest telephone bills from any telephone service			
	by way of putting rubber stamp and signature.		providers and mobile service providers not more			

Gram Sarpanch / Mukhiya attestation by way of	than 2 month old, postpaid.
putting rubber stamp and signature (For Small	17 Consumer gas connection card/book/Pipe gas bill
Accounts)	 18 Certificate from ward/equivalent rank officer, maintaining election roll certifying address of the applicant 19 Post Office Savings Pass Book
	20 Domicile Certificate with communication address and photograph
NOTE; If passport having current address is given as proof of identity, there is no need to give separate proof for address from list 2.	 21 Certificate by Village Extension Officer (VEO) / Village Head or equal or higher rank officer. Branch to confirm the authenticity of the certificate and that it has been issued by the person who is holding the said office. 22 Court divorce order – Marriage annulment order issued by Court

To be filled by those who do not have either PAN/GIR

FORM NO. 60	FORM NO. 61		
[See second proviso rule 114B] Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B	[See proviso to clause (a) of rule 114C (1)] Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B		
1. Full name and address of the declarant	1. Full name and address of the declarant		
2. Particulars of transaction	2. Particulars of transaction		
3. Amount of the transaction	 3. Details of the documents being produced in support of Address in column (1): Yes No 		
4. Are you assessed to tax? Yes No	I hereby declare that my source of income is from		
5. If yes,(i) Details of Ward/Circle/Range where the last return of income was filed	agriculture and I am not required to pay income-tax on any other income, if any.		
(ii)Reasons for not having permanent account			
Number:			

6. Details of the document being produced in support of address In column(1)	

VERIFICATION

l,	, do hereby de	eclare that what is stated abo	ove is true to the best of my
knowledge and belief.	Verified today, the	day of	

Date:_____ Place:_____

Signature of the declarant

Branch Office.....

FORM DA-1: NOMINATION

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits,

I/ We (Name(s)) ______ R/o_____

nominate the following person to whom in the event of my/our/ minor's death, the amount of deposit in the account may be returned by State Bank of Patiala, Branch Office_____

	DEPOSIT				NOMINEE		
Natur e of Acco unt	Account No.	Additio nal Details , if any	Name	Address	Relationship with depositor, if any	Age	Date of birth

* As the nominee is minor on this date, I/we appoint Mr/Ms _____

Age_____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.

Place:_____

Date:			

@ Signature(s) / #Thumb impression(s) of depositors

@ Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

*Strike out if nominee is not a minor

WITNESSES(IN CASE ACCOUNT HOLDER IS ILLITERATE)

Name & Signature of the first witnesses	Name & Signature of second witnesses
Name	Name
Signature:	Signature:
Address:	Address:
Place:	Place:
Date:	Date:
Telephone No	Telephone No

#Thumb impression(s) shall be attested by two witnesses; otherwise it shall be attested by one witness.....

NOMINATION RECORED.

. . .

The above mentioned nomination is recorded at serial no			
in respect of (Type of Account.)	Deposit Account No		

Date_____.
For _____

(Authorised Official)

SS No._____

	STATE BANK OF PATIALA	*
	BRANCHCode No.	
IN	INFORMATION SHEET Account/Customer No.	
	Annexure of Account Opening Form Date of Opening of A/c	
	to be obtained for each applicant separately) Full Name :	
(Pie	(Please tick the appropriate box) Business Name :	
A)	A) ADDRESS : Residential Status : Domestic/Non Resident Indian (N.R.I.)	
~)	D	
	Residential Address :	
	Telephone Number : (Residence)	
B)	B) OCCUPATION : Nature/Activity of Business/Occupation :	
		Student
	5 Retired 6 Agriculture & Allied 7 Others (Specify	
		,
	5 C.A. 6 others	Business
	3. Source of funds :	
	4. Purpose of opening of the Account	
	5. Potential Activity expected in the Account : 6. Any other source of income :	
7.		
	4 Upto Rs.1,00,001/- to 5 Lacs 5 Upto Rs. 5,00,001/- to 10 Lacs 6 Above Rs. 10,00 ii) Turnover : (a) Monthly Turnover : Rs. (b) Annual Turnover : Rs.	,000/-
C)		
-,		
		Inmarried
	11. Your Spouse's Qualification (Optional) 1. Upto HSC 2. Graduate 3. Post Gradu 12. Family Members (Optional)	late
	Age Group : Upto 10 yrs. 11 to 20 yrs. 21 to 45 yrs. 46 to 60 yrs. Above 61 yrs. Total	
	No. of Males : + + + + +	, ,
	No. of Females : + + + + +	
	13. Any relatives settled abroad : Yes No If yes, mention their name and addressess	
	1. Name Address	
	2. Name Address 3. Name Address	
	14 How many times you have been abroad in last three years .	
		es
D)		
0,	D) DEALING WITH OTHER BANKS: 1 Yes 2 No, If Yes: 16. Name of the Bank and Branch:	
	17. Type of accounts/facilities	
E)	EXISTING CREDIT FACILITIES, IF ANY :	
	18. Car Loan 1 Yes 2 No 22. Housing Loan 1 Yes 2	No
	19. Consumer Loan 1 Yes 2 No 23. Against Security 1 Yes 2] No
	20. Credit Cards 1 Yes 2 No 24. Education Loan 1 Yes 2	No
	21. Business/Agl 1 Yes 2 No 25. Others 1 Yes 2	No
F)		
	Total Value : Rs(Approximate) Agricultural Land	
	26. Vehicle Car Two Wheeler others None	
	27. House you live in Ancestral Owned Employer's	5
	28. Life Policy for	
	29. Other Investment	
	30. ANY OTHER ASSETS : Upto Rs. 1 lac Upto Rs. 2 lac Upto Rs. 5 lac Above Rs.	
	Date : (Signature of the Cu	stomer)
		,

S.B.P.1722

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