



A/C. Opening Date DD - MM - YYYY

Name of the Branch : _____

CIF No.

A/C. No.

PASSPORT SIZE PHOTO

Signature of the Applicant

Account Opening Form (SB/TDR/RID/CA/RD/MOD) - INDIVIDUAL

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Self-Certification of documents is mandatory
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) Please read section wise detailed guidelines / instructions at the end.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) KYC number of applicant is mandatory for update application.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

Application Type* New Update Account Type* Normal Small

KYC Number (Mandatory for KYC update request)

1. PERSONAL DETAILS (Please refer instruction A on the last page Annexure D -1)

Prefix First Name Middle Name Last Name

Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YYYY

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Nationality* IN- Indian Others (ISO 3166 Country Code)

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

Occupation Type* S-Service (Private Sector Public Sector Government Sector) O-Others (Professional Self Employed Retired Housewife Student) B-Business X- Not Categorised

Category

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B on the last page Annexure D -1)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth* (Please refer at last page Annexure D-2)

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the on the last page Annexure D-1)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date DD - MM - YYYY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YYYY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

(Please refer to Para 15)

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction Dont the last page Annexure D -1)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card Others please specify

Address

Line 1*

Line 2

Line 3

State / U.T Code* Pin / Post Code* City / Town / Village* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E on the last page Annexure D-1)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill ' ')
Line 1*
Line 2
Line 3 City / Town / Village*
State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details
Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G on the last page Annexure D-1)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type* Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiary
Prefix First Name Middle Name Last Name
Name*
(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date --
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date --
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number

7. REMARKS (If any) F at the end

8. APPLICANT DECLARATION

- 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 any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it.
- My personal / KYC details may be shared with Central KYC Registry
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date : -- Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Self-Certified True Copies Notary

Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Identity Verification Done Date --
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

Name
Code

(Signature Bank Official)

[Institution Stamp]

10. Nomination. * Please fill in Nomination Form
Request for ATM Debit Card Yes No
SMS Alert Yes No

10. Type of Account

 Savings Account

 TERM / RE-INVESTMENT DEPOSIT (STDR)

 Current Account

 Without Cheque Book

 Amount

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MULTI OPTION DEPOSIT SCHEME

 With Cheque Book

 Period : Days

--	--	--	--

 Month

--	--

 Year

--	--

 Linkage with SB

 CA

Minimum Balance

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Savings Bank Plus

RECURRING DEPOSIT ACCOUNT

 Period

--	--

Monthly Instalment

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please open a Savings Bank account in my / our name (s) (as above). The Savings Bank rules and regulations including those relating to accounts with introduction/small Account have been explained to me/us and I/we agree to abide by the same. An additional photograph of sole / each applicant is attached.

 Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Place

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Signature / Thumb impression of first / sole Applicant

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11
Request for add on :-

Sl. No.	Product	Yes	No
01.	e-Statement of Account	<input type="checkbox"/>	<input type="checkbox"/>
02.	Cheque Book	<input type="checkbox"/>	<input type="checkbox"/>
03.	Mobile Banking / Mobile No	<input type="checkbox"/>	<input type="checkbox"/>
04.	Internet Banking / Email ID	<input type="checkbox"/>	<input type="checkbox"/>
05.	Credit Card	<input type="checkbox"/>	<input type="checkbox"/>
06.	Others	<input type="checkbox"/>	<input type="checkbox"/>

12.
Additional Information for Cross Selling :- (Optional)

	1st Applicant	2nd Applicant		
Income Per Annum	<table border="1" style="width: 100%; height: 18px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 18px;"><tr><td> </td></tr></table>	
Occupation	<table border="1" style="width: 100%; height: 18px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 18px;"><tr><td> </td></tr></table>	
Educational Qualification	<table border="1" style="width: 100%; height: 18px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 18px;"><tr><td> </td></tr></table>	

I would like to also avail :

Sl. No.	Product	Yes	No	Yes	No
01.	Housing Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.	Vehicle Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03.	Mutual Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04.	General Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05.	Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06.	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

14. Terms & Conditions :-

I/we confirm having received, read and understood(a) the accounts rules and here by agree to be bound by the terms & conditions outlined in these rules which governs the accounts(s) which I/we am/are open and [b] amendments to the rules made from time to time and those relating to various services availed by me/us and those relating to various services offered by the Bank 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

For Bank Use Only :

Name & Code of the Branch												
Cust. ID												
A/C. No.												

Name and No. of BC/BF

Signature of Business Correspondent / Facilitator

The applicant has affixed his signature or thumb print, as the case may be, in my presence

I have explained the rules / regulations to the applicant

Account has been opened on

ATM Card No. has been issued and password has also been issued.

Date

Place

Name, SS No. and Signature of the verifying Branch official

15 ACCOUNTS OF INDIVIDUALS: LIST OF KYC DOCUMENTS (Officially Valid Documents for Low risk Customers)

Documents accepted as proof of identity

LIST 1

- Identity card with applicant photograph issued by central / state government department, statutory regulatory authorities public sector undertaking scheduled commercial banks and public financial institutions
- or**
- Letter issued by a gazetted officer, with duly attested photographs of the person.

Documents accepted as proof of residence

LIST 2

- Utility bill which is not more than two months old of any service provider (electricity, telephone, postpaid mobile phone, piped gas, water bill)
- Property or Municipal Tax receipt.
- Bank account or Post office savings bank account statement.
- Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or public Sector Undertakings, if they contain the address;
- Letter of allotment of accomodation from employer issued by state or central government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly leave and license agreemenst with such employers allotting official accommodation; and
- Documents issued by government by government departments of foreign jurisdiction and letter issued by foreign embassy or mission in india.

NOTE:
 1. The additional documents mentioned above shall be deemed to be OVDs under simplified measure, for the low risk customers for the limited purpose of proof of address where customers are unable to produce any OVD of the same.

**Branch office :
Form DA-1 NOMINATION**

**Nomination under section 45ZA of Banking Regulation Act, 1949 and Rule 2(1) of the
Banking Companies [Nomination] Rule 1985 in respect of Bank Deposits.**

I/we [Name/s]R/onominate
the following person to whom in the event of my/our/minor's death, the amount of deposit in the account be returned by State Bank of Mysore
..... Branch.

Deposit			Nominee				
Nature of Account	Account No.	Additional 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/Mrs..... 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.

Date :

Place :

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

Name & Signature of the first witness	Name & Signature of the Second witness
Name	Name
Signature	Signature
Address	Address
Place :	Place :
Date :	Date :
Telephone No.Mob. No.....	Telephone No.Mob. No.....

Thumb impression(s) shall be attested by two witnesses :

NOMINATION REGISTERED

The above mentioned nomination is registered at serial No in respect of (type of account) Deposit
Account No.

Date :

For State Bank of Mysore

Authorised Official SS No.

To be filled by those who do not have PAN

Form No 60

Form of declaration to be filled by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant
2. Particulars of Transaction
3. Amount of the Transaction
4. Are you assessed to tax ? Yes No
5. If yes (I) Details of Ward / Circle / Range where the last return of income was filed
- (II) Reasons for not having permanent account Number :
6. Details of the document being produced in support of address in column (1)

Form No 61

Form of declaration to be filled 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
2. Particulars of Transaction
3. Details of the document being produced in support of address in column (1)

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

Verification

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

Verified today, the day of

Date :

Place :

Signature of the Declarant

MANDATE FORM

(Specimen Photo & Signature Card For Scanning)

1. First Account Holder

2. Second Account Holder

3. Third Account Holder

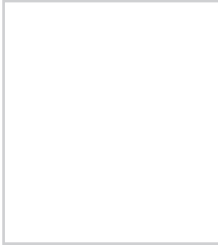
Photo 

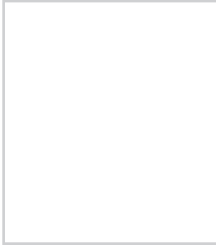
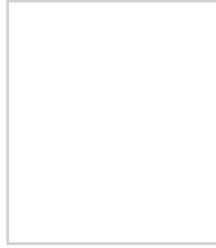



Photo 

Photo 

Signature 

Signature 

Signature 

4. Fourth Account Holder

5. Fifth Account Holder

6. Sixth Account Holder

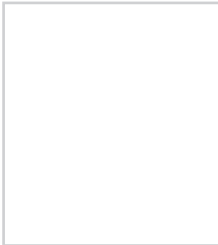
Photo 

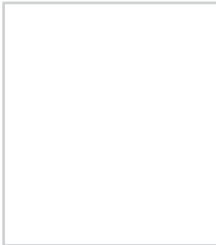
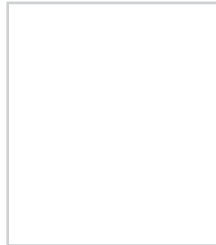



Photo 

Photo 

Signature 

Signature 

Signature 

Mode of Operation :

Sl. No.	DESCRIPTION
1.	SINGLE
2.	POWER OF ATTORNEY
3.	ALL A/C. HOLDER OR SURVIVOR
4.	EITHER OR SURVIVOR
5.	FORMER OR SURVIVOR
6.	LATER OR SURVIVOR
7.	OTHERS
8.	ANY A/C. HOLDER OR SURVIVOR

Sl. No.	DESCRIPTION
9.	SOLE MINOR (AGE > 10 YEARS)
10.	NATURAL GUARDIAN OF MINOR
11.	LEGAL GUARDIAN OF MINOR
12.	MINOR & NATURAL GUARDIAN
13.	MINOR & LEGAL GUARDIAN
14.	LETTER OF AUTHORITY
15.	ANY TWO AUTHORISED SIGNATORY
16.	LEGAL GUARDIAN OF A/C. HOLDER

ATTESTATION / FOR OFFICE USE ONLY

Self-Certified True Copies Notary

Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification Done Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]



Annexure B-1

ಸ್ವಲ್ಪ ಬ್ಯಾಂಕ್ ಆಫ್ ಮೈಸೂರು
स्टेट बैंक ऑफ मैसूर
STATE BANK OF MYSORE

(Supplimentary form for second applicant)

Name of the Branch :

CIF No.

Grid for CIF No.

A/C. No.

Grid for A/C. No.

PASSPORT SIZE PHOTO

Signature of the Applicant

Signature box

Account Opening Form (SB/TDR/RID/CA/RD/MOD) Individual | Related Person

Please check instruction

- A) Fields marked with '**' are mandatory fields.
B) Self-Certification of documents is mandatory
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) Please read section wise detailed guidelines / instructions
F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) KYC number of applicant is mandatory for update application.
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

Application Type*

New checkbox

Update checkbox

Account Type*

Normal checkbox

Small checkbox

KYC Number

Grid for KYC Number

(Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction G on the last page Annexure D-1)

Addition of Related Person

Deletion of Related Person checkbox

KYC Number of Related Person (if available*)

Grid for KYC Number

Related Person Type*

Guardian of Minor checkbox

Nominee checkbox

Assignee checkbox

Authorized Representative checkbox

Beneficial Owner checkbox

Beneficiary checkbox

Prefix

First Name

Middle Name

Last Name

Prefix grid

First Name grid

Middle Name grid

Last Name grid

Maiden Name (If any*)

Maiden Name grid

Father / Spouse Name*

Father/Spouse Name grid

Mother Name*

Mother Name grid

Date of Birth*

DD-MM-YYYY date grid

Category

Category grid

Gender*

M-Male checkbox

F-Female checkbox

T-Transgender checkbox

Marital Status*

Married checkbox

Unmarried checkbox

Others checkbox

Nationality*

IN-Indian checkbox

Others (ISO 3166 Country Code) last page Annexure D -2

Residential Status*

Resident Individual checkbox

Non Resident Indian checkbox

Foreign National checkbox

Person of Indian Origin checkbox

Occupation Type*

S-Service (Private Sector) checkbox

Public Sector checkbox

Government Sector) checkbox

O-Others (Professional) checkbox

Self Employed checkbox

Retired checkbox

Housewife checkbox

Student) checkbox

B-Business checkbox

X- Not Categorised checkbox

Sex :

Sex dropdown

Date of Birth

Date of Birth grid

Category

Category dropdown

Occupation

Occupation dropdown

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction (H) on the last page Annexure D -1)

A- Passport Number

Passport Number grid

Passport Expiry Date

Passport Expiry Date grid

B- Voter ID Card

Voter ID Card grid

D- Driving Licence

Driving Licence grid

Driving Licence Expiry Date

Driving Licence Expiry Date grid

E- UID (Aadhaar)

UID (Aadhaar) grid

F- NREGA Job Card

NREGA Job Card grid

Z-Others (any document notified by the central government)

Z-Others grid

Identification Number

Identification Number grid

2. APPLICANT DECLARATION

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 any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it.

My personal / KYC details may be shared with Central KYC Registry.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

MM - YYYY

Place : _____

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Self-Certified True Copies Notary

Risk Category High Medium Low

IN PERSON VERIFICATION CARRIED OUT BY

Identity Verification Done Date MM - MM - YYYY
 EMP. Name _____
 EMP. Code _____
 EMP. Designation _____
 EMP. Branch _____

INSTITUTION DETAILS

Name _____
 Code _____

(Signature Bank Official)

[Institution Stamp]

4. CONTACT DETAILS

Tel. (Off) _____ Tel. (Res) _____ Mobile _____
 FAX _____ Email ID _____

5.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the last page Annexure D -1)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill ' ')

Line 1* _____
 Line 2 _____
 Line 3 _____ City / Town / Village* _____
 State / U.T Code* _____ Pin / Post Code* _____ ISO 3166 Country Code* _____

5.2 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

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

Line 1* _____
 Line 2 _____
 Line 3 _____ City / Town / Village* _____
 State* _____ ZIP / Post Code* _____ ISO 3166 Country Code* _____

5. Type of Account

Savings Account TERM / RE-INVESTMENT DEPOSIT Current Account
 Without Cheque Book Amount _____ MULTI OPTION DEPOSIT SCHEME
 With Cheque Book Period : Days _____ Month _____ Year _____ Linkage with SB CA
 Minimum Balance _____ RECURRING DEPOSIT ACCOUNT
 Savings Bank Plus _____ Period _____
 Monthly Instalment _____

Please open a Savings Bank account in my / our name (s) (as above). The Savings Bank rules and regulations including those relating to accounts with introduction/small Account have been explained to me/us and I/we agree to abide by the same. An additional photograph of sole / each applicant is attached.

Date _____

Place _____

Signature / Thumb impression of first / sole Applicant

6. Terms & Conditions :-

I/we confirm having received, read and understood(a) the accounts rules and here by agree to be bound by the terms & conditions outlined in these rules which governs the accounts(s) which I/we am/are open and [b] amendments to the rules made from time to time and those relating to various services availed by me/us and those relating to various services offered by the Bank 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



Annexure A-1

ಸ್ವಲ್ಪ ಬ್ಯಾಂಕ್ ಆಫ್ ಮೈಸೂರು
स्टेट बैंक ऑफ मैसूर
STATE BANK OF MYSORE
(Supplementary form for applicant)

Name of the Branch : _____

CIF No. [Grid]

A/C. No. [Grid]



Signature of the Applicant [Box]

Account Opening Form (SB/TDR/RID/CA/RD/MOD) | Individual | Correspondence | Local Address

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Self-Certification of documents is mandatory
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) Please read section wise detailed guidelines / instructions at the end.
F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G) List of two character ISO 3166 country codes is available at the end.
H) KYC number of applicant is mandatory for update application.
I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only Application Type* [New] [Update] Account Type* [Normal] [Small]
KYC Number [Grid] (Mandatory for KYC update request)

1. PROOF OF ADDRESS (PoA)*

[] 1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS* (Please see instruction E on the last page Annexure D -1)
[] Same as Current / Permanent / Overseas Address details
Line 1* [Grid]
Line 2 [Grid]
Line 3 [Grid] City / Town / Village* [Grid]
State / U.T Code* [Grid] Pin / Post Code* [Grid] ISO 3166 Country Code* [Grid]

[] 2. CONTACT DETAILS (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction F at the last page Annexure D -1)

Tel. (Off) [Grid] Tel. (Res) [Grid] Mobile [Grid]
FAX [Grid] Email ID [Grid]

3. APPLICANT DECLARATION

- 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 any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/we may be held liable for it.
My personal / KYC details may be shared with Central KYC Registry.
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address

Date : [DD] - [MM] - [YYYY] Place : [Grid]

[Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

4. ATTESTATION / FOR OFFICE USE ONLY

Documents Received [Self-Certified] [True Copies] [Notary] Risk Category [High] [Medium] [Low]
IN PERSON VERIFICATION CARRIED OUT BY INSTITUTION DETAILS
Identity Verification [Done] Date [DD] - [MM] - [YYYY] Name [Grid]
Emp. Name [Grid] Code [Grid]
Emp. Code [Grid]
Emp. Designation [Grid]
Emp. Branch [Grid]
[Employee Signature] [Institution Stamp]

5. PERSONAL DETAILS OF INDIVIDUAL / CORRESPONDENCE LOCAL ADDRESS

(Please refer instruction A on the last page Annexure D -1)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Category <input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised			

5.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E on the last page Annexure D -1)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill ' ')

Line 1*

Line 2

Line 3 City / Town / Village*

State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

5.2 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

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

Line 1*

Line 2

Line 3 City / Town / Village*

State* ZIP / Post Code* ISO 3166 Country Code*

6. Type of Account

Savings Account <input type="checkbox"/>	TERM / RE-INVESTMENT DEPOSIT <input type="checkbox"/>	Current Account <input type="checkbox"/>
Without Cheque Book <input type="checkbox"/>	Amount <input type="text"/>	MULTI OPTION DEPOSIT SCHEME <input type="checkbox"/>
With Cheque Book <input type="checkbox"/>	Period : Days <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Linkage with SB <input type="checkbox"/> CA <input type="checkbox"/>
Minimum Balance <input type="text"/>	RECURRING DEPOSIT ACCOUNT	
Savings Bank Plus	Period <input type="text"/>	
	Monthly Instalment <input type="text"/>	

Please open a Savings Bank account in my / our name (s) (as above). The Savings Bank rules and regulations including those relating to accounts with introduction/small Account have been explained to me/us and I/we agree to abide by the same. An additional photograph of sole / each applicant is attached.

Date

Place

Signature / Thumb impression of first / sole Applicant

7. Terms & Conditions :-

I/we confirm having received, read and understood(a) the accounts rules and here by agree to be bound by the terms & conditions outlined in these rules which governs the accounts(s) which I/we am/are open and [b] amendments to the rules made from time to time and those relating to various services availed by me/us and those relating to various services offered by the Bank 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

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively, details of which are available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details in section 1 and 2, photograph, signature and self-certification of documents is required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name** or **spouse's name** is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **Jurisdiction(s) of Residence:** Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
- 2 **Tax identification Number (TIN):** TIN need not 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 include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not mandatory for Overseas addresses.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Details of Related Person' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

- 1 In case of nominees, proof of identity is not required.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two-digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two-digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion IRéunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy ISaint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		