क Indian Bank SAVING BANK ACCOUNT OPENING FORM – ADDITIONAL INFORMATION [For full KYC Compliance]

The Joint Account holder (i.e. second applicant) shall fill up a supplementary Form

[] Basic Savings Bank Deposit Account

Affix Passport size Photo

1.	Name in Full																						
	First Applicant (Mr./Mrs./Ms.)						T		T								T			Ť	T		
2.	Aadhar Number (if available)]											
	Father/ Husband/Guardian Name Residential address: Building: Door /House/flat				I I																		
	Bldg. Number and name Street – Number and Name																						
	Locality																						
	Landmark																						
	Village /City						DE	DM	Distr	ict												DDM	
	State Pincode DDM]*						Di	DM 6.	Da	ate o	f Bir	th:	[DD	M]*									
7.	a) Occupation			- [D[° [MC	k			(b) Ca	itego	ory-	[[D	DM]	*								
Ema	ail ID			1 1					SN	/IS A	lert:	Yes	/ No		1			1					
	bile No.													<u> </u>									
Lan	dline No.																						
8.	Request for ATM Debit	Card :	: Yes /	No No																			
9.	Second Applicant (Mr./I	Mrs./I	Ms.)(i	f any)												Ī			1				
	Mode of Operation: NOMINATION Name of nomin Please attach Nomination F		[DDM]																		
1.1	Type of account																						

[] Regular Savings Bank Deposit Account

12.1	(YC Document: Identification Proof: [DDM]							
Numl	ber	Date	e of Issue (dd/mm/year)					
Issuir	ng Authority							
12.2	Address Proof:[DDM]							
Numl	ber	Date	e of Issue (dd/mm/year)					
Issuir	ng Authority							
13.	PAN		No.					
_	To be filled by those who do not h	nave a Permanent Account Number (F	PAN)					
	FORM NO. 60 FORM NO. 61							
-	[See second pi Form of declaration to be filed by a have a permanent account number any transaction specified in rule 114	and who enters into	[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 in rule 114B.					
	Full name and address of the declarate	ant	1. Full name and address of the decla	rant				
	and make and dadress of the decidit	ant						
	2. Particulars of transaction		2. Particulars of transaction					
	2. Particulars of transaction 3. Amount of the transaction							
	2. Particulars of transaction	is	Particulars of transaction Details of the documents being pro	oduced in support of No				
	2. Particulars of transaction 3. Amount of the transaction 4. Are you assessed to tax? Ye 5. If yes,(i) Details of Ward/Circle/Rangincome was filed (ii)Reasons for not having perm	ge where the last return of	2. Particulars of transaction 3. Details of the documents being pro Address in column (1): I hereby declare that my source of incomplete that my source of inc	oduced in support of No				
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Date:	2. Particulars of transaction	e where the last return of anent account aced in support of address VER e that what is stated above is true to the be Product e-Statement of Account Cheque Book Mobile Banking Mc	2. Particulars of transaction 3. Details of the documents being pro Address in column (1): Yes I hereby declare that my source of in I am not required to pay income-tax of the state of the state of the state of my knowledge and belief. Verified the Signature of the declarant	oduced in support of No Some is from agriculture and on any other income, if any. Oday, the day of Yes/No Yes/No				

15. 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.

Yes/No

Others

Terms & Conditions:

16. I/we confirm havin conditions outlined in these rules made from time to tin by the Bank and other facilithe Bank from time to time.	e rules which gove ne and those relations in this ties listed in this	ating to various services a	h I/we am/are opening availed by me/us and th	(/will open and (b) amo	endments to the services offered
Date:					
Place:					
Signature/Thumb Impressio	n of first/sole Ap	plicant	Signature/Th	umb Impression of seco	ond Applicant
 I have explained th I have verified the i 	opened one rules / regulation	ons to the applicante documents of identity phas been issued and pass	proof / residence proof.	ıed.	
Date:			Offic	cer	(SS No)
* DDM - Drop Down Menu ** The Joint Account holder (shall fill up a supplementary Fo	orm.		
Additional Information	n for Cross Sellin	g -			
Income Per annum	[1	DDM]			
Occupation	[1	DDM]			
Educational Qualifi	cation [I	DDM]			

I	woul	ld l	ike	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