



SAVING BANK ACCOUNT OPENING FORM [FOR SMALL ACCOUNT]

Affix Passport size Photo

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

1. Name in Full [grid]
First Applicant (Mr./Mrs./Ms.)
2. Aadhar Number (If available) [grid]
3. Father/ Husband/Guardian Name [grid]
4. Residential address: Building : Door /House/flat Bldg. Number and name [grid]
Street - Number and Name [grid]
Locality [grid]
Landmark [grid]
Village /City [grid] DDM District [grid] DDM
State [grid] DDM
Pincode [grid]
5. Sex : [DDM]* Date of Birth: [DDM]*
6. a) Occupation----- [DDM] * (b) Category- [[DDM] *
SMS Alert : Yes / No
Mobile No. [grid]
Landline No. [grid]
7. Request for ATM Debit Card : Yes / No
8. Second Applicant (Mr./Mrs./Ms.) (If any) [grid]
9. Mode of Operation [DDM]*
10. NOMINATION Name of nominee [grid]
*Please Attach Nomination Form

Please open a small account in my / our name(s) (as above). The Saving Bank rules and regulations including those relating to 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: _____ [grid] [grid]
Place: _____ Signature/Thumb Impression of first/sole Applicant Signature/Thumb Impression of second Applicant

Name and No. of BC/BF [grid]

Signature of Business Correspondent/Facilitator _____
Name, SS No. and Signature of the verifying Branch official _____

For Bank Use Only

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

1. The applicant has affixed his signature or thumb print, as the case may be, in my presence
2. I have explained the rules / regulations to the applicant _____
3. Account has been opened on _____
4. ATM No. _____ has been issued and password has also been issued.

Date: _____

Officer _____(SS No.)

* **DDM - Drop Down Menu**

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