

ACCOUNT OPENING FORM - FINANCIAL INCLUSION

Account No.:	Scheme: <input type="checkbox"/> BSBDA <input type="checkbox"/> BSBDA SMALL	Latest Photograph Not Older than 6 Months
Customer ID:	SOL ID:	
Branch Name:	District:	
Village/ Town:	State:	
Village/ Town (as per Census 2011):	SSA Code/ Ward No:	
Sub District/ Block Name:	Village Code/ Town Code:	

Applicant Details

Full Name	Mr. / Mrs. / Ms. _____		
	(First Name)	(Middle Name)	(Last Name)
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others
Name of Father/ Spouse:	Mother's Maiden Name:		
Communication Address:			Pin Code:
Permanent Address:			Pin Code:
Mobile No.:	Constitution: Individual	Date of Birth (DD/MM/YYYY):	
Aadhaar No.:	PAN:	NREGA Job Card No.:	
Religion:	Qualification:	Occupation:	Annual Income:
Category:	<input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others _____		Number of Dependants:
Details of Assets:	Owning House - <input type="checkbox"/> YES <input type="checkbox"/> NO No. of Animals Owned - _____	Owning Farm - <input type="checkbox"/> YES <input type="checkbox"/> NO Others _____	
Existing Bank A/C of Family/ Household - <input type="checkbox"/> YES <input type="checkbox"/> NO, If YES, No. of A/Cs _____			

I request you to issue me a Rupay Card

KISAN CREDIT CARD ELIGIBLE - YES NO

I also understand that I am eligible for an Overdraft after satisfactory operation of my account after 6 months of opening my account with a Limit of Rs. 5000 (Rupees five thousand only) for meeting my emergency/ family needs subject to the condition that only one member from the household will be eligible for overdraft facility. I shall abide by the terms and conditions stipulated by the Bank in this regard.

Declaration:

I hereby apply for opening a Bank Account. I declare that the information provided by me in this application form is true and correct. The terms and conditions applicable have been read over and explained to me and have understood the same. I shall abide by all the terms and conditions as may be in force from time to time. I declare that I have not availed any Overdraft or Credit facility from any other bank.

I hereby declare that I will close my existing savings account (held singly or jointly as JT, E or S, A or S, F or S) other than BSBDA in 30 days from the date of opening this BSBDA account failing which, Bank is free to close my savings account other than BSBDA after 30 days. I also declare that I am not maintaining any BSBDA account with any other banks.

Place :

Date :

(Signature / Left Hand Thumb Impression of Applicant)

Nomination

I want to nominate as under

Name of Nominee	Relationship	Age	D.O.B (in case of Minor)	Person authorised in case to receive the amount of deposit on behalf of the Nominee in the event of My/ Minor(s) death.

Place :

Date :

(Signature / Left Hand Thumb Impression of Applicant)

KYC norms complied with. Accounts may be opened.

Clerk	Assistant Manager	Manager/ Senior Manager/ AVP
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