तंजाब नैशनल बैंक 🕑 punjab national bank ...भरोसे का प्रतीक !

Photograph (To be captured through system or latest photograph not older than six month)

FINANCIAL INCLUSION-ACCOUNT OPENING FORM

Reference No	Dat	e:			Acco	oun	t No															
Name of the Branch	D No					Customer ID No.																
Sub District/Block Name																						
SSA Code/Ward No.																						
Village Code/Town Code [as per census 2011]						Name of Village/Town [as per census 2011]																
Applicant Details:																						
Full Name	Full Name Mr./Mrs./Ms.																					
(In Capital Letters)		First				Middle						_	Last Name									
Marital Status	Marr	ied/Singl	e					Gender Male/Femal							е							
Name of Spouse								No. of Dependents:														
Name of Father																						
Address																						
	City										S	State							F	Pin C	ode	;
Nationality :								R	elig	gio	n: H	indu/	Mu	slin	n/Si	kh/C	hris	tian/	othe	rs		
Location	Rural/ Semi-urban/Urban/Metro				Category: General/OBC/SC/ST/Minority																	
Type of Account	Individual/Joint/ Sr Citizen					Mode of Operation: Self/ Guardian/																
Telephone & Mobile No.								Date of Birth d d						m	m		У	У	У	У		
Aadhaar/ EID No.																						
PAN /GIR No.																						
Voter ID No; If available												OB (-		-							
Occupation/Profession	Agriculture/Service/Housewife/Business/Salaried/Retired/Student/Others																					
Annual Income (✓)	Up to Rs.60000/- 60001/- to 1.5 lakh 1.5 lakh to 5.00 lakh > 5 lakhs																					
Detail of Assets	Owning House :Y/NNo. of Animals:Owning Farm :Y/NAny other:																					
Existing Bank A/c of family Y/N If yes Bank A/c No. members/household If yes Bank A/c No.																						
Kisan Credit Card	Wh	nether Eli	gible	;	Y/N			lf	alre	eac	ly Is	sued			γ	//N						
I request you to issue me a Rupay Debit Card.																						
I authorize UIDAI to share my e-KYC data with Punjab National Bank.																						
I request you to sanction me an overdraft facility with the Limit of Rs. 5000/-(Rupees Five Thousand only) in the above account to meet my emergency/family needs. I understand that I shall be eligible for an Overdraft facility only after satisfactory operation of my account for 6 months from the data of experiments and that a shall be eligible for an Overdraft facility only after satisfactory operation of my account for 6 months																						

from the date of opening my account. I further declare that no other member of my household has availed overdraft facility. I undertake and confirm that I shall abide by the terms and conditions stipulated by the Bank in this regard."

Declaration: I hereby apply for opening of 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 I 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.

Place:	Date:	Signature/LTI/RTI of Applicant
Name & Signature of witness (In case of illi	terate/blind Applicant)	
Name :		
Address :		
Signature :		

Nomination:

I want to nominate as under									
Name of Nominee	Relationship Ag		Date of Birth in case of minor	Person authorised in case of minor to receive the amount of deposit on behalf of the nominee in the event of my /minor death during the minority of nominee.					
Place:									

Place:

Date:

Signature / LTI/RTI of Applicant

WITNESS IN CASE OF NOMINATION (FOR THUMB IMPRESSION ONLY)											
Name & signature	of the first	witness	Name & signature of the second witness								
Name :			Name :								
Address:			Address:								
Signature :			Signature :	Signature :							
To be filled only by	y those wh	o do not have either PAN/GIF	: (Select appropriate Form)								
Form No. 60			Form No. 61								
To be filled by per-	son withou	It PAN	To be filled by	To be filled by a person who has agricultural income and is							
1. Are you as	ssessed to t	ax? Yes 🗌 No 🗌	not in receipt	not in receipt of any other income chargeable to income tax							
2. If yes (i) D last return was filed_		rd/Circle/Range where the		I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.							
Declaration											
Ido hereby declare that what is stated is true to the best of my knowledge and belief.											
Place:											
Date:					Sigr	nature of declarant					
Specimen Signature / Thumb Impression of The Customer											
		(For Of	ficial Use)	I							
Risk Category of Ac	count:	High Risk	Medium Risk]	Low Risk						
	Name			e	GBPA/ PF NO	DATE					
Rupay Debit Card I	ssued										
Signature Verified											
Account Verified											
Registration of Nor	nination										
						National Bank					
				Name	(7.64						
GBPA No											