

ACCOUNT OPENING FORM FOR INDIVIDUALS F. No.-401 Date: D D M M Y Y Y Y

• Branc																					_		Jale		D		•			-		ĭ		
Accou	ınt N	о.						1			1										Bra	nch	ALF	PHA						Sc	hem	e Co	ode	
I/We r		00t v	to	000	. m	/o		 lon	ooit		2011	nt v	_{rith}	\ <u></u>	r br	onok	/ba	nk o		odor	· /T	iok	(2)	rolov	(OD)	t tva		of 04		unt'	·			
		Accou		opei	1 111	y/O			me l			IIL V	VILII	you				ccol		luei	. (1	ICK	(v)			eme				un,)			
		Bank					00	ille	IIIC I	Tan	10							osit A							JU11	CITIC	, 146	AIIIC						
	rent A		7.00													ther	_	00117																
FULL	NAM	E, in	CAPI	ΓAL	Let	ters	(In	the	ord	ler o	f firs	st, m	nidd	lle ar	nd la	st na	me,	leavi	ng a	a spa	ace	betv	veen	wor	ds)									M/F
1																									Î									
2	1 1					1	1	1	1	ĺ	1	l	l		ı	ı	1	1 1		1	ĺ	1	ĺ			1		I		1	1	ĺ		
	1 I	1	1 1	1	 	1	1	1 1	1	1	1	l I	! !			<u> </u>	1	<u> </u>	<u>_</u>	1	1	<u> </u>	1	1 1	! 	 			1	 	<u> </u>	1		
3																																		
4	ı D	ate of	Birth	(dd/i	mm I	/ууу	y)	ı	-		IAP	N (if	not	t ava	ilabl	e, ple	ease	atta	h F	orm	60/	61)			ı	Cus	ton	ner I	ID(if	any	exis	sting) I	1 1
1					<u> </u>				_										<u> </u>														<u> </u>	
2																																		
3																																		
	Occ	upatio	n *	S	tatı	IS **		Α	nnu	ıal Ir	ncon	ne (in F	Rs.)	R	elatio	nsh	ip wit	h 1 ^s	t app	olica	ant	N	ation	ality	/		Fath	er's	/ H	usba	ınd's	Nan	пе
1																																		
2																																		
3																																		
* Pleas		oose																																
Salarie Retired	-			Self Stoc							rofe gric					_		ician que D	loale	nr.		_		sewi s De	-			tude usin		_	Defei Othe		Staff	
																		lue L	caic	<u> </u>			AIIII	3 DE	aici		ы	uSiiii	C 33		Jule	13		
** Plea Min		hoose	from Sr Cit		ollo				aff / I		Staff	, me	entio			lumb aff (E		^		١	1	Do	nsio	nor			NF) I		Oth	ner /0	20nc	rol	
								`).)		X-31	aii (L	.C IV	0.)		ге			_								iai	
Name (Attach						e or	Min	nor)	:											-	- &	NG		latio		•		n mı gal*		`	ick o		Othe	re
						ırdiə	ın aı	nnc	ninto	d by	, Co	urt)	Δn	clos	2 (0)	ov of	tho	court	ord		α.	144		IVI G	110		LC	gai		JC 1	acto		Othic	13
iii oa	30 01	logai	* In case of legal guardian (guardian appointed by Court), enclose copy of the court order. Name and address of Employer																															
													Nei	ille c	ına a	laar	:55 (ot En	nplo	yer														
			Firs	t Ap	plic	cant							IVai	ille c	na a	laar		or En											3 rd	Ар	plica	ant		
			Firs	t Ap	plic	cant							Ivai	ille c	na a	laar													3 rd	Ар	plica	ant		
			Firs	st Ap	plic	cant							Ivai	ille a	na a	iaar													3 rd	Ар	plica	ant		
			Firs	st Ap	plio	cant	:						I Val	ille a	na a	idar													3 rd	Ар	plica	ant		
Opera	ting		ıction	s (Pl	eas	se m	nark	(✓	in a	ppr		iate	bo	x):				nd Ap	plic	ant														
Opera Self				s (Pl	eas	se m	nark	⟨ ✓	in a	ppr		iate	bo					nd Ap		ant		Α	any c	one c	or S	urvi	vor	·/s					Spec	cify)
Self			iction Eithe	s (PI	eas Sur	se m	nark				Fo	iate	box er o	x): r Su				nd Ap	plic	ant		A	any c	one c	or S	urvi	vor	·/s					Spec	cify)
			iction Eithe	s (PI	eas Sur	se m vivo	nark or ✓ in	n ap			Fo	iate	box er o	x): r Su				nd Ap	plic	ant	Sta												Spec	cify)
Self	ies r	equir	iction Either	s (PI r or s	eas Sur	se m vivo	nark or ✓ in	n ap		pria	Fo	iate	box er o	x): r Su	rviv		2	Ap	plic	tly	Sta ost [tem		of A	ссо		thr		jh	Oth	ners	(Pl.	Spec	
Self	ies ro	equir eque S	iction Either	s (PI r or s	eas Sur	se m vivo	nark or ✓ in	n ap	opro	pria	Fo	iate	box er o	x): r Su	rviv	or ass b	2 oook	Ap	Join	tly	st [tem	nent	of A	cco ma	unt il 🔲	thr	oug	jh	Oth	ners	(Pl.		
Self Facilit Issued Date o	ies ro	equir que S ue:	ed (Pleries	s (PI r or S ease Che No	eas Sur ma	se m vivo ark	nark or ✓ in	n ap	opro	pria	Fo	iate	box er o	x): r Su :	P	or ass t	2 nook nent	□ Free	Join	tly	st [tem	nent	of A	cco ma	unt il 🗌	thr Qua	oug arte	ı h	Oth Deliv	ners	(Pl.		
Self Facilit	ies ro	equire que S ue:	ed (Pleries	s (PI r or s ease Che No	eas Sur ma	se m vivo	nark or ✓ in ook [n ap	to	pria	Fo	iate rme	box	x): r Su :	rvivo	or ass t taten	2 pook nent	Free	Join	Poncy:	st [tem	nent	of A	cco ma	unt il 🗌	thr Qua	oug arte	jh C	Oth Deliv	ners	(Pl.		
Self Facilit Issued Date o	ies relations of Issumet Buse fill	equire eque S ue: anking	ed (Pleries	s (PI r or s	eque	ark onne	nark or ✓ in ok [ct [n fo	n ap	to	pria	Fo ate b	iate rme	box er or es)	x): r Su :	P S	ass tater	2 nook nent	Free Card	Join BOE	ttly Pc	urd).	tem N	nent 1onth	of A E nly [cco ma]	unt il 🗌	thr Qua	oug artei B Ca	ih [Oth	ers very	(PI.	anch	
Self Facilit Issued Date o	ies relations of Issumet Buse fill	equire eque S ue: anking	ed (Pleries	s (PI r or s	eque	ark onne	nark or ✓ in ok [ct [n fo	n ap	to tern	et B	anki	iate rme pox/	boxer of	x): r Su : Deb	P S Solit cua a Cocants	ass taten m A	2000k nent FM (Free Card	Join Quer BOE wo jo	Population Properties and Properties	urd).	Manual Ma	nent Nonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih [h] [r] [ard] or \$	Oth Deliv	very a	(PI.	anch	
Self Facilit Issued Date o	ies relations of Issumet Buse fill	equire eque S ue: anking	ed (Pleries	s (PI r or s ease Che No	eas Sur ma eque	ark ·	nark or ✓ in ok [ct [n fo	n ap	to tern	et B	anki	iate rme pox/	boxer of	x): r Su : Deb	P S Solit cua a Cocants	ass taten m A	2000k nent FM (Free dd/ or e of tw	Join Quer BOE wo jo	Population Properties and Properties	urd).	Manual Ma	nent Nonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih [h] ard ard or \$	Oth Deliv	very a	(PI.	anch	
Self Facilit Issued Date o	ies relations of Issumet Buse fill	equire que S ue: anking I up se Debit	ed (Pleeries	ease Che No	eas maeque Co plic	se m vivo	nark or ✓ in ok [ct [n fo	n ap	to tern	et B	anki	iate rme pox/	boxer of	x): r Su : Deb	P S Solit cua a Cocants	ass taten m A	2000k nent FM (Free dd/ or e of tw	Join Quer BOE wo jo	Population Properties and Properties	urd).	Manual Ma	nent Nonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih [h] ard ard or \$	Oth Deliv	very a	(PI.	anch	
Self Facilit Issued Date o	ies relations of Issumet Buse fill	equire que S ue: anking I up se Debit	Either Either ed (Pl eries 3 - Ba eparat cum /	s (PI r or s	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to tern	et B	anki	iate rme pox/	boxer of	x): r Su : Deb	P S Solit cua a Cocants	ass taten m A	2000k nent FM (Free dd/ or e of tw	Join Quer BOE wo jo	Population Properties and Properties	urd).	Manual Ma	nent Nonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih [h] ard ard or \$	Oth Deliv	very a	(PI.	anch	
Self Facilit Issued Date o	ies relations of Issumet Buse fill	equire que S ue: anking I up se Debit	eries J - Ba eparat cum /	s (PI r or s	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to tern	et B	anki	iate rme pox/	boxer of	x): r Su : Debaragelia	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Free	Join BOE CA	Population Properties and Properties	urd).	Manual Ma	nent Nonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih [h] ard ard or \$	Oth Deliv	very a	(PI.	anch	
Self Facilit Issued Date o	ies relations of Issumet Buse fill	equire que S ue: anking I up se Debit	eries J - Ba eparat cum /	s (PI r or s	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki e fir	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Free dd/ or e of tw	Join BOE CAL	Population	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very :	(PI.	anch	
Facilit Issued Date o * Interr (* Please is	ies ro	equire que S ue: anking I up s Debit	eries - Baeparat - First - Cond - Thirce	s (PI r or s	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Free	Join BOE CAL	Population Properties and Properties	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very a	(PI.	anch	
Facilit Issued Date o * Interr (* Please is	I Che I Che I Ssu I Ssue	equiru que S ue: anking I up so Debit Se	Either Either eries 3 – Ba Eparat coum A First cond Third	s (PI r or s ease Che No uroda te app ATM t app App	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki e fir	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Free	Join BOE CAL	Population	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very :	(PI.	anch	
Facilit Issued Date o * Interr (* Please is Flat No	iles rul Che If Issu net B Isse fil Issue	equire que S que: anking I up s Debit Se	Either Either eries 3 – Ba Eparat coum A First cond Third	s (PI r or s ease Che No uroda te app ATM t app App	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki e fir	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Free	Join BOE CAL	Population	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very :	(PI.	anch	
Facilit Issued Date o * Interr (* Please is	iles rul Che If Issu net B Isse fil Issue	equire que S que: anking I up s Debit Se	Either Either eries 3 – Ba Eparat coum A First cond Third	s (PI r or s ease Che No uroda te app ATM t app App	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki e fir	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Frec	Join BOE CAL	Population	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very :	(PI.	anch	
Facilit Issued Date o * Interr (* Please is Flat No	ies ro Che I Che Set B Set II Set B Set II Set B Set II Set B Set II Set	equiro que S ue: anking I up so Debit Se ddg Nar dd & A	Either eries	s (PI r or s ease Che No uroda te app ATM t app App	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki e fir	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Frec	Join BOE CAL	Population	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very :	(PI.	anch	
Facilit Issued Date o * Interr (* Please is Please is Flat No Street/	ies roll Che I Che	equiro que S ue: anking I up so Debit Se ddg Nar dd & A	Either eries	s (PI r or s ease Che No uroda te app ATM t app App	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki e fir	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Frec	Join BOE CAL	Population	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very :	(PI.	anch	
Facilit Issued Date o * Interr (* Please is Please is Flat No Street/ City ar	ies roll Che I Che	equire que S ue: anking I up s Debit Se dg Nar d & A	Either eries	s (PI r or s ease Che No uroda te app ATM t app App	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki e fir	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Frec	Join BOE CAL	Population	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very :	(PI.	anch	
Facilit Issued Date o * Interr (* Please is Please is Flat No Street/ City ar State a	ies roll Che I Che	equire que S ue: anking I up s Debit Se dg Nar d & A	Either eries	s (PI r or s ease Che No uroda te app ATM t app App	eas Sur ma eque	se m vivo	nark in ok [ct [n for the	n ap	to to term	et B	anki e fir	iate rme	er of es)	x): r Su : Detarod applii	P S Solit cua Cocants	ass taten m A nnec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: Frec	Join BOE CAL	Population	urd).	Monold	nent flonth	of A E nly [ma]	unt il*	thr Qua BO	oug artei B Ca	ih ard or S	Oth	very :	(PI.	anch	



Bank of Ba	aroda		
	. ,	f different from Residential Address)	74
	First Applicant	2 nd Applicant	3 rd Applicant
Flat No./Bldg Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel No., Fax No.			
Mobile	Permanent Address / In ea	se of NRE, local address in India	
Flat No./Bldg Name	Fermanent Address / III ca	Se of MIL, local address III IIIdia	
Street / Road & Area / Locality			
City and District			
State and Country	-		
Pin Code			
Tel No.,	<u> </u>		
	ick one)		
Education . —	<u> </u>	L Cradicata Deat Crad	luete
IN	on Matric SSC/HSC	Graduate Post Grad	luate
Monthly Income (Rs.):	oto 5000/- 5001 – 10000 10001 -	- 20000 20001 - 50000 50001	1 – 1 lac Above 1 lac
Expected Annual Turnover in	the A/C: Rs		
If salaried, employed with: ($$	tick one)		
Proprietorship Public Ltd.	MNC Partnership Public S	ector Pvt. Ltd. Government	Others (Pl. Specify)
If Professional: (√ tick one)			
	/ CS IT Consultant Engineer	Lawyer Others (pl. Specif	(y)
If Business: (√ tick one)			
Manufacturing Real Estate	Antique Service Provider Tra	der Arms Dealer Agriculture	Stock Broker Others (Pl. Specify
DECLARATION (Please mark	• • • •		
	not enjoy any credit facilities with other we following deposit accounts and /or cr		branches:
Bank & Branch	Place of Bank /	·	amount Account No.
1 1 1	Branch	Account / Facility	
TERMS & CONDITIONS &	DECLARATION (Places mayb. 4 in		
	DECLARATION (Please mark ✓ in agree to abide by the Bank's rules re		ccounts / services/ products /Fee & charge
which are displayed on the web	site www.bankofbaroda.com / contain	ed in the brochures of the Bank from	time to time.
[] I/We wish to be informed	about the various features/ products and	d promotional offers made by the Ba	nk from time to time.
	t me/us for various features/ products a lormal cheque book and recover charg		
	and balance along with interest payable		
 I shall represent the said n 	ninor in all future transactions of any des	scription in the above account until th	ne said minor attains majority.
	gainst the claim of the above minor of a		
	after following the due procedure.	r(s), premature termination of term (deposit would be allowed without any pena
 I / We also agree to maintain 	ain the minimum / quarterly average bal		as the minimum / quarterly average balanc
	0 , ,	, , ,	ge balance is not maintained and any other
	the Bank. I/We understand that a.com and also will be displayed on the		will be notified by the Bank on it
			ve understand that the Term deposit shall b
	ne of the Bank unless otherwise specifie		
			uiries as may be deemed necessary in the roup entities/companies are empowered t
			er se among themselves or to other Banks
Financial Institutions / Cre	dit Bureaus / Agencies / Statutory Bodie	es / such other entities / persons as	may be deemed necessary or appropriate of
			the processed information / data / product
	nancial Institutions / Credit Bureaus / Ag	,	agencies.
 I/We have read and under 	be issued in the operative deposit accepts to the terms & conditions governing	count. ng the usage of the Debit Card I/M	Ve accept to be bound by the said terms
			e authorize Bank of Baroda to issue a Deb
			irm that I am the sole account holder or have

- the required mandate to operate the account singly linked to the Debit Card. I/We further unconditionally and irrevocably authorize you to debit my/our account annually for Debit Card fees/charges if any stipulated by the bank.

 I/We understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulations and in the event of any failure to do so, I/We will be liable for action under the Foreign Exchange Management Act, 1999 and the amendments thereof stipulated by Reserve Bank of India from time to time.

 I/We accept Rull responsibility for my/our Debit Card and agree not to make any claims against Bank of Baroda in respect thereto.

Full Signature (in running handwriting):	, ,	·
(Sole / First Applicant)	(2 nd Applicant)	(3rd Applicant)



Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).

Name:				Account No			
Address:					ening of the A	VC:	
Pin: Email				Customer II Branch Nar			
Tel No. Mobil		Fax			:. SB / CA / C	C / OD	
I/We certify that, Mr./ Mrs./ Ms		•	-	-/-			is/are known to
me/us personally since last	mont		cupation and addres	s stated in	this application	on form for o	ppening account ar
correct to the best of my/our knowled	ge & bel	iet.					
Date:				/6	Signature of	the Introduc	201
Date.					nghature of	the introduc	JC1)
TITLE OF THE ACCOUNT							
ACCOUNT NO						BRAN	СН
OPERATING INSTRUCTIONS				<u> </u>			
		0		_		DI	
Name		Spec	cimen Signatur	9		Pno	tograph
							1.
						Rece	ent Photo
Customer ID		1					
							0
						Door	2. ent Photo
						nece	ent Prioto
Customer ID							
							3.
						Rece	ent Photo
						11000	J. 1. 1.010
Customer ID							
	L_						
Nama			Signaturo:			(S.S No:	,
Name:Bank Official in whose pre	esence s	igned	Signature:			(3.3 140	<i>)</i>
++++++++++++++++++++++			++++++++++	++++++	++++++	+++++++	+++++++++
			mination Form				
Nomination under section 45ZA to 45	ZF of the	e Banking Regulation A/c 1949	9 and 2(i) of the Ban	king Compa	anies (Nomin	ation) Rules	1985 in respect of
bank deposits.			/				
I / Wemy / our / minor's death, the amount	of the de	name	e(s) and address (es given below may be) nominate t returned by	tne tollowing / Bank of Bar	persons to v oda	vnom in the event o Branch
Deposit				ominee			Branon.
Nature Distinguishing Addition	nal	Name of Nominee	Address of No		Relationshi	p Age	If Nominee is
of No Details					with depos		minor his/her
Deposit (if any)					(if any)		date of birth #
# As the nominee is a minor on this	date I	/ We appoint Shri / Smt / Ku	ımari	ļ			l (Nam
Address, and Age) to receive the ame	ount of d	leposit on behalf of the nomine	ee in the event of my	/ / our / mind	ors death dur	ing the mino	rity of the nominee
Place:							
Date:		# Strike out i	f nominee is not a m				
@ Signature, Name and	d Addres	s of Witness	*Signati	ures / Thum	b Impression	of Deposito	rs
* Where denocit is made in the name	of a mi	nor the nomination chould be	cianad by a narcan l	awfully antit	lad to act on	hohalf of the	minor

^{*} Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).



Details of Identification documents submitted by the applicant/s.
(CARE: FOR NRI APPLICANTS COPY OF PASSPORT MUST BE SUBMITTED AS IDENTIFICATION DOCUMENT)

		Photo Identity		Address Proof Identity				
	1	2	3	1	2	3		
Type of Document								
Document Number								
Issuing Authority								
Date of Issue								
Place of issue								
Valid up to.								

Form 60 / 61 (to be filled by those who do not have PAN) Form 60	KYC IDENTIFICATION DOCUMENT TO BE SUBMITTED BY APPLICANT (Any one document from each of the following two lists subject to Bank's satisfaction)
Are you a Tax Assessee	LIST – I (Latest/ recent photo identification documents) 1. Passport (Must for NRI) 2. Driving License with photograph 3. Voter's Identity Card 4. PAN Card, Government ID Card 5. Identity Card/ Confirmation from employer 6. Letter from recognized public authority or public servant verifying the identity (photo) of customer. 7. Confirmation letter from employer / other Bank verifying therein photograph of the customer along with other things. 8. Any other document with photograph evidencing identity of the applicant/s acceptable to the Bank. (For married woman, proof of identity with her maiden name, if supported with a verified true copy of marriage certificate is acceptable as valid identity proof).
Verified atthis theday of20 Date Place: Signature of the Declarant.	LIST – II (Latest / recent documents showing address proof) 1. Passport 2. Driving License with address, Voters' Identity Card 3. Telephone Bill, Electricity Bill, Ration Card 4. Bank account statement (with address) 5. Income / Wealth Tax assessment order (with address) 6. Letter from employer / Any document of communication issued by any authority of Central / State Government or local body showing residential address. 7. Any documentary evidence in support of residential address acceptable to the Bank. 8. In case of married women address proof of the groom is acceptable

For Office Use

Sr.	Description	Name of Authorised	Signature
No		Staff	
1	Applicant interviewed & purpose ascertained by		
2	Document/s of identification/Address Proof listed above were verified with		
	original by		
3	Letter of thanks sent to A/c. holders and Introducer on		
4	Money Laundering Risk Classification		
	[]Low []Medium []High		

KYC CERTIFICATION:

I have met the account opener/s Mr./Ms.			I have verified the documents
Mr./Ms.	Mr./Ms	in person and	submitted and confirm that KYC
hereby confirm that KYC Norms are fully	complied with and further confi	rm that -	Norms are fully complied with.
i) a) The introducer has visited the bra	nch		
OR			
b) The introducer has not visited the	branch but written confirmation	obtained.	
ii) The signature of the introducer is veri	ified and his/her Account is mor	e than six months old	
and KYC Compliant.			Signature of Branch Head
			/ Joint Manager / Manager
			Specimen Signature
Signature of Head of the Department	Specimen Signature N	10	No
Date:			Date: