



PUNJAB NATIONAL BANK

ACCOUNT OPENING FORM
(For NRI Single/Joint Accounts)

<p>Photograph</p> <p><i>Please affix a recent passport size photograph</i></p>

(To be filled in by Bank)

Account No																										
Customer ID NO																										
Date / Month / Year																										

To,

PUNJAB NATIONAL BANK
Branch Office.....
Dist. No.....

Please open an account as per details below: -

Name of the Customer	1 st Applicant																								
	2 nd Applicant																								
	3 rd Applicant																								
Name of Father/Husband	1 st Applicant																								
	2 nd Applicant																								
	3 rd Applicant																								

(To be filled in capital letters)

2.

Gender	Male		Female	
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3.

Identification Mark	
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4. Type of Account (Please indicate by tick mark)

Nature of Deposit	Type of deposit*	Amount (Specify Currency)	Period (For Fixed Deposit)
Foreign Currency (Non- Resident) Account (FCNR)			
Non –Resident (External) Account (NRE)			
Non-Resident Ordinary Account(NRO)			

*Please specify the desired option such as Saving/Current/ Fixed Deposit

5. Instructions for auto renewal

Auto Renewal Required YES No <input style="width: 40px; height: 15px; margin-left: 20px;" type="checkbox"/> <input style="width: 40px; height: 15px; margin-left: 40px;" type="checkbox"/> If no, payment instructions are given at item No 14(c)	If yes, number of times it is required..... Whether for entire proceeds / Principal only, for Rs.....	Period for which auto renewal is required
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6. Passport Details

	Passport No	Date of Issue	Date of Expiry	Place of Issue	Nationality	Date of Birth
1 st Applicant						
2 nd Applicant						
3 rd Applicant						

(ii) In case of introduction, given by Indian Embassy/High Commission/Consulate/Notary Public etc, a communication (in duplicate) shall be sent thanking them for introducing the customer, and also for returning one copy of the communication, to ascertain the authenticity of the attestation of signatures.

17. Nomination

Nomination required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please fill in the following particulars
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FORM DA-1-Nomination under section 45 ZA of the Banking Regulation Act 1949 and rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits.

I/We (Name (s) and address (es), nominate the following person to whom, in the event of my/our /minor's death, the amount of deposit, particulars whereof, are given below, may be returned by (name and address of branch / office in which deposit is held)

Deposit			Nominee				
Nature of	Distinguishing No	Addition al details, if any	Name	Address	Relationship With depositor, if any	Age	If nominee Is a minor, his date of birth

As the nominee is a minor on this date, I/We appoint Mr./Mrs./Ms.....(name, address and age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place.....

Date.....

Signature(s)/thumb impression (s) of depositor(s)

Name (s), Signature (s), and Address (es) of witness (es)

18. FOR OFFICE USE

(i)

ATM CUM DEBIT CARD NO			
Date of Issue			
Customer's Classification			

(ii)

	Introducer's Signature Verified by	Customer's Signature attested by	Creation of Customer Master Data Authorised by	Customer's classification confirmed & Account opened by
Name				
GBPA No				
Date				
Signature				