

10. Proof of Identity /Address (Please fill the appropriate Box and give details) *

IDENTITY / ADDRESS PROOF		1st/Prime Holder	2nd/ Joint Holder	3rd/ Joint Holder
PAN/ TAN/ GST NO.		Reference Number	Reference Number	Reference Number
AADHAR		Reference Number	Reference Number	Reference Number
VOTER ID		Reference Number	Reference Number	Reference Number
DRIVING LICENCE		Reference Number	Reference Number	Reference Number
PASSPORT		Reference Number	Reference Number	Reference Number
MGNREGA JOB CARD		Reference Number	Reference Number	Reference Number
ELECTRICITY /WATER /GAS/ MOBILE/ CREDIT CARD BILL etc.		Reference Number	Reference Number	Reference Number
ANY OTHER		Reference Number	Reference Number	Reference Number

If PAN is not submitted, submit Form 60- Annexure (I) (Refer Page No. -4) UDYOG Aadhar / UDYAM Number :

	Educational Qualification	Occupation	Monthly Income	Net Worth	Relationship with 1 st Holder	No. of Dependant	Politically Expose Person (Yes /No)	Employer/ Business Details
1								
2								
3								

11. Services Required

Mobile Number (This Mobile no. will be registered in the bank for notifications.)*

I. ATM-CUM-DEBIT CARD **Name as would appear on the card**

1st Applicant ☐ Yes ☐ No

2nd Applicant ☐ Yes ☐ No

V. Internet Banking ☐ Yes ☐ No If yes, transaction rights required **1st Applicant** ☐ Yes ☐ No **2nd Applicant** ☐ Yes ☐ No

VI. Cheque Book (Only for eligible accounts) ☐ Yes ☐ No VII. e-statement (at monthly intervals), in lieu of paper copy: ☐ Yes ☐ No

VIII. AePS Services (Debit Transaction) ☐ Yes ☐ No

II. SMS Alert (Charges Applicable) ☐ Yes ☐ No

III. Mobile Banking ☐ Yes ☐ No

IV. Passbook Required (SB) ☐ Yes ☐ No

12. Fixed Deposit: For the following products/facilities, please furnish options/details:

☐ Term Deposit ☐ Term Deposit (Reinvestment) ☐ Annually Deposit ☐ Tax Saving Scheme ☐ Cap Gain (TDR)

Amount Rs Amount In words Rs Period : years(s) month(s) days

Amount Deposited from : ☐ By Cash ☐ By Cheque/DD ☐ By Transfer from A/c No.

Interest Payable Frequency : ☐ Monthly ☐ Quarterly ☐ Maturity

Maturity instruction ☐ Auto renew* principal & payback interest ☐ Auto renew* principal & interest ☐ Pay principal & interest ☐ Auto renew* with part amount for Rs.

* (Auto Renewal will be done for the similar term at the prevailing interest rate on the date of renewal.)

Payment instruction (Maturity Proceeds / Residual amount): ☐ Credit in A/c No. ☐ Cheque/DD

13. MULTI-OPTION DEPOSIT SCHEME / AUTO SWEEP

Type of Deposit ☐ Term Deposit ☐ Term Deposit (Reinvestment) Period of deposit : years(s) month(s) days

I/We hereby give consent for debiting my/ our Savings Bank/ Current Account for creating MODS/AUTO SWEEP as per the Terms and Conditions.

Linked Saving Bank/Current Account No.

(Under reverse sweep facility for breaking the MOD/AUTO SWEEP, "Last in first out" will be the default option.)

14. ☐ RECURRING DEPOSITS ☐ FLEXI DEPOSITS

☐ Monthly / Core Monthly installment: Rs. Rs. (In words) Period: Years: Month(s)

☐ Standing instruction (if any) Debit Account No.

☐ On Maturity, credit proceeds automatically to Account No.

DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION (For point No. 12, 13, 14)

☐ I/We undertake that in case of term deposits with operating instructions 'Either or Survivor', or 'Former or Survivor' in line with the operating instructions of the application-cum-deposit slip, premature termination/payment will be allowed to the survivor in event of the death of the either of the depositors or former as the case may be on submission of the death certificate of the deceased depositors along with application without obtaining consent of the legal heirs of the deceased depositors. (In case of joint accounts, income tax provision will be applicable to primary/ first account holder only.)

☐ For the above Term Deposit Account, please deduct applicable TDS from (SB/CA Account No.)

Place :

Date :

Specimen Signature / Thumb Impression

Specimen Signature / Thumb Impression

Specimen Signature / Thumb Impression

FORM DA-1 (Nomination Form)

Type of Deposit: Account Number: Registration No.

Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules 1985 in respect of Bank Deposits.

I/We nominate the following person to whom in the event of my/minor's death the amount of this deposit, particulars of which are given below, may be returned by the Punjab & Sind Bank, (Name & address of the branch /office in which the deposit is held.)

☐ I/We want the name of the nominee to be printed on the passbook

Details of Nominee

Name:

Mobile Number of the Nominee E-mail ID :

Relationship with the depositor..... Age.....Years Date of Birth of nominee(in case of minor) d d m m y y y y

As the nominee is a minor on this date, I appoint Shri/Smt/Kum..... Age Years

Address.....to receive the amount of deposit on behalf of the nominee in the event of my/minor's death during the minority of the nominee

Signature of the first witness

Name: Signature:

Address

Signature of the second witness

Name: Signature:

Address

(Witnesses are required only in case, applicant is illiterate and if affixing thumb impression)

Date

Place

☐ I/We do not want to nominate any person in this account

.....

Specimen Signature / Thumb Impression

.....

Specimen Signature / Thumb Impression

.....

Specimen Signature / Thumb Impression

FATCA DECLARATION FORM

Place / City of Birth* : Country of Birth : Country of Tax Residence :

Tax Identification No. or equivalent if issued by Jurisdiction Identification Type (TIN or Other, Please specify).....

Address*

City/Village* District* State*

Country Name* Zip/Postal Code*

Date : Place :

Signature :

DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION

1. I/We have read the copy of Terms and Conditions of the Account Opening given to me/us. The Terms and Conditions have been explained to me/us and having understood, I/we accept the same.

2. I hereby declare that I do not maintain a Basic Savings Bank Deposit Account (BSBDA) with any other Bank/Branch (Applicable in case of BSBD Account)

3. I/We hereby give consent for debiting my/our account for recovering service charges as normally applicable to Savings Bank and Current Account.

4. I hereby declare that I have submitted the Aadhaar Card issued by UIDAI voluntarily for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002

5. I hereby consent that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric/ OTP authentication to the Bank. ☐ YES ☐ NO (E-KYC authentication & Aadhar seeding is mandatory for availing DBT benefits)

6. (In case of Minor Accounts)

I hereby declare that date of birth of the minor who is my is and I am his/her natural and lawful guardian/guardian appointed by court order dated..... (copy enclosed) I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account).

7. (Only for Foreign Nationals)

Passport No. Issued Date Expiry Date

Visa Details Issued By Issued Date Expiry Date

Place :

Date :

.....

Specimen Signature / Thumb Impression

.....

Specimen Signature / Thumb Impression

.....

Specimen Signature / Thumb Impression

FOR OFFICE USE /ATTESTATION ☐ Documents received ☐ Self certified ☐ True copies ☐ Notary

Whether self-certification & documents received as part of account opening process have been verified and found correct YES/NO

(Branch to proceed with opening only when certification is (YES))

Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Depositor is : ☐ General ☐ Illiterate ☐ Blind ☐ Staff Risk Category:* ☐ High ☐ Medium ☐ Low

Details of one or two identification marks, if any, such as a mole or scar (mandatory for illiterate applicant)

In person verification carried out and Signature/LTI of the applicant verified by:

Official Name : Designation : P.F. No. : Signature : Date :

NOMINATION
ACKNOWLEDGMENT OVERLEAF

IMPORTANT TERM AND CONDITIONS FOR OPENING INDIVIDUAL BANK ACCOUNTS

1. By opening this account, I/We agree to follow the Bank's rules and regulations, including those regarding services like debit card, internet banking, and mobile banking. I/We understand that these rules may change and that I/We will be bound by the updated terms.
2. For accounts opened using Aadhaar details, I/We declare that I/We have submitted my/our Aadhaar Card voluntarily for identification and address proof as per KYC norms. I/We authorize the Bank to verify my/our Aadhaar details with UIDAI and seed this account for Direct Benefit Transfer (DBT) including LPG subsidy.
3. I/We confirm that I/We am/are legally eligible to open and maintain this account and am not prohibited or restricted by any applicable laws or regulations. I/We give consent to my/our KYC details being shared with Central KYC registry or other competent authorities and agree to receive information from the Bank through SMS/email.
4. I/We certify that I/We have declared my/our status as per the Income Tax Act and RBI guidelines & I/We authorize the Bank to report details of my/our account(s) to comply with FATCA, CRS, and other similar arrangements. I/We certify that the information provided by me/us for opening of this account is true, correct, and complete. I/We understand that withholding material information may have consequences.
5. I/We undertake to immediately inform the Bank of any changes in my/our information and provide updated self-certification and documents as required & I/We agree that failure to disclose material facts/information may lead to restrictions or closure of my/our account & I/We agree to provide any other particulars required due to changes in laws.
6. I/We indemnify the Bank against any loss or damage caused by incorrect information provided by me/us. I/We agree to submit updated KYC documents at periodic intervals as required by the Bank & I/We understand that my/our account will be activated only after completion of KYC by the Bank. I/We undertake to submit PAN if the account is opened without it, as per PMLA Rules 2005.
7. I/We agree to submit Aadhaar or other OVD with current address within 3 months if deemed OVDs are submitted at the time of account opening. I/We acknowledge receipt of the Welcome Kit and understand that the Bank is not liable for any loss/damage due to misuse/misplacement of its contents.
8. I/We have been informed about the Bank's Service Charge guidelines including Average Monthly/Quarterly Balance (AMB/AQB) requirement and understand that it is subject to revision.
9. I/We understand that not providing my mobile number will make me ineligible for electronic transactions. For accounts opened for credit of Social Welfare Benefits, I understand that maintaining AMB is required if I/We switch to a Regular Savings Bank account.
10. For accounts opened in the name of minors, I/We understand that AMB requirements and penalties for non-maintenance will apply once the minor becomes a major. I/We declare that the information provided is true and correct to the best of my knowledge and belief, and I will inform the Bank of any changes immediately & I/We confirm that the product features of the account have been explained to me.
11. I/We confirm that there exists no customer ID in my personal name in the bank. However if it is found, Bank is authorized either to use the existing Cust Id or merge the same with new Cust ID.

Know Your Customer Guidelines: To open a Savings Bank Account, individuals must fulfil account opening requirements and agree to comply with the Bank's rules. Proof of identity and address is required. **Nomination & Survivorship Facility:** Account holders are advised to nominate a beneficiary for smooth settlement of claims by legal heirs in unforeseen circumstances. Joint accounts with survivorship benefits can be operated by the survivor. **Types of Accounts, Balance Stipulation & Service Charges:** Accounts can be opened with or without a cheque book. Current monthly average balances and charges for non-maintenance are available on the Bank's website, contact centre, and branches. There is no ceiling on the maximum balance. **Minor Accounts:** Minors over ten years old who can adhere to a uniform signature can open accounts in their name. They may also open joint accounts with guardians. **How to Open an Account:** Applicants should visit the Bank in person to complete the account opening formalities. They need to fill and sign the application form, submit KYC documents, declarations as applicable, and provide passport size photographs. Alternatively, they can apply online. Signatures should be legible and match the specimen recorded with the Bank. **Passbook:** Account holders should keep their pass book and cheque book safe. Deposits can be made without the pass book. Pass books should be updated regularly. **Cheque Book:** The Bank issues the first cheque book after completing all formalities. Additional cheque books can be requested subject to charges. Cheques must be written legibly. Stop payment instructions can be registered for a service charge. **General Rules:** A Savings Bank account is meant for saving and should not be used as a Current Account. The Bank may close an account if it suspects it has been misused. **Deposits:** No restrictions on cash deposits at Home/ non-Home branches. Cheques or drafts must be in favour of the account holder. No drawings against accepted instruments until they are realized. **Withdrawals:** Withdrawals can be made personally using the Bank's standard withdrawal form. The passbook must accompany the form. ATM cum Debit cards can also be used for withdrawals. Minimum withdrawal amount is Rs.50. No third-party payments allowed through withdrawal forms. **Overdrafts:** Overdrafts in Savings Bank accounts allowed under exceptional circumstances with prior arrangements only. Cheques drawn in excess of the balance will be returned unpaid, with a service charge. **Inoperative Accounts:** Accounts not operated for 24 months are classified as Inoperative/Dormant. **Service Charges:** Service charges apply as per Bank's website/branches. For latest/revised Service Charges, please visit Bank's website www.punjabandsindbank.co.in and/or branches. **Standing Instructions:** Account holders can use standing instructions for periodic payments subject to service charges. **Payment of Interest:** Interest is calculated on a daily product basis and credited to the account quarterly. Interest paid only if it works out to Rs. 1/- or more. **Transfer & Closure of Account:** Accounts can be transferred between branches upon request. Closure requests must state the reason and be accompanied by the passbook. Joint accounts can only be closed with all joint signatories' consent. **Change in Rules:** Bank reserves the right to change rules and service charges, with notification through its website (www.punjabandsindbank.co.in) or branch notice. **Features of BSBD Accounts:** (i) The deposit of cash at bank branches as well as ATMs/CDMs. (ii) Receipt/credit of money through electronic channels or deposit/collection of cheques drawn by Central/State Government agencies and departments. (iii) No limit on the number and value of deposits in a month subject to prescribed cumulative ceiling limit in a year by the Regulator/Bank. (iv) Minimum four withdrawals including ATM withdrawals. (v) ATM-cum-Debit Card Available.

Place :

Date :

Specimen Signature / Thumb Impression

Specimen Signature / Thumb Impression

Specimen Signature / Thumb Impression

Form 60/61 (to be filled by those who do not have PAN)

Annexure -I

Form 60

Are you a tax Assessee Yes /No if yes

a) details of ward / circle / range where the last return

of income was filled:

b) Reason for not having PAN no.

Form 61

To filled by person who has only agriculture income and no other income chargeable to income tax.

I here by declared that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

Verification

I do here by declare that what is stated is true to the best my knowledge and belief. Verified at this the day of 20

Date : Place :

Signature of Declarant :

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ACKNOWLEDGEMENT DA - 1

We acknowledge receipt of nomination made by you in favour of:

Name of the Nominee: Age: Years:

With respect to your Account Number

Registration No.

Date:

Yours faithfully

Signature of Bank Official with Seal

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