F.No.25/09/2012-BO.II Government of India Ministry of Finance Department of Financial Services

3rd Floor, Jeevan Deep Building, Parliament Street, New Delhi Dated the 19th July, 2012

Τo,

The Chief Executives of All Public Sector Banks

Subject: - Simplified Uniform Savings Bank Account Opening Form.

Sir,

To facilitate opening of bank account by migrant labour, street hawkers, and other poorer sections of the society so as to achieve the stated objective of universal financial inclusion, a sub-Group of senior officers of some select PSBs was formed to suggest a simplified uniform account opening form. IBA was requested to coordinate the efforts in this regard. The IBA and the sub-Group have since finalised the **"Simplified Uniform Savings Bank Account Opening Form"** for all the PSBs, as in **ANNEX.** The Form also contains **a detailed list of KYC documents** which can be used for opening of bank account by individuals.

2. Chief Executives of all the PSBs are requested to kindly put in use this "Simplified Uniform Savings Bank Account Opening Form" in all their branches immediately.

3. This has the approval of **Secretary (FS).**

Yours faithfully,

(D. D. Maheshwari) Under Secretary to the Government of India Tel.No.011-23748750

Copy alongwith a copy of the revised form to -

Chairman, Indian Banks' Association, Mumbai - with the request that this Form may kindly be circulated among all member banks for their adoption / implementation for opening of accounts.

No.RB/kyc&aml/UAOF/6312

July 20, 2012

The Chief Executives of All the Member Banks

Dear Sir/Madam,

Simplified Uniform Savings Bank Account Opening Form

Department of Financial Services (DFS), Ministry of Finance, Government of India had formed a Working Group to suggest a simplified uniform account opening form.

DFS vide their communication F.No.25/09/2012-BO.II dated July 19, 2012 have forwarded to us the "Simplified Uniform Savings Bank Account Opening Form" submitted by the Working Group along with a detailed list of KYC documents which can be used for opening of bank accounts by individuals. A copy of the same is enclosed for your information and necessary action.

Yours faithfully,

K Unnikrishnan Deputy Chief Executive

Encl:A/a

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SAVING BANK ACCOUNT OPENING FORM

For Bank Use Only	
Name & Code of the Branch	
Cust ID	Affix
A/C No.	Passport size Photo
FOR SMALL ACCOUNT]	
Name in (Mr/Ms)	Full
Father/	
Husband/Guardia IIIIIIIIIIIIIIIIIIIIIIII n Name	
Residential address:	
/o	
ouse No. and name :	
Street No. and name	mark
'illage /City District	
State	
Pincode	
Telephone/Landline Mobile No.	
Sex : [DDM]* Date of Birth: [DDM]*	
a) Occupation [DDM] * (b) Category- [[DDM] *	
KYC Documents Provided [DDM]*	
Nomination Required [DDM]*	
Request for ATM Debit Card : [DDM]*; SMS Alert : [DDM]*	
Introduction [if applicable]: Jame of the Control Customer ID Cust	introducer

I know Shri/Smt	for the past	Years/months. He/she is residing at the
address given above.		
Date : Signa	ature of the introducer	
		(Name, SS No & Signature of the
verifying Branch official) Please open a Savings	Bank account in the name of Mr./Ms	(first/sole
applicant) and Mr	./Ms(second	Applicant)**. The Saving Bank rules and
	ng those relating to Small Account have b An additional photograph of sole/each appl	een explained to me/us and I/we agree to
ablue by the same.		
Data		
Date:		
Place:		le Applicant Signature/Thumb
Impression of second Ap	Name & No. of BC/BF.	
	Name & No. of Berbit.	
Correspondent/Facilitator	Signature of Bu	siness
Correspondent/Facilitator	Name, SS No &	Signature of the verifying Branch
official	_	
* DDM - Drop Do		
** The Joint Accou	int holder (i.e. second applicant) shall fi	l up a supplementary Form.
SAVING BANK	ACCOUNT OPENING FORM -	ADDITIONAL INFORMATION
	[For full KYC Complia	
1. Mode of Op		
2. PAN /GIR N	IO./FORM 60/61	· · · · · · · · · · · · · · · · · · ·
2 Incomo Dor		
3. Income Per	annum [DDM]	
4. Educational	Qualification [DDM]	
· · · · · · · · · · · · · · · · · · ·		
5. Email ID		
6. KYC Docum	nent : Identification Proof :[DDN	1] Address Proof : [DDM]
7. Request for	add on:-	
S.N		Vee Ale
1	e-Statement of Account	Yes/No
2.	Cheque Book	Yes/No
3.	Mobile Banking	Yes/No
4	Internet Baking	Yes/No
5.	Credit Card	Yes/No

6. Others Yes/No	
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8. Additional Information for Cross Selling

I would like to also avail:-

S.NO.	Product	
1	Housing Loan	Yes/No
2.	Vehicle Loan	Yes/No
3.	Mutual Fund	Yes/No
4.	Life/General INsurance	Yes/No
5.	Pension	Yes/No
6.	Others	Yes/No

I/we understand that a booklet on the Banking Codes & Standards Board of India Code(BCSBI) posted on your website shall be provided to me on demand. Terms & Conditions:

I/we confirm having received, read and understood (a) the accounts rules and hereby agree to be bound by the terms & conditions outlined in these rules which governs the account(s) which I/we am/are opening/will open and (b) amendments to the rules made from time to time and those relating to various services availed by me/us when displayed by the Bank on its notice board or on its website and those relating to various services offered by the Bank including but not limited to debit card, credit card, internet banking mobile banking and other facilities listed in this form. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time.

Date:		

Place:	Signature/Thumb Impression of first/sole Applicant	5
Impression of second Ap	plicant	

Signature/Thumb

Branch Office.....

FORM DA-1: NOMINATION

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits, I/ We (Name(s)) <u>-</u>

F	₹/c)

nominate the following person to whom in the event of my/our/ minor's death, the amount of deposit in the account may be returned by Swabhiman Bank, Branch Office_____

	DEPOSIT			NO	MINEE		
Nature of Account	Account No.	Additional Details, if any	Name	Address	Relationship with depositor, if any	Age	Date of birth

* As the nominee is minor on this date, I/we appoint

Age	
Address	

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

Place:_

Date:_

depositors

Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

*Strike out if nominee is not a minor

WITNESSES

Name & Signature of the first witnesses	Name & Signature of second witnesses
Name	Name
Signature:	Signature:
Address:	Address:
Place:	Place:
Date:	Date:
Telephone No	Telephone No

@ Signature(s) / #Thumb impression(s) of

#Thumb impression(s) shall be attested by two witnesses; otherwise it shall be attested by one

witness..... NOMINATION REGISTERED

The above	mentioned nomination is registered at serial no	in respect of (Type of
Account.)	Deposit Account No	······································

Date___

For

(Authorised Official) SS No.

ACCOUNTS OF INDIVIDUALS : LIST OF KYC DOCUMNETS

(one document from each list)

<u></u>	
LIST I	LIST 2
Documents accepted as proof of identity	Documents accepted as proof of residence

$1 \\ 2$								
2	1 Passport			Ration Card				
	2 PAN card			Electricity Bill				
3 Voter's Identity Card			3	Telephone Bill				
4 Driving licence		4	Bank account statement					
5 Job card issued by NREGA duly signed by an officer of the State		5	Letter from employer (to the satisfaction of the Bank)					
-	Government(For Small Accounts)		6	Letter from any recognized public authority (to the satisfaction of	f the			
6	The letter issued by UIDAI containing details of name, address and a	Aadhaar	0	Bank)	i uic			
0	• •	Additadi	7					
7				Credit Card Statement- not more than 3 months old				
7	Identity card (subject to the bank's satisfaction)		8	Income/Wealth Tax Assessment Order				
8	Letter from a recognized public authority or public servant verify	ying the	9	Letter from Public Sector employer				
	identity and residence of the customer to the satisfaction of bank.		10	Letter from any recognized public authority having prope	er and			
9	Government/Defence ID card			verifiable record of issuance of such certificates.				
10	ID cards of reputed Public Sector employers		11	Voter ID Card (only if it contains the current address)				
11	Pension Payment Orders issued to the retired employees by Cent	tral/State	12	Pension Payment Orders issued to retired employees by Gover	mment			
	Government Departments, Public Sector Undertakings			Departments/Public Sector Undertakings, if they contain c				
12	Photo ID cards issued by Post Offices			address.	Junent			
			12		/1			
13			13	Copies of Registered Leave & License agreement/Sale Deed	/Lease			
	by the University Grants Commission (UGC) and/or an Institute a	approved		Agreement.				
	by All India Council for Technical Education (AICTE).		14	Certificate and also proof of residence, incorporating local addr				
14	Photo identity issued by any public authority having proper re	ecord of		well as permanent address, issued by the Hostel Warden of	of the			
	issuance of identity proof which is verifiable from records			University/Institute, where the student resides, duly countersign	ned by			
15	Ex-Servicemen Card with photograph			the Registrar/Principal/Dean of Student Welfare. Such accounts				
16	Bar Council/Medical Association/ICAI/ICWAI/ICSI Card with photo	tograph		however, be required to be closed on completion of education/le				
				*	-			
17	Student Identity Card with photo issued by reputed colleges with	vanuity		the University/Institute provided the constituent does not give any	y other			
10	during the course period.			acceptable proof of residence to the Bank.				
18	Defense Dependent's Card with photograph'		15	For students residing with relatives, address proof of relatives,	0			
19	Married woman identity proof with maiden name, if supported	l with a		with their identity proof, can also be accepted provided declarate	tion is			
	verified true copy of marriage certificate			given by the relative that the student is related to him/her and is s	staying			
20	Credit card with photo together with statement of such card, not m	nore than		with him/her.				
	three months old.		16	In respect of officials of Central/State Governments and Public	Sector			
21			10	undertakings, who are low risk customers for Bank, Branch Head				
				verify the photo/identity and confirm residential address of				
23		ament of		officials from independently verifiable sources, to their satisfaction				
	India with photograph of applicant.			permit opening of accounts. This facility is extended only				
24	Employee State Insurance Card (ESIC) with photograph supported	by latest		Gazetted officers of Central/State Government and Senior M				
	month's pay slip			and above functionaries of Public Sector Undertakings.				
25	Talati / Patwari (a local govt. official) attestation by way of putting	g rubber	17	Latest telephone bills from any telephone service providers and r	mobile			
stamp and signature. Gram Sarpanch / Mukhiya attestation by				service providers not more than 2 month old, postpaid.				
	putting rubber stamp and signature (For Small Accounts)	way or	18	Consumer gas connection card/book/Pipe gas bill				
	putting tubber stamp and signature (i or small Accounts)		19	Certificate from ward/equivalent rank officer, maintaining election	on roll			
			19					
			20	certifying address of the applicant				
			20	Post Office Savings Pass Book				
				Domicile Certificate with communication address and photograph				
			21 22	Domicile Certificate with communication address and photograph Certificate by Village Extension Officer (VEO) / Village Head or				
					r equal			
NO	TE: If passport having current address is given as proof of i	identity.		Certificate by Village Extension Officer (VEO) / Village Head or or higher rank officer. Branch to confirm the authenticity	r equal of the			
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	VERIFICATION	
I,	, do hereby declare that what is stated above is true to the best of my I	knowledge and belief. Verified today, the
	day of,	-
Date:	Place:	Signature of the declarant

SAVING BANK ACCOUNT OPENING FORM(supplementary form for second applicant)

For Bank Use Only			
Name & Code of the Bran	nch		
Cust ID			Affix
A/C No.			Passport
			size Photo
Name in (Mr/Ms)			Full
(second			
applicant)			
Father/			
Husband/Guardia			
Residential address:			
Residential address:			
C/o			
House No. and name :			
Street No. and name			
		Land	mark
/illage /City District			
	<u> </u>	Chaba	
		State	
	Pincode		
Telephone/Landline		Mobile No.	
Sex : [DDM]*		Date of Birth: [DDM]*	
a) Occupation	[DDM] * (b)	Category- [[DDM] *	
KYC Documents Provided	d [DDM]*		

Signature/Thumb Impression of second

Applicant	Signature/ mumb impression of second							
	Name & No. of BC/BF.							
Correspondent/Facilitator								

official___

Name, SS No & Signature of the verifying Branch

* DDM - Drop Down Menu