



Photograph

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

FINANCIAL INCLUSION-ACCOUNT OPENING FORM

Name : Address : Signature :

Reference No	Date	·			Accou	nt 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]									/illage/ገ nsus 20		1								
Applicant Details:																			
Full Name (In Capital Letters)	Mr./Mrs./Ms.				First	t	_	ddle		_	Last Name								
Marital Status	Marrie	d/Singl	е				Gend	er			Ν	Лale	/Fer	nale					
Name of Spouse							No. o	f Dep	enden	ts:									
Name of Father																			
Address	City								State	;						Р	in C	ode	
Nationality :							Reli	gion:	Hindu	/Mus	slim	/Sik	h/Ch	risti	an/o	ther	s		
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 B	irth d		d		m	m		У	У	У	У
Aadhaar/ EID No.										\top	Т	\neg			\neg				
PAN /GIR No.																			
Voter ID No; If available							MNF	REGA	JOB	CAF	RD I	NO:							
Occupation/Profession	Agricu	ılture/S	ervice	e/Hou	usewife	/Bus	iness/S	alarie	d/Retir	ed/S	Stud	ent	Othe	ers					
Annual Income (✓)	Up to Rs.60000/- 60001/- to					o 1.5 lakh													
Detail of Assets	Owning House: Y/N Owning Farm: Y/N					No. of Animals : Any other :													
Existing Bank A/c of family members/household	١	/N			If yes E	Bank	A/c No.										_		
Kisan Credit Card	Whe	ther Eli	gible	١	//N		If alr	eady	Issued	j ;		Y	/N						
I request you to issue me a R	upay De	bit Car	d.																
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 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:					D	ate:						Sig	natu	re/L	TI/R	TI o	f Ap	plic	ant
Name & Signature of witness	(In case	of illite	ate/b	lind /	Applica	nt)													

Nomination:				
I want to nominate as	under			
Name of Nominee	Relationship	Age	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's death during the minority of nominee.

Name of Nominee	Relations	ship	Age	Date of Birth in case of minor		half of the r	e of minor to receive the amount of nominee in the event of my /minor's f nominee.				
Place:					1						
Date:											
Г							Signature / L	TI/RTI of Applicant			
WITNESS IN CASE O	F NOMINA	TION (F	OR T	HUMB IMPRE	SSION ONLY)						
Name & signature of			Name & signature of the second witness								
Name :			Name :	Name :							
Address:			Address:								
Signature :					Signature :						
oignature :					Olgilature						
To be filled only by the	nose who d	do not h	nave e	ither PAN/GII	R: (Select appro	priate Form	1)				
Form No. 60			Form No. 61		,						
To be filled by persor			To be filled by a person who has agricultural income and is								
1. Are you assessed to tax? Yes No					not in receipt	not in receipt of any other income chargeable to income tax					
If yes (i) Details of Ward/Circle/Range where the last return of income was filed					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											
I	Ido hereby declare that what is stated is true to the best of my knowledge and belief.										
Place:											
Date:							Sig	nature of declarant			
Specimen											
Signature /											
Thumb Impression of The											
Customer											
Г				(For O	fficial Use)						
Risk Category of Acco	unt:	High F	Risk [Medium Risk [Low Risk				
			Nam	ne	Signatur	re e	GBPA/ PF NO	DATE			
Rupay Debit Card Issu	ued										
Signature Verified											
Account Verified											
Registration of Nomina	ation										
	•			,			For Punja	o National Bank			
							(Aut	horized Official)			
						Nome					
						ivaille					
						GBPA No	0				

Aadhaar details to a	authenticate me m desirous of re	umber issued by UIDAI from UIDAI by using m ceiving entitled benefits account directly.	y biometrics for the pur	pose of Bank account.	•
Date:					
Place:		Signature of declarant			
For Official Use:					
Specimen Signature / Thumb impression of the customer			Pf	notograph	
	Name	Signature	GBPA / PF No	Date	
Rupay Debit Card issued					
Signature Verified					
Account Verified					

Name_____GBPA No_____

Declaration/Undertaking

Registration of Nomination

Punjab National Bank

(Authorized Official)