

FORM-1

(Application for Opening an Account)

TO
The Manager
.....

Paste photograph of Applicant

.....
Sir,

I/We(Applicant/s) hereby apply for opening of an account under Senior Citizens' Savings Scheme in your Bank.

I/We tender herewith Rs...../(Rs.....)

in cash/Cheque/DD. No..... date..... as initial deposit. My/our particulars are as under:-

1. Name of First Account holder

Husband/Father /mother's name or Guardian appointed by Court

Date of Birth
(DD / MM / YYYY)

(Inwords).....

2. Name of Second Account holder (spouse only)

Husband/Father /mother's name

Date of Birth
(DD / MM / YYYY)

(Inwords).....

3. Aadhaar Number

(a) of first account holder -

(b) of second account holder -

4. Permanent Account Number (PAN)

(a) of first account holder -

(b) of second account holder -

5. Present Address -

Permanent Address-

6. Contact details -

Telephone Number.....

Mobile Number..... Email ID.....

7. Type of Account - Single or Joint

8. Details of proof of date of Birth of account holder/s -

a) Certificate No. -

b) Date of Issue -

c) Issuing authority -

9. Details of other KYC documents attached

1. Proof of identification

2. Address proof

(The following documents are accepted as valid documents for the purpose of identification and address proof:

1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by NREGA signed by the State Government officer
5. Letter issued by the National Population Register containing details of name and address:

1. Specimen Signatures

1..... 2..... 3.....
(Name).....
1..... 2..... 3.....
(Name).....

I declare that I/we are resident citizen of India and undertake to inform the account office of any change in our residency/citizenship status in future.

I hereby undertake to abide by the scheme provisions and Government Savings Promotion Rules, 2018 applicable on the Scheme and amendments issued thereto from time to time.

Details of my/our other accounts under the Scheme are as under:

S.No.	Name of Scheme	Date of Opening of Account	Amount Deposited	Customer Identification Number	Account Number	Name of post office/Bank

Signature or thumb impression of guardian

Date:.....

Nomination

10. I/we.....hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in.....(Name of Scheme) at the time of my death would be payable.

S.No.	Name (s) of the nominee (s) and relationship	Full address (s)	Aadhaar number of nominee (optional)	Date of birth of nominee incase of minor	Share of entitlement	Nature of entitlement Trustee or Owner

As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....
.....Address.....
.....to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

1. Signature of witness

.....
Name & Address
.....

2. Signature of witness

.....
Name & Address
.....

Signature or thumb impression of account holder/s

Place: -

Date: -

For use of Bank

The account has been opened in the name of.....on.....with initial deposit Rs.....under.....(name of the scheme) vide Account No.....dated.....
Customer Identification Number.....
Nomination has been registered vide no.dated.....

Signature and Seal of Competent Authority