

FORM-1

(Application for opening an account)

To The Manager		Paste Photograph of Applicant/s		
Sir, I/We(account holder(s)/guar	dian) hereby apply for oper			
Kisan Vikas Patra Scheme in your Bank.				
I/We tender herewith Rs/-(Rs/-)		
in cash/Cheque/DD. No date as i	nitial deposit. My/our partic	ulars are as under:-		
Name of First Depositor Husband/Father/mother's name or guardian appointed by Date of Birth				
	(DD/MM/YYYY)			
	(In words)			
II 1 1/D 1 / d 2	(DD / MM / YYYY) (In words)			
3. Name of Third Depositor Husband/Father /mother's name Date of Birth				
4. Name of minor person of unsound mind account holder				
Father/mother/guardian's name Date of Birth	(DD / M (In words)			
5. Aadhaar Number of account holder(s)				
6. Permanent Account Number (PAN) of account holder(s)			
7. Present Address Permanent Address				
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8. Contact details	
Telephone Number	
Mobile Number	
	EmailID
9. Type of Account	Single or Joint or through Guardian for Minor or person of unsound mind or blind or differently abled through authorized person.
10. (*)Details of date of birth of minor (Applicable in case of minor account) a) Certificate No.	
b) Date of Issue	
c) Issuing authority	
11. (*) Name of guardian (natural/legal) (In case the account is opened on behalf of minor/person of unsound mind)	a
12. Details of other KYC documents attached	ed
1. Proof of identification	
2. Address proof	
The following documents are accepted as or	fficially valid documents for the purpose of identification
	cense 3. Voter's ID card 4. Job card issued by NREGA cetter issued by the National Population Register
13. The operation of the account will be:-	(a) By all the holders together or the survivingholder/s.
(In case of joint account)	(b) By either of the holder/s, or the surviving depositor/s,
14. My/our specimen signatures	
12	
(Name)	
12	3
(Name)	
12	3
(Name)	
12	3
(Name)	
I hereby undertake to abide by the sche 2018 applicable on the Scheme and amendr	eme provisions and Government Savings Promotion rules- ments issued thereto from time to time.
Date	

Signature or thumb impression of account holder(s)/guardian

Nomination

16. 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 Kisan Vikas Patra Scheme at the time of my death would be payable.								
Name (S) nominee(s)	of the and	Full address (s)	Aadhaar number Of	Date of birth of nominee incase of minor	Share of entitlement	Nature entitlement (Trustee		
relationship			rvoniniee(optionar)	or minor		owner)		
As the nominee(s) at Serial No.(s)specified above is/are minor(s), I								
appoint								
nt/Kumari			S/o,D	0/o,W/o				
		Address						
under the said account in the event of my death during the minority of the nominee(s).								
1. Signature of witness								
Name and Address								
2. Signature of witness								
Name and Address								
Signature or thumb impression of account holder(s)/guardian Place:								
Date: For use of Post Office/Bank								
count has been	n opened i	in the name of		on	w	rith		
eposit of Rs			under		(r	name of		
eme) vide Acc	ount No		dated			·		
Customer identification Number								
Nomination has been registered vide Nodateddated								
	Name (S) nominee(s) relationship nominee(s) at nt/Kumari ne said account ature of witnes ature of witnes and Address ature of witnes ature of witn	Name (S) of the nominee(s) and relationship nominee(s) at Serial No. ne said account in the evature of witness	Name (S) of the nominee(s) and relationship nominee(s) at Serial No.(s)	Name (S) of the nominee(s) and relationship Name (S) of the nominee(s) and relationship Nominee(s) and relationship Nominee(s) at Serial No.(s)	Name (S) of the nominee(s) and (s)	Name (S) of the nominee(s) and relationship Name (S) of the nominee(s) and relationship Nominee(optional) Nominee(optional) Nominee(s) at Serial No.(s)		

Signature and seal of competent authority.

of

or