

**ACCOUNT OPENING FORM FOR INDIVIDUALS/SOLE PROPRIETOR**

(To be filled in by Bank)

Branch Name _____

Account No.																			
Customer ID																			
Date / Month / Year																			

Customer Signature Scanning Area

<div style="border: 1px solid black; padding: 10px; width: 80%; margin: 0 auto;"> <p>Photograph</p> <p>Please affix a recent passport size photograph</p> </div> <p style="text-align: center;">Specimen Signature 1st Applicant</p>	<div style="border: 1px solid black; padding: 10px; width: 80%; margin: 0 auto;"> <p>Photograph</p> <p>Please affix a recent passport size photograph</p> </div> <p style="text-align: center;">Specimen Signature 2nd Applicant</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

To

PUNJAB & SIND BANK

Date:

Branch Office.....

Please open : Saving Account Current Account

Name / Title of Account	
-------------------------	--

1. Personal Details : (Please leave one space between words)

(To be filled in Capital letters)

Name of the Individual / Proprietor / Authorized Signatory	1st Applicant - Mr./Ms.																		
	2nd Applicant - Mr./Ms.																		
Name of Father/ Husband/ Guardian	1st Applicant - Mr./Ms.																		
	2nd Applicant - Mr./Ms.																		

1st Applicant

2nd Applicant

2. Gender: Male Female Third Gender Male Female Third Gender

3. Date of Birth DD/MM/YYYY

DD/MM/YYYY

4. PAN 1st applicant (optional)

PAN 2nd Applicant (optional)

(Fill Form 60/61 as applicable if PAN is not submitted)

5. Communication Address*

Permanent / Registered Address (Land Mark is compulsory) Sate Pin Code Nationality Phone/Mobile No. E-mail ID	Correspondence Address (Land Mark is compulsory) Sate Pin Code.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

(*In case of joint holders' address, fill the annexure for joint holders)

6. Staff Yes Staff ID / PF Code _____ No.7. Minor Yes (If yes, furnish below details) No.

a. Date of Birth of Minor																			
b. Name of Guardian Mr/Ms																			
c. Relationship with Minor																			
d. Address of Guardian																			

8. Account Operating Instructions

 Single Either / Any one or Survivor (s) Jointly or Survivor(s)9. Deposit Details: Amount _____ Cash Cheque No. _____ Dated _____ Drawn on _____ Bank, _____ Branch

10. Request for Seeding of Aadhaar Number

 Yes (If yes, please provide the Aadhaar Number) No (I/We do not wish for seeding of Aadhaar Number)

AADHAAR NUMBER																			
1st Applicant																			
2nd Applicant																			

11. Tax residence declaration under FATCA-CRS

Tax residence declaration-Tick any one, as applicable to you	<input type="checkbox"/> I am/We are/Entity is a/the tax resident of India and not resident of any other country/ies.
	<input type="checkbox"/> I am/We are/Entity is a/the tax resident of other country/ies.

Note: If the customer declares that he/she is tax resident of other country/ies , other additional details in the FATCA -CRS declaration form as per Annexure-I for Individuals / Annexure-II for entities must be procured.

12. Occupation Details Salaried Self Employed Retired Housewife Student Others _____

If salaried, employed with Pvt Ltd. Public Ltd. Partnership Proprietorship Govt. Others _____

Self Employed since _____ Years _____ Months Date of Incorporation _____

Establishment Name _____

Nature of Business Manufacturing Service Provider Trader Agriculture Others _____

Type of Company Sole Proprietorship Partnership Public Ltd Pvt Ltd Others _____

Registered Office Type Owned Rented / Leased

Self Employed Professional Doctor CA / CS Lawyer Architect Others _____

Source of Fund Salary Business Agriculture Investment Income Others _____

Gross Annual Income <Rs. 1,00,000 Rs. 1,00,000 to Rs. 5,00,000 Rs. 5,00,000 to Rs. 10,00,000 Rs. 10,00,000 to Rs. 15,00,000 > Rs. 15,00,000

13. Internet Banking Services* : (a) I / We wish to apply for **PSB Internet Banking Services**
Please provide an email id for each of the applicants for further communication. (Write in **BLOCK LETTERS** only)

1st Applicant						
---------------	--	--	--	--	--	--

(b) Mobile Banking: I / We wish to apply for **PSB Mobile Banking** Mobile No.: _____

14. SMS Alerts: Required (Mobile No. _____) Not Required

15. (A) ATM Card / Debit Card: I / We wish to apply for **PSB ATM CUM DEBIT CARD** **(B) Cheque Book** Yes No
Name to be printed on the card _____

16. FORM No. 60/61 (to filled by those who do not have PAN)

1. Full name of the declarant.
2. Particulars of transaction: New Account No.
3. Amount of transaction : Rs.
4. Are you assessed to Tax?
5. If Yes, (i) Details of Ward/Circle/Range where the last return of income was filled? (ii) Reasons for not having Permanent Account No./General Index Register No.?
6. Details of document being produced in support of the address in Column no. 1.
7. 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. (Applicable for Form 61)

Verification: I /We do hereby declare that what is stated above is true to the best of my knowledge & belief.
Verified today, the day of.

Date : **Place :** **Signature/s**

(A) ID Proofs : (i) Passport (ii) PAN Card (iii) Voter's Identity Card (iv) Driving License (v) Job card issued by NREGA (vi) E-Aadhaar or other officially valid documents duly self attested

(B) Add. Proof : Passport / Voter ID / Driving License / Aadhaar / E-Aadhaar or other officially valid documents duly self attested.

For Bank Use Only

Risk Categorization
 High Medium Low

_____ **Officer** _____ **Branch Manager**

FORM DA-1

17. Nomination Yes (if yes, please fill the nomination form) No (I / We declare that I / We do not wish to make nomination in my / our Saving / Current Account

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits.

I/We (name(s) and address(es), nominate the following person to whom, in the event of my/our/minor's death, the amount of deposit, particulars whereof, are given below, may be returned by (name and address of branch/office in which deposit is held).

Deposit			Nominee				
Nature (Saving / Current Account)	Account No.	Additional details, if any	Name	Address	Relationship with applicant	Age	Date of birth

*As the nominee is a minor on this date, I/We appoint Mr/Mrs/Ms(name, address and age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Signature/Thumb impression of 1st Applicant.....

Place Date Signature/Thumb impression of 2nd Applicant

1st Witness **2nd Witness**

Signature Signature

Name Name

Address Address

* Strikeout if nominee is not a minor.

For office use: Accepted the nomination and registered vide Serial No dated.....
Please open the account.
Account opened on date A/c No.....