



ACCOUNT OPENING FORM
FOR INDIVIDUALS/SOLE PROPRIETOR/HUF/TRUST/FIRM/CORPORATE

(To be filled in by Bank)

Branch Name _____

Account No.																				
Customer ID																				
Date/Month/Year																				

<p>Photograph</p> <p><i>Pleas affix a recent passport size photograph</i></p>
--

1st Applicant

<p>Photograph</p> <p><i>Pleas affix a recent passport size photograph</i></p>
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2nd Applicant

<p>Photograph</p> <p><i>Pleas affix a recent passport size photograph</i></p>
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3rd Applicant

To
PUNJAB & SIND BANK
Branch Office

Date:

Please open

Saving Account Current Account Fixed Deposit Recurring Deposit

Deposit / Monthly Installment _____ Tenure _____ Months _____ Days Rate of Interest _____

TDS Applicable Yes (Form 15G / H submitted Yes No)
 No (Exemption Ref. No. _____)

Name / Title of Account	
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1. Personal Details: (Please leave one space between words) (To be filled in Capital letters)

Name of the Individual/Proprietor/ Partner/Director /Authorized Signatory	1 st Applicant - Mr./Ms.																			
	2 nd Applicant - Mr./Ms.																			
	3 rd Applicant - Mr./Ms.																			
Name of Father/ Husband	1 st Applicant - Mr.																			
	2 nd Applicant - Mr.																			
	3 rd Applicant - Mr.																			

1st Applicant

2nd Applicant

3rd Applicant

2. Gender: Male Female Male Female Male Female

3. Date of Birth DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY

4. PAN No. 1st Applicant **PAN No.** 2nd Applicant **PAN No.** 3rd Applicant
(Submit Form 60 / 61 as applicable if PAN is not submitted)

5. Communication Address*

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

(*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. 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

11. Internet Banking Services: 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)

1 st Applicant																			
2 nd Applicant																			
3 rd Applicant																			

12. Mobile Banking Services: I/ we wish to apply for **PSB Mobile Banking Services**

Mobile No. _____

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

14. ATM Card / Debit Card : I/ we wish to apply for **PSB ATM CUM DEBIT CARD**

Name to be printed on the card _____

15. Fixed Deposit Maturity Instructions:

Renew Principal and Interest

Renew Principal and Pay Interest*

Donot Renew*

* Interest / Maturity payment to Account Number _____ / OR
 DD / Pay Order

- 16. 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 / Cash Credit / Fixed Deposit / Recurring Deposit Account)

17. Introduction

Self (Existing Customer of the Bank – Please write your Account Number here)

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Others

I confirm that I am an account holder with Punjab & Sind Bank for over six months. I confirm that I know the customer/s detailed above for more than six months and confirms its identity, occupation and address.

Date **Introducer’s Signature**..... **Sign Verified by**

18. Declaration

<p>Please fill in for HUF</p> <p>As our HUF firm wishes to open an account with your bank in said name _____ we beg to say that the first signatory to this letter, i.e. _____ is the Karta of the joint family and other signatories are the adult co-parceners of the said family.</p> <p>We further confirm that the business of the said joint family carried on mainly by the said Karta as also by the other signatories hereto in the interest and for the benefit of the entire body of co-parceners of the joint family. We also undertake that claims due to the bank from the said family shall be recovered personally from all or any of us and also from the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.</p> <p>In view of the fact that ours is not a firm governed by the Indian Partnership Act, 1952, we have not got our said firm registered under the said Act.</p> <p>We hereby undertake to inform the bank of the death or birth of a co-parcener of any change occurring at any time in the membership of our joint family during the currency of the account.</p> <p>Name and signature of Karta</p> <p>_____ sd/- _____</p> <p>Name and signature of adult co-parceners</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>Name & date of birth of minor co-parceners</p> <p>_____ dd/mm/yyyy _____</p> <p>_____ dd/mm/yyyy _____</p>	<p>Please fill in for Partnership Firm</p> <p>Re: Opening of anew account in the name of : _____ We refer to the captioned account opened by you and declare as under: We, the undersigned, are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advise you in writing of any change that take place in the partnership and, all the present partners shall be liable to you on any obligation which may be standing in the firm’s name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.</p> <p>Name and signature of Partners</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p> <p>_____ sd/- _____</p>
	<p>Please fill in for a Sole Proprietorship Account</p> <p>Re: Opening of a new account in the name of : _____ I refer to the captioned account opened by you and declare as under: I, the undersigned, am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm’s name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.</p> <p>Yours Faithfully</p> <p>_____ sd/- _____</p>

I/We confirm that all the information given in this application form is true, correct, complete and upto date in all respect and I/we have not withheld any information. I/we shall be held responsible for the same at all times if it is found incorrect. I/We confirm having read and understood the Rules and Regulations of the Bank including Bank’s tariff regarding the conduct of the account/ deposits and pertaining to the phone banking, ATM, Debit Cards, Internet Banking and Electronic Banking facilities (collectively called the said banking facilities) and agree to be bound and abide by them/any other rules that may be in force from time to time. It is my/our responsibility to obtain the terms and conditions from your bank and read the same. It is also my/our responsibility to submit to the Bank Form 15G/H as applicable for every financial year. I/We authorize the Bank to debit my/our account for recovery of service charges / incidental charges as applicable from time to time. I/we give my/our consent to receive information by usual means of communication, including website, phone banking about Punjab & Sind Bank products and/or services or promotional offers introduced by the bank from time to time.

Signature/thumb impression of

1. Mr/Ms.....1st Applicant will sign as
2. Mr/Ms.....2nd Applicant will sign as
3. Mr/Ms.....3rd Applicant will sign as

For Bank Use Only

Risk Categorization

- High
- Medium
- Low

Officer

Branch Manager

Documents to be submitted for Opening Account

Any one of the document from each of the under noted two columns for a photo identity and proof of address of individual / karta / proprietor / partners / directors / trustees / anyone who has authority to operate the account. Please attach self attested photocopy of identity proof and address proof and originals thereof will have to be provided for verification.

Proof of Identity

- Passport
- Voter ID Card
- Aadhar Card
- Driving License
- PAN Card

Proof of Address

- Passport
- Voter ID Card
- Aadhar Card
- Driving License
- Electricity Bill (not more than 3months old)
- Telephone Bill (not more than 3months old)
- Bank Account Statement (not more than 3months old)

Additional Documents Required

For all types of accounts

- Latest passport size photograph (including minor's parents / guardians) of individuals / proprietor / partners / directors / trustees / HUF members / karta etc
-

For Senior Citizen Account

- Proof of Age
-

For Proprietary Concern

- Certificate / license issued by Municipal Authorities under Shops & Establishment Act
 - Certificate / registration document issued by sales Tax / service tax / professional tax authorities
 - License issued by any registering authority like certificate of practice issued by ICAI / ICSI / ICWAI / IMC / Food & Drug Control Authorities etc
 - Any Registration / Licensing document issued by Central / State Government
-

For HUF

- Identification and address proof of Karta and adult co-parceners
-

For Partnership Firm

- Partnership Deed
 - Registration Certificate
-

For Corporate

- Certification of Commencement of Business
 - Certificate of Incorporation
 - Memorandum and Articles of Association
 - Board Resolution for opening and operating the Account
 - List of Present Directors
 - Latest CIBIL Report
-

For Trust

- Certificate of registration
 - Trust Deed
 - Resolution for opening and operating the Account
 - List of Trustees
-

For Others

- Certificate of registration
- Committee resolution for opening and operating the account
- List of Authorized Signatories

FORM DA-1-

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 / Fixed Deposit)	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.

Place.....

Date.....

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

Signature/Thumb impression of 2nd Applicant.....

Signature/Thumb impression of 3rd Applicant.....

1st Witness

2nd Witness

Name

Name

Address

Address

Signature

Signature

*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.....

OFFICER

BRANCH MANAGER

Annexure for Joint Holders

Date:

(A) Name of Joint Applicant:

(B) Communication Address

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

(C) 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

Signature of Joint Applicant.....

.....
OFFICER

.....
BRANCH MANAGER