

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

AADHAR NUMBER						
1st Applicant						
2nd Applicant						
3rd 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.
	OR
	<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						
2nd Applicant						
3rd Applicant						

(b) Mobile Banking : I/ we wish to apply for PSB Mobile Banking

Mobile No: _____

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

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

Name to be printed on the card _____

16. 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

“Note:-In case any instructions are not received from the customer, even after giving notice, the deposit will be renewed, excluding deposits like PSB Fixed Deposit Tax Saver Scheme, Capital gain deposit, Bulk Deposit, Inter Bank Deposit, Online fixed Deposits and Deposits under lien, for the same period of time as the matured deposit at the prevailing rate of interest.”

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 / Cash Credit / Fixed Deposit / Recurring Deposit Account)

18. Introduction

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 Introdncer's Signature..... Sign Verified by

19.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 _____ sd/- _____</p> <p>Name and signature of adult co-parceners _____ sd/- _____ _____ sd/- _____ _____ sd/- _____ _____ sd/- _____</p> <p>Name & date of birth of minor co-parceners _____ dd/mm/yyyy _____ 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 _____ sd/- _____ _____ sd/- _____ _____ sd/- _____ _____ sd/- _____ _____ sd/- _____ _____ sd/- _____ _____ sd/- _____ _____ 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 _____ 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

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)
..... StateState
Pin Code Nationality	Pin Code Nationality
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

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

Address

Signature

Name

Address

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

FORM NO. 60 (to be filled by those who do not have PAN)

<p>1. Full name of the declarant.</p> <p>2. Particulars of transactions: NewAccount No.</p> <p>3. Amount of transaction: Rs</p> <p>4. Are you assessed to Tax?</p> <p>5. If Yes, (i) Details of Ward/Circle/Range where the last return of income was filed? (ii) Reasons for not having Permanent Account No./ General Index Register No.?</p> <p>6. Details of document being produced in support of the address in Column no.1.</p> <p>Verification: I /Wedo hereby declare that what is stated above is true to the best of my knowledge & belief. Verified today, the day of.....</p> <p>Date: Place: Signature/s</p>	Yes / No.	Yes / No.	Yes / No.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	-----------	-----------

For Photo Identity/ Proof of Address of Individual / karta / proprietor / partners / directors / trustees / anyone who has authority to operate the account, the following officially valid document (OVD) would be applicable:-

(I) Passport (ii) PAN Card (iii) Voter's Identity Card (iv) Driving License (v) Job card issued by NREGA duly signed by an officer of the State Government (vi) The letter issued by the Unique Identification Authority of India (UIDAI) containing details of name, address and Aadhaar number (vii) Any other document as notified by the Central Government in consultation with Regulator