



जम्मू एवं कश्मीर ग्रामीण बैंक

JAMMU AND KASHMIR GRAMEEN BANK

Scheduled Bank Owned by Government



(To be captured through system or obtain latest photograph not older than six months)

Financial Inclusion Account Opening Form

No.....

Dated.....

Name of the Branch		
Village / Town		
Sub District / Block Name		
District		State
SSA Code / Ward No.		
Village Code / Town Code (as per Census 2011)		Name of Village/Town (as per Census 2011)

Applicant Details :

Full Name	Mr./Mrs./Ms.	_____	_____	_____
		First	Middle	Last Name
Marital Status	Gender		M / F	
Name of Father / Spouse		_____		
Address		_____		
		Pin Code <input type="text"/>		
Telephone & Mob. No.		Date of Birth DD/MM/Year <input type="text"/>		
Aadhar / UID No.		PAN No. _____		
MNREGA Job Card No.		Occupation / Profession _____		
Annual Income		No. of Dependents _____		
Details of Assets	Owning House : YES / NO	Owning Farm : YES / NO		
	No. of Animals : _____	Any Other : _____		
Existing Bank A/c of Family Members / household	YES / NO	If Yes, No. of A/cs _____		
Kissan Credit Card	Whether Eligible YES / NO	I request you to issue me a RuPay Card		

I also understand that I am eligible for an **Overdraft** after satisfactory operation of my account after 6 months of opening my account with a Limit of Rs. 10000/- (Rupees Ten thousand only) for meeting my emergency/family needs subject to the condition that only one member from the household will be eligible for overdraft facility. I shall abide by the terms and conditions stipulated by the Bank in this regard.

Declaration : I hereby apply for opening of a Bank Account. I declare that the information provided by me in this application form is true and correct. The terms and conditions applicable have been read over and explained to me and have understood the same. I shall abide by all the terms and conditions as may be in force from time to time. I declare that I have not availed any Overdraft facility from any other Bank.

I want to nominate as under :-

Type of Nomination	Name and Addresses of Nominee	% age share in Simultaneous Nomination	Name and Addresses of Nominee	Priority order in Successive Nomination	Relationship with Nominee	Age of Nominee	If Nominee is Minor	
							Date of Birth	Date of Attaining Majority
<input type="checkbox"/> Simultaneous Nomination	1.		1.	First Nominee				
<input type="checkbox"/> Successive Nomination	2.		2.	Second Nominee				
	3.		3.	Third Nominee				
	4.		4.	Fourth Nominee				

Place :

Date :

Signature / LTI of Applicant