

(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 <input type="text"/>			
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.

Place & Date :

Nomination :

Signature / LTI of Applicant

I want to nominate as under :			
Name of Nominee & Relationship	Age	Date of Birth (in case of Minor)	Person authorised in case to receive the amount of deposit on behalf of the Nominee in the event of my / minor(s) death

Place :

Date :

Signature / LTI of Applicant