



Annexure-8

FINANCIAL INCLUSION ACCOUNT OPENING CUM OVERDRAFT APPLICATION FOR INDIVIDUALS

											D	ate:
Name of	the Bra	anch:-	Village/ Towr	n: [Distrct:			_State:	_			
First App	licant/	Sole Applicant:										
Full NA	ME, In (Hushai	CAPITAL letters (nd's name in CAF	First, Middle and La	ast Name): Mr.,	/Mrs./M	S	Date	of Birth://	_	iender: M/I	F	
Occupati	ion: Ag	ri/Service/House	ewife/Business/Oth	ers-			Date	51 Bil til//		iender. Mi/		
Occupation: Agri/Service/Housewife/Business/OthersEmail ID:									Second Applicant/ Joint			
<u>Applican</u>												
Father's	/Husbai	nd's name in CAF	First, Middle and La PITAL letters: Mr				Date	of Birth://	G	iender: M/i	F	
			ewife/Business/Oth obile No:									
			oblic 140.									
							- 10 - 10 - 1	PIN	Perm	anent addr	ess:	
						PIN		_				
			Other Facilite	es Required (Pl	lease Tic	k mark	in the ap	propriate box)				
S.No.		Particulars				No	S.No.	Partio	Particulars			No
1	Passbook						4	Rupay Card/ Deb	d/ Debit Card			
2	Statement of A/c through Email/Post						5	Internet Banking	Facility			
3	Cheq	Cheque Book					6	Mobile Banking F	e Banking Facility			
7		Linking of Aadhar No//_										
			Voter ID No. if	available/_		/_/_						
Nominat	ion:											
Deposit								Nominee				
Nature Depos		Distinguishing No.	Additional Details	Name of Nominee	Address of Nominee			Relationship with Depositor	Age	Age If nominee is a minor, his/her DOB		
Since the	nomi	uno is a minor	this date, I/we app	point Mr /Mr-/	Me			Address		A		+-
			n behalf of the non			y/our /ı	minor(s)			,Age		to
I /We ag	ree to a	bide by the tern	ns and conditions o	f Saving Bank A	ccount	of Bank	of Barod	a.				
Above Pa	articula	rs Verified				1		2. ignature (S) of the ap				
Name ar	nd signa	ature of the Busi	ness Corresponder	nt (BC)			S	gnature (S) of the ap	plicant(s)			
				APPLICATIO								
I also request you to sanction me an Overdraft Limit of Rs (Rs										for meetir	ng my e	emerger from
sources.	ivly ma	in source of inco	me is	·						(Signature	of the	annlica





It is certified that Mr./ Mrs./.Ms._

belief.

On the Back side of the Single page Apllication Form FOR OFFICE USE ONLY

(Processing Cum Sanction Memo) Branch Alpha_ Scheme Code: SB124/150 Name /s of the A/c Holder(s):-_ A/C No. Customer ID No.: Annual Income from various sources as declared by the applicant(s) Rs. _ Overdraft Limit Sanctioned Rs. ___ _(Rs._ Rate of intt. _____% above Base Rate minimum ___ Period: 12 Months Documents: 1- D P Note; 2- Letter of continuing security to be signed by the borrower Recommended Sanctioned In charge Chief/ Senior/Branch Manager **Saving Bank Deptt** KYC IDENTIFICATION DOCUMENTS/PAPERS TO BE SUBMITTED BY APPLICANT (S) (Any one document from each of the following two lists subject to Bank's satisfaction) List-I Tick S. List-II Tick (Latest /recent documents showing identity proof) Mark No (Latest /recent documents showing identity Mark proof) S. No Driving License with photograph 1 Driving License with photograph MNREGA job Card 2 Telephone Bill, Electricity Bill, Ration Card 2 Voter's identity Card 3 Bank account Statement (with address) MNREGA job Card 3 PAN Card, Government ID Card 4 Any documentary evidence in support of residential address to the Bank. 4 Aadhaar Card 6 Aadhaar Card, Voter Card 5 Any other document as per RBI Guidelines 5 In case of married women address proof of the groom is acceptable. 5 Details of documents for identification submitted by the applicant: In case the KYC documents as mentioned above are not available then introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account) needs to be obtained. Name: Account No. Date of Opening of A/c Address Customer ID Email: Branch Name Type of A/c SB/CA/CC/OD: Mobile No.

confirm the occupation, photograph and address in the application form for opening of account are correct to the best of my/our knowledge and

__ months/years and

is known to me/us personally since last ___