

## Account Opening Form

To be filled by the applicant individual

Fields marked with \* are mandatory

A/c Opening Date

Appl. Regn. No. (Workflow)

A/c No.

Cust. ID

Type of Applicant: ☐ Resident Individual

☐ Non-Resident Individual (NRI/PIO/OCI/Foreign Nationals/Mariners)

Type of Account: ☐ Savings ☐ RFC SB/TD/CA

☐ NRE SB

☐ NRO SB

☐ PIS

☐ SNRR

Date of becoming Non-Resident

☐ FD ☐ RD ☐ Current

☐ NRE FD/RD

☐ NRO FD/RD

☐ FCNR

☐ Current

### Primary Applicant Details

Cust. ID (in case of existing customer)

☐ I confirm that I do not have any existing Customer ID/Customer IDs apart from the one mentioned. In case found otherwise, Bank reserves the right to consolidate the Customer IDs as it may decide, without any prior notice to me.

Name (Same as ID proof)\*

Father's Name\*

Mother's Name\*

Nationality  Citizenship

Communication Address\* (Overseas address for NRI's only)

State  City

Country  PIN

Landmark

☐ All communications to be sent on this address (Address Proof Mandatory) Please mention a prominent landmark to ensure that the deliverables reach you.

Permanent Address\* (as per OVD)

State  City

Country  PIN

Landmark

☐ Same as above ☐ All communications to be sent on this address (Address Proof Mandatory)

Date of Birth\*  Marital Status: ☐ Married ☐ Single ☐ Other Gender: ☐ Male ☐ Female ☐ Trans Gender

Driving Licence No.  Aadhaar No./ Aadhaar Virtual No.

PIO/OCI Card Holder ☐ Y ☐ N PIO/OCI Card No.  PAN  Or ☐ Form 60

Passport No.  Date of Issue  Date of Expiry

Place of Issue  Country of Residence

VISA Ref. No. (Only for NRI)  Date of Issue  Date of Expiry

Place of Issue  Type of VISA

Tel. (Res.)\*  Tel. (O)\*  Ext.

E-mail ID\*

Mobile\*  (Country Code)  (Number) Insta Alert ☐ CKYC No.  Please tick (✓) if E-mail ID not available ☐

IMP: All SMS & e-mail alerts will be sent to the registered Mobile Number & E-mail ID. E-mail alerts for OneTime Password (OTP) and free monthly account statements will be sent to registered e-mail ID only.

### Know Your Customer (KYC) Document Submitted

Identity Proof  Expiry Date (only for ID Proof, if applicable)

Address Proof

### Primary Applicant Profile Details\*

Occupation ☐ Salaried ☐ Self-employed ☐ Retired ☐ Politician ☐ Student ☐ Home Maker ☐ Others

If Salaried, Employed with ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Pub. Ltd. ☐ Govt. ☐ Others

If Self-Employed since  Years  Months ☐ Turnover

If Self-Employed Professional ☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others

Source of Funds ☐ Salary ☐ Business ☐ Investment ☐ Inheritance ☐ Pension ☐ Rent ☐ Agriculture ☐ Others

Gross Annual Income ☐ < 1 lac ☐ 1-3 lac ☐ 3-5 lac ☐ 5-7.5 lac ☐ 7.5-10 lac ☐ 10-15 lac ☐ 15-25 lac ☐ 25-50 lac ☐ 50 lac-1 cr ☐ >1 cr

Net Worth

Education Qualification ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Illiterate

Residential Type ☐ Owned ☐ Rented/Leased ☐ Ancestral/Family ☐ Company Provided

Religion/Caste  /  (not mandatory)

Customer Type ☐ Resident Indian/Non-Resident Indian ☐ Senior Citizen ☐ Minor ☐ Others

Accessibility Needs ☐ Visually Impaired ☐ Differently Abled ☐ Both

### Consent & Additional Declarations (Resident Individual, Non Resident Individual)

#### Aadhaar Consent

1) I intend to open  account/s with your Bank. As part of the account opening process and KYC documents, I submit my Aadhaar number and voluntarily give my consent to: Use my Aadhaar Details to authenticate me from UIDAI • Use my Mobile Number mentioned below for sending SMS Alerts to me • Link the Aadhaar number to all my existing/new/future accounts and customer profile (CIF) with your Bank • We are submitting Aadhaar number as part of KYC but not authenticating with UIDAI and necessary KYC documents are submitted by me. 2) I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the Bank herewith shall not be used for any purpose other than mentioned above, or as per requirement of law. 3) I hereby declare that all the above information voluntarily furnished by me is true, correct, and complete.

#### CKYC Consent

I hereby authorize you to retrieve the KYC records online from the CKYCR using the KYC Identifier and the customer shall not be required to submit the same KYC records or information or any other additional identification documents or details, unless – i. there is a change in the information of the customer as existing in the records of CKYCR; ii. the current address of the customer is required to be verified; iii. the RE considers it necessary in order to verify the identity or address of the customer, or to perform enhanced due diligence or to build an appropriate risk profile of the client.

#### PEP Consent

Are you a Politically Exposed Person ☐ Yes ☐ No (If Yes, please provide details )

Signature(s)/Thumb impression(s) of Applicant

☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country(ies) mentioned in the table below: (Mandatory to fill up all information)  
Please indicate the country(ies) in which the entity is a resident for tax purposes and the associated Tax ID Number below:

City of Birth*										Country of Birth										Address Type for Tax Purpose: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office																																							
Country*										Tax Identification Number*										Identification Type (TIN or Other, please specify)*										Address for Tax Purpose* <input type="checkbox"/> Communication Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Please note the address below																													
																														Landmark																													
																														PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State <input type="text"/> Country <input type="text"/>																													

Also include USA, where the individual is a citizen/green card holder of USA<sup>6</sup>. In case Tax Identification Number is not available, kindly provide functional equivalent "FATCA - CRS Certification: I have understood the information requirements of this Form (read along with the FATCA - CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature(s)/Thumb impression(s) of Applicant

Please open an RFC Account in my name. The relevant particulars are as under:

1. Origin (State whether you are of Indian origin):
2. Date of arrival in India to become a resident in India:
3. Particulars of residence outside India: Country: \_\_\_\_\_ Period From: \_\_\_\_\_ To: \_\_\_\_\_ Nature of Occupation: \_\_\_\_\_  
(An attested copy of the relevant pages of the Passport must be enclosed.)
4. Do you continue to have any employment or business or vocation outside India?: If so please give full particulars

5. Foreign Currency(ies) in which RFC Account(s) is/are to be opened: ☐ USD ☐ GBP ☐ EURO ☐ CAD ☐ AUD

6. Type of Account desired (Savings Account, Current Account, Fixed Deposit)

I hereby declare that I have gone through the provisions of the RFC Accounts Scheme.

I declare that the particulars stated hereinabove are correct and I am eligible to open and maintain RFC Account under the Scheme as applied. I agree that the RFC Account shall be governed by the RFC Accounts Scheme and the directions issued by the Reserve Bank of India under the Foreign Exchange Regulation Management Act 1999, as updated from time to time.

Signature(s)/Thumb impression(s) of Applicant

## Instructions to the Applicant

1. Applicant is advised to read carefully the RFC Accounts Scheme before making the application.
2. Account will not be opened unless full particulars are furnished in the application form.
3. Application form duly filled in and signed must be accompanied by copies of the relevant pages of the Passport duly certified by the applicant as true copies. The Passport should be submitted along with the application for verification.
4. Furnishing any false information in the application amounts to a contravention of the Foreign Exchange Regulation Management Act 1999.
5. Applicant should furnish such other particulars or documents, as may be required by the Bank for the latter to satisfy himself that the applicant is an eligible person and the funds proposed to be credited to the RFC Account are eligible for the purpose.
6. Nomination facility is available to the RFC accounts as in the case of resident Rupee accounts.

☐ Self
 ☐ Either/Anyone or Survivor
 ☐ Former or Survivor
 ☐ Jointly (Debit Card to Primary Holder)

[illegible]

<b>Debit Card:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Variant: _____	<b>Net Banking:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>AePS:</b>	<input type="checkbox"/> Enable	<input type="checkbox"/> Not to enable
Network (Tick Anyone)	<input type="checkbox"/> Visa	<input type="checkbox"/> Master	<input type="checkbox"/> RuPay	Other Facilities	<input type="checkbox"/> SMS Alert	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Cheque Book Facility		
Name to be embossed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
				<b>Send Account Statement through</b>	<input type="checkbox"/> E-mail (To 1 <sup>st</sup> applicant only)				
				<b>Statement frequency</b>	<input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly				

Rupee Term Deposit & Recurring Deposit for Resident & Non-Resident										FCNR/RFC Deposit			
<b>Deposit Type</b> <input type="checkbox"/> Fixed <input type="checkbox"/> Cumulative <input type="checkbox"/> Recurring <b>PAN (1<sup>st</sup> Applicant)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Amount</b> _____					<b>Deposit Period</b> <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> <input type="text"/> Days <input type="checkbox"/> Waive TDS <small>(Attach 15G/15H Form)</small> <input type="checkbox"/> Senior Citizen Deposit* <small>(Attach 15G/15H Form)</small> <b>Auto-renewal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Deposit Period</b> <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> <input type="text"/> Months <b>Currency</b> _____ <b>Amount</b> _____ <b>Auto-renewal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Not applicable for NRE/NRO Deposits

(A) Auto-renewal by default, if no option exercised. (B) It is mandatory to fill in payment instructions, if auto-renewal not opted for.

**Standing Instruction for Recurring Deposit:** I/We authorise SBM Bank to debit monthly instalment of ₹ 

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(Rupees \_\_\_\_\_) from my/our operative account no. \_\_\_\_\_

<b>Interest Payment:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> On Maturity (Principal & Interest)	<b>Payment Mode:</b> <input type="checkbox"/> Credit my Account with SBM Bank <input type="checkbox"/> Issue DD/PO <input type="checkbox"/> Credit my account with other bank	<b>Beneficiary Account Details:</b> (Payment to other bank) Account No.: <input style="width: 100px;" type="text"/> Bank Name & Branch: <input style="width: 150px;" type="text"/> IFS Code: <input style="width: 100px;" type="text"/>
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## Declaration

I/We have read and understood the terms, conditions, rules and regulations of the product(s)/service(s) opted for from SBM Bank (India) Limited ("Bank") including the 'Terms & Conditions' document displayed on the Bank's website [www.smbank.co.in](http://www.smbank.co.in) and I/We accept and agree to abide by the same. The Bank is entitled to amend the 'Terms & Conditions' document displayed on their website from time to time and the same shall be binding on me/us. I/We declare, confirm and agree that all particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, accurate, complete and up-to-date in all respects and no relevant information has been withheld/suppressed. I/We undertake to provide all updated KYC documents or such other information that the Bank may require from time to time including any change in my/our occupation/postal address and I/We authorise the Bank to conduct such credit checks, references and make enquiries in respect of the application as it may consider necessary in its sole discretion and also authorise the Bank, without any notice to me/us, to share or disclose or exchange or part with all the information, data or documents including any sensitive personal data relating to me/us or my/our application, to other banks/financial institutions/credit bureaus/agencies/statutory bodies/enforcement agencies/such other persons including Bank's affiliates, service providers, counter parties, regulators, authorities as the Bank may deem necessary or appropriate including for use or processing of the said information/data/products by such person(s) or furnishing of the processed information/data/products thereof to other banks/financial institutions/credit providers/users registered/sister concerns/its associated group companies/agents/advisers or with such other persons as the Bank deems fit and that I/We shall not hold any person liable for use of this information. I/We hereby give my consent to the Bank to carry out my/our Aadhaar EKYC authentication and to fetch EKYC data from Aadhaar data base. I/We agree to indemnify and keep the Bank indemnified and harmless from and against all and any fraud, loss, costs, demands, claims, damages, expenses (including attorney fees), litigations, proceedings, suits etc. which the Bank may have to suffer, incur or face due to my/our providing any incorrect or incomplete information or failure to communicate any change in such particulars/information or provide true, correct and updated documents. I/We agree and understand that the Bank reserves the right to reject any application without providing any reason. I/We agree and understand that the Bank reserves the right to retain the application forms, and the documents and information provided therewith, including photographs and will not return the same to me/us. I/We authorise the Bank to use my/our contact number mentioned in the form for transactional/promotional/service calls/telemarketing calls/messages by itself or through any appointed agency. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on our registered number/E-mail address. I/We hereby provide our consent to SBM to obtain the Applicant(s) information from Credit Information Company and/or information utility and/or such institution set up under the provisions of law from time to time as and when required.

I/We confirm that I/We have read and understood the above Declaration, and that the details provided by me in the form will be updated in all the systems of the bank.

I/We also confirm that my/our account has been opened by Bank Officer Mr./Ms. \_\_\_\_\_ and I/We have signed in his/her presence.

*Note: Do not sign this form if it is BLANK, please ensure all relevant sections and columns are completely filled to your satisfaction and then only sign the form.*

Name :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please paste latest  
Passport Size photo of the  
1<sup>st</sup> Applicant.

1<sup>st</sup> Applicant Signature

Photo to be signed across

Date : \_\_\_\_\_

Name :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please paste latest  
Passport Size photo of the  
2<sup>nd</sup> Applicant.

2<sup>nd</sup> Applicant Signature

Photo to be signed across

Date : \_\_\_\_\_

Name :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please paste latest  
Passport Size photo of the  
3<sup>rd</sup> Applicant.

3<sup>rd</sup> Applicant Signature

Photo to be signed across

Date : \_\_\_\_\_

Name :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please paste latest  
Passport Size photo of the  
4<sup>th</sup> Applicant.

4<sup>th</sup> Applicant Signature

Photo to be signed across

Date : \_\_\_\_\_

## Nomination (DA1)/Change of Nomination

☐ **Yes, I/We wish to nominate (as per details below)** ☐ **No, I/We declare that I/We do not wish to make a nomination in my/our account.**

(I have understood the benefits of nomination and still do not wish to nominate)

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits. I/We nominate the following person to whom in the event of my/our/minor's death, the amount of the above opened Account/Fixed Deposits/Recurring Deposits, may be returned by SBM Bank by the account opening branch. This Nomination will be applicable for Savings/Current/Fixed Deposit/Recurring Deposit/KGCSB & CA/SSA.

☐ Please tick if mailing address is same as of the applicant.

Nominee Name\*

\_\_\_\_\_

Nominee Address

\_\_\_\_\_

\_\_\_\_\_

DOB of Nominee\*

\_\_\_\_

\*Relationship with Depositor, if any

\_\_\_\_\_

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. \_\_\_\_\_

(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.

Date:

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature(s)/Thumb impression(s) of 1<sup>st</sup> Applicant

\_\_\_\_\_  
Signature(s)/Thumb impression(s) of 2<sup>nd</sup> Applicant

\_\_\_\_\_  
Signature(s)/Thumb impression of 1 witness

\_\_\_\_\_  
Signature(s)/Thumb impression(s) of 3<sup>rd</sup> Applicant

\_\_\_\_\_  
Signature(s)/Thumb impression(s) of 4<sup>th</sup> Applicant

\_\_\_\_\_  
Signature(s)/Thumb impression of 2 witness

**For Bank use only**

CASA A/c  
Reimbursement A/c/KGC CA  
FD/RD/PPF/SSA

Product Code			

Account Number											

Promo Code									
ROI ____ + Variance ____ = NI ____									

1 <sup>st</sup> Applicant	Customer ID	Customer Category	<input type="checkbox"/> ID Proof	<input type="checkbox"/> Add Proof	<input type="checkbox"/> Photo	<input type="checkbox"/> No cheque book to be issued for 2 <sup>nd</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> applicant	<input type="checkbox"/> CPV Initiated	Branch codes Servicing Sourcing Sourcing
2 <sup>nd</sup> Applicant								
3 <sup>rd</sup> Applicant								
4 <sup>th</sup> Applicant								

Program to be raised to

Service ID/Emp. Code (For Defence Account Only) Company Code LC Code LG Code MIS Code

Value Date Funds Parked A/c No. UDIN

UDF 1 UDF 2

CUSTOMER SIGNED IN MY PRESENCE	Emp Name	Signature
	Emp Code	

**Declaration by the Branch:** I hereby certify that this account opening form is complete in all respect and relevant documents have been obtained as per the KYC guidelines of the Bank and RBI (as amended from time to time) and performed due diligence to verify the genuineness of the customer. The account may please be set up in Finacle.

LC Signature & Date

BM Signature & Date

**Mariner's Declaration**

I hereby declare and confirm that I am a Non-Resident Indian and I am presently on contract with a foreign registered company, details of which are provided in the documents submitted. I also confirm that I will inform the Bank, in case I do not renew my contract or choose to go on a new contract or I am unable to proceed on a new contractor in any case in the event that my status of Non-Resident Indian is altered. Accordingly, I will have the Non-Resident accounts opened in my name re-designated to Resident/RFC accounts (as applicable).

Signature

**PIO/OCI**

I/We hereby declare that I/We am/are a person of Indian Origin/and I/We satisfy one of the following conditions. (Please pick the choice applicable to you):

- ☐ I/WE was/were a holder of an Indian Passport in the past.  
☐ My/Our father/mother/grandfather/grandmother (name) is/was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955)  
☐ I am the spouse of an Indian Citizen/Person of Indian Origin  
☐ The father/mother/grandfather/grandmother (name) of my spouse is/was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955)

Signature

**Signature Mismatch**

In case of major mismatch, customer needs to submit affidavit

The signature on the Passport/Existing Account is different from my signature on the Account Opening Form. Please consider the signature on the Account Opening Form as my updated signature in your Bank records.

**I am providing:**

- ☐ Government Issued Photo ID Proof carrying my Current Signature  
☐ A Self-signed personalised Cheque from my existing NRE/NRO Account  
☐ Notarised Affidavit Confirming the Current Signature

--

Old signature as per documents/Existing Customer ID

--

New signature as per account opening form

I agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties (including attorney fees) suffered and/or incurred by for any act done or omitted to be done on account of the above declaration.

**Form No. 60 and 61** (to be filled by those who do not have Income Tax PAN)

Please refer to the new format of the FORM-60 & Form 61 which are placed on our website.

### Savings Bank Account Rules

- ♦ The attention of the customer is invited to the "Savings Bank Account" Rules as applicable for all savings account in the bank.
- ♦ Customer is expected to adhere to and subscribe uniform signature as per the specimen signature recorded with the bank, while operating the account or addressing any correspondence to the bank.
- ♦ Customer should mention distinctive account number in each transaction with the bank.
- ♦ The customer must provide Permanent Account Number (PAN) which is mandatory as per the Income Tax Act from the person(s) opening the account.
- ♦ Fresh proof of identity/address has to be furnished to the bank whenever called for.
- ♦ The account holder is required to maintain a certain minimum balance in the account, as specified by the bank from time to time depending on classification of account. Non-maintenance of this would attract charges.
- ♦ Details with regard to minimum balance to be maintained and the penalty to be levied for non-maintenance are available in the bank's branch notice board and on the bank's website [www.sbmbank.co.in](http://www.sbmbank.co.in)
- ♦ Interest rates are subject to change from time to time.
- ♦ Cheque, Dividend warrants, etc. drawn in the name of account holder(s) will only be collected through this account. Instruments endorsed in favour of the account holder(s) will not be collected through Savings Bank Account.
- ♦ Customer should not route his/her Business transactions through Savings Bank Account. If routed, the bank reserves the right to take requisite action. The bank has the right to close any undesirable/un-remunerative account after giving due notice.
- ♦ Customer should keep the cheque book in a safe place to avoid any misuse.
- ♦ The Customer cannot have any other Savings Bank Account, If he/she has a Basic Savings Bank Deposit Account (BSBDA). If the customer is holding a regular Savings Bank Account, the same needs to be closed within 30 days of opening a Basic Savings Bank Deposit Account.
- ♦ Detailed rules are available on the bank's Website [www.sbmbank.co.in](http://www.sbmbank.co.in). The bank reserves the right to amend rules and service charges, which will be available in the bank's branch notice board and on the bank's website [www.sbmbank.co.in](http://www.sbmbank.co.in)
- ♦ International debit cards is not issued to NRO savings account as per RBI guidelines

### Term/Recurring Deposit Rules

In the event of the death of the depositor, premature termination of term deposits would be allowed to the joint account holder, nominee, legal heir(s) on production of the relevant documents. Such premature withdrawal would not attract any penal charge.

### Mandatory Documents required for

**Resident Individual:** Photograph (latest), PAN Card or Form 60, Address proof & Identity Proof (Proof of Aadhaar Card, Job Card by NREGA, Driving Licence, Passport, Voter's ID Card).

**NRI:** Photocopy of valid Passport (featuring Name, Date of Birth, Date & Place of issue, Expiry Date, Photograph & Signature), Passport size Colour Photo, Valid Visa and Work Permit/Contract Letter.

**PIO/OCI:** Photocopy of Current Passport (featuring Name, Date of Birth, Date & Place of Issue, Expiry Date, Photograph & Signature), Copy of PIO or OCI Card. In absence of PIO/OCI Card, the applicant will have to prove that he is a person of Indian Origin and was not a citizen of Pakistan or Bangladesh and the applicant was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 (57 of 1955); or The applicant belonged to a territory that became part of India after the 15<sup>th</sup> day of August, 1947; or The applicant is a child or a grandchild or a great grandchild of a citizen of India or The applicant is a spouse of foreign origin of a citizen of India or spouse of foreign origin of a person referred in the above clauses.

**Acceptable Documents for Indian Address Proof:** Valid Passport, Driving Licence issued by Regional Transport Authority, Voter ID Card, Job Card issued by NREGA duly signed by an officer of the State, Electricity Bill/Telephone Bill (not more than 3 months old), Government ID Card, Aadhaar Card.

**Acceptable Documents for Overseas Address Proof:** Address on the Passport, Utility bill (not older than 3 months) i.e. Electricity, Gas, Water, Land line Telephone bill, Overseas/Indian Bank Statement, Rent receipt along with duly stamped/registered lease deed, Letter from Existing banker (account should be minimum 3 months old), Visa/Resident permit/Work permit, Driving Licence, PIO/OCI Card, Letter from Government postal authorities, National ID Card.

### Nomination Acknowledgement

Date:

☐ 1. We acknowledge receipt of Nomination made by you in favour of (Name of Nominee)

Age   years

Yours faithfully,

With respect to your account number

☐ 2. No Nominee is registered for the account, since nomination facility is not availed by the account holder.

Signature of bank official with seal

### Account Opening Acknowledgement

Appl. Regn. No. (Workflow)

**Primary A/c Holder Name**

**1<sup>st</sup> Joint A/c Holder Name**

**2<sup>nd</sup> Joint A/c Holder Name**

**3<sup>rd</sup> Joint A/c Holder Name**

We acknowledge the receipt of application for opening a ☐ Savings ☐ Fixed Deposit ☐ Cumulative Deposit ☐ Recurring Deposit

with initial deposit of \_\_\_\_\_ through ☐ Cash ☐ Cheque ☐ NEFT/RTGS

Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Politician	<input type="checkbox"/> Student	<input type="checkbox"/> Home Maker	<input type="checkbox"/> Others _____			
If Salaried, Employed with	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pvt. Ltd.	<input type="checkbox"/> Pub. Ltd.	<input type="checkbox"/> Govt.	<input type="checkbox"/> Others _____				
If Self-Employed since	<input type="text"/> Years	<input type="text"/> Months	<input type="text"/> Turnover _____							
If Self-Employed Professional	<input type="checkbox"/> Doctor	<input type="checkbox"/> CA/CS	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Architect	<input type="checkbox"/> IT Consultant	<input type="checkbox"/> Others _____				
Source of Funds	<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Investment	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Pension	<input type="checkbox"/> Rent	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Others _____		
Gross Annual Income	<input type="checkbox"/> < 1 lac	<input type="checkbox"/> 1-3 lac	<input type="checkbox"/> 3-5 lac	<input type="checkbox"/> 5-7.5 lac	<input type="checkbox"/> 7.5-10 lac	<input type="checkbox"/> 10-15 lac	<input type="checkbox"/> 15-25 lac	<input type="checkbox"/> 25-50 lac	<input type="checkbox"/> 50 lac-1 cr	<input type="checkbox"/> >1 cr
Net Worth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education Qualification	<input type="checkbox"/> Under Graduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Professional	<input type="checkbox"/> Illiterate					
Residential Type	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented/Leased	<input type="checkbox"/> Ancestral/Family	<input type="checkbox"/> Company Provided						
Religion/Caste	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer Type	<input type="checkbox"/> Resident Indian/Non-Resident Indian	<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Minor	<input type="checkbox"/> Others _____						
Accessibility Needs	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Differently Abled	<input type="checkbox"/> Both							

## Consent & Additional Declarations (Resident Individual, Non Resident Individual) Joint applicant / POA

### Aadhaar Consent

1) I intend to open \_\_\_\_\_ account/s with your Bank. As part of the account opening process and KYC documents, I submit my Aadhaar number and voluntarily give my consent to: Use my Aadhaar Details to authenticate me from UIDAI • Use my Mobile Number mentioned below for sending SMS Alerts to me • Link the Aadhaar number to all my existing/new/future accounts and customer profile (CIF) with your bank • We are submitting Aadhaar number as part of KYC but not authenticating with UIDAI and necessary KYC documents are submitted by me. 2) I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the Bank herewith shall not be used for any purpose other than mentioned above, or as per requirement of law. 3) I hereby declare that all the above information voluntarily furnished by me is true, correct, and complete.

### CKYC Consent

I hereby authorize you to retrieve the KYC records online from the CKYCR using the KYC Identifier and the customer shall not be required to submit the same KYC records or information or any other additional identification documents or details, unless - i. there is a change in the information of the customer as existing in the records of CKYCR; ii. the current address of the customer is required to be verified; iii. the RE considers it necessary in order to verify the identity or address of the customer, or to perform enhanced due diligence or to build an appropriate risk profile of the client.

### PEP Consent

Are you a Politically Exposed Person ☐ Yes ☐ No

(If Yes, please provide details \_\_\_\_\_)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature(s)/Thumb impression(s) of Applicant

## E-mail Instructions (Applicable only for NRI customers)

I/We unconditionally agree to the following terms and conditions for operating the Account/Existing accounts held under the Customer ID \_\_\_\_\_ through Fax/ E-mail instruction:

- The facility is available only for (a) Transfer of funds within the accounts held by me/us with SBM Bank, (b) Creation of Fixed Deposit by debit to my/our savings account with SBM Bank. (c) Statement/Cheque book request for accounts held by me/us with SBM Bank, (d) Hot listing of Cards for accounts held by me/us, (e) Stop Payment requests for accounts held by me/us with SBM Bank, (f) Mobile Number and E-mail ID updation for my/our accounts with SBM Bank.
- The instructions sent through my/our E-mail ID/Fax as registered with the Bank, with be processed only on the basis of a Customer Request Form (CRF) duly signed by me/us and sent as a scan copy through my/our registered E-mail ID/Fax. I/We agree that the Bank will not process the instructions provided by me in such a manner as above, in case my/our signature on the Customer Request Form does not match with the signature(s) available in the Bank's records.
- Details of Fax No. and E-mail ID given in this Form will constitute our registered Fax No. and E-mail ID for SBM Bank unless changed through my/our mandate and acknowledged by SBM Bank.
- Operation of the Account through Fax/E-mail shall be strictly confined to instructions sent through registered Fax No./E-mail ID and received by SBM Bank in their Fax No./E-mail ID provided to me/us and SBM Bank shall not be responsible for ensuring the validity and authorisation for such instructions.
- Any change in the Fax No./E-mail ID has to be intimated by me/us to SBM Bank in their Fax No./E-mail ID and acknowledged by it.
- SBM Bank shall act on faxes/emails received from me/us only on working days and during the business hours of the aforesaid Branch of the Bank for aforesaid transactions and SBM Bank shall not be responsible for any failure/rejection of the instruction due to lack of availability of time for execution of such instructions.
- SBM Bank shall not be bound to act upon instructions received by Fax/E-mail, which are illegible or multiple and not unambiguous and SBM Bank's opinion and decision shall be treated as final. SBM Bank shall not be responsible for any losses or damages, which I/We may suffer as a consequence thereof.
- SBM Bank acting upon the instructions through Fax/E-mail shall not be responsible for any losses/damages incurred out of transactions undertaken based on such instructions. If subsequently it was found by me/us that the instruction sent through Fax/E-mail was not authorised or fraud or hacking has occurred at my/our Fax/E-mail ID, SBM Bank shall also not be responsible for the consequences.
- I/We shall be responsible for all the instructions given by Fax/E-mail as to compliance of all laws or regulations of all statutory, regulatory and enforcement bodies and will bear all claims, losses, damages, costs liabilities and expenses incurred, suffered or paid by SBM Bank acting upon the instructions received through Fax/E-mail.

1<sup>st</sup> Applicant Signature

2<sup>nd</sup> Applicant Signature

3<sup>rd</sup> Applicant Signature

☐ I am a tax resident of India and not resident of any other country OR ☐ I am a tax resident of the country(ies) mentioned in the table below: (Mandatory to fill up all information)

City of Birth\*           Country of Birth         Address Type for Tax Purpose: ☐ Residential ☐ Business ☐ Registered Office

[illegible]

Place: \_\_\_\_\_

Date: \_\_\_\_\_

