



CIF NO.
PPF A/C NO.

FORM-1
[See sub-paragraph (1) of paragraph 3]
(Application for opening an account)

To
The Branch Manager
State Bank of India
_____ Branch

Paste Photograph of applicant

Sir,

I _____ (account holder/guardian) hereby apply for opening an account under Public Provident Fund Scheme.

I tender herewith Rs. _____/-

(Rupees _____ only) in cash/cheque/DD No. _____ dated _____ as initial deposit. My Particulars are as under: -

1. Name of account Holder : _____
Husband/Father/Mother's Name : _____
Date of Birth : ____/____/____.
: (In Words _____)
OR
2. Name of Minor account holder : _____
Father/Mother's name or the Guardian : _____
Date of Birth : ____/____/____.
: (In Words _____)
3. Aadhaar Number of account holder/guardian : _____
4. Permanent Account Number (PAN) of the Account holder/Guardian : _____
5. Present Address : _____

Permanent Address : _____

6. Contact Details : Telephone Number : _____
Mobile Number: _____
Email ID: _____
7. Type of Account : Single or Through Guardian for Minor or person of unsound Mind or blind or differently able through authorised person.
8. * Details of date of birth proof:
(Applicable in case of minor account)
 - a) Certificate No. : _____
 - b) Date of Issue : _____
 - c) Issuing authority : _____

9. (*) Name of Guardian (Natural/Legal) : _____
(In case the account is opened on behalf of
a minor/person of unsound mind)

10. Details of other KYC documents attached : 1. Proof of identification : _____
2. Address Proof : _____

11. (The following documents are accepted as Valid documents for the purpose of Identification and address proof: 1.Passport, 2. Driving License, 3.Voter's ID card 4. Job card issued by NREGA signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address):

*The operation of the account will be : (a) By the Guardian till the account holder
Attains Majority.
(b) By the account holder on attaining majority.

12. Specimen Signatures :-

NAME:		

I hereby declare that I have not opened a Public Provident Fund Account in the name of the myself/minor mentioned at serial number 1 in any of the Post office/Bank in the country.

I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors as per provision of paragraph 4 and any deposit in excess of the ceiling will be treated as in contravention to the Scheme.

I further declare that I and the minor both are Resident citizen of India and undertake to inform the account office of any change in our residency/citizenship status in future.

I hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on the Scheme and amendments issued thereto from time to time.

Date: _____

Signature or Thumb impression of account holder/Guardian

NOMINATION

13. I _____ hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit at the time of my death would be payable.

S.NO.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominee (optional)	Date of birth of nominee in case of minor	Share of entitlement	Nature of entitlement Trustee or owner

As the nominee(s) at Serial No.(s) _____ specified above is/are minor(s), I appoint Shri/Smt/
Kumari _____ S/O, D/O, W/O _____
_____ Address _____

to receive the sum due under the said account in the event of my death during the minority of the nominee(s)

1. Signature of Witness : _____
Name & Address : _____
2. Signature of Witness : _____
Name & Address : _____

Signature or thumb impression of account holder or guardian

Place: _____

Date : _____

For the use of Bank

The account has been opened in the name of _____ on
_____ with initial deposit of Rs. _____ with account no. _____
dated _____. Customer Identification Number _____
Nomination has been registered vide No. _____ dated _____

Signature and seal of Competent Authority

SUPLIMENTARY ACCOUNT OPENING FORM

TCRN: _____ TARN: _____

Name: _____

Residential status: ☐ Residential ☐ Non-residential ☐ Foreign National ☐ Person of Indian Origin

Gender: ☐ Male ☐ Female ☐ Transgender Maiden Name: _____

Father's name (mandatory if PAN not submitted): _____

Name of Spouse: _____

Guardian's name (in case of Minor): _____

Networth of applicant: _____ Nature of Business (in case occupation is Business): _____

Nationality (if not Indian): (Country Name) _____

City of Birth: _____ Country of birth _____

Multiple Tax Residency: ☐ Yes ☐ No (If Yes then fill the details below)

Foreign TIN #1: _____ TIN #1 issuing country: _____

Country 1 of Residence for Tax Purpose: _____

Foreign TIN #2: _____ TIN #2 issuing country: _____

Country 2 of Residence for Tax Purpose: _____

Identification Details: Documents acceptable as proof of identity.

Please tick the appropriate box (any one document) and give details.

☐ Passport Doc num: _____ Expiry: _____

☐ Voter's ID Issued by: _____

☐ Driving Licence Issued at: _____ Expiry: _____

☐ Adhaar Letter Issue date: _____

☐ NREGA Card

☐ PAN Card

☐ Other Officially Valid Documents _____

Details of address in jurisdiction where the applicant is residing for tax purpose:

Same as: ☐ Current Add ☐ Permanent Add ☐ Overseas Add ☐ Same as Correspondence/Local Add

Address: _____

City/Village: _____ District: _____

Sub-district: _____ PIN: _____

State: _____ Country: _____

Details of Related Person ☐ Addition of Related Person ☐ Deletion of Related Person

KYC Num (if available) _____

Type: ☐ Guardian of Minor ☐ Nominee ☐ Assignee ☐ Authorised Representative ☐ Beneficial Owner ☐ Beneficiary

Name: _____

☐ Passport Doc num: _____ Expiry: _____

☐ Voter's ID Issued by: _____

☐ Driving Licence Issued at: _____ Expiry: _____

☐ Adhaar Letter Issue date: _____

☐ NREGA Card

☐ PAN Card

☐ Other Officially Valid Documents _____

Remarks: _____

Services Required:

• Tele Banking Kit: ☐ Required ☐ Not required

• SMS Alert (Charges applicable): ☐ Required ☐ Hindi ☐ English ☐ Not required
 (on Mobile no. mentioned in Correspondence Add)

• Phone Banking Services: To be enabled ☐ Yes ☐ No

Please specify, if you wish to use your other account number as Phonebanking User ID: _____

(You can select any of your Savings Bank or Current Ac. No. in 'Single' or E or S as User ID. The account number selected as User ID will also be enabled for Phonebanking)

DECLARATION

- C-KYC: My Personal /KYC details may be shared with KYC Registry. I hereby give consent to receive information from Central KYC registry through SMS/e mail on the above registered number/e mail address.
- I have received the Welcome Kit containing INB Kit and ATM Card with PIN and understand that in case of any misuse/misplacement of the contents of the Kit, the Bank will not be liable for any loss.
- INFORMATION ON PRODUCT AND SERVICES: To serve you better, we would like to communicate about updates on our various products and services, new products and features and special offers from our Bank and our Group Companies. Please give your consent to stay informed about these products and offers. Your consent: __Yes __ No

FATCA/ CRS DECLARATION.

1. I / We hereby certify that I / we have declared my/our status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in this regard.
2. I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter-Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and or any other similar arrangements.
3. I / We certify that the information provided by me/us above as applicable to me/us and signed by me/us as well as in the documentary evidence provided by me/us are, to the best of my/our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of my account as a U S Reportable Account or Other Reportable Account or otherwise.
4. I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided above, as well as in the documentary evidence provided by me/us or if any certification becomes incorrect and to provide fresh and valid self-certification along with documentary evidence.
5. I / We also agree that my/our failure to disclose any material fact known to me/us, now or in future, may invalidate me from transacting in the account and State Bank of India would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /RBI for the purpose or take any other action as may be deemed appropriate by State Bank of India, under the guidelines issued by CBDT/RBI from time to time, if the deficiency is not remedied by me/us within the stipulated period.
6. I/We also agree to furnish and intimate to State Bank of India any other particulars that are called upon me/ us to provide on account of any change in law either in India or abroad in the subject matter herein.
7. I/We shall indemnify State Bank of India for any loss that may be caused to State Bank of India on account of providing incorrect or incomplete information by me/us.

PLACE:

DATE:

(SIGNATURE OF THE APPLICANT)