SUKANYA SAMRIDDHI ACCOUNT

APPLICATION FOR OPENING OF SUKANYA SAMRIDDHI ACCOUNT UNDER SUKANYA SAMRIDDHI YOJANA



To The Chief/Branch Manager Sate Bank of India Photograph

(Paste latest photograph not older than six month)

I,(name of parent/guardia	
Account under 'Sukanya Samriddhi Yojana', in the name of Kumari	
the parent/guardian and tender herewith Rs(Rupeessubscription.) in cash/ cheque as the initial
1. Name of Account holder (girl child) Kumari	
2. Daughter of (father /mother's name)	
3. Date of Birth/	
(DD / MM / YYYY)	
(In words)	_
4. Details of Birth Certificate	_
a) Certificate No	_ (Copy may please be enclosed)
b) Date OF Issue	
c) issuing authority)	_
5. Name of Parent / Guardian	_ (Operating the account on behalf of the minor girl child)
6. ID details of parent/guardian	_
a) Certificate No	
b) Date OF Issue	(Copy may please be enclosed)
c) issuing authority	_
7. Address (Present)	_
(Permanent)	
8. Details of other KYC documents attached	-
I hereby undertake to abide by the provisions / rules of the 'Sukanya Samratime to time.	— iddhi Account' and amendments issued thereto from
I hereby declare that I have not opened OR maintaining any other account (Name of girl child) in any other Bank or	
	Signature or thumb impression of
	Parent/guardian.
	Additional Specimen Signature
FOR THE USE OF ACCOUNT	
The account has been opened in the name	e of Kumari
under CIF No on/	with RsUnder

The state of the s	FOR DAD	RENT/GUARDIAN ONLY Customer Information File- SS	
Personal Details Customer Type: Public Staf	Ser S	CIF No.	
Name: Mr. Ms.	Mrs. Othe	Paste a passport size	
Guar .	Middle Name	photograph inside this	
Name of Father / Husband / Guardian:	Mr.	Ms. Mrs. Other box	
Vante	Middle Nune	Las Nama Sarmann	
Date of Birth:	Gender:	Maje Female Nationality:	
Mother's Maiden Name:			
UID:	Ma	arital Status: Married Unmarried Others	
Correspondence Address (Current Re	sidential/Office)		
Landmark/Street:			
City:	PIN:	State:	
Telephone no.		Mobile no.	
Permanent Address			
Same as Correspondence Address			
Landmark/Street:			
City:	PIN:	State:	
Telephone no.		Fax no.	
Email Address:			
Additional Details (wherever applicable		- Carl N. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
Income: monthlyannually Assets (approximate value): Rs			
- Production: Hindu			
*Religion: Hindu	ORC S	SC ST	
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(Authorised signatory)

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)