

Note: This form is for app	olicant(s) who is / are 18 years or older.			
Application Date \(\bigcup / \bigcup / \bigcup \bigcup \) \(\bigcup				
Please open our:	egular Savings Account \square Basic Savings E	Bank Deposit Account 🗌 Small Account #		
# 'Small Account' can be opened by submitting your recent photograph and putting your signature or thumb impression in the presence of the bank official				
MODE OF OPERATIO	N* \square Single \square Either or Survivor \square Form	ner or Survivor \square Jointly or Survivor \square Jointly by all		
I. DETAILS OF FIRST	/ SINGLE APPLICANT			
1. PERSONAL DETAIL	1. PERSONAL DETAILS CIF ID			
Applicant Name*				
Maiden Name (if any)*				
Father / Spouse Name	*			
Mother Name*				
Date of Birth*		Gender* ☐ Male ☐ Female ☐ Transgender		
Marital Status*	Married Unmarried Others			
Occupation Type*	Service (Private Public Government) Business Others (Professional			
☐ Self-employed - Agriculture ☐ Self-employed - Others ☐ Retired ☐ Housewife ☐ Student)				
	Not Categorized. (Please specify)			
Education	Under-Graduate Graduate Post Graduate	aduate		
Gross Annual Income	\Box Less than 60K \Box 60K - 1L \Box 1L - 5L	☐ 5L - 15L ☐ More than 15L		
2. PROOF OF IDENTIT	Y (Pol)* (Certified copy of any one of the fo	llowing POI needs to be submitted)		
Passport No.		Expiry Date		
Voter ID No.				
PAN Card*^		If you do not have a PAN, please complete a Form 60/61		
Driving License		Expiry Date 🗆 🗆 🗸 🗆 🗆 🗆		
NREGA Job Card				
Others **		** Any document notified by the Central Government		
Simplified Measures Account ***		*** Identity card with applicant's photograph issued by Central / State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions OR Letter issued by a gazetted officer, with a duly attested photograph of the person.		
(^PAN has to be submitted by the customer even if he / she submits a Pol other than PAN)				
3. PROOF OF ADDRESS (PoA)*				
3A. PERMANENT ADDRESS (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)				
Address type* Residential / Business Residential Business Registered Office Unspecified				
Proof of Address* ☐ Passport ☐ Driving License ☐ Voter Identity Card ☐ NREGA Job Card				
☐ Simplified Measures Account ☐ Others				
Line 1*				



Line 2 City / Town / Village*				
District*	State*	PIN Code*		
3B. COMMUNICATION	I ADDRESS \square Same as Permanent Addre	ess		
Line 1*	100000000000000000000000000000000000000			
Line 2		r / Town / Village*		
District*	□ □ □ □ □ □ □ □ □ □ State* □ □ □]		
Tel (Res)	Benail ID	100000000000000000000000000		
Mobile (if any)* 91-	☐☐☐☐☐☐☐☐(This number will be	used for alerts, mobile banking and USSD)		
Account Statement to	be delivered to \square Email ID ,OR \square Comm	munication address		
II. DETAILS OF SECO	ND / JOINT APPLICANT			
1. PERSONAL DETAIL	S CIF ID	(in case of existing account holder)		
	FULL NAME (Please leave one space between First, Middle and I	Last name)		
Applicant Name*				
Maiden Name* (if any)				
Father / Spouse Name				
Mother Name*				
Date of Birth*		* Male Female Transgender		
Marital Status*	Married	out) Dusiness Others (Destactional		
Occupation Type*	_	ent) Business Others (Professional		
		red - Others Retired Housewife Student)		
Education	Not Categorized. (Please specify) Under-Graduate ☐ Graduate ☐ Post Graduate			
	Less than 60K 60K - 1L 1L - 5L			
	"Y (Pol)* (Certified copy of any one of the fo	llowing POI needs to be submitted)		
Passport No.		Expiry Date		
Voter ID No.				
PAN Card*^		If you do not have a PAN, please complete a Form 60/61		
Driving License		Expiry Date		
NREGA Job Card				
Others **		** Any document notified by the Central Government		
Simplified Measures Account ***		*** Identity card with applicant's photograph issued by Central / State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions OR Letter issued by a gazetted officer, with a duly attested photograph of the person.		
(^PAN has to be submitted by the customer even if he / she submits a Pol other than PAN)				
3. PROOF OF ADDRESS (PoA)*				
3A. PERMANENT ADDRESS (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)				
Address type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified				
Proof of Address* ☐ Passport ☐ Driving License ☐ Voter Identity Card ☐ NREGA Job Card				
☐ Simplified Measures Account ☐ Others				



Line 2				
District*				
3B. COMMUNICATION	I ADDRESS \square Same as Permanent Addre	ss		
Line 1*				
Line 2] City	r / Town / Village*		
District*]		
Tel (Res)	Bmail ID			
Mobile (if any)* 91-				
III. DETAILS OF THIRI	D / JOINT APPLICANT			
1. PERSONAL DETAIL	.S CIF ID	(in case of existing account holder)		
Annlinent Namet	FULL NAME (Please leave one space between First, Middle and I			
Applicant Name*				
Maiden Name* (if any)				
Father / Spouse Name*				
Mother Name* Date of Birth*		* Male Female Transgender		
Marital Status*	Married Unmarried Others	□ Male □ Female □ Transgender		
Occupation Type*		ent) Business Others (Professional		
_		ed - Others Retired Housewife Student)		
	Not Categorized. (Please specify)	eu - Others - Hetheu - Housewife - Studenty		
Education	Under-Graduate Graduate Post Graduate	aduate		
	Less than 60K G 60K - 1L G 1L - 5L	_		
	Y (Pol)* (Certified copy of any one of the fo			
Passport No.		Expiry Date / /		
Voter ID No.				
PAN Card* [^]		If you do not have a PAN, please complete a Form 60/61		
Driving License		Expiry Date 🗆 🗆 🗸 🗆 🗆 🗆		
NREGA Job Card				
Others **		** Any document notified by the Central Government		
Simplified Measures Account ***		*** Identity card with applicant's photograph issued by Central / State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions OR Letter issued by a gazetted officer, with a duly attested photograph of the person.		
(^PAN has to be submitted by the customer even if he / she submits a Pol other than PAN)				
3. PROOF OF ADDRESS (PoA)*				
3A. PERMANENT ADDRESS (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)				
Address type* Residential / Business Residential Business Registered Office Unspecified				
Proof of Address* ☐ Passport ☐ Driving License ☐ Voter Identity Card ☐ NREGA Job Card				
Simplified Measures Account Others				
Line 1* UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU				
Line 2 UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU				



District*	District*					
3B. COMMUNICATION ADDRESS ☐ Same as Permanent Address						
Line 1*	Line 1*					
Line 2 City / Town / Village*						
District*						
Tel (Res)						
Mobile (if any)* 91-						
IV. NOMINATION						
Nomination facility to be availed? Yes No If YES, please fill in the following particulars I nominate the following person particulars whereof are given below to whom in the event of my / our / minor's death the amount of the deposit in the account opened with this AOF may be returned by the bank. Nominee Aadhaar No.						
L.	with depositor, if any Age					
Signature / Thumb impression of Signature / Thumb impression of Signature / Thumb impression of						
1st Applicant** 2nd Applica						
Witness details (**Thumb impression(s) to be attested by two witnesses)						
1. Signature	2. Signature					
Name	Name					
Address	Address					
Place: Date:	Place: Date:					

V. DECLARATION

I / We confirm that I am / are a resident of India. I / We have read and understood the Terms & Conditions governing the opening of an account with IPPB (or "the Bank") and related to various services. I / We accept and agree to be bound by the said Terms & Conditions including those excluding / limiting the Bank's liability. I / We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me / us. I / We agree that the Bank may debit my / our account for the service charges applicable from time to time. I / We authorise the Bank to disclose, from time to time any information relating to my / our Savings account to any parent / subsidiary, affiliate and associate of the Bank, and to third parties engaged by the Bank, for purposes as detailed in the Terms & Conditions Booklet. I / We confirm that I / we are in possession of and have read the Terms and Conditions Booklet which details the rules governing account operations, the schedule of charges which specifies the charges applicable from time to time for various services and the tear away Customer acknowledgement slip detailing the instructions and account opening rules.

I / We hereby declare that the details furnished above are true and correct to the best of my / our knowledge and belief, and I / we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I / We am aware that I / we may be held liable for it.

I / We confirm that I / we want to avail the Debit Card facility along with this Savings account by accepting the said instrument when it would be delivered to me / us by the Bank. I / We understand the account balance in my / our Savings account cannot exceed Rs.1,00,000 at any point in time.

I / We confirm that IPPB reserves the right to disallow any credit transaction which increases the account balance beyond Rs. 1,00,000 and take remedial measures as required.

For ILLITERATES only,



☐ I/We hereby confirm that the contents	☐ I/We hereby confirm that the contents of this form including the Terms & Conditions have been understood by me / us and					
the same has been explained to me / us in local language.						
Affix photograph of 1st Applicant with signature / thumb impression across	Affix photograph of 2 nd Applicant with signature / thumb impression across	Affix photograph of 3 rd Applicant with signature / thumb impression across				
Signature / Thumb impression of 1 st Applicant	Signature / Thumb impression of 2 nd Applicant	Signature / Thumb impression of 3 rd Applicant				
Name	Name	Name				
Date Date	Date	Date / /				
FOR BANK USE ONLY		Request No				
I hereby certify that this Account Opening Form is complete in all respect. All KYC checks have been completed and relevant documents have been obtained. The account may please be set up in the Core Banking System. I hereby certify that I have read out the contents of Account Opening Form in local language and the applicant(s) has / have understood the same.						
CIF ID No. 1	D No. 2	ID No. 3				
First Applicant Name						
Name of the Bank Authorized Official		Official ID Date \(\Boxed{\text{D}} \Boxed{\text{D}} \Boxed{\text{D}} \Boxed{\text{D}} \Boxed{\text{D}} \Boxed{\text{D}} \Boxed{\text{D}}				
Signature of the Bank Authorized Official						
INITIAL DEPOSIT DETAILS Cash Rs. Cash Rs. drawn on Bank, Branch						
CUSTOMER ACKNOWLEDGEMENT SLIP For Account Opening (Non Aadhaar based) Request No						
If Nomination facility is availed DA-1 Nomination Registration No						
CIF ID No. 1						
First Applicant Name	Account Number					
INITIAL DEPOSIT DETAILS Cash Rs.						
Cheque / DD Nodated		k, Branch				
Name of the Bank Authorized Official Official ID						
Signature of the Bank Authorized Official Date \[\begin{align*} \begin{align*} \left & \left						