

Application Date	//	* = Mandatory fields				
Please open our:	egular Savings Account 🗌 Basic Savings 🛭	Bank Deposit Account				
MODE OF OPERATION*						
In case, \square Single – (Please tick one \square Self-operated \square Minor A/c operated by Guardian)						
In case, □Joint − (Please tick one □ Either or Survivor □ Former or Survivor □ Jointly or Survivor □ Jointly by all)						
I. DETAILS OF MINOR						
1. PERSONAL DETAILS	CIF ID FULL NAME (Please leave one space between First, Middle and L	ast name) (in case of existing account holder)				
Applicant Name*						
Maiden Name (if any)*						
Father Name*						
Mother Name*						
Date of Birth*	Gender	* 🗌 Male 🗌 Female 🗌 Transgender				
2. PROOF OF IDENTITY	Y (Pol)* (Certified copy of any one of the fo	llowing POI needs to be submitted)				
Passport No.		Expiry Date 🗆 🗆 / 🗆 🗆 🗆 🗆				
PAN Card*^		If you do not have a PAN, please complete a Form 60 / 61				
Aadhaar						
☐ Please link this acc	ount to my Aadhaar for benefits transfer (A	ttached 'Aadhaar linking' form duly filled and signed				
Others **		** Any document notified by the Central Government				
	by the customer even if he / she submits a Po	I other than PAN)				
3. PROOF OF ADDRES	·					
		owing Proof of Address [PoA] needs to be submitted)				
Address type* Resid	_ `					
Proof of Address*	Passport	s Account Uothers				
Line 1*						
Line 2	•	/ / Town / Village* U U U U U U U U U U U U U U U U U U U				
District*		PIN Code*				
3B. COMMUNICATION	ADDRESS ☐ Same as Permanent Addre	ess				
Line 1*						
Line 2	City	//Town/Village* 🗌 🗎 🗎 🗎 🗎 🗎 🗎 🗎 🗎 🗎 🗎 🗎				
District*		PIN Code*				
Tel (Res) 🗌 🗎 🗎 - 🗆] Email ID					
Mobile (if any)* 91-] [] [] [] [] [] [(This number will be	e used for alerts, mobile banking and USSD)				
Account Statement to	be delivered to ☐Email ID OR ☐Comr	nunication address				
II. DETAILS OF GUAR	DIAN ☐ First / Single ☐ Second / Join	t (Please tick on the basis of selected mode of operation)				
1. PERSONAL DETAILS	S CIF ID	(in case of existing account holder)				
Applicant Name*	FULL NAME (Please leave one space between First, Middle and	Last name)				
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*	Occupation Type* Service (Private Public Government) Business Others (Professional				
\square Self-employed - Agriculture \square Self-employed - Others \square Retired \square Housewife \square Student)					
☐ Not Categorized. (Please specify)					
Category	Category General OBC SC ST Minority				
Education	☐ Under-Graduate ☐ Graduate ☐ Post Graduate				
Gross Annual Income	Less than 60K \square 60K - 1L \square 1L - 5L	☐ 5L - 15L ☐ More than 15L			
2. PROOF OF IDENTIT	(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 🗆 🗆 🖊 🗆 🗆 🗆 🗆			
Aadhaar					
☐ Please link this ac	count to my Aadhaar for benefits transfer (A	ttached 'Aadhaar linking' form duly filled and signed			
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 submitte	d by the customer even if he / she submits a Pol	other than PAN)			
3. PROOF OF ADDRE					
		owing Proof of Address [PoA] needs to be submitted)			
_	dential / Business				
	Passport Upriving License Aadhaar U	oter Identity Card □NREGA Job Card			
	Simplified Measures Account Others				
Line 1*					
Line 2		//Town/Village*			
District*	State*	PIN Code*			
3B. COMMUNICATION	NADDRESS Same as Permanent Addre	SS			
Line 1*					
Line 2		//Town/Village*			
	District*				
Tel (Res)					
Mobile (if any)* +91-					



Nominee Aadhaar No								
Name	Address	Relationship	o with depositor, if any	Age	If nominee is a minor, his / her date of birth*			
If Nominee is a minor, please fill the details below As nominee is a minor on this date, I appoint Mr. / Ms. / Mrs								
pehalf of the nomin	ee in the event of my / our	/ minor's death d	uring the minority of the	nominee.				
	Signature / Thumb impi 1st Applicant**		Signature / Thumb impressi 2nd Applicant**	on of				
*** Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor Witness details (**Thumb impression(s) to be attested by two witnesses)								
1. Signature			2. Signature					
Name			Name					
Address			Address					
Place:	Date:		Place:	Date:				
V. MINOR DECLA	RATION							
Type of Guardian Father Mother Court Appointed FULL NAME (Please leave one space between First, Middle and Last name)								
Suardian's Name	I hereby declare that the date of birth of the minor who is my is \Box / \Box / \Box / \Box \Box and I am							
hereby declare tha		n appointed by co	escription in the above A	Account unt	il the said minor attains			
nis / her natural and shall represent the	d lawful guardian / guardian said minor in all future tran y the Bank against the clai	sactions of any d	inor for my withdrawal /	irarioaotion				

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.

Rs.1,00,000 and take remedial me		redit transaction which increases	s the account balance beyond				
For ILLITERATES only,	asures as required.						
	contents of this form includ	ling the Terms & Conditions have	e heen understood by me / us and				
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.							
1	Affix photograph of st Applicant with	Affix photograph of 2 nd Applicant with					
	ignature / thumb mpression across	signature / thumb impression across					
Signa	ture / Thumb impression of	Signature / Thumb impression of	f				
	1 st Applicant	2 nd Applicant					
Name _		Name					
Date		Date / /					
FOR BANK USE ONLY							
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.							
			em. I hereby certify that I have read				
out the contents of Account Openin		and the applicant(s) has / have u	em. I hereby certify that I have read				
out the contents of Account Openin	ng Form in local language	and the applicant(s) has / have u	em. I hereby certify that I have read				
out the contents of Account Openin	ng Form in local language	and the applicant(s) has / have u	em. I hereby certify that I have read				
out the contents of Account Openin CIF ID No. 1	Cash Rs.	and the applicant(s) has / have u	em. I hereby certify that I have read inderstood the same.				
out the contents of Account Openin CIF ID No. 1	Cash Rs drawn	and the applicant(s) has / have u	em. I hereby certify that I have read inderstood the same.				
out the contents of Account Openin CIF ID No. 1	Cash Rs. drawn	and the applicant(s) has / have u Account No. on Bank,	em. I hereby certify that I have read inderstood the same. Branch				
out the contents of Account Openin CIF ID No. 1	Cash Rs. drawn drawn	and the applicant(s) has / have u Account No. on Bank, Date	em. I hereby certify that I have read inderstood the same. Branch				
out the contents of Account Openin CIF ID No. 1	CIF ID No. 2	and the applicant(s) has / have u Account No. On Bank, Date	em. I hereby certify that I have read inderstood the same. Branch J				
out the contents of Account Openin CIF ID No. 1	CIF ID No. 2	and the applicant(s) has / have u Account No. On Bank, Date	em. I hereby certify that I have read inderstood the same. Branch J				
out the contents of Account Openin CIF ID No. 1	Cash Rs.	and the applicant(s) has / have u Account No. On Bank, Date ening (Minors)	em. I hereby certify that I have read inderstood the same. Branch J				
Out the contents of Account Opening CIF ID No. 1	Cash Rs. Date drawn cial Cash Scash Rs. Cash Rs.	and the applicant(s) has / have u Account No. On Bank, Date ening (Minors)	em. I hereby certify that I have read inderstood the same. Branch J				
out the contents of Account Openin CIF ID No. 1	Cash Rs	and the applicant(s) has / have u Account No. On Bank, Date ening (Minors)	em. I hereby certify that I have read inderstood the same. Branch J				
out the contents of Account Openin CIF ID No. 1	Cash Rs.	and the applicant(s) has / have u Account No. On Bank, Date ening (Minors) Account Number on Bank,	em. I hereby certify that I have read inderstood the same. Branch J				