



**ACCOUNT OPENING FORM
FOR RESIDENT INDIVIDUALS**

(To be filled by applicant only)



CIF ID. _____
CIF ID. _____
CIF ID. _____

Application for Opening Sapphire Savings Bank Account

Date: _____

Account No. : _____ Branch : _____ SOL ID : _____

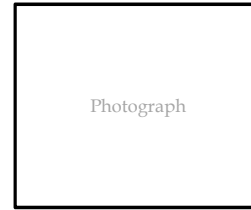
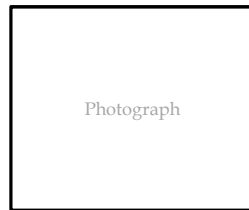
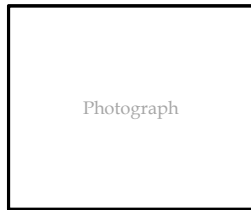
I/We request PMC Bank to open Sapphire Savings Bank Account in the books of the Bank. I/We furnish the following :

(1) NAME OF APPLICANT/S

Sr. No.	Prefix	First Name	Middle Name	Surname	Mother's Name	Father/ Spouse Name
1						
2						
3						

In case the applicant is a minor, please write parent/guardian's name (as an applicant) below the Minor's Name

PHOTOGRAPH:



(Please sign partly on paper and partly on the photo)

(2) PERSONAL DATA

Sr. No.	Gender	Nationality	PAN No.	Aadhaar No. (Optional)	Date of Birth	Age	Place of Birth	Gross Annual Income (Rs. In lakh)
1								Frm _____ To _____
2								Frm _____ To _____
3								Frm _____ To _____

* Proof of age to be produced for minor and senior citizen

(3) OPERATIONS INSTRUCTIONS

Self Either or Survivor Former or Survivor Jointly _____ Other

(4) 1ST APPLICANT

MAILING ADDRESS (tick if same as Permanent Address):

Flat No. & Bldg.	
Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country

PERMANENT ADDRESS

Flat No. & Bldg.	
Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country

(5) 2ND APPLICANT

MAILING ADDRESS (tick if same as Permanent Address):

Flat No. & Bldg.	
Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country

PERMANENT ADDRESS

Flat No. & Bldg.	
Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country

(6) 3RD APPLICANT

MAILING ADDRESS (tick if same as Permanent Address):

Flat No. & Bldg.	
Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country

PERMANENT ADDRESS

Flat No. & Bldg.	
Road No./Name	Suburb/Area/Town/Village
Landmark	
City	PIN Code
State	Country

(7) CONTACT DETAILS

Applicant	Mobile No.**	Landline No.	Office Tel. & Extn.	E-mail**
1				
2				

* These are compulsory filed.

(8) KYC DOCUMENTS

Applicant	Identity Proof *	Address Proof **
1		
2		
3		

*Passport / Voter's ID Card / PAN Card / Driving Licence / Aadhaar Letter or Card / NREGA Job Card / Others (Any document notified by the Central Govt.)

**Ration Card/ Passport / Voter's ID Card / Driving Licence / Aadhaar Letter or Card / NREGA Job Card / Others (Any document notified by the Central Govt.)

(9) PROFILE

Name of Applicant	Occupation *(Pls. Mention addtl details as listed below)	Marital Status	Residence Type (Owned/ Rented/ Company Provided)	Religion	Category (General/ OBC/SC/ST/ Others)	Qualification	Employer Details (Name & Address)	Designation

*Occupation - Salaried / Self Employed / Retired / Self Employed-Professional / Housewife / Politician / Student / Others (Please specify)

Self Employed - Manufacturer / Service provider / Agriculturer / Bullion / Gold / Jewellery / Stock Broker/ Real Estate/ Trader / Money Lender / Others (Please specify)

If employed & working with - Private Ltd. / Partnership / Proprietorship / Public Ltd. / Public Sector / Government / Multinational / Others (Please specify)

Please Tick if applicable

Politically Exposed Person

Related to Politically Exposed Person

Select the appropriate alternative and write it in column in case of 9

(10) SPECIMEN SIGNATURE

(Signature 1st Applicant)	(Signature 2nd Applicant)	(Signature 3rd Applicant)

(11) PAYMENT DETAILS: Initial deposit of Rs. _____ is made by Cash / NEFT / RTGS/IMPS/Transfer by means of Cheque No. _____ dated _____ drawn on _____ for Rs. _____

(12) NOMINATION

Nomination Required : Yes / No

Form DA - 1 (Nomination Form)

Nomination Serial No. _____

Nomination under Section 45ZA of the Banking Regulation Act. 1949 and 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 deposits, particulars whereof are given below, may be returned by the Bank.

Details of Deposit

Type of Deposit _____ Account No. _____

Details of Nominee

Name : _____

Relationship with Depositor _____ Age _____ Nominee's Date of Birth _____

Address : _____

As the nominee is a minor on this date, I/We appoint Shri/Smt _____ Age _____ years residing at (address) _____ 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. (Witness required only in case applicant is illiterate)

(signature(s)/thumb impression(s) of Applicants)

Date : _____

Place : _____

(13) OTHER FACILITIES REQUIRED:

a. CHANNEL BANKING FACILITY

*ATM cum Debit Card **Yes / No**

*SMS Banking **Yes / No**

Applicant	Name as would appear on the card (PLEASE WRITE IN CAPS) (MAX 20 CHARACTERS INCLUDING BLANKS)
1	
2	

*We understand that use of International Debit Card is subject to applicable Foreign Exchange Management Act (FEMA).

SMS Banking	Yes / No	Internet Banking	Yes / No	Mobile Banking	Yes / No
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E-Statement Frequency Monthly / Quarterly / Yearly/Daily (sent to the 1st Applicant only)

(14) UNDERTAKING cum DECLARATION:

I / We hereby confirm that the information furnished in this form is true and complete. I/We agree to abide by the rules framed under the scheme by the Bank at present and as may be framed from time to time relating to the account. I/We agree to maintain the prescribed daily balance in the Sapphire Saving Account as required under the Scheme. If the required daily balance is not maintained, I /We authorize PMC Bank to debit the nominal fees as decided by the Bank from time to time. I/We understand that the special rate of interest eligible under the Scheme will be subject to maintenance of specified daily balance as defined in the Scheme. If the cash deposit in the account is above the free limits defined under the Scheme, I/We authorize PMC Bank to debit Cash Handling charges as decided by the Bank from time to time. I/We understand that I/We will be eligible for certain number of free cheque leaves in a Financial Year as framed under the Scheme. I/We authorize PMC Bank to debit cheque book charges over and above the free limits decided by the Bank from time to time, under the Scheme. I/We have understood conditions related to VISA Debit cards and their transaction limits. I/We have understood the terms and various facilities /services including free limits / charges for mobile banking transactions, Debit Card transactions, remittances, etc. and agree to abide by the same. I/We understand that the said terms & conditions are subject to revision from time to time and I /We agree to keep ourselves updated for such changes and be bound by the terms are in force from time to time. I/We understand that the Bank will issue e-statement for the account instead of Passbook for my "Sapphire Saving Account". I/We hereby authorize PMC Bank to exchange, share or part with all the information/data provided herein including personal and business information with financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations, and Standards. I/ We shall not hold PMC Bank or its agents/representatives liable for using/sharing information provided herein for the said purpose. In case of change of address due to relocation or any other reason, I/We shall intimate the new address to the Bank within two weeks of such a change with a valid address proof. I/We have no objection to provide me /us any information on various products, offers and services provided by PMC Bank through any mode (including without limitation through telephone calls / SMS / E-mail) and authorize PMC Bank for the above purpose. Net Banking and SMS Banking services will be available to me/us upon opening of account with the Bank without requiring completion of any formalities for activation of such services. I/ We understand that the taxes as applicable from time to time will be deducted on various service charges levied. I/We understand that the account should be operated by me/us only after it has been activated. Notwithstanding the documentation and account opening form provided the Bank reserves the right to accept/reject any application. The Bank's decision in this regard would be final. I/We am/are aware that delivery and/ or receipt of the Welcome Kit cannot be construed to mean that PMC Bank has opened or agreed to open the account. PMC Bank at its sole discretion, can either call for further documents or reject the application for any reason whatsoever. In case of rejection, I / We am/are aware that the Welcome Kit & Letter shall be construed as withdrawn and I/We undertake to return the same to the Bank forthwith". I/We authorize PMC Bank to verify and authenticate my/our Aadhaar number during processing my/our application for legitimate business purposes.

I/We authorize PMC bank to freeze my /our account in the following circumstances, with intimation to me /us except where specified otherwise.

a) If it is suspected by the Bank that deposits pertaining to all cash, cheque, DDs and other deposits / transactions by way of NEFT, RTGS etc in my /our account are not in accordance with or in violation of the Laws and Regulations applicable from time to time, the Bank can freeze the account and I/we shall be responsible/accountable for such deposits/transactions.

b) If it is suspected that my / our account is being misused as a money mule or as a channel for unauthorized money pooling or a conduct for any illegal activity. (I/we will not receive a notice in this case)

c) If it is suspected by the Bank that transactions in my / our account are not initiated by me / us (the Bank will not assume any liability for the transactions already executed).

I / We authorize the Bank to close my / our account, with prior intimation to me/us, in case of :

a) Balance in the account remains zero for 3 months or more;

b) High occurrences of dishonored payments from my account;

c) I/We fail to submit full KYC for purpose of KYC updation, failing which there will be a freeze placed on the account & later on account shall be closed.

d) Such other instance which the Bank may decide pursuant to any order, instructions, directions, guidelines issued/directed by any Court/Statutory/Regulatory authorities from time to time.

All channel facilities provided by PMC Bank including Debit Cards, ATM Cards, ATMs / Recycler's, Internet Banking etc. are subject to specific guidelines & as per the terms & conditions that are provided on the website www.pmcbank.com. PMC Bank is not liable for fraud in the event that I disclose sensitive information such as passwords, PINs, or IDs to anybody. I/We am/are aware that PMC Bank does not seek any information relating to login ID/Password in any form including through e-mails from its customers. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it. I/We hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number/Email address. I/We agree to abide by the rules framed by the Bank at present and may be framed from time to time relating to the account.

In case of existing customers, not declaring their customer id and applying as a new customer, the Bank in such instances reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me. I/We agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties suffered and/or incurred by for any act done or omitted to be done on account of the above declaration. I/We are aware that the Bank is covering life of the primary account holder holding VISA Debit Card towards accidental cover to the extent of Rs. 2.00 lakh. I/We abide by the rules and terms & conditions laid down by the insurer for the purpose of claim.

I/We confirm that I/We have read and understood the above Declaration, and that the details provided on the form are correct. I/We also confirm that my/our account been opened by Bank Officer Mr./Ms. _____ and I/We have signed in his/her presence.

(14) TAX RESIDENCY OF INDIA & FATCA Declaration

a. Tax Residency in India **Yes / No**

b. If No, Particulars of Tax Residency

ISO3166 Country Code of Jurisdiction of Residence _____

Tax Identification Number _____

Address in the Jurisdiction details where the Applicant is resident outside India for Tax purpose _____

I Certify that:

a) The information provided by me/us in the form, Its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief are true, correct, complete and that I/We have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.

b) I/We permit/authorise the bank to collect, store, communicate and process information relating to the account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities (including Central KYC Registry) in end/or Outside India of any Confidential information for compliance with any law or regulation whether domestic or foreign.

c) 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 in the form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with the documentary evidence.

d) I/We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions in the operation of my /our account or close it or report to any regulator and/or any authority designated by the government of India/Reserve Bank of India (RBI) for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by us within the stipulated period.

e) I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

f) It shall be my/our responsibilities to educate myself/our self and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the rules thereunder. I/We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.

g) 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. In token of having read the particulars contained in Account Opening Form, Nomination & Declaration and having understood the terms and conditions and nomination; I/We hereby put my/our signature herewith.

Signature of Applicant 1

Signature of Applicant 2

Signature of Applicant 3

Office Use:

(1) **PRODUCT CODE** _____ **ACCOUNT NO.** _____ **CIF ID** _____
CIF ID _____
CIF ID _____

(2) KYC Papers Obtained : Address Proof: _____
Identity Proof: _____

(3) Copy of KYC Papers Verified with regard to genuineness, self attestation, verified with original and certified by

(4)

Date & Time of receipt of Application	Date of Scanning	Date of Uploading on AM+	_____
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(5) Risk Categorisation : High / Medium / Low

(6) **Certification:** All the required particulars are collected and incorporated in Account Opening Form. No column is left blank. I have personally interogated the applicant/s and found him/them genuine and hence recommended for opening the account.

Place: _____

Date: _____

Signature of the Authorized Official

Employee Name : _____

Employee Code and Designation : _____