

Branch :

APPLICATION FOR NO FRILLS ACCOUNT

Date :

CIF
ACCOUNT NUMBER
AADHAR NUMBER

- Mr/Mrs/Miss/.....Cell No.....
- Husband/Father's Name.....Mother's Maiden Name.....
- House & Street No.
- Village.....PIN CODE.....
- Date of Birth(dd/mm/yyyy)...../...../.....Name of Spouse.....
- Education Level.....Profession.....
- Annual Income.....GIR/PAN No.....
- Existing A/c withBank ; Account Number.....
- Mode of operation - Single/Jointly / F or S / L or S / E or S :
- Caste : BC SC ST Others ATM :
- Special Category: Widow PH Old Ages Weaver
- Asset : (A) House Thatched House No House
(B) Land extent Dry Wet

Declaration: I/we hereby declare that the State Bank Hyderabad has agreed to open my/our account, based only on an introduction, although I/We could not furnish the documents required for Identity and/or Address Proof.

I/We have been made aware that if ,at any point of time, the balance in all my/our accounts with the bank(taken together) exceed Rs.50,000/-(Rs .Fifty thousand only) or total credit in the account exceeds Rs. 1,00,000/- (Rs. One lac Only), no further transactions will be permitted until the full KYC procedure is completed, for which the submission of all the appropriate documents is mandatory.

Nominee Details

Name:

Relation:..... Age:.....

Address:.....

Person authorized to receive amount in the event of minor's death during minority of nominee.

(DOB.....If nominee is minor.)

LTI/Signature of Applicant.

Specimen Signatures(2)

PHOTO

ATTESTED BY: Signature:

Name:

Designation:.....

Seal:

For Office Use.

Date of opening A/c Ration Card ID No

THE ACCOUNT IS KYC COMPLAINT.....Voter ID No.....

Threshold Limit.....Risk:.....SHG Card.....

Accepted/Rejected:.....Signature of Bank Official.....