



**PUNJAB NATIONAL BANK  
ACCOUNT OPENING FORM (All BRANCHES)**

<b>FOR RESIDENT INDIVIDUALS (SINGLE/ JOINT) ACCOUNTS</b>
--

The Manager,  
Branch Office.....  
Dist. No.....

(FOR OFFICE USE ONLY)

<b>Customer ID No:</b> (Sole/first A/c holder only)	<b>Account No.</b> (16 digits)	
--	-----------------------------------	--

1. I/we request you to open the following account. I/we agree to be bound by the bank's rules in force from time to time. (Tick the relevant box on right side).

(To be filled in Block Letters)

<b>(A) Savings Fund Account</b>	<b>(B) PNB Prudent Sweep SF</b> (Sweep In and Out Facility Required for.....days)	<b>(C) Current Account \$</b>
<b>(D) PNB Smart Roamer Current Account \$</b> (Sweep In and Out Facility Required for.....days)	<b>(E) Overdraft/Cash Credit \$</b>	<b>(F) PNB Spectrum FixedDeposit@</b>
<b>(G) Recurring Deposit</b>  Monthly Instalment Rs..... No. of instalments..... Interest rate .....%	<b>(H) Flexi-Recurring Deposit</b>  Monthly Core amount Rs..... No. of instalments..... Interest rate .....%	<b>(I) Tax Saver FD@</b> (Separate declaration annexed)
<b>(J) Flexible Rate Deposit@</b>	<b>(K) OTHERS (specify):</b>	

**@Amount Rs.....Period: Year.....Months.....Days..... Interest Rate: .....%**

<b>Interest payment frequency</b> (Pl. tick in the appropriate box)	<b>On maturity</b>	<b>Annually</b>	<b>Half Yearly</b>	<b>Quarterly</b>	<b>Monthly</b>	Credit Interest to SF/CA/ CC/OD <b>Account No.</b> .....
						Credit maturity proceeds to SF/CA/ CC/OD <b>Account No.</b> .....
<b>TDS DETAILS</b>	TDS, if applicable: Yes/No		If no, exemption reference No. ....			
	If Yes,		Whether Form 15 G/H* submitted : YES		<input type="checkbox"/>	NO <input type="checkbox"/>
<b>Instruction for Auto Renewal on maturity of deposit (Tick the relevant column)</b>	Renew for Principal & Interest		Renew for Principal only		Period for which Auto renewal required:..... No. of times.....	

2. Name of sole/first account holder (in block letters)

Mr./Ms.

<b>First Name</b>	
<b>Middle Name</b>	
<b>Last Name</b>	

\$ I /We am/are not availing any credit facility with any other Bank(s)/branch(es) of your Bank and I/We undertake to inform you, in writing, as soon as any credit facility is availed by me /us from any other Bank/branch of your Bank. **OR** I/We am/are availing credit facilities with other bank(s)/branch(es) of your bank, as per details given in the enclosed sheet

\* Form 15G for General Category & Form 15 H for Senior Citizens





**PUNJAB NATIONAL BANK**

Branch Office.....  
 Dist. No.....

**Photograph:** Please  
 paste recent Passport  
 Size photograph.

**Photograph:** Please  
 paste recent Passport  
 Size photograph.

Customer ID

Account No.

**SPECIMEN SIGNATURES/THUMB IMPRESSIONS**


**3. Names of the Account Holder(s) (In block letters)**

i.	Mr.	Ms.																				
ii.	Mr.	Ms.																				
iii.	Mr.	Ms.																				

Mode of operation

Signature(s) verified by:  
 (With GBPA No. & Date)

**FOR BRANCH USE ONLY**

	SIGNATURE	GBPA/SPA / PF NUMBER	DATE
<b>1. Information entered in the system by</b>			
<b>2. Entered Information Verified by</b>			

ATM-cum-Debit Card no.	Date of issue	Issued by (Signature with GBPA/SPA no.)

Internet issued (Mention User ID)	Date of issue	Issued by (Signature with GBPA/SPA no.)



**PUNJAB NATIONAL BANK**

Branch Office.....

Dist. No.....

**FORM DA-1: NOMINATION**

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits,

I/ We @ Name(s) \_\_\_\_\_

R/o \_\_\_\_\_

Nominate the following person to whom in the event of my/our/ minor's death, the amount of deposit in the account may be returned by Punjab National Bank, B.O. \_\_\_\_\_

DEPOSIT			NOMINEE				
Nature of Account	Account No.	Additional Details, if any	Name	Address	Relationship with depositor, if any	Age	If nominee is minor his/her Date of birth

\* As the nominee is minor on this date, I/we appoint Mr/Ms \_\_\_\_\_

Age \_\_\_\_\_ Address \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**@ Signature(s)/thumb impression(s) of depositors**

@Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

\*Strike out if nominee is not a minor

**WITNESSES#**

Name & Signature of the first witnesses	Name & Signature of second witnesses
Name _____	Name _____
Signature: _____	Signature: _____
Address: _____	Address: _____
Place: _____	Place: _____
Date: _____	Date: _____
Telephone No. _____	Telephone No. _____

#Thumb impression(s) shall be attested by two witnesses, otherwise it shall be attested by one witness.

.....

**ACKNOWLEDGEMENT**

Received on \_\_\_\_\_ nomination form no. DA – 1 for making Nomination from (Name of deposit Holder(s)) \_\_\_\_\_ in respect of (Type of Account.) \_\_\_\_\_ Deposit Account

No. \_\_\_\_\_

Date \_\_\_\_\_.

For Punjab National Bank

(Authorised Official)

(GBPA NO \_\_\_\_\_ )

PUNJAB NATIONAL BANK
Branch Office.....
Dist. No.....
CUSTOMER MASTER FORM

(To be filled in separately by every individual)

Photograph: Please paste recent Passport Size photograph.

(To be filled by bank)

1. Customer ID No. [grid]

(Tick the appropriate boxes, wherever required)

1. Name of Account Holder (In block letters) Mr./Ms.

[grid for Name of Account Holder: First Name, Middle Name, Last Name]

[grid for Personal Details: 2. Father/Husband's Name, 3. Gender, 4. Place of Birth, 5. Date of birth, 6. Nationality, 7. Religion, 8. Category, 9. Status]

10. Identification mark

11. Address :

[grid for (a) Present Residence: Owned, Parental, Rental, Employer provided, Address, City (State), Telephone No., E-mail, Mobile No.]

[grid for (b) Permanent Residence: Owned, Parental, Rental, Employer provided, Address, City (State)]

[grid for Office / Business Address: Office / Business Address, City (State), Telephone No.]

12. minor: YES [ ] NO [ ] If yes, furnish details of guardian

[grid for Guardian Details: a. Relationship with Minor, b. Name of Guardian, c. Address of Guardian]

13. Whether staff member: YES [ ] NO [ ] If yes, PF account no. \_\_\_\_\_

14. Occupation :

[grid for Occupation: Salaried-Govt./PSU sector, Salaried-others, Retired - Govt./PSU sector, Retired-Others, Student, Housewife, Self employed, Others - Not working, Medical, Legal, CA/CS, Business-Trading, Business-Industry/Mfg., Agriculture, Other (specify)]

15. Marital status : Married  Single

16. Educational qualification :

Up to SSC  Graduate  Post Graduate  Other (specify) \_\_\_\_\_

17. Total annual income (individual) ;

Up to Rs.50000		Rs. 50000 - Rs. 1.5lakh		Rs.1.5 lakh - Rs 5 lakh		Above Rs.5 lakh	
----------------	--	-------------------------	--	-------------------------	--	-----------------	--

18. Annual turnover (in case occupation is business) \_\_\_\_\_

Nature of business (Commodity type)\_\_\_\_\_

Whether documentary proof in support of item no. 17 & 18 provided : YES  NO

If yes, type of Proof : Balance Sheet  Income-tax Return

Sales Tax Return  Excise Return  Other (specify) \_\_\_\_\_

19. Whether Income Tax Assessee? YES  NO

IF Yes, furnish PAN/GIR NUMBER (if PAN/GIR No. is not applicable, submit Form No. 60/61)

PAN/GIR Number									
----------------	--	--	--	--	--	--	--	--	--

20. Proof of identity :

Passport  PAN Card  Voter ID Card  Govt. /Defence ID Card

Driving license  Others (specify)\_\_\_\_\_

21. Proof of address :

Electricity Bill  Telephone Bill  Passport  Ration Card

Driving Licence  Govt / Defence ID Card  Others (Specify)\_\_\_\_\_

22. Name of spouse (In block letters)

Mr./Ms.

First Name																								
Middle Name																								
Last Name																								
Telephone No. (with STD Code)												PIN CODE												
E-mail												Mobile No.												
Customer ID No. (if any)												Whether employed/self employed Y N												
If yes, furnish office/Business address																								
Office/Business Address																								
Telephone No. (with STD Code)																								

23. Whether dealing with any other bank, if yes, please give details

NAME OF THE BANK AND BRANCH	Facilities/services being availed				
	SF	CA	OD	TL	OTH

24. Whether already dealing with PNB, if yes, please give details

Nature of Account	Account No.	Branch Office

**25. Loans availed: (tick whichever is applicable, if yes, mention name of financing institution/bank with amount)**

Sl.No.	Type of Loan	YES	NO	NAME OF INSTITUTION	AMOUNT
1.	CAR LOAN				
2.	CONSUMER LOAN				
3.	HOUSING LOAN				
4.	MORTGAGE LOAN				
5.	EDUCATION LOAN				
6.	ANY OTHER				
7.					
8.					
9.					

**26. Assets (approximate value) Rs. \_\_\_\_\_**

**Details(\*) :**

**Vehicle owned** Car  Two wheeler  Others  None

**Life policy for** Upto Rs 1 lac  Upto Rs 2 lacs  Upto Rs 5 lacs  Above Rs 5 lacs

**Pension policy** Yes  No  If yes, give details \_\_\_\_\_

**Medical Insurance** Yes  No  If yes, give details \_\_\_\_\_

**Other Assets :** \_\_\_\_\_

**27. Investments (approximate value) Rs. \_\_\_\_\_**

**Details(\*) (Stocks & Shares/NSCs/PPF, other deposits etc) (tick appropriately)**

<b>Investments</b>	Nationalized Banks	<input type="checkbox"/>	Pvt. Banks	<input type="checkbox"/>	Foreign	<input type="checkbox"/>	Others	<input type="checkbox"/>
	Company Deposits	<input type="checkbox"/>	Mutual Funds	<input type="checkbox"/>	Shares	<input type="checkbox"/>	Bank Deposits	<input type="checkbox"/>
	Property	<input type="checkbox"/>	Gold	<input type="checkbox"/>	PPF	<input type="checkbox"/>	Others	<input type="checkbox"/>
<b>Amount :</b>	up to Rs 1 lac	<input type="checkbox"/>	Upto Rs. 2 lac	<input type="checkbox"/>	up to Rs 5 lac	<input type="checkbox"/>	Above Rs 5 lac	<input type="checkbox"/>
<b>28. INTRODUCTION: I know Mr./Ms. _____ for the past _____ years _____ months as a _____ (e.g.) friend , relative, neighbour etc. and confirm his/ her occupation as a _____ and confirm address(s) as mentioned herein.</b>								
<b>a. Introducer's Name _____ b. Introducer's address: _____</b>								
<b>Phone _____</b>				<b>Signature of the Introducer: _____</b>				
<b>Introducer's Customer ID No.</b>								
<b>Introducer's Account No.</b>								

**29(\*). Spouse's qualification :**

Up to SSC  Graduate  Post Graduate  Others (Specify) \_\_\_\_\_

**30(\*).Details about your family members :**

Age Group	Up to 10 yrs	11 to 20 yrs	21 to 45 yrs	46 to 60 yrs	Above 60 yrs	Total
No. of Males	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/>	= <input type="checkbox"/>
No. of Females	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/> +	<input type="checkbox"/>	= <input type="checkbox"/>

**31(\*). Any relative settled abroad? Yes  No  If Yes, please mention their names and addresses.**

Name	Address					
1.						
2.						
3.						
<b>How many times have you been abroad in last three years?</b>	Never	<input type="checkbox"/>	1 to 5 times	<input type="checkbox"/>	Above 5 times	<input type="checkbox"/>

(\*) Optional

**32. DECLARATION :**

I have read (a) the Account Rules and hereby agree to be bound by the terms and conditions outlined in these rules which govern the account(s) which I am opening/will open with Punjab National Bank and (b) amendments to the rules made from time to time and those relating to various services availed by me. I understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me. I have also been made aware of the charges applicable on various services provided by the Bank. I authorise the bank to debit my account for recovery of service charges/incidental charges as applicable from time to time. I hereby declare that the information furnished above is true and correct to the best of my knowledge.

Date \_\_\_\_\_

Place \_\_\_\_\_

**SIGNATURE/THUMB IMPRESSION OF CUSTOMER**

**33. Declaration in case of a minor account :**

I hereby declare that the date of birth of the minor is \_\_\_\_/\_\_\_\_/\_\_\_\_ who is my (relationship) \_\_\_\_\_ and I am his/her natural guardian/lawful guardian appointed vide court order dated \_\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his / her account.

DATE \_\_\_\_\_

PLACE \_\_\_\_\_

**SIGNATURE/THUMB IMPRESSION OF GUARDIAN**

**FOR BRANCH USE**

**Risk Category :** High risk  Medium risk  Low risk  Negligible risk

	SIGNATURE	GBPA/SPA/ PF NUMBER	DATE
<b>1. Introducer's signature verified by</b>			
<b>2. Creation of customer master authorized by</b>			
<b>3. Account opening Authorized, copies of documents obtained verified, Customers name checked with the barred list and Risk category verified by</b>			