

Form A-1 **Savings Account Opening Form (Aadhaar Based)** (For Single / Joint Account)

Affix photograph of First/Single Applicant with signature / thumb impression across

Application Date 🗆 🗆 / 🗆 🗆 🗎 🗎 🗎						
	applicant holding an Aadhaar card, PAN card, and who is 18 years or to this form. If the applicant is illiterate, please attach FORM 'A-3' to					
Please open my: ☐ Regular Savings Account ☐ Basic Savings Bank Deposit Account						
Mode of Operation* ☐ Single ☐ Either or Survivor ☐ Former or Survivor ☐ Jointly or Survivor ☐ Jointly by all						
I. DETAILS OF FIRST/	SINGLE APPLICANT	* = Mandatory fields				
1. PERSONAL DETAIL	.s	·				
	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*	☐ 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					
	Less than 60K 60K - 1L 1L - 5L 5L - 15L More	than 15L				
PAN Card*						
Mobile Number (if any)* +91- (This number will be used for alerts, mobile banking and USSD) 2. AADHAAR NUMBER*						
☐ Please link this account to my Aadhaar for benefits transfer (Attached 'Aadhaar linking' form duly filled and signed)						
3. PERMANENT ADDR	RESS as per Aadhaar (If address for communication is different, pl	ease fill FORM 'A-4')				
Address type * ☐Resi	dential / Business \square Residential \square Business \square Registered Office	Unspecified				
Line 1*						
Line 2						
District*						
Tel (Res)						
Account Statement to be delivered to Email ID OR Permanent / Communication address						
	× ×					
CUSTOMER ACKNOWLEDGEMENT SLIP For Account Opening (Aadhaar based)						
CIF ID No. 1						
First Applicant Name	Account Number 🗆 🗆 🗆					
INITIAL DEPOSIT DETAILS Cash Rs						
_	dated drawn on Bank,	Branch				
	-	Official ID#				
Signature of the Bank A	Authorized Official	Date LL/LL/LLLL				



II. DA-1 NOMINATION (In c	case any of the a	pplicant(s) is / are illiterate,	please fill	DA-1 Nomination	in 'A-3' Form)			
	g person whose pa	☐ No If YES, please fill in articulars are given below, to voor of may be returned by the ba	whom in the	• .	death the amount of			
Nominee Aadhaar No. 🗌 🗆								
Nominee Name No	ominee Address			elationship with positor, if any	Age (years)			
				pooner, ir arry				
☐ If Nominee is a minor, please fill the following details: Date of birth ☐ ☐ / ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
As nominee is a minor on this date, I/We appoint Mr. / Ms. / Mrs (name, address and age) to receive the amount of the deposit on								
behalf of the nominee in the event of my / our death during the minority of the nominee.								
III. DECLARATION								
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.								
Name	' '	Name	<u>-</u>	Name				
Date DD/DD/DDD		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. CIF ID No. 1								
 ☐ Cheque / DD Nodated drawn on Bank, Branch The following forms are (as applicable) attached along with the AOF ☐ A-2 (one for each joint applicant) ☐ A-3 (one for every applicant who is illiterate) ☐ A-4 (for different communication address) 								