



बैंक ऑफ महाराष्ट्र
Bank of Maharashtra

भारत सरकार का उद्यम

एक परिवार एक बैंक

Head Office: 1501, 'Lokmangal', Shivajinagar,
Pune - 411005

CIF No. 1

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CIF No. 2

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Account No.:

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Savings Bank Account Opening Form (Indian Residents)

I/We request you to open my/our deposit account with your _____ branch/bank

Purpose / Type of Account:

Salary State Pension Staff Central Pension Sr Citizen Minor
Scholarship (YUVA) General Saving Other

Constitution :

Individual Joint Individual Trust Association HUF Other

Mode of Operation :

Single Either or Survivor Former or Survivor Anyone or Survivor Jointly by all Other

Your Details (First Applicant)

Title: Mr. Mrs. Master Miss Dr. Others

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First Name Middle Name Sur Name

Father/ Spouse Name: _____

Mother's Maiden Name: _____

Date of Birth (dd/mm/yyyy)

D	D	M	M	Y	Y	Y	Y
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Gender: M / F Marital Status: Single Married Other

Place of Birth: _____

Nationality: Indian/ Others _____

Residential Status: Resident Non resident

Domicile: India/ Others _____

Contact details:

Phone : _____

Mob : _____

E-mail id : _____

Address Proof : _____

Id No:

Residential Address: _____

_____ Pincode:

Permanent Address (If different from residential):

_____ Pincode:

Your Details (Second Applicant)

Title: Mr. Mrs. Master Miss Dr. Others

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First Name Middle Name Sur Name

Father/ Spouse Name: _____

Mother's Maiden Name: _____

Date of Birth (dd/mm/yyyy)

D	D	M	M	Y	Y	Y	Y
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Gender: M / F Marital Status: Single Married Other

Place of Birth: _____

Nationality: Indian/ Others _____

Residential Status: Resident Non resident

Domicile: India/ Others _____

Contact details:

Phone : _____

Mob : _____

E-mail id : _____

Address Proof : _____

Id No:

Residential Address: _____

_____ Pincode:

Permanent Address (If different from residential):

_____ Pincode:

Proof of Identity:

Id No: _____ Valid upto: / /

PAN No. _____
(if not available, attach form No 60/61)

Name as to be printed on Card (Max 19 Char)

Education: _____

Occupation: _____

Annual Income: _____

Religion: _____

Caste: SC / ST / NT / OBC / GENERAL _____

Occupancy of Residence: Self Owned/ Family residence/
Company Provided/ Rented/ Occupied on Lease/ Purchased on Loan**Introduction of existing Account holder (Only if ID and
address proof not submitted/Account opened under
relaxed KYC)**

Name: _____

Account No: _____

Signature: _____

Proof of Identity:

Id No: _____ Valid upto: / /

PAN No. _____
(if not available, attach form No 60/61)

Name as to be printed on Addon Card (Max 19 Char)

Education: _____

Occupation: _____

Annual Income: _____

Religion: _____

Caste: SC / ST / NT / OBC / GENERAL _____

Occupancy of Residence: Self Owned/ Family residence/
Company Provided/ Rented/ Occupied on Lease/ Purchased on Loan**Introduction of existing Account holder (Only if ID and
address proof not submitted/Account opened under
relaxed KYC)**

Name: _____

Account No: _____

Signature: _____

Other Mahabank Services you wish to avail:

	Internet Banking	Personalized cheque book	Phone Banking	SMS Banking	Mobile Banking	Maha e-statement
First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please send my net banking user id and Password on my mail id _____ at my risk and responsibility

Insure yourself (Mahasuraksha Scheme) (Optional)

Yes, I would like to take advantage of Mahasuraksha scheme to protect myself. Under the scheme Account holders aged between 18 and 59 years are provided with a Life insurance cover of Rs 1.00 Lakh. (*Starts from Rs 156/- per annum. Please fill separate application form)

I Wish to know more about:

BOM - SBI Credit Card Mahabank Swasthya Yojana National Pension Scheme Housing Loan
Mahabank Gold Coin Mahaswarna RD Scheme Demat Services Online Share trading

Authorisation and Undertaking by applicants

I / We confirm that we have read and understood the account Rules and I / We hereby accept and agree to be bound by the terms and conditions, outlined in these rules which govern the above selected account(s) and services and amendments there to made by the Bank from time to time.

I/We agree that the bank may debit my account for service charges / incidental charges as applicable from time to time. I / We understand that the bank may at its absolute discretion discontinue any of the services completely or partially and / or close the account without any notice to me / us in case account operations are not satisfactory which include frequent dishonour of cheques / dishonour of high value cheques, etc. In the event of death, insolvency or withdrawal of any one or more of us, the monies then and thereafter standing at the credit of the said account and / or any securities held by you in our account be at the disposal of the survivor or survivors of us.

I / We confirm that I am / We are resident of India and I / we certify that the information furnished above is true and correct to the best of my / our knowledge. I/We authorize the bank to verify the details given therein through any third party as necessary. I / We also authorise issuance of Mahabank Debit card / Phone Banking / Mobile banking / Internet Banking facilities, and or any other Mahabank facilities with linkage to the account. I / We undertake to ratify and confirm the transactions that the user/s do/es or cause/s to do through any of the above mentioned multiple delivery channels. This authority shall be in force until any one of us revokes by a notice in writing delivered to the bank and duly acknowledged by the bank

I/We hereby declare that the information furnished above is true and correct to my knowledge. I/We authorize the bank to verify the details given herein through any third party as may be necessary. I give my consent to make the use of the data/ information furnished by me for making analysis and its use for the banks own purpose.

Applicant's Signature: Applicant 1

Applicant 2

Date: / /

CIF No.: Account No.: Branch Code: _____

Scheme Code _____ Account Scheme: _____ Branch Name: _____

Risk Category: High/ Medium/Low Date: / / Authorised Official ID _____ Signature: _____

Latest
Photograph
1st Applicant

Latest
Photograph
2nd Applicant

Latest
Photograph
3rd Applicant

Mode of Operation :

- Single
Either or Survivor
Former or Survivor
Anyone or Survivor
Jointly by all
Other

Signature

Signature

Signature

Form DA1- Nomination Form

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

I/We _____ (Name) residing at _____ (Address) nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by Bank of Maharashtra _____ branch.

Name & Addresses of the nominee	Relationship with Depositor, if any	Age	Date of birth of Nominee

As the nominee is a minor on this date, I/We appoint _____ (Name) _____ (Address) _____ (Age) _____ (Account No of Nominee if having account with Bank of Maharashtra) to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee.

OR

I/We Do not wish to keep Nomination

Signature(s) / Thumb impression of Depositors

** Thumb impression (s) shall be attested by two witnesses.*

Personal details & Signature of witness:

1) Name: _____ 2) Name: _____
Address: _____ Address: _____

Sign: _____ Sign: _____

Place & Date : _____ Place & Date : _____

FOR BRANCH USE ONLY

Particulars of Form DA1 (if received) entered in Nomination Register Sr. No. _____ Dt. _____

Officer _____ Ledger Keeper _____

Acknowledgment

We have noted the nomination in Nomination Register Sr. No. _____ Dt. _____ for your account No. _____

Branch Manager (_____ Branch)

Branch Seal

FORM NO.60[See third proviso to rule 114B]

Form of declaration to be filed by a person who does not have either a permanent account number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 11B

1. Full name and address of the declarant

.....
.....
.....

2. Particulars of transaction

3. Amount of the transaction

4. Are you assessed to tax? Yes/No

5. If yes,

(i) Details of Ward/Circle/Range where the last return of income was filed?

(ii) Reasons for not having permanent account number/General Index Register Number?

6. Details of the document being produced in support of address in column (1)

.....
.....

Verification

I, do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verify today, the day of

Place :.....

Signature of the declarant

FORM NO. 61[See proviso to clause (a) of rule 114C(1)]

Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant

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.....
.....

2. Particulars of transaction

3. Details of documents being produced in support of address in column(1) Yes/No

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any.

Date :.....

Place :.....

Signature of the declarant

Verification

I, do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verify today, the day of

Place :.....

Signature of the declarant

Any Other detail