

PUNJAB NATIONAL BANK ACCOUNT OPENING FORM (AII BRANCHES)

The Manage Branch Offi Dist. No	ice																	DIV	IDU	ALS	COI	IN	GL				
Customer ID (Sole/first A/c only)	-								_	coun (16 c	-									(1	FOR	OF	FFIC	CE	USE	ON	NLY)
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(D) PNB Curre (Sweep I Require	ent Acc In and (oun Out f	t \$ acil	ity				(E)	Ove	rdra	ft/C	ash	Cre	dit	\$						NB S						
(G) Recu								(H)	Flex	i-Re	cur	ring	Dep	osit					(I)	(Sa)	Tax para						
Monthly I	nstalme	nt Rs					N	1onth	ly Co	ore a	mou	nt Rs								(36)			exe		lion		
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appropriate																			С	C/OE							
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2. Name of Mr./Ms.	sole/1	irst	acc	our	nt h	old	er ((in k	oloc	k le	tter	s)															
First Name																											
Middle Name												_					_										

^{\$} 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

3. Name i. Mr./Ms	s of the j	oint	acc	oun	t h	olde	ers (l	lf ap	plica	ble) (in	bloc	k le	ette	rs)									
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Name of	3rd Card ho	der	<u> </u>																					
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PUNJAB NA	TIONAL BANK	Photo paste	ograph: Please recent Passport	Photograph: Please paste recent Passport
Branch Office			e photograph.	Size photograph.
Dist. No				
Customer ID				
Account No.				
SPE	CIMEN SIGNATUR	ES/THU	JMB IMPRE	SSIONS
3. Names of the Accoun	t Holder(s) (In block lette	ers)		
i. Mr. Ms.				
ii. Mr. Ms.	+++++++++			
Mode of operation		1 1 1 1	Signature(s) ver (With GBPA No. &	rified by:

FOR BRANCH USE ONLY

		SIGNATURE	GBPA/SPA / PF NUMBER	DATE
1. Information entered in th	e system by			
2. Entered Information Veri	fied by			
ATM-cum-Debit Card no.	Dat	e of issue	Issued by (Si GBPA/S	
Internet issued	Dat	e of issue	Issued by (Si GBPA/S	
(Mention User ID)			GBPA/S	FA IIU.)



PUNJAB NATIONAL BANK

Branch Office	
Dist. No	

FORM DA-1: NOMINATION

We@N	ame(s)							
0								
minate th	ne following pers	son to whom in the	e event of my/o	our/ minor's death	, the amount of dep	osit in the	account may be returned	by Pu
ational ba								_
	DEPOSIT				NOMINEE			
ature of count	Account No.	Additional Details, if any	Name	Address	Relationship with depositor, if any	Age	If nominee is minor his/her Date of birth	_
s the nor	minee is minor	on this date, I/we a	appoint Mr/N	/Is				_
е	Address							
receive th	an amount of the	e denosit on hehal	If of the nomin	ee in the event of	my/our/minor's deat	th during th	ne minority of the nomine	e.
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.ce:				⊕ Cianot	uvo(o)/thumb in		on(o) of donocitors	
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ce: te: Where th minor. rike out i	e deposit is ma f nominee is no	de in the name of	—— minor, the nor	nination is to be s		al guardia	•	
ce: Where th minor. rike out i	e deposit is ma f nominee is no	de in the name of the tall minor the first witnesses	—— minor, the nor	nination is to be s	gned by natural/leg	al guardia	•	
ce: Where th minor. rike out i	e deposit is made is no signature of the	de in the name of ta minor	—— minor, the nor	nination is to be s IESSES# Name & Sign Name	gned by natural/leg	al guardia	•	
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(Authorised Official)
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25. L	oans availed: (tick whichever is	ipplicable, i	if yes, me	ention name of	f financing	institution/bank	with amount)
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32. DECLARATION:

name checked with the barred list and Risk

category verified by

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. 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. PLACE SIGNATURE/THUMB IMPRESSION OF GUARDIAN FOR BRANCH USE Risk Category: High risk ☐ Medium risk Low risk Negligible risk GBPA/ SPA/ **SIGNATURE** PF NUMBER DATE 1. Introducer's signature verified by 2.Creation of customer master authorized by 3.Account opening Authorized, copies of documents obtained verified. Customers

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