



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

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

**FOR RESIDENT  
INDIVIDUALS (SINGLE/  
JOINT) ACCOUNTS**

(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)	On maturity	Annually	Half Yearly	Quarterly	Monthly	Credit Interest to SF/CA/ CC/OD Account No. _____ Credit maturity proceeds to SF/CA/ CC/OD Account No. _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<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"/>

Instruction for Auto Renewal on maturity of deposit (Tick the relevant column)	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

**3. Names of the joint account holders (If applicable) (in block letters)**

**i. Mr./Ms.**

First Name																			
Middle Name																			
Last Name																			

**ii. Mr./Ms.**

First Name																			
Middle Name																			
Last Name																			

**4. Mode of operation (tick whichever is applicable)**

Self		Either or Survivor		Former or Survivor		Any one of us or Survivor(s)		Jointly		Any Other#	
------	--	--------------------	--	--------------------	--	------------------------------	--	---------	--	------------	--

# Specify \_\_\_\_\_

**5. Nomination required :** YES  NO  If Yes, please fill form DA-1.

**6. ATM/DEBIT CARD: I/we may please be issued ATM Card/ATM cum Debit Card as per following details. I/we have read the terms and conditions governing the use of ATM/DEBIT card.**

Name of 1 <sup>st</sup> Card holder																			
Name of 2 <sup>nd</sup> Card holder																			
Name of 3 <sup>rd</sup> Card holder																			

**7. Account numbers of the customer on which ATM-cum-Debit card services are required (in case the customer has more than one account with Bank)**

Main Account No.																			
2 <sup>nd</sup> Account No.																			
3 <sup>rd</sup> Account No.																			

**8. Nomination for ATM/DEBIT CARD Holder (ACCIDENTAL INSURANCE):** (delete whichever is not applicable)

i) I/We \_\_\_\_\_ r/o \_\_\_\_\_ hereby nominate Mr./Ms. \_\_\_\_\_ s/d/w/o \_\_\_\_\_ r/o \_\_\_\_\_ aged \_\_\_\_\_ years to receive the money payable by the Insurance Company in the event of my/our death. I further declare that his/her receipt shall be sufficient discharge to the bank.

(ii) As the nominee is minor on this date, I appoint Mr./Ms. \_\_\_\_\_ s/d/w/o \_\_\_\_\_ r/o \_\_\_\_\_ aged \_\_\_\_\_ years to receive the money on behalf of nominee during the minority of nominee.

**9. Internet Banking :** I/we may please be allowed Internet Banking as per the following details. I/we have read the terms and conditions governing the use of Internet Banking.

i) Name of the account holder (s) authorized for using internet banking services :  
a. \_\_\_\_\_ b. \_\_\_\_\_  
ii) Account numbers on which internet banking services are required (in case the customer has more than one account with Bank)

<b>Main Account No.</b>																			
<b>2<sup>nd</sup> Account No.</b>																			
<b>3<sup>rd</sup> Account No.</b>																			

**10. Request:**

i) Please issue Pass Book:  OR Statement of account:  (at my residence/Office /e-mail address (Any one))

ii.	I wish to avail Met-life insurance facility	Y	N
iii.	I wish to avail Medi-claim insurance facility	Y	N
iv.	I wish to avail Locker facility	Y	N
v.	I wish to avail on-line Trading facility	Y	N
vi.	I wish to avail cheque book facility	Y	N
vii.	I wish to avail Credit Card facility	Y	N
viii.		Y	N

Date:.....

**Customer's Signature/** : 1. \_\_\_\_\_  
**Thumb Impression**

Place:.....

2. \_\_\_\_\_  
3. \_\_\_\_\_

Cheque Book issued bearing No. From: \_\_\_\_\_ to \_\_\_\_\_



# 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
1. Information entered in the system by			
2. Entered Information Verified by			

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 )**

(ALL BRANCHES)

**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. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Tick the appropriate boxes, wherever required)

**1. Name of Account Holder (In block letters)**

Mr./Ms.

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

<b>2. Father/Husband's Name</b>			
<b>3. Gender</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	<b>4. Place of Birth</b>
<b>5. Date of birth (DD/MM/YYYY)</b>			<b>6. Nationality</b>
<b>7. Religion</b>	<b>HINDU / MUSLIM / SIKH / CHRISTIAN / OTHERS</b>		<b>8. Category</b>
<b>9. Status</b>	<b>Illiterate</b> <input type="checkbox"/>	<b>Blind</b> <input type="checkbox"/>	<b>Pardanashin</b> <input type="checkbox"/>
	<b>Phy.Hand.</b> <input type="checkbox"/>	<b>OTHERS</b> <input type="checkbox"/>	

10. Identification mark \_\_\_\_\_

**11. Address :**

<b>(a) Present Residence</b>	<b>Owned</b> <input type="checkbox"/>	<b>Parental</b> <input type="checkbox"/>	<b>Rental</b> <input type="checkbox"/>	<b>Employer provided</b> <input type="checkbox"/>
<b>Address</b>				
<b>City (State)</b>				<b>PIN</b>
<b>Telephone No. (with STD Code)</b>				
<b>E-mail</b>	<b>Mobile No.</b>			

<b>(b)Permanent Residence</b>	<b>Owned</b> <input type="checkbox"/>	<b>Parental</b> <input type="checkbox"/>	<b>Rental</b> <input type="checkbox"/>	<b>Employer provided</b> <input type="checkbox"/>
<b>Address</b>				
<b>City (State)</b>				<b>PIN</b>

<b>Office / Business Address</b>															
<b>City (State)</b>															<b>PIN</b>
<b>Telephone No. (with STD Code)</b>															

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

<b>a. Relationship with Minor</b>	<b>Father</b> <input type="checkbox"/>	<b>Mother</b> <input type="checkbox"/>	<b>Guardian</b> <input type="checkbox"/>
<b>b. Name of Guardian: Mr./Ms.</b>			
<b>c. Address of Guardian</b>			

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

**14. Occupation :**

<b>Salaried-Govt./PSU sector</b>	<b>Salaried-others</b>	<b>Retired - Govt./PSU sector</b>	<b>Retired-Others</b>	<b>Student</b>	<b>Housewife</b>	<b>Self employed</b>	<b>Others - Not working</b>
<b>Medical</b>	<b>Legal</b>	<b>CA/CS</b>	<b>Business-Trading</b>	<b>Business-Industry/Mfg.</b>	<b>Agriculture</b>	<b>Other (specify)</b>	

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)**

Investments	Nationalized Banks	Pvt. Banks	Foreign	Others
	Company Deposits	Mutual Funds	Shares	Bank Deposits
	Property	Gold	PPF	Others
<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"/>

**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.**

**a. Introducer's Name \_\_\_\_\_ b. Introducer's address: \_\_\_\_\_**

**Phone \_\_\_\_\_**

**Signature of the Introducer: \_\_\_\_\_**

Introducer's Customer ID No.	Introducer's Account No.

**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>			