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1	ANK LT
Estd., 1928	*
MYAWAD	

THE GANDHI CO-OPERATIVE URBAN BANK LTD., Branch

* NAME 2. Aadhar Number: 3. * Father / Husband / Guardian Name: 4. * Address : Present Address Building : Door / House / Flat : Street - Number & Name : Area : Village / City : State : Permanent Address Building : Door / House / Flat : Street - Number & Name : Area : Village / City : State : Village / Ci	(F)	SAVING BANK ACCOUNT OPENING FORM (For full KYC Compliance) Affix Passport Size Photo
First Applicant (Mr./Mrs./Ms./Mx)		Customer No.
* NAME		A/c No.
2. Aadhar Number :		First Applicant (Mr./Mrs./Ms./Mx)
2. Aadhar Number :	1.	SURNAME:
3. *Father / Husband / Guardian Name : 4. * Address : Present Address Building : Door / House / Flat : Street - Number & Name : Area : Village / City : State : Permanent Address Building : Door / House / Flat : Street - Number & Name : Area : Village / City : State : Permanent Address Building : Door / House / Flat : Street - Number & Name : Area : Village / City : State : Area : Village / City : State : Street - Number & Name : Area : Village / City : State : Sta		* NAME
4. * Address : Present Address Building : Door / House / Flat :	2.	Aadhar Number :
Building: Door / House / Flat: Street - Number & Name: Area: Village / City: State: Permanent Address Building: Door / House / Flat: Street - Number & Name: Area: Village / City: State: Permanent Address Building: Door / House / Flat: Street - Number & Name: Area: Village / City: State: Village / City: State: '6 (a) Date of Birth 6 (b) Place of Birth 7. a) Occupation: Email ID: Telephone / Landline: B. Mother Name 9. Reqest for ATM / Debit Card: Yes No SMS Alert: Yes No 10. Second Application(Mr.Mrs./Ms./Ms.): * Mode of Operation: Singly Either or survivor Former or survivor Anyone or survivor Jointly * Please obtain seperate opening form 2nd Applicant * Mandatory * Mode of Operation: Singly Either or survivor Date of Issue (dd/mm/yy) Issuing Authority Date of Issue (dd/mm/yy) Issuing Authority Issuing Authority Date of Issue (dd/mm/yy) Issuing Authority Date of Issue (dd/mm/yy)	3.	* Father / Husband / Guardian Name :
Street - Number & Name :	4.	* Address : Present Address
Area :		Building : Door / House / Flat :
State :		Street - Number & Name :
State :		Area:
Permanent Address		Village / City:
Building: Door / House / Flat: Street - Number & Name: Area: Village / City: State: 5. *Sex		State:
Street - Number & Name: Area: Village / City: State: 5. *Sex		Permanent Address
Area: Village / City: State: 5. *Sex*6 (a) Date of Birth		Building : Door / House / Flat :
Village / City: State: State:		Street - Number & Name :
State: State		Area:
* Sex		Village / City:
7. a) Occupation:		State:
7. a) Occupation:	5.	* Sex*6 (a) Date of Birth*6 (b) Place of Birth
Email ID: Telephone / Landline: 8. Mother Name 9. Reqest for ATM / Debit Card: Yes No SMS Alert: Yes No 10. Second Application(Mr./Mrs./Ms./Mx.): * Mode of Operation: Singly Either or survivor Former or survivor Anyone or survivor Jointly * Please obtain seperate opening form 2nd Applicant * Mandatory KYC Document: 11.1 Identification Proof: Number: Date of Issue (dd/mm/yy) 11.2 Identification Proof: Number: Date of Issue (dd/mm/yy) Issuing Authority Date of Issue (dd/mm/yy) Issuing Authority	7.	
8. Mother Name		
9. Reqest for ATM / Debit Card: Yes No SMS Alert: Yes No 10. Second Application(Mr./Mrs./Ms./Mx.): * Mode of Operation: Singly Either or survivor Former or survivor Anyone or survivor Jointly * Please obtain seperate opening form 2nd Applicant * Mandatory KYC Document: 11.1 Identification Proof: Number: Date of Issue (dd/mm/yy) Issuing Authority 11.2 Identification Proof: Number: Date of Issue (dd/mm/yy) Issuing Authority Date of Issue (dd/mm/yy)		Telephone / Landline:
* Mode of Operation: Singly Either or survivor Former or survivor Anyone or survivor Jointly * Please obtain seperate opening form 2nd Applicant * Mandatory KY? Document: 11.1 Identification Proof: Number: Date of Issue (dd/mm/yy) 11.2 Identification Proof: Number: Date of Issue (dd/mm/yy) Issuing Authority Date of Issue (dd/mm/yy) Issuing Authority	8.	Mother Name
* Mode of Operation: Singly Either or survivor Former or survivor Anyone or survivor Jointly * Please obtain seperate opening form 2nd Applicant * Mandatory KYC Document: 11.1 Identification Proof: Number: Date of Issue (dd/mm/yy) 11.2 Identification Proof: Number: Date of Issue (dd/mm/yy) 11.2 Identification Proof: Number: Date of Issue (dd/mm/yy)	9.	Reqest for ATM / Debit Card : Yes No SMS Alert : Yes No
★ Please obtain seperate opening form 2nd Applicant ★ Mandatory KYC Document: 11.1 Identification Proof: Number: Issuing Authority 11.2 Identification Proof: Number: Date of Issue (dd/mm/yy) Date of Issue (dd/mm/yy) Date of Issue (dd/mm/yy)	10.	Second Application(Mr./Mrs./Ms./Mx.):
★ Please obtain seperate opening form 2nd Applicant ★ Mandatory KYC Document: 11.1 Identification Proof: Number: Issuing Authority 11.2 Identification Proof: Number: Date of Issue (dd/mm/yy) Date of Issue (dd/mm/yy) Date of Issue (dd/mm/yy)		* Mode of Operation - Single -
* Mandatory KYC Document: 11.1 Identification Proof: Number: Issuing Authority 11.2 Identification Proof: Number: Date of Issue (dd/mm/yy) Date of Issue (dd/mm/yy) Date of Issue (dd/mm/yy)		
Issuing Authority	* M KY	andatory C Document :
11.2 Identification Proof : Number : Date of Issue (dd/mm/yy) Issuing Authority		Number : Date of Issue (dd/mm/yy)
Number : Date of Issue (dd/mm/yy) Issuing Authority		Issuing Authority
Issuing Authority	11.2	
12. PAN No.:		Issuing Authority
	12.	PAN No.:

Terms & Conditions: I/we confirm having received, read and understood (a) the accounts reules and hereby agree to be bound by the terms and conditions outlined in these rules govern the account(s) which I/we am/are opening/will open and (b) amendments to the rules made from time to time and those relating to various services availed by me/us and those relating to various services offered by the Bank and other facilities listed in this form. The usage of these facilities is governed by the terms and conditions stitpulated by the Bank from time to time. I/we undertake that in the event of change in address due to relocation or any other reason, I/We shall intimate the new address to the bank within two weeks of such a change.									
					Place :	i			
				***************************************	/s-				
	Signature / Thumb Impression of first / sole Applicant Signature / Thumb Impression of second / sole Applicant								
For Bank Use Only Name & Code of the Branch									
	<u> </u>					*			
Accomount has been on Accomount has been on									
2. I have explained the ru3. I have verified the intro						•••••			
4. ATM/						ord has also been is	ssued.		
Date :								•••	
-	Branch					•••••			
		FORM DA-1:	NOMIN	ITAN	ON				
Nomination under Section 1985 in respect of Bank I/We (Name (s))	Deposits.	Regulation Act, 194	9 and R	ule 2((1) of the				
R/o									
following person to whom									
Co-operative Bank, Bran	ch Office					·		•	
DEPOS	SIT				NOMIN	IEE			
Nature of Account		Name		Ad	dress	Relationship with	Age	Date of	
Account	Details if any	***************************************				depositor, if any		Birth	
* As the nominee is mino								-	
the deposit on behalf of	the nominee in the	event of my/our/mino	r's death	durir	ng the mir	nority of the nomine	e.		
Plate:	1.				2.				
Date:		@ Signatu	ire (s) /	# Thu		ession(s) of deposi	itors		
Where the deposit is a								minor to act on	
behalf of the minor. * Strike out if nominee is		WITNE				aramogal gaaralan	01 1110 1	Timor to dot on	
*Only thumb impression(s)			nature of	f the a	ccount hol	ders need not be attes	sted by v	vitnesses."	
Name & Si	gnature of the firs	witness	161	Nar	me & Sig	nature of the seco	nd witr	iess	
Name			Name		•••••				
Signature			Signature						
Address			. Address						
Place		Date	Place				Date		
Telephone No			Teleph	none l	No				
Nomination Registered [] Nomination Regn. No									
The above mentioned nomination is registered at serial no									
Date									

End. 1928
Custo

THE GANDHI CO-OPERATIVE URBAN BANK LTD., Branch

SAVING BANK ACCOUNT OPENING FORM

	(For full KYC Compliance)	
C	ustomer No.	
A	c No.	
	irst Applicant (Mr./Mrs./Ms./Mx)	
1.	SURNAME:	
,	NAME	\exists
2.	Aadhar Number:	
3.	Father / Husband / Guardian Name :	7
	Address : Present Address	لـ
ı	Building: Door / House / Flat:	7
;	Street - Number & Name :	\exists
	rea:	\exists
,	fillage / City:	\exists
;	tate:	\exists
1	ermanent Address	_
	uilding : Door / House / Flat :	
5	treet - Number & Name :	Ħ
,	rea:	i
7	illage / City :	\exists
5	tate:	I
5. *	Sex*6 (a) Date of Birth*6 (b) Place of Birth	
	Occupation :* (b) Category :	
	mail ID :	
7	elephone / Landline:	\exists
3. N	lother Name	
	eqest for ATM / Debit Card : Yes No SMS Alert : Yes No	
0. 5	econd Application(Mr./Mrs./Ms./Mx.):	
		Ħ
*	Mode of Operation : Singly Either or survivor Former or survivor Anyone or survivor Jointl	У
₹ Pl	ase obtain seperate opening form 2nd Applicant	
	ndatory Document :	
1.1	Identification Proof :	
	Number : Date of Issue (dd/mm/yy)	
	Issuing Authority	
1.2	Identification Proof :	
	Number : Date of Issue (dd/mm/yy)	
	Issuing Authority	
2.	PAN No.:	

ierms &	Conditions: I/we co	nfirm having	received, read and up	nderstood	(a) the accor	unts reules and her	ehy agr	ee to be	
Terms & Conditions: I/we confirm having received, read and understood (a) the accounts reules and hereby agree to be bound by the terms and conditions outlined in these rules govern the account(s) which I/we am/are opening/will open and (b)									
amendments to the rules made from time to time and those relating to various services availed by me/us and those relating to various services offered by the Bank and other facilities listed in this form. The usage of these facilities is governed by the									
terms and conditions stitpulated by the Bank from time to time. I/we undertake that in the event of change in address due to relocation or any other reason, I/We shall intimate the new									
address to the bank within two weeks of such a change.									
	Date :			Place :					
						4.			
Signature / Thumb Impression of first / sole Applicant Signature / Thumb Impression of second / sole Applicant									
				Signature	e / Thumb Im	pression of second	/ sole A	Applicant	
For Bank	Use Only Nar	ne & Code o	of the Branch		******			-	
							*		
		_	the applicant: ments of identity proof						
			has b			ord has also been is	hauss		
			(
			FORM DA-1: N						
Nominatio	on under Section 45	ZA of Bankin	g Regulation Act, 194			Co-operative Banks	(Nomi	nation) Rules	
	espect of Bank Depos								
			/ our / minor's death, t						
			dur / minor s death, t	ne amount	t of deposit in	the account may be	ereturn	ed by Gandni	
Г	DEPOSIT		T		NOMIN	EE	The state of the s		
Nature		Additional	Name		Address	Relationship with	Age	Date of	
Accou		Details if any				depositor, if any	7.90	Birth	
			/						
* As the r	nominee is minor on t	hie date, I/we	e appoint Mr. / Ms					Age	
			e appoint Mr. / Ms						
Address									
Address									
Address the depo									
Address the depo	sit on behalf of the no	ominee in the	event of my/our/mino	r's death d	uring the mir		e.		
Address the depo Plate:	sit on behalf of the no	ominee in the	event of my/our/mino	r's death d	uring the mir	nority of the nomined	e.		
Address the depo Plate : Date : @ Where behalf of	sit on behalf of the no	1.	e event of my/our/mino @ Signatu of minor, the nomination	r's death dearth	uring the mir	nority of the nomined	e.		
Address the depo Plate: Date: Where behalf of * Strike of	sit on behalf of the no	1. In the name	e event of my/our/mino @ Signatu of minor, the nomination	r's death dearer (s) / # Ton is to be s	uring the mir 2. Thurm impressigned by na	ession(s) of deposi	e. itors of the r	minor to act on	
Address the depo Plate: Date: @ Where behalf of * Strike of	sit on behalf of the notes the deposit is made the minor. The triangle is not a more in the minor in the min	in the name	@ Signatu of minor, the nomination WITNE BY TWO WITNESS. Sig	r's death de	2. Thurm impressigned by na	ession(s) of deposi tural/legal guardian	e. itors of the r	minor to act on	
Address the depo Plate : @ Where behalf of * Strike o *Only thur	e the deposit is made the minor. out if nominee is not a mb impression(s) shall E	in the name minor BE ATTESTED re of the firs	@ Signatu of minor, the nominatio WITNE BY TWO WITNESS. Signst witness	r's death deare (s) / # Ton is to be sees	2. Thurm impressigned by name & Signed	ession(s) of deposi tural/legal guardian ders need not be attes	e. Itors of the rested by wind with	minor to act on	
Address the depo Plate: @ Where behalf of * Strike of *Only thur Name	e the deposit is made the minor. out if nominee is not a mb impression(s) shall E	in the name minor se ATTESTED re of the first	@ Signatu of minor, the nomination WITNE BY TWO WITNESS. Signst witness	r's death de	2. Thurm impressigned by name & Signed	ession(s) of deposi tural/legal guardian ders need not be attes	e. itors of the r	minor to act on	
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Address the depo Plate: @ Where behalf of * Strike of * Only thur Name Signat Addre	e the deposit is made the minor. The impression(s) shall E Name & Signatu Ture	in the name minor E ATTESTED re of the first	@ Signatu of minor, the nomination WITNE BY TWO WITNESS. Signst witness	r's death de	Thurm impressigned by name & Signed	ession(s) of deposi tural/legal guardian ders need not be attes	e. itors of the r	minor to act on vitnesses."	
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Esid., 1928	THE GANDHI CO-OPERATIVE URBA			gence Follandatory	orm Information	Datè :(To be used for individuals)				
(To	be completed once at the time of	receipt of personal	Data Form	(Tick ✓ in a	appropriate box	werever boxes are provided)				
1)	Name(s) of the Customer(s) A=Applicant, AS=Authorized Signatory I=Illiterate, V=Visually impaird, P=physically challenged, O=Others									
1	A \(/ AS \) \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
2					A □/AS					
3										
		γ			A _ / AS					
2)	About the customer Duration of stay at present residence.	Sole/First Cus	ths / Years	Seco	nd Customer Months / Years	Third Customer				
'ii		Self acquired	Ancestral	Self acquired		Months / Years Self acquired Ancestral				
	Ownership of the residence (tick any)	Family owned	Leased	Family owne	d Leased	Family owned Leased				
iii	Sources of Income Salary/Pension Rents Business/Profession Agriculture Investments Others			Salary/Pensi Rents Business/l Agriculture Investmen Others	Profession	Salary/Pension Rents Business/Profession Agriculture Investments Others				
iv	Monthly Income	₹.		₹.		₹.				
	· ·									
1	2 (Signature(s)/Thumb impre	3_ession(s) of the Cu	stomer(s)			ure of the interviewing er and Signature No				
====	Decision of Authorize					======================================				
□ Re Proof subm	s as per guidelines in force commended to reject the Appl of of identity submitted is not sati titted [iv] Activity of the applications sion of Branch Head/Manager rn original form and documents	sfactory (iii) Reant is not clearly ent is not clearly enter the control of the	equired Do explained [(S i is recomi	ity is not est ocumentary (v) Source ignature of mended for	proof of Reside of income not the interviewing rejection)	dential Address/Identity not obticlearly explained □ ag officer and Signature No)				
			(Si	gnature of I	Branch Manag	er/Head and Signature No)				
	Decision of Authorized	Officer or the I	Branch H	lead / Ma	nager (For C	Office use only)				
1)	Permitted to open	Account for appli	icant(s).	7						
	The Applicant(s) is/are existing / new customer(s). New customer(s)/are identified now as per KYC-AML Guidelines. Risk Categorization for the account: Low ☐, Medium ☐, High ☐ (Check with the Risk Categorization Job Card). Threshold Limit for the Account is fixed as ₹/- (For operative account) The Account is permitted for restricted balance and credits into the account (For No-frills Account) ☐ (OR)									
(Recommended to reject the Application since proper information is not submitted on the following point(s) (i) Purpose of opening of account (ii) Type of transactions in the account (iii) Credits expected in the account (ii) source of funds (v) Inland inward remittances (vi) Foreign inward remittances (vii) balance proposed to be maintained in the account (viii) Any other (specify)									
				(Signature	of Authorized of	officer and Signature No)				
2) D	ecision of Branch Head/Monor	ner (If the applicati	on is ross							
	ecision of Branch Head/Manage leturn original forms and docume									
			(\$	Signature of	Branch Manage	er/Head and Signature No)				

		Acti	on tak	en							
i)	Account is opened on (date) A/c No : is Specimen signature									iture	
	(s) of the Applicant(s) is/are obtained in the Specimen Signature Booklet in case of Savings Bank Account.										
ii)	Existing Customer ID(s) is/are used (for existing Customer(s)) □ Customer Master(s) is/are now created (for New customer(s)) as under □										
	No Name Customer Customer ID										
	1										
	2										
	3										
iii)	Specimen signature(s) of	f the applicant(s)/authorized s	signatory (OR)	y(ies) is/are scanned a	nd link	ed to th	ne ope	erative	acco	ount	
	The application form and other documents are sent to the "Bank Office" for further action including scannig an linking of signature to the operative account.										
iv)		s/are sent in duplicate as per	guidelii	nes.							
linke is do	one at the branch)	the account where scaning		(Signature of officer who authorized linking of scar account, where scanning	nned spe	ecimen s	signatu oranch	ure(s) to	the		
		Action taken									
All	required action is comple erative account on (date)	ted including scanning and l	inking o	f specimen signatures and other documents a	s of aut	thorize	ed sig	naturi	es to ∙h) the	
_	te										
		=======================================			Signa	ture of	auth	orizea	OTTIC	cer ====	
App	olication and other docum	nents are received at the bra	nch on _								
Miller	- If - T - 1 - 0: : 1				Signat						
Note	e :- If any Thanks Giving le	etter is not acknowledged or			en as p	er Ma	nual o	of Instr	uctio	ons.	
Inf	ormation Provided by t	Part-B : Optionate Part-B : Opti									
_	pe of account opened		<u> </u>	Purpose of the acco	unt					-	
	pe of transactions	Cash □, Cheques □, Oth	ners 🗌	Source of funds :	unt						
	edits expected into the ac	count per annum		Whether inland inwa			e are	expec	ted?	?	
₹.	nether Foreign inward re	emittance are expected?		Yes No If Yes ar			طا ما الم				
	s No If Yes amount p			Balance proposed to ₹.	be mai	ntaine	a in tr	ie acco	Juni		
===	=======================================		=====				===:				
1)	About the family	Sole/First Customer		Second Customer		Third	Custo	mer			
i	If married	Spouse Name :	Spouse	Name :	Spouse N	Name :					
ii	Number of children	Sons	So		Sor						
iii	Occupation of	Daughters Service	Daug		Daugh Service						
	Spouse	Business Student Profession	Busine		Busines					_	
iv	children	Service Profession Others	Service Busine	Others	Service Busines			ofession ners			
V	Others if any staying with or dependent upon the customer.	Father Sister Mother Others Brother	Father Mother Brothe	Others	Father Mother Brother		Sist Oth	ter ners		3	
Vi	No of Dependants.										
Id	leclare the above inform	nation with my explicit conc	ern								
1.											
2.											
3.											
(S	Signature (s) of the Applic	cant (s))	(Siar	nature of the interview	wina of	ficer a	nd Si	gnatur	e No	0)	



Estd: 1928

Phone: 2433379, 2436365

THE GANDHI CO-OPERATIVE URBAN BANK LTD.,

No.H.948



TO BE OBTAINED ALONGWITH APPLICATION FROM ACCOUNT HOLDER /S FOR THE PURPOSE OF C-KYC REGISTER

Colour
Photograph of
The Account
Holder

2 Colour Photograph of The Account Holder

	ang. and an	
1.	Name of the Branch & Code	
2.	Name of the Account Holder - 1	
3.	Customer ID	
4.	Account Number	
5.	Name of the Account Holder - 2	ý
Sign	nature of the KYC Verifying Officer	Signature of Branch Manager / Authorised Person
Nam	ne :	Name :
Emp	ployee No. :	Employee No. :

Signature of Account Holder:

Note:

Branch Seal:

This proforma to be obtained alognwith Application with photo and submit to Head Office with photo copies of KYC documents (duly verified with original & Signed) on the same day of opening of account

ACCOUNTS OF INDIVIDUALS : KYC Requirements (indicative list) (at least one document from each list)

LIST 1			LIST 2			
	Documents accepted as proof of identity		Documents accepted as proof of residence			
1		1	Ration Card			
2	PAN Card	2	Electricity Bill			
3	Voter's Identity Card	3	Driving Licence			
4	Driving Licence	4	Bank account statement			
5	Job card issued by NREGA duly signed by an officer of the state	5	Signed letter having photo from employer (to the satisfaction of the			
	Government (For Small Accounts)		Bank)			
6	The letter issued by UIDAI containing details of name, address and Aadhar Number	6	Letter from any recognized public authority (to the satisfaction of the Bank)			
7		7	Credit Card Statement - not more than 3 months old			
8	Identity card (subject to the bank's satisfaction)		Income / Wealth Tax Assessment Order			
O	Letter from a recognized public authority or public servant verifying the	9	Signed Letter having photo from public sector and leave to the			
•	identity and residence of the customer to the satisfaction of bank.	1	Signed Letter having photo from public sector employer on letterhead.			
9	Government / Defence ID Card	10	Letter from any recognized public authority having proper and verifiable record of issuance of usch certificates			
10	ID Cards of reputed public sector employers	111	Voter ID Card (only if it contains the current address)			
11	Pension payment orders issued to the retired employees by Central/	12	Pension Payment Orders included a relieved to relieve de la			
	State Government Departments, Public Sector Undertakings	12	Pension Payment Orders issued to retired employees by Government			
12	Photo id cards issued by post offices		Departments / Public Sector Undertakings, if they contain current address			
13	Photo identity cards issued to bonafied students by a University,	12				
	approved by the University Grants Commission (UGC) and / or an	13	Copies of Registered Léave & License agreement / Sale Deed /			
	Institute approved by All India Council for Technical Education (AICTE).	111	Lease Agreement			
	or any Central / State Education Record or Communication (AICTE).	14	Certificate and also proof of residence, incorporating local address			
1/	or any Central / State Education Board or Government Agency.		as well as permanent address, issued by the Hostel Warden of the			
14	Photo identity issued by any public authority having proper record of		University / Institute, where the student resides, duly countersigned			
	issuance of identity proof which is verifiable from records		by the Registrar / Principal / Dean of Student Welfare. Such accounts			
15	Ex-Servicemen card with photograph		hall however, be required to be closed on completion of education /			
16	Bar council / Medical Association / ICAI / ICWAI / ICSI card with		leaving the University / Institute provided the constituent does not			
	photograph	15	give any other acceptable proof of Residence to the Bank			
17	Student Identity Card with photo issued by reputed colleges with	13				
	validity during the course period		of relatives, along with their identity proof, can also be accepted			
18	Defense Dependent's Card with photograph'		provided declaration is given by the relative that such a person / the			
19	Married woman identity proof with maiden name, if supported with a	16	student is related to him / her and is staying with him / her			
	verified true copy of marriage certificate					
20	Credit card with photo together with statement of another in		undertakings, who are low risk customers for Bank, Branch Heads			
20	Credit card with photo together with statement of such card card, not more than three months old		may verify the photo / identity and confirm residential address of such officiasls from independently verifiable sources, to their			
21			satisfaction, and permit opening of accounts. This facility is extended			
21	Registered property document with photo identity		only to the Gazetted officers of Central / State Government and			
22	Arms licence issued by State / Central Government of India.		Senior Management and above functionaries of Public Sector			
23	Freedom fithter's pass issued by Ministry of Home Affairs, Government		Undertakings			
	of India with photograph of applicant	17	Latest telephone bills from any telephone service providers and			
24	Employee state insurance card (ESIC) with photograph supported		mobile service providers not more than 2 months old, postpaid			
	by latest month's pay slip.	18	Consumer gas connection card / book / pipe gas bill			
25	Talati / Patwari (a local govt, official) attestation by way of putting	19	Certificate from ward / equivalent rank officer, maintaining election			
	rubber stamp and signature. Gram Sarpanch / Mukhiya attestation		roll certifying address of the applicant			
	by way of putting rubber stamp and signature (For Small Accounts)	20	Post Office Savings Pass Book			
26	Photo Bank ATM Card	21	Caste and Domicilo Cortiliosto with Communication			
	Kissan Photo Passbook		Caste and Domicile Certificate with Communication address and photograph.			
		22				
	CGHS / ECHS Photo Card	22	Certificate of address having photo issued by Village Extension			
29	Disability ID Card / handicapped medical certificate issued by the		Officer (VEO) / Village Head or equal or higher rank officer. Branch			
	respective State / UT Governments / Administrations.		to confirm the authenticity of the certificate and that it has been			
30	Ratio / PDS Card	22	issued by the person who is holding the said office			
		23	Court divorce order - Marriage annulment order issued by Court of law			
		24	Water bill (not older than 3 months)			
	Employed No. :	25	Property Tax Receipt (not older than 3 months)			
	and the second s	26	Insurance Policy			
			Signed letter having photo from banks on letterhead			
		28	Vehicle Registration Certificate			
		20	Registered Solo / Lease / Dank A			
		20	Registered Sale / Lease / Rent Agreement			
		30	Caste certificate having photo issued by state Govt.			
		31	Passport of Spouse			
		32	Passport of Parents (in case of minor)			
		33	Kissan Photo Passbook			
			A CAMERIA AND THE TAXABLE HAVE A CAMERIA AND			

NOTE:

- 1. If passport having current address is given as proof of identity, there is no need to give separate proof of address from list 2.
- 2. BBI has clarified that close relatives e.g. wife, son, daughter and parents, etc who live with their husband, father / mother and son as the case may be should be allowed to open an account the basis of utility bills (required for the verification of address) of a realtive with whom the prospective customer is living, along with a declaration from the relative that the said person is a relative and is staying with him / her.