STATE BANK OF INDIA
FINANCIAL INCLUSION ACCOUNT OPENING FORM



Reference Number :1898350141 Date: 28/03/2017

Name of the Branch	CHAPAKHOWA		
Village/Town	2 No.Lakhimpuriya		
Sub District/Block Name	Sadiya	**Ward No.:**	
District	Tinsukia	**State:** ASSAM	
Village Code /Town Code [as per census 2011]	1830902059289976	Name of Village/Town [as per census 2011]	2 No.Lakhimpuriya
EKYC Certificate Number		**CKYC Number**	
CIF Number	89737544067	**Account Number**	36722273416

Name	DHANYA PANAB		
Date Of Birth	01/01/1996		
Gender	Male		
Marital Status	Unknown/Others		
Father Name			
Spouse Name (If married)			
Mother's Name			
Nationality	☑ IN-Indian	☐ Others (ISO 3166 -Country Code)	
Citizenship	NA	**Number of Dependents**	
Place Of Birth		**Maiden Name**	
Religion		**Designation/ Profession**	
Caste			

Occupation Type	☐ **S-Service**	☐ Private	☐ Public	☐ Government Sector
	☐ **O-Others**	☐ Professional	☐ Self-Employed	☐ Retired ☐ House wife ☐ Student
	☑ **B-Business**			

PAN / Form 60 Mandatory.If customer provides PAN ,PAN Details to be captured.If customer provides Form 60, capture below mentioned data		**Name Fetched From NSDL**	

Date of FORM60 submission by customer		Transaction date		Aadhaar Number if given	
Annual Income	Rs.0.0	**Income from Agriculture**		**Income from other sources**	

PAN Applied but not yet generated flag	NO		
Date of PAN Applied		**Applied Acknowledgement no for PAN Applied**	
Residential Status	India		
ISO 3166 Country code of country of Tax residence	IN - Indian		
Address	**Current Address:** SADIYA, HOSPITEL CHARALI, CHAPAKHOWA, , TINSUKIA, ASSAM **PIN Code:-** 786154 **Communication Address:** SADIYA, HOSPITEL CHARALI, CHAPAKHOWA, , TINSUKIA, ASSAM		
Mobile No.	9508505818		
OVD/KYC Document Type	ELECTION I-CARD WITH SAME ADDRESS:HXX0000786PRO		
Deemed OVD			
I request you to issue me a Rupay Card.	YES		
CKYC Expiry Date	NA		

I, the holder of Aadhaar number , hereby submit my Aadhaar number and voluntarily give my consent to State Bank of India to: - 1.Seed my Aadhaar / UID number issued by UIDAI, Government of India (GOI) in my name with this Account.
2.Map it at NPCI to enable me to receive Direct Benefit Transfer (DBT) from GOI in this Account. I understand that if more than one benefit transfer is due to me, I will receive all Benefit transfers in this Account.
3.Use my Aadhaar details to authenticate me from UIDAI.
4. I voluntary consent to my fingerprints being taken and stored by the State Bank of India for the purpose of availing banking services including operation of account(s), for delivery of services and any other facility relating to banking operations ('Purposes').
5.I have been given to understand that my information submitted to the Bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.
6.Use my mobile number mentioned above for sending SMS alerts to me. I also give my consent for sharing/receiving information with/from CKYC registry through SMS on my above registered mobile number
7. I also understand that I am eligible for an Overdraft after satisfactory operation of my account after 6 months of opening my account with a Limit up to Rs.10,000/- or any other permissible limit in force from time to time for which I may be eligible depending upon the eligibility criteria of SBOD scheme, for meeting my emergency/ family needs subject to the condition that only one member from the household will be eligible for overdraft facility. Further I hereby declare that I have not availed any overdraft or credit facility from any other bank.. I hereby undertake to abide by the terms and conditions that the Bank may stipulate in sanction of SBOD. I hereby agree that in the event of breach of undertaking or terms and conditions subject to which overdraft facility is sanctioned and /or any of the undertakings or information, the Bank at its sole discretion may discontinue the OD facility. I hereby undertake and agree to repay the outstanding together with interest, cost, charges, etc in the event of termination or discontinuation of the facility.

8. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC. No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
9. I understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
10. I undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless, all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self-certification as above is provided to the Bank.
11. I also agree that my failure to disclose any material fact/informationknown to me now or in future or my failure to remedy any deficiency in documents/information/other details within the stipulated period, may invalidate me from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time.
12. I also agree to furnish and intimate to the Bank any other particulars that are called upon me to provide on account of any change in law either in India or abroad in the above matter or otherwise.
13. I shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me.
14. I, hereby, provide my consent to register for performing AePS transactions.

Declaration

I DHANYA PANAB hereby apply for opening of a Bank Account. I declare that the information provided by me in this application form is true and correct. I also declare that I do not have any other SB account with SBI/Other Bank The terms and conditions applicable have been read over and explained to me and have understood the same

PLACE: CHAPAKHOWA

DATE: 21/08/2024

Signature / Thumb Impression of Applicant

Nomination:

I want to nominate as under					
Name of Nominee	Relationship	Age	Date of Birth in case of minor	Mobile No of Nominee	Person authorized in case to receive the amount of deposit on b ehalf of the nominee in the event of my/minor(s) death.
PANAB G OGOI	HUSBAND	21	01/01/1996		

OR

☐ I do not want to nominate any person in this account.

Date: 21/08/2024

Signature / Thumb Impression of Applicant

Place: CHAPAKHOWA

Witness-1	Witness-2

Form No. 60(See second proviso to rule 114B)

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

Verification

I, DHANYA PANAB do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my / our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year, in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the 21 day of Aug 2024.

PLACE: CHAPAKHOWA

Signature / Thumb Impression of Applicant

Witness-1	Witness-2
Name: Signature: Address:	Name: Signature: Address:

FOR OFFICE USE AT BC/CSP LEVEL	SIGNATURE : KO NAME:- CHANDRA GOGOI KO CODE:- 1A794350 NAME:- CSP CODE:-



FOR OFFICE USE AT LINK BRANCH	
Account No. **Card No.**	Particulars of a/c opened tallied with a/c opening form **Signature of BM at Link branch** **SS NO :-** **Date :-**

