

Branch Name: Branch Code: Product Code:

Mode of Operation: Self Either or Survivor Former or Survivor Jointly Minor Under Guardian Others.....

Customer Name 1: [.....]
 (if existing customer) CIN 1: [.....] Mobile Number: + 9 1 [.....]

Customer Name 2: [.....]
 (if existing customer) CIN 2: [.....] Mobile Number: + 9 1 [.....]

LG Code : LC Code : Account Number: [.....]

Declaration in case of Minor (To be filled if MOP is Minor Under Guardian)

I, hereby declare that the minor is my and I'm his/ her natural/ legal guardian appointed by court vide order dated I shall represent minor for all further transactions in the above account until the said minor attains majority. I indemnify the minor against the claim of the above for my withdrawal/transactions made by me in his/her account.

Date _____ Name of the Guardian _____ Signature of the Guardian _____

Mandatory Documents

PAN No. [.....] Form 60 (only if PAN is unavailable) (Please fill Form 60 and attach) Aadhaar No. [XXXXXXXXXX] [.....] (capture only last 4 digits of Aadhaar)

Name of the Document	Document No.	Document Type	Date of Issue	Date of Expiry
		<input type="checkbox"/> Address <input type="checkbox"/> Identity		
		<input type="checkbox"/> Address <input type="checkbox"/> Identity		

CKYC ID :

FATCA-CRS Declaration

Please tick the applicable tax resident declaration (Any one)*
 I am a tax resident of India and not a tax resident of any other country Y N (If no, Seperate FATCA Declaration form need to be filled)

Nomination (DA1 Form) (Only one individual nominee permitted)

I wish to nominate I do not wish to nominate****
 Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits
 I/We (Name) (Address)

Nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by YHM Bank Limited.

Name [.....] Address: Same as Primary Applicant

If different from Primary Applicant [.....]

Relationship with depositor, If any [.....] Age [.....] Years Date of Birth of nominee [DDMMYYYY]

As nominee is minor I/We appoint (name) [.....] Relationship with minor [.....]
 Address: Same as Primary Applicant If different
 to receive the amount of deposit on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee
 Nominee Mobile Number: [.....]

Signature of Primary Applicant** Signature of the Joint Applicant(s)

*Strike out if nominee is not a minor **Where account is opened in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
 *** In case of thumb impression, nomination to be filled in as an annexure **** I have understood the benefits of nomination and still do not wish to nominate

Initial Deposit Details

a) Deposit Amount Rs..... (In Words)

b) Mode of Payment: Cash Debit from My/our Existing A/C No. [.....]

Cheque No [.....] Dated [DDMMYYYY] drawn on account number SA/CA.....
 in the name of with Bank Branch
 NEFT/RTGS/IMPS Payment bank/UPI.Ref..... branch..... SA/CA..... in the name of.....

Acknowledgement (to be filled by Bank official)

Received a sum of Rs..... (Rupees.....) by way of
 Cash Cheque drawn on..... Bank..... branch
 NEFT/RTGS/IMPS debit by account bearing number..... from Bank,
 towards the initial deposit for opening of..... account with YHM Bank Limited

Is Nomination requested Y N If Yes, Nominee Name _____

Name of the Bank Official _____ Signature _____

