



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

i) I/We \_\_\_\_\_ 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. For identification either (i) or (ii)**

(i) 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.

ii) (a). Proof of identity provided : YES  NO  If yes, give detail :  
 Passport  PAN Card  Voter ID Card  Govt. /Defence ID Card   
 Driving license  Certificate by Head of Village Council/VDB/as agreed by SLBC  Others (specify) \_\_\_\_\_

ii) (b). Proof of address provided : YES  NO  If yes, give detail :  
 Electricity Bill  Telephone Bill  Passport  Ration Card   
 Driving Licence  Govt / Defence ID Card  Others (Specify) \_\_\_\_\_

**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
iii.	I wish to avail cheque book facility	Y	N
iv.		Y	N
v.		Y	N

11. I/We request to provide me/us a General Credit Card for Rs 10,000/ (Rs Ten Thousand only) after one year provided my/our account is conducted satisfactory during the period.

**12. DECLARATION**

I/We have opened the above deposit account with your bank with simplified KYC norms, since I/We intend to keep balances not exceeding Rs 50,000/ in all my/our accounts taken together with the Bank and that total credit summations in all the accounts taken together would not exceed Rs 1 Lakh in a year. I / We am / are aware, that if, at any point of time, the balance in all my/our accounts with the Bank taken together exceeds Rs 50,000/ or total credit in all the accounts exceeds Rs 1 Lakh in a year, the Bank shall be within its rights to stop further transactions in the accounts until full KYC norms are completed by me / us. I will also close all other accounts maintained with our Bank/other banks within 60 days of the opening of this account.

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.

I/We request you to grant me/us financial assistance by way of overdraft\* (consumption) for Rs 1000/ (Rupees one thousand only) at \_\_\_% p.a. to be charged at monthly rests or at such rates including penal rates which are stipulated by the Bank and credit the proceeds to my/our No-Frill account with you. I/we understand that the review/renewal or the credit facility is at the sole discretion of the Bank.

**\* (Applicable for Branches working under North-East Zone)**

Date:..... Customer's Signature/ Thumb Impression : 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 Place:..... 3. \_\_\_\_\_

**13. 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**

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

**SIGNATURE OF AUTHORISED OFFICIAL**

**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>			
<b>4. If no Introduction/Identity &amp; address proof provided, then the Branch Manager verifies authenticity/genuineness and introduces.</b>			





# 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 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 )

