ACCOUNT OPENING FORM TERM DEPOSITS

੧ੳੇ ਸ੍ਰੀ ਵਾਹਿਗੁਰੂ ਜੀ ਕੀ ਫ਼ਤਹ॥ पंजाब एण्ड सिंध बैंक A/C NO. PUNJAB AND SIND BANK खाता संख्या ਪੰਜਾਬ ਐਂਡ ਸਿੰਧ ਬੈਂਕ फोटो/Photo Ledger Folio लेजर फोलीयो शाखा/Branch दिनांक/Date अल्पावाधि/सावधि जमा/पुनः निवेश हेतु जमा प्रमाण पत्र के लिए रू०.. SHORT TERM/FIXED DEPOSIT/RE-INVESTMENT DEPOSIT/CASH CERT. FOR Rs.... पूरा नाम (स्पष्ट शब्दों में) व्यवसाय FULL NAME (S) (IN BLOCK LETTERS) OCCUPATION 2. प्रथम जमाकर्ता का पता/ADDRESS OF FIRST DEPOSITOR नामांकित व्यक्तियों का विवरण/PARTICULARS OF NOMINEE परिचयकर्ता के हस्ताक्षर जन्मतिथि (अवस्कों के खाते हेतु) खाता सं. DATE OF BIRTH (FOR MINOR'S A/C ONLY) INTRODUCER'S SIGNATURE A/C NO. जनराशि के परिपक्व होने से पूर्व संयुक्त जमाकर्ता में से किसी एक की मृत्यु होने पर उत्तरजीवी जमाकर्ता/समस्त उत्तरजीवी जमाकर्ता की प्रार्थना पर बैंक अपनी मर्जी से और अपने विवेकाधिकार से जमाराशि की अदायगी कर सकता है, यद्यपि वह इसके लिए बाध्य नहीं है। बैंक अपने पूर्ण विवेकाधिकार से तय की गयी शर्तों पर प्रतिमृति के एवज में अग्रिम राशि दे सकता है और ऐसी राशि की परिपक्वता से पूर्व बैंक को अदायगी किया जाना वैद्य माना जायेगा। "In the event of death of any of the joint depositor, prior to maturity of the deposit the bank will at the request of the surviving depositor/ of all the surviving depositors, be at liberty though not bound and at its absolute discretion to repay the deposit before maturity, or to grant an advance against the security thereof, on such terms as the Bank may in its absolute discretion decide and such repayment before maturity shall constitute a valid discharge to the bank. निवेदन है कि मेरा/हमारा निम्नलिखित खाता खोला जाये। I/We request you to open undermentioned Account : अल्पावधि जमा/SHORT TERM DEPOSIT पुनः निवेश प्रमाण पत्र/RE-INVESTMENT CERTIFICATE सावधि जमा/FIXED DEPOSIT नगदी प्रमाण पत्र/CASH CERTIFICATE अविषे /Period.... वार्षिक ब्याज पर/Int. Per annum......

देय/Due on

माह/Months @.

केवल स्टाफ के लिए/For Members of Staff Only फार्म नंo/Form No. 10-F (R) में कार्यरत हूँ तथा एतदद्वारा _शाखा/कार्यालय_ घोषणा करता हूँ कि इस खाते में जमा की गई राशि समय-समय पर जमा कराई जायेगी. मुझसे सम्बन्धित हैं hereby declare that the Working at Branch/Office_ monies deposited or which may from time to time be deposited into this account shall be monies belonging to me. हस्ताक्षर/SIGNATURE मैं/हम समय–समय पर ऐसे खातों पर लागू होने वाले बैंक नियमों/विनियमों की बाध्यता को स्वीकार करता हूँ/करते हैं। I/We agree to be bound by the Bank's rules and regulation governing such accounts from time to time. जीवी/हम में से कोई एक/उत्तरजीवी संयुक्त रूप से रवयं को Either/Anyone of us/Survivor Jointly to us Me भवदीय/YOURS FAITHFULLY, नमुना हस्ताक्षर SIGNATURE (Specimen) जमाकर्ता/DEPOSITOR (S) विशेष अनुदेश/SPECIAL INSTRUCTIONS मैं/हम बैंक को देय तिथि पर जमाराशि का उसी अवधि के लिए नवीकरण करने हेतु तब तक प्राधिकृत करता हूँ/ करते हैं जब तक कि परिक्वता से पूर्व बैंक को मुझ से/हम से इसके विपरित कोई अनुदेश प्राप्त नहीं हो जाते। मैंने/हमने यह जान लिया है कि नवीकरण, के समय भारतीय रिजर्व बैंक के जमाराशियों पर लागू ब्याज दर सम्बन्धी निर्देशों के उपबन्धों के अनुरूप होगा। उपरोक्त के अतिरिक्त मैंने/हमने यह भी जान लिया है कि नवीकरण पर लागू ब्याज भारतीय रिजर्व बैंक के मार्ग निर्देशों के अनुसार परिपक्वता की तिथि पर लागू प्रभावी दरों पर होगा तथा परिपक्वता पर या उसके बाद नवीकरण/भुगतान हेतु जमाराशि रसीद मेरे/हमारे द्वारा प्रस्तुत करने पर उस पर नवीकरण नोट कर लिये जायेंगे। I/We authorise the Bank to automatically renew the deposit on the due date for an indentical period unless the instructions to the contrary from me/us is receive by the Bank before maturity. I/We understand that the renewal will be in accordance with the provisions of the Reserved Bank of India directive on interest rate on deposits in force at the time of renewal. I/We further understand that the interest applicable on renewals will be at the applicable ruling rates on the dates on of maturity as per R.B.I. guidelines and that the renewals will be noted on the deposit receipt on my/our presenting the same on the maturity date or later for renewal/payment. जमाकर्ता के हस्ताक्षर/Signature of Depositor प्राधिकृत हस्ताक्षरी सत्यापित AUTHORISED SIGNATORY VERIFIED खाता सं. दिनांक ACCOUNT NO DATE दिनांक सावधि जमा रसीद सं. पन्ना सं. Date F.D.R. No.

Folio No.

Form No. 472

FORM - DA1 Nomination udner Section 45ZA of the Banking Regulation Act, 1949 and rule 2 (I) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits (Name (s) and Address (es) nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, (particulars where of age given below,) may be returned by Punjab & Sind Bank (Name and address of branch/office in which deposit is held) Deposit Nominee Relation-If nominee Distin-Additional Name Address ship with Age is a minor, Nature guishing depositor, his date of of A/c No. details. if any if any birth £ 2. As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum. (Name, address and age) 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: Name (s) Signature (s) and Address (es) of witness (es) @ * Signature (s)/Thumb Impression (s) of depositor (s) Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. £ Strike out if nominee is not a minor. Thumb impression (s) shall be attested by two witnesses. @ Nomination accepted and registered vide Regn. No. dated. for PUNJAB & SIND BANK Accountant / Manager ACKNOWLEDGMENT (To be returned to the depositor) Name and Address of the depositor ___ Nature and Account Number Nomination in favour of __ registered on _ vide Regn. No. For PUNJAB & SIND BANK

Accountant / Manager

फार्म डी ए 1

| இது நூருவியர் கூற்று | में बैंककारी विचित्र | फाम डा ए 1 ायन अधिनियम 1949 की धा | रा 45 जेन्द्र गत्रश | 1 | |
|--|----------------------|--------------------------------------|-------------------------------------|--------------|--|
| | | के नियम 2(1) के अन्तर्गत न | | • | |
| * / | | | | | |
| मैं / हम, | | (नाम और पता/पते) | | | |
| निम्नलिखित व्यक्ति का नाम निर्देशन क | रता हूँ/करते हैं, ि | जेन्हे मेरी/हमारी/अवयस्क की | ो मृत्यु हो जाने की | िस्थिति में, | जमाराशि जिसका |
| विवरण नीचे दिया हुआ है | (शार | बा/कार्यालय का नाम पता | | | |
| | · | | | के द्वारा | वापस कर दी जाए। |
| जिसमें राशि जमा है) | | | | | |
| जमाराशि | | | नामिती | | -0 -0.0 |
| आतिरिक्ट जमाराशि का प्रभेदक सं जानकारी स्वरूप यदि कोई | नाम | पता | जमाकर्ता से रिश्ता यदि कोई हो | उम्र | यदि नामिती अवयस्क है तो उसकी जन्मतिथि |
| | | | | | |
| | | | | | |
| 🗜 चूंकि आज की तारीख में नामिती उ | भवयस्क है अतः मैं | हम नामिती की आवश्यकता | के दौरान मेरी/ह | मारी/अवयस्य | क की मृत्यु हो जाने |
| की स्थिति में श्रीमति/कुमारी | | | | | |
| ' . | | (नाम, पता तथा उम्र) | | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | |
| को नामिती की ओर से जमाराशि प्राप्त | करन के लिए नियु | क्त करता हू/करत ह। | | | |
| स्थान : | | | | | |
| दिनांक : | | | | | |
| साक्षी/सक्षियों के नाम/ हस्ताक्षर और पर | ग याचे 🙈 | | | | |
| सावा/सावया क नान/हस्सावर आर पर | 11/4(1 @ | | * जमाकर्ता | /ओं के हस्त | गक्षर/अगूंठे की छाप |
| * यदि राशि अवयस्क के नाम जम | | गमनिर्देशन ऐसे व्यक्ति द्वारा | हस्ताक्षरित होना च | ग़हिए अवयस | क की ओर से कार्य |
| करने के लिए विधितः अधिकृत है काट दें यदि नामिती अवयस्क नः | | | | | |
| @ अंगूठे की छाप दो साक्षियों द्वारा | | TI. | | | |
| नामनिंर्देशन स्वीकार किया जाता है तथ | ग पंजीकरण संख्य | π | दिनांक | | |
| द्वारा पंजीकृत किया जाता है। | | | कृते पंजा ब | । एण्ड सिंध | । बैंक |
| | | | लेखां | कार/प्रबन्धक | |
| | पावर्त | ो (जमाकर्ता को वापस करें) | | | |
| जमाकर्ता का नाम व पता | | , | | | |
| खाते का स्वरूप व खाता संख्या | | | | | |
| | | | | | हे पक्ष में नाम निर्देशन |
| दिनांक | को पं | जीकरण सं | | | |
| | | | कृते पंजा ब | । एण्ड सिंध | ा बैंक |
| | | | | | |

लेखाकार/प्रबन्धक

| Branch Office: | Branch Code |
|----------------|---------------|
| Dianon Omoc. | Bidiloti Codo |

PERSONAL INFORMATION SHEET (CONFIDENTIAL)

(Separate form for each account holder needs to be taken)

| ccount No Date of Opening | |
|---|--|
| ame | |
| ather's/Husband's Name | |
| AN No | |
| case of joint Account Relationship between the applicants : | |
| irm / Company Name : | |
| tatus of Individual in Firm/Company | |
| desidential Status : Domestic / Non Resident Indian (NRI) | |
| ocal Address | |
| <u> </u> | |
| ermanent Address | |
| | |
| dusiness Address | |
| | |
| Telephone No. (R)Fax No | |
| (O)Mobile Number | |
| | |
| PERSONAL: | |
| Date of Birth | |
| D C D M M Y Y Y Y | |
| Category: - SC / ST / GENERAL c) Gender - MALE / FEMALE | |
| i) Relegion: a) HINDU b) MUSLIM c) SIKH d) CHRISTIAN e) BODH f) JAIN g) ANY OTHER (SPECIFY) | |
| Married Unmarried | |
|) Educational Qualification : Illiterate Middle HSC | |
| Graduate Post Graduate | |
| i) Professional (specify) | |
| ii) The individual residence is | |
| Rented Self Owned Family owned | |
| Company provided Others specify. | |

| 3. I | OCCUPATION: Tick (✔) whichever | | | Control Properties |
|--|---|---|--|---|
| l. | Salaried 2. Self-Employed | Professional | 3. Business | 4. Student |
| | Retired 6. Agricultural & Al | | 7. House Wife | |
| 3. | Other (Specify |) | | |
| Vamo | e of the employer / Name of the business | s entity | | |
| | If Self Employed / Professional. Tick | | is applicable | |
| 3.11 | Doctor 2. Lawyer | () Willelievel | 3. Engineer | 4. C.A. |
| 1. 5. | Business 6. Other (Spe | ecify |) | |
| | | | | * |
| 3.111 | Name & Nature of Business Activity in | | | |
| | Source of Funds: | | | |
| | Purpose of opening of this account | | | W Dahit astrias) |
| | Potential Activity expected in the Account | nt (pattern of rece | eipt/ payment/ Gredi | tr Debit entries) |
| | Any other source of Income | | | |
| С. | (i) Monthly Income | | | |
| | | . Up to Rs. 20 | ,001 to 50,000 | |
| | C. Up to Rs. 50,001 to 1 lac | Up to Rs. 1, Above Rs. 1 | 00,001 to 5 lacs | |
| | | | | |
| | | | | |
| D.I | Detail of Family Members Spouse's Name | | Date of Ri | irth |
| (i) | | | | irth |
| (ii) | Son's Name | | | |
| | Son's Name | | | irth |
| (iii) | Daughter's Name | | Date of B | irth |
| | Daughter's Name | | Date of B | irth |
| D.III | * Any relatives settled abroad : Yes/ No | | | |
| | | , , , | Address | |
| A) | Name | | Address | - And September - |
| B) | Name | | | |
| C) | Name | | | |
| E* F | How many time you have been abroad | in last 3 years | ? | |
| Γ | Never | 1 to 5 tim | e | Above 5 time |
| L | | | | ie ie mandatory |
| * Th | nis information is optional. However, in ca | | | |
| F. | Do you have Credit Card Yes / No (i) Visa (ii) Master (iii) Other | If yes whic | h one (Specify) ead | ch |
| G. | Dealing with other Bank: Yes / No | If yes (Spe | cify):- | |
| G. | Name of the Bank and Branch | B) Types of | | |
| - | | | | |
| | | | | |
| | | | | |
| (| (i) | | | |
| Н | | | I a various de carectur | Yes / No |
| • • • | Existing credit facilities, If any | | | |
| a) | Carloan Yes / No | | b) Housing loan | |
| a) c) | Car loan Yes / No Consumer loan Yes / No | | d) Against security | Yes / No |
| a) c) e) | Car loan Yes / No Consumer loan Yes / No Education loan Yes / No | | | Yes / No |
| a) c) e) | Car loan Yes / No Consumer loan Yes / No Education loan Yes / No Other Yes / No if yes | es (specify) | d) Against security f) Business / Agricu | Yes / No |
| a) c) e) g) | Car loan Yes / No Consumer loan Yes / No Education loan Other Yes / No Yes / No Yes / No if yes Assets: Total Value : Rs. | es (specify) | d) Against security f) Business / Agricu | Yes / No Yes / No |
| a) c) e) g) I | Car loan Yes / No Consumer loan Yes / No Education loan Yes / No Other Yes / No if yes Assets: Total Value : Rs ck (✔) which ever is applicable | es (specify) | d) Against security t) Business / Agricu pprox) Ag | Yes / No Yes / No |
| a) c) e) g) I Tio | Car loan Yes / No Consumer loan Yes / No Education loan Yes / No Other Yes / No if ye Assets: Total Value : Rs ck (v) which ever is applicable Vehicle Car | es (specify) | d) Against security f) Business / Agricu pprox) Ag | Yes / No ulture Yes / No riculture Land |
| a) c) e) g) I Tio a) b) | Car loan Yes / No Consumer loan Yes / No Education loan Yes / No Other Yes / No if yes Assets: Total Value: Rs ck () which ever is applicable Vehicle Car House you live in | rs (specify) (A) Two wheeler Ancestral / Ow | d) Against security f) Business / Agricu pprox) Ag Val n Re | Yes / No Ves / No riculture Land lue pontal Purchased |
| a) c) e) g) l Tic a) b) c) | Car loan Yes / No Consumer loan Yes / No Education loan Yes / No Other Yes / No if yes Assets: Total Value: Rs ck (w) which ever is applicable Vehicle Car House you live in Value of the House | Two wheeler Ancestral / Ow | d) Against security f) Business / Agricu pprox) Ag Val n | Yes / No Yes / No riculture Land lue Purchased lacs above 10 lacs |
| a) c) e) g) I Tid a) b) c) d) | Car loan Consumer loan Education loan Other Assets: Total Value: Rs. ck () which ever is applicable Vehicle Car House you live in Value of the House Life Insurance Policy | Two wheeler Ancestral / Owing to 5 lacs up to 1 lac | d) Against security f) Business / Agricu pprox) Ag Va n | Yes / No Yes / No riculture Land |
| a) c) e) g) l Tic a) b) c) | Car loan Yes / No Consumer loan Yes / No Education loan Yes / No Other Yes / No if yes Assets: Total Value: Rs ck (w) which ever is applicable Vehicle Car House you live in Value of the House | Two wheeler Ancestral / Ow | d) Against security f) Business / Agricu pprox) Ag Val n | Yes / No Yes / No riculture Land lue |



| Branch Office: Branch Code | Branch Office: | | Branch Code | |
|----------------------------|----------------|--|-------------|--|
|----------------------------|----------------|--|-------------|--|

KYC CONTROL SHEET

| | (Separate form for each account holder needs to be taken) |
|---------------------------------|---|
| Account No | Date of Opening |
| Name | |
| Father's/Husband's Name | |
| Met Face to Face | Yes No |
| Signed photograph held | Yes No |
| Photograph tallied with pe | erson met Yes No |
| Identity and Address Pr | |
| of Identity & Residential | locument from Category A is/are sufficient (while opening of an account) for verification Proof. In case person is not able to provide document(s) from Category A to establish dence then ensure document(s) from category BI & B2 are obtained to establish the |
| Category A | ☐ Copy of Passport / Voter's ID ☐ Last 3 Months Bank Statement + Bank Signature Verification |
| Documents for | (SV) + a Self-Cheque drawn on the same account |
| Verification of | Employer issued Photo I Card + Employer letter + Salary Slip |
| Identity & Residential Proof | (Only Public Limited Companies, Banks and Government Companies) In case the address does not match with the AOF a separate address proof |
| nesidential F100i | (Category B2 Document) must be taken |
| Category B1 | ☐ PAN Card |
| Description | Bank Pass book containing at least 3 months entries + Signature |
| Documents Verification | Verification from the bank + a Self-Cheque drawn on the same account. |
| Identity | □ Driving License |
| | ☐ PSU/Govt. Department issued ID card. |
| Category B2 | ☐ Electricity Bill |
| | □ Physical Residence verification |
| Documents | □ PAN intimation letter |
| Verification of | □ Land / WII Telephone bill |
| Residential | ☐ Mobile Bill |
| Address only | ☐ Life / Medical Insurance Policy |
| (Separate ID | ☐ Municipal Tax / Water Tax Bill |
| proof from | ☐ Income Tax / Wealth Tax Assessment Order |
| Category BI | ☐ DP Account Statement |
| required) | ☐ 3 Months Credit Card Statement |
| | Latest copy must only be taken |
| Income - Tax requirement | ☐ Copy of PAN card ☐ Form 60 |

KYC CONTROL SHEET

Products used by the Customer as per profile :-

| Saving | Current | FDR | Term Loan | Cash Credit | Credit Card | Locker | Any Other | |
|--------------|---|--------------------------------------|-----------------------------------|---------------------------------------|--------------------------------------|------------------------------------|---------------------------------|--|
| | | | | | | | | |
| | | | | | | | | |
| ntroduction | | | | | | | | |
| | iction by existing | | | | ths of satisfact | ory operations | s/other well kr | |
| | figure/person kn | | | No _ | | | | |
| case o | e introduction is r f joint account) r y mark on the AC eents + Verification | must be done t OF Introduction | by tenured em section that the | ployee like Brane account has | anch official a been based | nd report of th | ne same encl | |
| Telephone I | No. Verification al has been call | | | | | form and the | availability of | |
| customer co | onfirmed verified | | Yes | | No No | rom and me | availability Of | |
| Money Lau | ndering Verifica | tion (ML) | | | | | | |
| Country of E | Domicile Risk | | Hig | jh | Med | lium | Low | |
| Risk weight | of profession | | Hig | jh | Med | lium | Low | |
| | PEP* / STR # / T ed by H. O. from | | | | Yes | | No. | |
| | dering Risk Leve on other three s | | Hig | h · | Med | ium, | Low | |
| Set Threshol | d limit as per Cu | stomer / Busin | ess Profile. | | | | | |
| PEP :- Poli | tically Exposed | Person @ | STR:-Suspi | cious Transact | ion Report | | | |
| > P | lease note that o | original docume | ents of all the a | bove documer | nts sighted. | | | |
| > E | very page of all o | document copie | s be signed as | 'Original Seen | and Verified' a | and should be | dated by the t | |
| th | eparate control : ne partners / all older is / are aut | the directors of | the company | / each Trustee | ount holder in e / Beneficiary | case of joint a / Beneficiary, | ccount holder whether acc | |
| > S | eparate identity | and address pro | oof in conform | ity with the deta | ail furnished in | the applicatio | n form for eac | |
| tn Tr | e account holde ustee / Beneficia | r in case of join ary, whether ac | ount holder is | der / all the par s / are authoriz | tners / all the d ed to operate t | directors of the the account or | ompany / e not. | |
| ta | case of Minor a ken + birth certif ken for proof of l | icate of the min | ardian (Mothe or / Passport / | r or Father) Ph SSC Board C | otograph, ider ertificate / Sch | ntity and addre | ess proof mus ertificate mus | |
| na | Where the individual is not in a position to submit the proof of residence due to the residence not being in his name, you may take the residential proof in the name of the individuals <u>blood relatives</u> with whom the individuals is staying <u>plus</u> the relative identity proof. | | | | | | | |