



# SB Minion | v0.2 Beta

Report Bug/Suggestion to 59759@iob.in

Fill Mother Name below and proceed to "Generate Printable Form".

Mother Name\*

Modify Place Name only if required

Place :

1.

2.

Flip Pages before clicking on Print Back for double sided printing.

3.



**Important Instructions:**

- A) Fields marked with '\*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only** (To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (Please refer instruction **A** at the end)

Prefix  First Name (SPACE)  Middle Name (SPACE)  Last Name

Name\* (Same as ID proof)

Maiden Name (If any\*)

Father / Spouse Name\*

Mother Name\*

Date of Birth\*  DD -  MM -  YY  YY

Gender\*  M- Male  F- Female  T-Transgender

Marital Status\*  Married  Unmarried  Others

Citizenship\*  IN- Indian  Others (ISO 3166 Country Code  )

Residential Status\*  Resident Individual  Non Resident Indian  Foreign National  Person of Indian Origin

Occupation Type\*  S-Service (  Private Sector  Public Sector  Government Sector )  O-Others (  Professional  Self Employed  Retired  Housewife  Student )  B-Business  X- Not Categorised



**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  ISO 3166 Country Code of Birth\*

**3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction **C** at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date  DD -  MM -  YY  YY

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date  DD -  MM -  YY  YY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

S- Simplified Measures Account - Document Type code  Identification Number

**4. PROOF OF ADDRESS (PoA)\***

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)  Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

City/Town/Village\*  Pin / Post Code\*

District\*  State/U.T Code\*  ISO Country Code\*





# Indian Overseas Bank

Account Opening Form

Savings Bank A/c No.

I / We request you to open a Savings Bank Account in my / our name(s) in the books of the Bank.

Name in full :

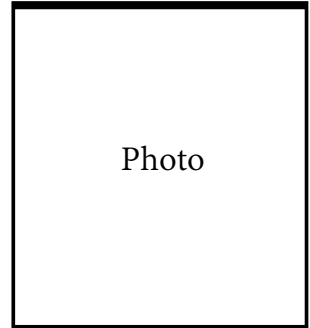
Address of the first Depositor

- 1. ....
- 2. ....
- 3. ....
- 4. .... DT

Pin : ..... Mobile No.: .....

E-Mail: .....

Purpose of opening Account:



| In case of minor's account | Date of Birth  | Name of Guardian | Relationship |
|----------------------------|--|------------------|--------------|
|                            |  |                  |              |
| In case of Joint Accounts  | Account to be operated by Either or Survivor / Jointly |                  |              |

I / We declare that Bank's Savings Bank rules have been read by me / us and I / we accept them and amendments which may be made from time to time as binding upon me / us.

Kindly supply me / us with a Cheque Book, Pass Book for my / our use.

### Specimen Signatures

- 1. .... 3. ....
- 2. .... 4. ....

### Declaration

I / We undertake to maintain the minimum balance in the account as required by the Bank.

I/We may have occasion from time to time to hand you for collection or negotiations cheques, Drafts or Bills of Exchange (with or without documents attached) and we hereby agree to your forwarding the same to your branches/collecting Agents for collection/negotiation through Registered Post or any other authorised independent carrier.

In the event of your having no independent collecting Agent at any Centre, we hereby authorise you to send such instruments/documents directly to the drawee bank itself by any of the above said authorised modes of transit.

In the even of loss of an instrument/document in transit or otherwise, I/We undertake to take up the matter with the drawer for obtaining duplicate/replacement instrument/or provide duplicate documents.

In case of any overdraft being created by wrong credits or in the Teller / ATM / ABB arrangement, I / We shall make good the same with interest as applicable.

Date:

Signature of Depositor(s)

### Introduction

I know the applicant/s personally for a period of .....year(s) and confirm correctness of occupation and address as stated in the application.

Date:

Signature of introducer

**For Office Use**

Introducer's signature verified and signed before me

Date: \_\_\_\_\_ Authorised Officer \_\_\_\_\_ Approved \_\_\_\_\_ Manager \_\_\_\_\_

**Nomination**

I.....nominate the following persons to whom the balance in the account may be paid by Indian Overseas Bank, in the event of my / our / minor's death.

| Name of Nominee | Nominee DOB | Relationship | Date of birth, if nominee is a minor |
|-----------------|-------------|--------------|--------------------------------------|
|                 |             |              |                                      |

**In case nominee is a minor**

As the nominee is a minor on this date, I / we appoint Shri./Smt./Miss.....(Name, address and age) to receive the amount on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place:

Date:

Signature / LTI of Depositor(s)

Name(s) and signature of witness (In case of LTI)

**Nomination Registered**

1.....

2.....

Authorised Officer

**FORM NO. 60 (To be filled by those who do not have either PAN/GIR )**

[See second proviso rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

1. Full name and address of the declarant \_\_\_\_\_

2. Particulars of transaction \_\_\_\_\_

3. Amount of the transaction \_\_\_\_\_

4. Are you assessed to tax? Yes  No

5. **If yes**, (i) Details of Ward/Circle/Range where the last return of was filed \_\_\_\_\_

6. Details of the document being produced in support of address \_\_\_\_\_

**VERIFICATION**

I, \_\_\_\_\_,

do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date:

Place:

Signature of the declarant