

PUNJAB NATIONAL BANK

Branch Office
Dist. No

PHOTOGRAPH IF NOT AVAILABLE ON BANK RECORD

ANNEXURE TO ACCOUNT OPENING FORM FOR INDIVIDUAL/JOINT ACCOUNTS

(TO BE FILLED IN BY EACH INDIVIDUAL)

Customer ID									_ _					_							
Account No.																					
1 Name of Aggains	t Ua	ldon	(In l	hlac	d, L	ottor	na)														
1.Name of Account	1 110	ider	(111)	DIOC	CK IC	ettei	(8)														
First Name	\Box																				
Middle Name	-																				
Last Name		+																			
			1				I		1			1					1	1	1	1	I
2. Gender	Male	•				Fen	nale														
3. Date of birth			Ш								4. N	Vatio	nalit	у							
(DD/MM/YYYY) 5. Religion	HINI	DU/MU	19111	M/S	IKH/	CHB	ICTI	ΛNI/ (THE	D.	6.				GEN	EDAI	/ OF	RC /	SC /	/ QT	
o. Religion	IIIINI	JU/IVIC	JOLII	IVI/ S	IIXI I/	CHIK	.1311	AIN/ V		.K		ego	ry		GLIV	LNAL	./ OL	JC /	307	31	_
											•			,							
7. ADDRESS	Τ				-								-								
(a) Present Residence	Ow	nea			Pai	renta	I		Ren	tai				ploye vided	ŗ						
Address																					
0: (0: 1)																					
City(State)																					
		Offic	e								T		PIN								
Telephone No. (with STD		Offic											PIN								
Telephone No. (with STD Code)		Offic		9			Mo	bile					PIN								•
Telephone No. (with STD Code)				e			Mo						PIN								
Telephone No. (with STD Code) E-mail		Resid		e	Do	ronto!	No		Day	al				Mayer							
Telephone No. (with STD Code)	Owr	Resid		9	Par	rental	No		Rent	al			Emp	oloyer							
Telephone No. (with STD Code) E-mail (a) Permanent Residence		Resid		e	Par	rental	No		Rent	al			Emp								i
Telephone No. (with STD Code) E-mail (a) Permanent Residence Address		Resid		e	Par	rental	No		Rent	al			Emp	rided						1	
Telephone No. (with STD Code) E-mail (a) Permanent Residence Address		Resid		e	Par	rental	No		Rent	al			Emp	rided							
Telephone No. (with STD Code) E-mail (a) Permanent Residence Address City(State)		Resid		e	Par	rental	No		Rent	al			Emp	rided							
Telephone No. (with STD Code) E-mail (a) Permanent Residence Address City(State) 8. OCCUPATION Salaried-Salaried-Salaried-STD (with State) (with State)	Own	Residence	dence	9	Retii	red-	No). 	Rent	al		Hou	Emp	rided	Sel					-Not	
Telephone No. (with STD Code) E-mail (a) Permanent Residence Address City(State) 8. OCCUPATION Salaried-Govt./PSU Salaried-others	Own	Residence Retirection Govt./F	dence	9		red-	No			al		Hou	Empprov	rided		f			hers		
Telephone No. (with STD Code) E-mail (a) Permanent Residence Address City(State) 8. OCCUPATION Salaried-Salaried-STD (with State)	Owr	Residence	dence		Retii Othe Busi	red- ers	No	Stu	dent	-			Empprov	rided	em						
(a) Permanent Residence Address City(State) 8. OCCUPATION Salaried- Govt./PSU sector (with (with State) (sector)	Owr	Residenced Retirect Govt./F sector	dence		Retii	red- ers	No	Stu	dent	-			Empprov	rided	em	ployed					

10. EDUCATIONAL QUALIFICATION	
Up to SSC Graduate Others (Specify)	
11. TOTAL ANNUAL INCOME (INDIVIDUAL)	
Up to Rs.50000 Rs. 50000 Rs. 1.5lakh Rs.1.5 lakh -Rs 5 lakh Above Rs.5 lakh	
12. Annual Turnover (in case of occupation is any business)	
Nature of business, if applicable	
Whether documentary proof in support of item No. 11 & 12 provided : Y provided	
If yes, type of Proof: Balance Sheet Income -tax Return	
Sales Tax Return	
13. WHETHER INCOME TAX ASSESSEE? Y N	
IF YES, FURNISH PAN/GIR NUMBER(If PAN/GIR No. is not applicable, submit Form No. 60/61) PAN/GIR Number	
14. PROOF OF IDENTITY Passport PAN Card Voter ID Card Govt. /Defence ID Card Driving license Other (specify)	
15. PROOF OF ADDRESS	
Electricity Bill	
Driving Licence Govt / Defence ID Card Other (Specify)	
16. NAME OF SPOUSE (In block letters)	
Mr./Ms.	
	1
First Name	1
Middle Name Last Name	
Telephone No. (with STD Code)	
E-mail Mobile No.	
Customer ID No.(if any) Whether employed/ self employed Y N	
If yes, furnish office/ Business address	1
Office/Business	l
Address	1
Telephone No.(with STD Code) Pin Code	
17. WHETHER DEALING WITH ANY OTHER BANK, IF YES, PLEASE GIVE DETAILS	

Nature	of Account	Α	CC	cou	nt	i No	٥.													Branch Office			
				T	T																		7
				T	T	T																	
							1				1				l!			<u> </u>		I.			
19. Loan	ns availed: (tick wh	icł	ıe	ver	is	s a _l	pp	lica	ab	le,	if	ye	es,	m	ent	tio	n n	aı	me	of the financing ins	itution/ba	ank with am	nount)
SI. No.	Type of Loan		_				T	YES	3			1	NO)		N	IAI	VII	ΕO	F THE INSTITUTION		AMOUNT	•
1.	CAR LOAN																						
2.	CONSUMER LOA	N																					
3.	HOUSING LOAN																						
4.	MORTGAGE LOA	N																					
5.	EDUCATION LOA	١N																					
6.	ANY OTHER																						
7.																							
8.																							
9.																							
	ETS (approximate	va	ılu	ıe)	F	₹s.																	
Details (*)		_													1								
Vehicle ov	wned : Car						Т١	WO V	vh	eel	er								Oth	ners	None		
Life policy	for : Upto Rs.1	la)]	Up	to F	₹s.	.2 la	acs	6]				Up	to Rs. 5 lacs	Above F	Rs.5 lacs	
Pension p	olicy : Yes			ļ	No)						lf y	yes	s, (give	de	tail	S _					
Medical In	nsurance : Yes				No)						lf y	yes	s, (give	de	tail	s _					
Other Ass	sets :																						
011017100																							
21. INV	ESTMENTS							ı	Rs	s													
Details(*) (Stocks & Shares	s/N	S	Cs/	Ρ	PF	, c	othe	er	de	ро	si	ts	et	c) (tic	k a	ıp	pro	priately)			
	Nationalized B			I	_			Pvt.											For	eign	Other		
Investme	nts Company Dep			+				Mut Gol										_	Sha PPI	res		Deposits s	
Amount	Upto Rs. 1 lac		Ē	<u></u>]		U	pto	Rs	s. 2	la	cs						U	pto	Rs. 5 lacs	Above R		
22(*). Sp	ouse's qualification	n :	:																				
Upto SSC	:	irac	uk	ate								Po	ost	G	rad	uat	te			Other	(Specify) _		-
23(*). De	etails of your family	y m	ıeı	mb	er	s:																	
Age Grou	ıp Up to 10 Y	rs			11	to	20	Yrs	s			21	to	4	5 Yı	rs			46	to 60 Yrs Above	e 60 Yrs		Total
No. of Ma	iles		+							4	٠							+		_ + [=	
No. of Fe	males		4	+							+]			+		_ + [=	

18. Whether already dealing with PNB, if yes, please give details

24(*). A	ny relative settled abroad?	Yes N	No	ı	f yes, p	lease	men	tion t	heir na	mes a	and a	ddres	sses
Name			Α	ddress									
1. 2.													
3.	ny times have you been abroad in t	he last three years	? N	lever			1 to			Abo	ove 5	5	
					<u>I</u>	ı	tillics			, t			
25. Whe	ether ATM / Debit Card issued. If imber	yes, please write	the										
(*) Optio	onal												
I/We giv. / or serv informat	RATION: e our consent to receive informatio rices or promotional offers introduc tion available with the Bank for mar	ed by the bank fror	of comm	municat to time :	ion, incl	uding auth	phonorize t	e Banl he bai	king abo	out PNI e my/ o	B's P our p	roduct ersona	t and al
		FOR E	BRANG	CH US					MPRESS				
Sl.No	Name of the Official/ Re	tired Staff	S	ignatuı	е		PF N	o./ Ide	entity N	lo.		DATE	=
1	Bank Official who got the form												
2	Retired Bank Official who got filled up	the form											
3	Information entered in the syste	em by											
4	Collected/ Entered Information	Verified by											
Risk Ca	ategory: High risk	Medium Risk	k 🗌		I	Low I	Risk			Neg	gligil	ole risl	k 🔲
	Name	SIGNATUR	RE		GPA / S	SPA /				D	ATE		

1. Risk Category confirmed by