



IPPB Branch name		IPPB S	SoliD	Date D	D M M Y Y Y
Account Type	Savings	Product Type	Regular	Basic Salary Ad	count Others
	Current	Product Type	Regular	Organization <sub>-</sub> Employee ID _	
Mode of Operation	Single	Joint E or S	F or S	Others	
Account Number			_		
		PERSONAL DETAILS -	1st Applicant/M	linor(below 10 years)	
Existing IPPB Customer	. Y N	IPPB Customer ID			
Existing II 1 B Customer		II I B Customer IB			Please affix your latest passport Size
CKYC Number					Photograph with
					signature across the photograph
	- 0	<b>-</b>			
Name	Prefix	First Name		Middle Name	Last Name
Father / Spouse Name					
Mother Name					
Mother's Maiden Name					
Nationality INI	DIAN .	Gender	Male	Female Trans	gender
Date of Birth			Minor	Yes No	
If Yes, Name of Guardie	an O		Rel	ationship	
Aadhaar Number*			If appl	ied , Enrollment No.	
PAN CARD			Form 60	Yes No	
Marital Status	Married	Unmarried Others			
Occupation Type	Service	Private Sector Public S	Sector Gover	nment Sector	Professional Housewife
	Retired	Student Busines	othe	ers	
Politically Exposed Per	son Y	N			
Religion Hindu	Christian	Muslim	Sikh Ot	thers	
Category General	ОВС	sc Sc	ST Ot	thers	Gross Annual Income
Education	Under Gradu	uate Gradua	rte Post 0	Graduate Others	
Proof of Identity					
Aadhaar	Pan card	Driving License	NREGA	Voter ID Pas	sport Others
Document No.					
Issued on DD	MMYY	Y Valid Upto	D D M M	I Y Y Y	
Proof of Address					
Aadhaar	Driving License	NREGA V	oter ID	Passport Others	<u> </u>
Document No.					





Permanent Address Details	\$ 										III .							- 11	$\overline{}$		
Line 1			Щ								<u> </u>				_						
Line 2			Ш			City / To	wn / Vi <b>ll</b> ag	ge													
District																					
State							Р	in													
Correspondence /Local Add	dress Details			Sar	ne as P	ermaner	nt Address	;													
Line 1																					
Line 2						City / To	wn / Vi <b>ll</b> ag	ge													
District																					
State							Р	in _													
					Со	ntact D	etails														
Mobile			Reside	entia <b>l</b>	No																
Email ID																					
		PERSON	IAL DE	TAILS	5 – 2nd	Applic	cant/Gua	ırdian	(if a	plico	ıble)										
Existing IPPB Customer	YN		Custom														T				
Existing IFFB Customer		ILLD.	Custon	יםן ופו																	
ente number								_											otog Inati		
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CKYC Number	Prefix	F	First Na	me				M	⁄lidd <b>l</b> e	Name									otog Inatu e ph		
	Prefix	F	iirst Nar	me				N	1iddle	Name								Pho sig the	otog Inatu e ph		
Name	Prefix	F	First Na	me				M	⁄iddle	Name								Pho sig the	otog Inatu e ph		
Name Father / Spouse Name	Prefix	F	First Nan	me				N	fiddle	Name								Pho sig the	otog Inatu e ph		
Name Father / Spouse Name Mother Name		F	First Nar	me	ler	M.	ale		fiddle	Name	Tro	nsge		[ [ [				Pho sig the	otog Inatu e ph		
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Proof of Identity	
Aadhaar PAN Card Driving License NREGA	Voter ID Passport Others
Document No.	
Issued on D D M M Y Y Y V	pto D D M M Y Y Y
Proof of Address	
Aadhaar Driving License NREGA Voter ID	Passport Others
Document No.	
Issued on D D M M Y Y Y Y V	pto
Permanent Address Details	
Line 1	
Line 2 Cit	y / Town / Village
District	
State	Pin Pin
Correspondence /Local Address Details Same as Perm	nanent Address
Line 1	
Line 2 Cit	y / Town / Village
District	
State	Pin Pin
Conto	nct Details
Mobile Residential No	
Email ID	
CHANNELS	/ DELIVERABLES
SMS Banking Missed Call Banking Mobile Banking I	VR Banking SMS/Email Alerts Doorstep Banking
Internet Banking View Only View and Transaction Both	
Cheque Book* (* Applicale for Current Account only)  Yes	No
Account Statement Physical Statement E-Mail	Not Required
	N (DA 1 FORM)
I/We wish to nominate I/We donot wish to nominate	
	of the Banking Companies (Nomination) Rules, 1985 in respect of Bank deposits.
I/We residing at no deposit in the account, particulars whereof are given below, may be returned b	minate the following person to whom in the event of my death the amount of y IPPB
Name of Nominee DOB Nominee DOB	Relationship
Nominee Address	State Pin
As the nominee is a minor on this date, I appoint (Addre	ss) (Age) to receive the amount of the deposit in the account on behalf of
the nominee in the event of my death during the minority of the nominee.  Date: Place :	Signature of Applicant (1)
	Signature of Applicant (2)
Witnesses for nomination (i	n case of thumb Impression only)
Signature	Signature
Name & Address:	Name & Address :



FATCA-CRS DECLARATION
l am citizen/national/tax resident of any country outside India (If Yes , please fill annexure separately)
First Holder Joint Holder Yes No
I/We hereby declare that the information provided by me/us is true. In case of changes , I/We will inform the bank within 30 days
Direct Benfit Transfer
I wish to seed my account No with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from G of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the sc
I already have an account with (name of Bank) having IIN Number, and seeded with NPCI Mapper for receiving DBT from C I request you to change my NPCI mapping(DBT Benefit Account) to my account with your Bank
I already have an account with another bank(name of Bank) having IIN Number, and seeded with NPCI Mapper for receive DBT from GOI. I do not want to change my NPCI mapping(DBT Benefit Account) from the existing Bank
I do not wish to seed my accounts from your Bank with NPCI Mapper (I will not be getting DBT)
Linking of IPPB A/c to POSA A/c (Applicable for Saving Account only)
Existing DoP Customer Y N
I wish to link my IPPB A/c with Post Office Savings Account (POSA) number mentioned below to facilitate transfer of funds in excess of Rs.1 lac in my accou
POSA Customer ID POSA A/c Number
I Allow IPPB to save and share my POSA CIF and A/C number with DoP
I Allow DoP to debit my account based on my authentication taken by IPPB
I do not wish to link my IPPB A/c to POSA and understand that as per Payment Banks Guidelines,I will not be able to receive any credits if my account balance reaches a threshold of Rs. 1Lac
FORM 60( Required if Pan is not Submitted)
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 clauses (a) to (h) of rule 114B
If applied for PAN and it is not yet generated enter date of application
Pan acknowledgement No:
If PAN not applied, fill estimated total income (including income of spouse, minor child etc.  as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held
b Other than Agricultural Income (Rs)
Verification I, do hereby declare that what is stated above is true to the best of my knowledge and belief. I furt declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 6-Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will less than maximum amount not chargeable to tax. Verified today, the
Place : Signature of the Applicant
Rules & Regulations
Account Opening / Services : All services, including opening of the account are subject to verification of information/documents provided by me. All services

Account Opening / Services: All services, including opening of the account are subject to verification of information/documents provided by me. All services will be provided by India Post Payments Bank Limited(IPPB) on a best effort basis. The complete list of services available to me will be available on www.ippbonline.com.

Fees & Charges: Fees and Charges shall be applicable on my account and for other services availed by me, as described in Schedule of Charges and on the website www.ippbonline.com. Service Taxes and other statutory imposts as applicable from time to time will be levied on all fees.

Interest Payment: I/We understand that IPPB pays interest quarterly on daily balance basis on my Savings Account as per the rates applicable.

Channel facilities: All channel facilities provided by IPPB including Mobile Banking, Internet Banking etc. are subject to specific guidelines that are provided on www.ippbonline.com and as per the Terms &Conditions. I/We agree and undertake that I shall never part with any sensitive information of my account especially through internet/email/phone medium and IPPB is not liable for fraud arising from such disclosures.

I/We acknowledge that the, usage of IPPB Mobile Banking facility is governed by terms & conditions in force from time to time as set forth on the www.ippbonline.com and agree to abide by the same. I am aware that IPPB does not seek any information relating to login ID/Password in any form including through e-mails from its customers. I further agree and confirm that IPPB shall not be liable for any losses arising from my sharing/disclosing of login ID, password or PIN (Personal Identification Number) to anyone, nor shall make claims on the bank for any unauthorized use. I/We shall take all precautions to protect my account details so as to avoid any unauthorized use.

Personal Information: a. Any updation of my details including personal information, change of address etc. will be provided by me to the bank, along with documents of proof at the earliest. I agree to indemnify IPPB for any fraud, loss or damage, due to my providing wrong information or not updating the informa-



I/We have read and understood the T&C and understand that any changes to the T&C will be available on the website www.ippbonline.com only and shall be bound by them • I Agree to use my Aadhaar Details to authenticate me from UIDAI. \*Aadhaar Consent: • I agree to link my Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your Bank. • I agree to use use my Mobile Number for sending SMS Alerts to me Declaration I/We have read/understood the present rules and regulations of the bank and those relating to various services offered by the bank. I/We agree to adhere to all terms and conditions of IPPB and any subsequent changes thereof Signature of the Applicant (1) Signature of the Applicant(2) FOR OFFICE USE IPPB CIF ID IPPB Account No I/We here by confirm that I have seen the DoP pass book of the customer in original, and the details mentioned in the passbook match with the DoP CIF ID and POSA account provided by the customer to IPPB. Checklist Attached No KYC Norms Complied With Verified By Emp ID \_\_\_\_\_ Officer Name \_\_\_\_ Signature \_\_\_ Emp ID \_\_\_\_\_ Branch Head Name \_\_\_\_ Signature \_\_\_\_