



India Post Payments Bank

Account Opening Form Savings / Current Account (Individuals)

IPPB Branch name, IPPB Sol ID, Date, Account Type, Product Type, Mode of Operation, Account Number

PERSONAL DETAILS - 1st Applicant/Minor(below 10 years)

Existing IPPB Customer, IPPB Customer ID, CKYC Number

Please affix your latest passport Size Photograph with signature across the photograph

Name fields: Prefix, First Name, Middle Name, Last Name

Nationality, Gender, Date of Birth, Minor status

If Yes, Name of Guardian, Relationship

Aadhaar Number, If applied, Enrollment No.

PAN CARD, Form 60

Marital Status

Occupation Type

Politically Exposed Person

Religion

Category, Gross Annual Income

Education

Proof of Identity

Aadhaar, Pan card, Driving License, NREGA, Voter ID, Passport, Others

Document No.

Issued on, Valid Upto

Proof of Address

Aadhaar, Driving License, NREGA, Voter ID, Passport, Others

Document No.

Issued on, Valid Upto



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Permanent Address Details

Line 1, Line 2, City / Town / Village, District, State, Pin

Correspondence /Local Address Details Same as Permanent Address

Line 1, Line 2, City / Town / Village, District, State, Pin

Contact Details

Mobile, Residential No, Email ID

PERSONAL DETAILS - 2nd Applicant/Guardian (if applicable)

Existing IPPB Customer, IPPB Customer ID, CKYC Number

Please affix your latest passport Size Photograph with signature across the photograph

Name, Father / Spouse Name, Mother Name, Mother's Maiden Name

Nationality, Gender

Date of Birth, Minor

If Yes, Name of Guardian, Relationship

Aadhaar Number*, If applied, Enrollment No.

PAN CARD, Form 60

Marital Status

Occupation Type

Politically Exposed Person

Religion

Category, Gross Annual Income

Education



Proof of Identity

Aadhaar PAN Card Driving License NREGA Voter ID Passport Others _____

Document No.

Issued on Valid Upto

Proof of Address

Aadhaar Driving License NREGA Voter ID Passport Others _____

Document No.

Issued on Valid Upto

Permanent Address Details

Line 1

Line 2 City / Town / Village

District

State Pin

Correspondence / Local Address Details Same as Permanent Address

Line 1

Line 2 City / Town / Village

District

State Pin

Contact Details

Mobile Residential No

Email ID

CHANNELS / DELIVERABLES

SMS Banking Missed Call Banking Mobile Banking IVR Banking SMS/Email Alerts Doorstep Banking

Internet Banking View Only View and Transaction Both

Cheque Book* (* Applicable for Current Account only) Yes No

Account Statement Physical Statement E-Mail Not Required

NOMINATION (DA 1 FORM)

I/We wish to nominate I/We do not wish to nominate

Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank deposits. I/We _____ residing at _____ nominate the following person to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be returned by IPPB _____

Name of Nominee Nominee DOB Relationship

Nominee Address State Pin

As the nominee is a minor on this date, I appoint _____ (Address) _____ (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 (in case of thumb Impression only)

Signature	Signature
Name & Address:	Name & Address :



FATCA-CRS DECLARATION

I 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 Benefit Transfer

- I wish to seed my account No. ... with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt. of India (GOI) in my above account.
I already have an account with ... (name of Bank) having IIN Number ... and seeded with NPCI Mapper for receiving DBT from GOI. 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 receiving 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 account
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
a. Agricultural Income (Rs)
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 further 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 64 of 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 be less than maximum amount not chargeable to tax. Verified today, the ... day of ... 20_ _

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 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-



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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

- *Aadhaar Consent:
- I Agree to use my Aadhaar Details to authenticate me from UIDAI.
 - 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 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 Yes No

KYC Norms Complied With Yes No

Verified By

Officer Name _____

Emp ID _____

Signature _____

Branch Head Name _____

Emp ID _____

Signature _____