

(FORM - 1) Application for opening SCSS Account



Bank Aisa Dost Jaisa

To,
The Manager
IDBI Bank

_____ Branch

Sir,
I/ We _____ (Applicant/s) hereby apply for opening
of an account under Senior Citizens' Savings Scheme in your Post Office/ Bank.

I/ We tender herewith ₹ _____ /- (₹ _____) In cash/ Cheque/DD. No. _____
date _____ as initial deposit. My/ our particulars are as under:

Paste
photograph of
applicant/s

1. Name of First Account Holder: _____

Husband/ Father / Mother's name or Guardian appointed by Court: _____

Date of Birth: _____ (DD/ MM/ YYYY)

2. Name of Second Account Holder: _____

Husband/ Father / Mother's name: _____

Date of Birth: _____ (DD/ MM/ YYYY)

3. Aadhaar Number of (a) First account holder: _____ (b) Second account holder: _____

4. Permanent Account Number (PAN) of (a) First account holder: _____ (b) Second account holder: _____

5. Present Address : _____ Permanent Address : _____

6. Contact details : Telephone Number: _____ Mobile Number: _____

E-mail ID: _____

7. Type of Account (Select your choice): Single or Joint

8. (*) Details of date of birth proof (account holder/s): _____

Certificate No.: _____ Date of Issue: _____ Issuing authority: _____

9. Details of other KYC documents attached

1. Proof of identification: _____ 2. Address proof: _____

The following documents are accepted as valid documents for the purpose of identification and address proof:

1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by NREGA signed by the State Government Officer

5. Letter issued by the National Population Register containing details of name and address.

Specimen Signatures

1 _____ 2 _____ 3 _____

Name _____ Name _____ Name _____

I declare that I/we are resident citizen of India and undertake to inform the account office of any change in our residency/ citizenship status in future.

I hereby undertake to abide by the scheme provisions and Government Savings Promotion Rules, 2018 applicable on the Scheme and amendments issued thereto from time to time.

Details of my/our other accounts under the Scheme are as under:

Sr. No.	Name of Scheme	Date of opening of account	Amount Deposited	Customer Identification Number	Account Number	Name of Post office/ Bank
	Senior Savings (SCSS) Citizen Scheme					

Date: _____

Signature or thumb impression of guardian

Nomination

10. I/ We _____ hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in _____ (Name of Scheme) at the time of my death would be payable.

Sr. No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominee (optional)	Date of Birth of nominee in case of minor	Share of entitlement	Nature of entitlement Trustee or owner

As the nominee(s) at Serial No.(s) _____ specified above is/ are minor(s), I appoint
 Shri/ Smt/ Kumari _____
 S/o, D/o, W/o _____
 Address _____
 _____ to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

1. Signature of witness _____
 Name & Address _____

2. Signature of witness _____
 Name & Address _____

Place: _____

Date: _____

Signature or thumb impression of account holder/s

For Internal Bank Use

The account has been opened in the name of _____ on _____ with Initial deposit of ₹ _____ under SCSS

vide Account No. _____ dated _____ Customer Identification Number _____

Nomination has been registered vide No. _____ dated _____

Signature and seal of competent authority