

Account Opening Form

(For No frills savings bank account only – no separate CROP form)

Indian Overseas Bank.....Branch Savings Bank A/c No.

photograph

Name (in capital letters)	Occupation	Father's name	Spouse name	Date of birth	PAN No. If available

Address of the first depositor :

Telephone No.:.....

E-mail ID:.....

	Date of Birth	Name of Guardian	Relationship
In case of minor's account			
In case of Joint Accounts	Account to be operated by () Either or Survivor () Jointly (for closure of accounts both account holders should apply)		

I/We confirm that we are of Indian Nationality.

I/We accept the following rules applicable to "No frills " accounts :

- 1. Minimum balance Rs.5/-
- 2. withdrawal from the account only by withdrawal slip
- 3. Cheque book will not be issued.
- 4. If the balance exceeds Rs.50000/- or the total credit in the account exceeds Rs.100000/- in a year, account will be subjected to full KYC procedure. Until such time, bank may not allow operations in the account.
- 5. Total number of transactions in the account per half year shall be 25 .
- 6. If number of transactions are more, no interest is payable
- 7. Interest on the credit balances is payable at 3.50 % p.a
- 8. No other concessions available in the account
- 9. No ATM/ABB card will be issued.
- 10. Collections of cheques etc., will be as per bank's procedure.
- 11. Any other operation of the account as notified by the bank from time to time.

Please issue me/us a passbook.

Specimen Signatures

- 1. 3.
- 2. 4.

Date:

Signature of Depositor(s)

Introduction (if not identified by documents)

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

Date:

Account number :

Signature of introducer

For Office Use

- () Introducer's signature verified and signed before me. Introducer's account is more than 6 months old. or
- () Introduction by way of () certificate from VAO () Ration card () Voter Identity Card, for identity & address proof

Date:

Authorised Officer

Approved

Manager

Nomination

I / Wenominate 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 and address of Nominee	Age	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.

Date:

Signature / LTI of Depositor(s)

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

1.....

2.....

Nomination Registered, acknowledgement given

Authorised Signatory