



Annexure-8

**FINANCIAL INCLUSION ACCOUNT OPENING CUM OVERDRAFT APPLICATION FOR INDIVIDUALS**

Date: \_\_\_\_\_

Name of the Branch:- \_\_\_\_\_ Village/ Town:- \_\_\_\_\_ District:- \_\_\_\_\_ State:- \_\_\_\_\_

**First Applicant/ Sole Applicant:-**

FULL NAME, In CAPITAL letters (First, Middle and Last Name): Mr./Mrs./Ms \_\_\_\_\_

Father's/Husband's name in CAPITAL letters: Mr. \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Gender: M/F

Occupation: Agri/Service/Housewife/Business/Others- \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email ID:- \_\_\_\_\_

**Second Applicant/ Joint Applicant :-**

FULL NAME, In CAPITAL letters (First, Middle and Last Name): Mr./Mrs./Ms \_\_\_\_\_

Father's/Husband's name in CAPITAL letters: Mr. \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Gender: M/F

Occupation: Agri/Service/Housewife/Business/Others- \_\_\_\_\_

Tel No. \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email ID:- \_\_\_\_\_

Operating instructions:- \_\_\_\_\_

Present Address: \_\_\_\_\_ PIN \_\_\_\_\_ Permanent address: \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

Other Facilities Required ( Please Tick mark in the appropriate box)								
S.No.	Particulars	Yes	No	S.No.	Particulars	Yes	No	
1	Passbook			4	Rupay Card/ Debit Card			
2	Statement of A/c through Email/Post			5	Internet Banking Facility			
3	Cheque Book			6	Mobile Banking Facility			
7	Linking of Aadhar No. __/__/__/__/__/__/__/__/__/__							
	Voter ID No. if available __/__/__/__/__/__/__/__/__/__							

**Nomination:**

Deposit			Nominee				
Nature of Deposit	Distinguishing No.	Additional Details	Name of Nominee	Address of Nominee	Relationship with Depositor	Age	If nominee is a minor, his/her DOB

Since the nominee is a minor on this date, I/we appoint Mr./Mrs/Ms \_\_\_\_\_ Address \_\_\_\_\_, Age \_\_\_\_\_ to receive the amount of deposit on behalf of the nominee in the event of my/our /minor(s) death.

I /We agree to abide by the terms and conditions of Saving Bank Account of IOB

Above Particulars Verified

1. \_\_\_\_\_ 2. \_\_\_\_\_

Signature (S) of the applicant(s)

**Name and signature of the Business Correspondent (BC)**

\_\_\_\_\_

**APPLICATION FOR OVERDRAFT FACILITY**

I also request you to sanction me an Overdraft Limit of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_) for meeting my emergency family needs. I shall abide by the terms and conditions stipulated by the Bank in this regards. My Gross Annual Income is Rs. \_\_\_\_\_ from all sources. My main source of income is \_\_\_\_\_.

(Signature of the applicant)



**On the Back side of the Single page Application Form  
FOR OFFICE USE ONLY**

(Processing Cum Sanction Memo)

Branch: \_\_\_\_\_ Branch Alpha \_\_\_\_\_ Scheme Code: SB124/150

Name /s of the A/c Holder(s):- \_\_\_\_\_

A/C No.																			
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Customer ID No.:

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Annual Income from various sources as declared by the applicant(s) Rs. \_\_\_\_\_

Overdraft Limit Sanctioned Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_)

Rate of intt. \_\_\_\_\_% above Base Rate minimum \_\_\_\_\_% with monthly rests

Period: 12 Months

Documents: 1- D P Note; 2- Letter of continuing security to be signed by the borrower

Recommended

Sanctioned

In charge  
Saving Bank Deptt

Chief/ Senior/Branch Manager

**KYC IDENTIFICATION DOCUMENTS/PAPERS TO BE SUBMITTED BY APPLICANT (S)**  
(Any one document from each of the following two lists subject to Bank's satisfaction)

S. No	List-I (Latest /recent documents showing identity proof)	Tick Mark	S. No	List-II (Latest /recent documents showing identity proof)	Tick Mark
1	Driving License with photograph		1	Driving License with photograph	
2	MNREGA job Card		2	Telephone Bill, Electricity Bill, Ration Card	
3	Voter's identity Card		3	Bank account Statement (with address) MNREGA job Card	
4	PAN Card, Government ID Card		4	Any documentary evidence in support of residential address to the Bank.	
5	Aadhaar Card		6	Aadhaar Card, Voter Card	
5	Any other document as per RBI Guidelines		5	In case of married women address proof of the groom is acceptable.	

**Details of documents for identification submitted by the applicant:**

In case the KYC documents as mentioned above are not available then introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account) needs to be obtained.

Name:	Account No.
Address	Date of Opening of A/c
	Customer ID
Email:	Branch Name
Mobile No.	Type of A/c SB/CA/CC/OD:

It is certified that Mr./ Mrs./Ms. \_\_\_\_\_ is known to me/us personally since last \_\_\_\_\_ months/years and confirm the occupation, photograph and address in the application form for opening of account are correct to the best of my/our knowledge and belief.

(Signature of the introducer)