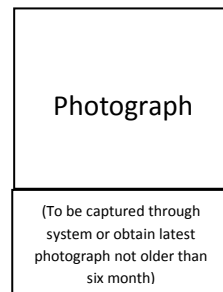


**INDIAN OVERSEAS BANK
FINANCIAL INCLUSION ACCOUNT OPENING FORM**



Account No. _____ Customer ID: _____ Date: _____

Name of the Branch			
Village / Town			
Sub District / Block Name			
District			
State			
SSA Code / Ward No.			
Village Code / Town Code [as per census 2011]		Name of Village/Town [as per census 2011]	

Applicant Details:

Full Name	Mr./Mrs./Ms.	_____	_____	_____
		First	Middle	Last Name
Marital Status		Gender	M / F	
Religion	Social Status		Illiterate/ Literate	
Name of Father / Spouse				
Address				
Pin Code				
Telephone & Mobile No.			Date of Birth	DD/MM/YEAR
Aadhaar/ EID No.*			PAN No.	
MNREGA JOB CARD NO				
Occupation / Profession			Activity	
Annual Income				
No. of Dependents				
Detail of Assets	Owning House :Y/NOwning Farm :		Y/N	
	No. of Animals :Any other :			
Existing Bank A/c. of family members / household	Y / N		If yes, No. of A/cs. _____	
Kisan Credit Card	Whether Eligible Y / N			

I request you to issue me a **Rupay Card**.

I also understand that I am eligible for an **Overdraft** after satisfactory operation of my account after 6 months of opening my account with a Limit of Rs.2000/- (Rupees Two Thousand only) for meeting my emergency/ family needs subject to the condition that only one member from the household will be eligible for overdraft facility. I shall abide by the terms and conditions stipulated by the Bank in this regard.* I hereby consent to use the e-KYC details of UIDAI for opening the Bank Account.

Declaration

I hereby apply for opening of a Bank Account. I declare that the information provided by me in this application form is true and correct. The terms and conditions applicable have been read over and explained to me and have understood the same. I shall abide by all the terms and conditions as may be in force from time to time. I declare that I have not availed any Overdraft or Credit facility from any other bank.

Place: _____ **Date:** _____ **Signature / LTI of Applicant** _____

Nomination:

I want to nominate as under				
Name of Nominee	Relationship	Age	Date of Birth in case of minor	Person authorised in case to receive the amount of deposit on behalf of the nominee in the event of my /minor(s) death.

Place: _____ **Date:** _____ **Signature / LTI of Applicant** _____

Name, SS No & Signature of the verifying Branch official _____