

Branch	Photo 1 st Applicant
Date	
Account Number	
Resident Individuals	
	Signature

Account opening Form For

Important Instructions

- A) Please tick (ν) wherever applicable.
- B) Fields marked with (*) are mandatory fields.
- C) Self-Attestation of documents is mandatory.
- D) Please fill the form in English and in BLOCK letters.
- E) Please fill the date in DD-MM-YYYY format.
- H) List of two character ISO 3166 country codes is available separately and on www.jkbank.net
- I) KYC number of applicant is mandatory for update application.
- J) For particular section update, please tick (\forall) in the box available

 F) Please read section wise detailed guidelines / instructions at the end. G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available separately and on www.jkbank.net 	before the section number and strike off the sections not required to be updated.
Please open Saving* BSBDA Small Saving Account Current* Insta	nt* Fixed Recurring
Application type New Update Cust Id For Existing J&K Bank Cu	stomer*) Sol Id
I request you to accept in cash/by cheque a sum of Rs(R in the name mentioned below to be placed with your bank in the account.	upees in words)
1. Personal Details of Applicant (Fill in Block Letters Only) Fields Marked with	* are Mandatory
For Office Use Only CKYC Number	(Mandatory for KYC update request)
PREFIX First Name	Middle Name Surname
Name* (same as Id Proof)	
Father / Spouse Name*	
Mother Name*	
Date of Birth (DDMMYYYY) Gender*	M-Male F-Female T-Third Gender Whether PEP Yes No
Marital Status* Married Unmarried Others Nati	onality* IN -Indian Others (ISO 3166 Country Code)
Aadhaar (in case of DBT Beneficiary*)	Link with A/c PAN
e-KYC Authentication ¹ Offline Aadhaar Verification ¹	FORM 60 Yes No Expiry Date(If Applicable*)
Id Proof Code* Identification Number*	
(1) denotes OVD obtained through digital KYC Process	
Proof of Identity Type & Code : A-Passport, B-Voter Card, C-Driving License, D-NREGA Jo	ob Card, E-NPR Letter, F-Proof of Possession of Aadhaar
2.Contact Details of Applicant	
Tel. (Res)	
Mobile SMS Alert Activation	on ² Yes No
Email ID	
(${\it 2}$) SMS alerts will be activated on the above given mobile number	
3. Tick if Applicable Residence for Tax purpose in Jurisdiction(s) outside IND	DIA (if Applicable, please fill FATCA Declaration)
ISO 3166 Country Code of Jurisdiction of Residence* (Country of Residence as per Tax Laws)	ISO 3166 Country Code of Birth TIN Issuing Country
	Equivalent (if Issued by Jurisdiction)*
Please choose and tick mark any one of the applicable tax resident declaration be	low:
 I am tax resident of India and not resident of any other Country I am a Tax resident of Country/ies outside India (If option 2 is applicable to you 	, Please fill a complete FATCA declaration form with required details*)
Signature of Applicant	Place :
	Date :

						(СКҮС	Num	ber												\perp	
4. Permanent Address Deta	ls of App	licant	: Type	Re	esident	tial	В	usine	ss													
House No./Building Name	*	$\overline{\Box}$	Ť			Т		T		T	T		T	Т	Т			T	T	Т	$\overline{\Box}$	
Street / Road Name*		\pm													<u> </u>			1	$^{\perp}$	<u> </u>	H	
,		++				\pm				\dashv			+		+	\Box	\pm	$\frac{\perp}{1}$	\pm	+	${++}$	
Land Mark		$\perp \perp \perp$													<u> </u>						Ш	
City/Town/Village*															PIN	V Coc	de*					
State/U.T.*									Cod	de		Co	ountry	'								
	(ISO 31	66 Cou	intry Cod	le)		To be	filled	d by E	Busine	ess U	nit)											
Proof of Address : Passport	Voter Ca	ard D	riving Lic	ense	NREG	A Job (Card E	-NPR	Letter	F-Pro	of of F	osse	ssion o	of Aad	lhaai	•						
4.1 Mailing Address:	Sam	e as Pe	ermaner	nt Addı	ress																	
House No./Building Name*																						
Street / Road Name*																						
Land Mark*																						
City/Town/Village*															PIN	Cod	e*					
State/U.T.*		$\overline{\Box}$					i		Cod	le		Со	untry					Ť			П	
5. Customer Profile of Applic	ant :																					
If salaraied Employed with Details of Job Role Employed As If Self Employed/Business Nature of Activity Type of Company Gross Monthly Income (INR) Source of Income	ialaried Governmer Departmen Doctor Manufactu Retailer Gole Propri 1 Lakh Galary Jpto HSC	it[Iring [[ietor [Privat Engin Retail Stock Partne	/ Whole Broker ership 5	ed		De Law Agri Bulli Priva 10 Agri Agri Post	lic Limesignate yer culture ion Tracte Line Lakh culture Grade	e eder nited n-25 La al uate		Archit Servic Other Public 25 La Paren Un-ed	ect e Prov s Limite akh-5 t Guar	ed Con O Lakh dian	npany	- - - - - - - - - - - - - - - - - - -	Stude Othe Since CA/C Artisa Expo Othe kh-1 Pensi Profe	rs S an rt rs Cr	> 1 (Other	sEstate		
Self employed since	Years		M ₁	onths		Da	ate of	ncorp	oration	n of Bi	usiness				Ш							
5.1 Optional : Existing Credit Facilities (Oth	or Panks		orloon	Пио	ıcina l	oon [ncum	orlo		Teduc	ation	Loon		Crad	it Co	rd 🗆]Ot∤	ore			
Assets Car Two Wh	_	, ∟∟c. ∏Othe		∟⊓iot None					_	_		_						_	_			
Life Policy Upto INR 1 La		_	_		Jpto IN				_					,		et W						
6. Details of Related Person								_														
Related Person Type Gu	rdian of	Minor	Ass	ignee	Au	ıthori	zed R	epre	senta	tive	В	enefi	cial O	wner		Ben	eficia	ry		Nom	inee	
6.1 Guardian of Minor Gu	ardian Ty	/pe	M	other	F	ather		Apı	pointe	ed by	Cour	t	If No	omine	ee, F	Reg. I	No.					
Full Name (IN BLOCK LETTE	RS)																					
Father Name																						
Address																						
Relationship with Depositor	, if any											Dat	te of E	Birth								
PAN*					FC	RM 6	50 <u> </u>		0	VD*												
Nomination under Section 45 Deposit. I nominate the perso particulars where of are given b	n above	at sect	tion 6.	to who	om in t	he ev	ent o	f my	deatl													f Bank
Account Number								Тур	e of D	epos	it/s											
Fill in case Nominee is a minor	As the N	omine	e is a M	linor o	n this	date,	I App	oint														
Name		\Box									Addr	ess										
to receive amount of the depo	sit in the	Acco	unt on b	ehalf o	of the	minor	nom	inee	in the	eve	nt of r	ny d	eath (durin	g the	e mir	ority	of th	ne no	omin	ee.	
For Thumb WITNESS 1	Name								WIT	NESS	2 Na	me										
Impression	Address										Ad	dress										
Holders	Signature.				Date						Sig	gnatui	e				Da	te				

	CKYC Number										
7. Mode of Operation											
Self Thumb Impression Guardian of Minor	Other(Please S	pecify	/)			_					
8. ATM/Debit Card & Net banking Instruction											
8.1 Please activate (Please tick mark as required)											
For Individual E-banking (Enquiry only Enquiry & Tra	ansaction) Mo	oile Ba	anking (Re	egistere	ed on I	Mobile	e numl	ber as g	;iven	in Secti	on 2)
Please note: Email id & Mobile number is mandatory for Ebanking activation/Mobile bank Mobile number and email id will be taken from the customer contact details and will updated as Registered mobile number (RMN) OTP for transaction, wherever required, will be delivered on the Registered change the RMN by submitting a request.	section 2 of this accoun		_	Sig	nature	·/Left T	humb	Impress	ion o	f Applic	ant
8.2 New Global Debit Card Personalised Instant Lin	k your Existing Debit Card										
Add on Card is applicable on select Customer & Product cate	gories, please consi	ılt the	bank off	icial fo	r detai	ls					
9. Applicant/s Declaration/s											
may be held liable for it. b) My personal /KYC details may be shared with Central KYC Re c) I hereby consent to receiving information from Central KYC Rd d) I authorize the Bank / their representative to verify the deta e) I have read, understood and hereby agree to be bound by the accounts/services/products and that the bank may add to or discretion. f) I understand that the bank may, at its absolute discretion, dig) I have understood the advantage of Nomination and have h) I hereby Agree Disagree to receive promotional mater party products i) I confirm I do not have any existing customer id within J&K be customer ID existent for me, the bank may merge the custor j) I confirm that the bank official has informed me of all the charg K) A separate declaration shall be submitted in case of Politically Exp I) I hereby give my consent to link my Aadhaar number m) I hereby declare that I do not maintain a Basic Savings Bank D Bank/Branch (applicable in case of BSBD Account) Declaration for Minor Account: TO BE OBTAINED FROM LEI Confirm that I understand all the declarations that I have material in the service of th	Registry through SM il(s) given hereinable terms and condition of the change or update is continue any of the communication of the comm	ove, if ons la hese serv Decli from one n cretic and I	deemed id down I Terms & Gices companied to not the Bank mentioned in without have clear with any o	necess by the Conditi pletely pminate regardi d on thi t any p ly unde	ary by bank rions, from par e for ming its is form rior no erstood	the Barelating rom tirdially. The production of the capacity	ank. g to the me to t Subjects and ase J&k	e condu time en ct Acco d servic	uct of atirely ount ces ind Ltd fir	the ab	third other g terms.
conditions of all the services and products that I have requested f										1-1-1-	
I declare that I have been informed and I have understood that the Product Code I declared that I have been explained the applicable charges by the I nestant Account Acknowledgment (If Applicable) I confirm that I have received the Instant Account welcome Kit in received by me Cheque Book with Cheque Leaves Debits Cheque Cheque Leaves Debits Cheque Leaves Debits Cheque	lare that I underst	is I and t eprese	NR (Fithat the entative a	igure non-m and tha	es) _ naintei at l und confirn	nance	of th	e abov	ve de	(Wefined	ords) Average
Date Place						S	ignatu	ire of A	Applic	ant	
12. Attestation/For Office Use only											
Documents Received Self-Certified True Copies Notary Whether PEP Yes No (In case of PEP, separate declaration st IN PERSON VERIFICATION CARRIED OUT BY Identity Verification Done Date Emp. Name Emp. Code Emp. Designation Emp. Branch Employee Signature	nands obtained) Name [Sol [BUSIN	NESS U	INIT DI	ETAILS				
(D/ON)	•										
I(B/O Name) Confirm I have received an application for op Dated/at our business Unit			(A/	C type)							
Dateu at our business Unit	·				(B/	O Sign)				