## FORM -1

## Application for opening an account

To				
The Postmaster/Manager		Pacto photograph of annihing to		
Sir,		Paste photograph of applicant/s		
I/We(account holde KisanVikas Patra Scheme in your Post Office/Ba I/We tender (Rsdateas initial deposi	ank. herewith	Rs/		
Name of First Depositor				
Husband/Father /mother's name or Guard		ırt		
Date of Birth	(DD / MM / Y			
Name of Second Depositor Husband/Father /mother's name				
Date of Birth	(DD / MM / Y` (In words)	YYY )		
Name of Third Depositor Husband/Father /mother's name				
Date of Birth	(DD / MM / Y	YYY )		
4. Name of minor/person of unsound mind	,			
Father /mother/guardian's name				
Date of Birth	(DD / MM / Y) (In words)	 YYY )		
5. Aadhar Number of account holder(s)				
6. Permanent Account Number (PAN) of ac				
7. Present Address				

Permanent Address	
8. Contact details	Telephone Number
9. Type of Account	Single or Joint or through Guardian for Minor or person of unsound mind or blind or differently abled through authorized person.
10. (*)Details of date of birth of mino (Applicable in case of minor acco	int)
a) Certificate No.	
b) Date of Issue	
c) Issuing authority	
11.(*) Name of Guardian (Natural/Lo (In case the account is opened or Minor/person of unsound mind)	
12. Details of other KYC documents	attached 1. Proof of identification
	2. Address proof
and address proof: 1. Passport	cepted as officially valid documents for the purpose of identification 2. Driving license 3. Voter's ID card 4. Job card issued by NREGA at officer 5.Letter issued by the National Population Registe
13. The operation of the account will holder/s.	be:- (a) By all the holders together or the surviving
(In case of joint account)	(b) By either of the holder/s, or the surviving depositor/s,
14. My/our specimen Signatures	
12(Name)	
1 (Name)	23
1 2 (Name)	
1 2 (Name)	

2018 a		ake to abide by the scheme and amendme			Savings Pro	motion rules-
			Signature or thum	b impression of	account holde	er(s)/guardian
	Date:					
			Nomination			
16. I/wehereby 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 KisanVikas Patra Scheme at the time of my death would be payable.						
S.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
1						
2						
3						
4						
As the nominee(s) at Serial No.(s)						
	•	luring the minority of	, ,			
Name & Address						
Signature or thumb impression of account holder(s)/guardian						
Place: Date:			gs.a. 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			( <i>-),</i> gaaiaiaii

The account ha	as been opened in th	е name от	on	with
	•			
Customer identification	on Number			
Nomination	has	been	registered	vide
INO	uaieu			

Signature and seal of competent authority.