

મુ.મં.ભાગ્યલક્ષ્મી બોન્ડ યોજના

1. લાભાર્થી દ્વારા સન્માન પોર્ટલ પર કરવામાં આવતી મુ.મં.ભાગ્યલક્ષ્મી બોન્ડની અરજીઓના સ્ટેટ બેંક ઓફ ઇન્ડિયામાં C-KYC કરવું.
2. C-KYC અગેના ફોર્મનો નમુનો આ સાથે સામેલ છે, જેમા દીકરીની વિગતો અને વારસદાર તરીકે તેની માતાની વિગતો ભરી માતાની સહી કરવી, ફોર્મ સાથે દીકરીનું આધાર કાર્ડ (આધાર કાર્ડ ન હોય તો જન્મનું પ્રમાણપત્ર) વારસદાર તરીકે માતાનું આધાર કાર્ડ અને સરનામાનો પુરાવો સામેલ રાખવો.
3. તમામ પુરાવાઓ માતાની સહીથી પ્રમાણિત કરાવવા.
4. દીકરી અને દીકરીની માતા માટે અલગ-અલગ બે ફોર્મ ભરવા અને બન્નેમાં પાસપોર્ટ સાઈઝના ફોટો લગાવવા.
5. ફોર્મની સંપૂર્ણ વિગતો ભરી આધાર-પુરાવા સાથે ફોર્મ વડી કચેરીએ મોકલી આપવા. ત્યાર બાદ તે ફોર્મ સ્ટેટ બેંક ઓફ ઇન્ડિયામાં જમા કરી C-KYC કરવામાં આવશે અને ત્યારબાદ બોન્ડ ઈશ્યુ કરવામાં આવશે.
6. ઉક્ત પ્રક્રિયા સિવાય જો લાભાર્થીની દીકરીનું સુકન્યા સમૃદ્ધિ યોજના અંતર્ગત સ્ટેટ બેંક ઓફ ઇન્ડિયામાં ખાતું ખોલાવેલ હોય તેવા કિસ્સામાં સુકન્યા સમૃદ્ધિ યોજનાના બેંક એકાઉન્ટની વિગતો મોકલી આપવી.

(Fields marked asterisk (*) are mandatory)

Please fill up in BLOCK letters only and use black ink for signature.

(For office use only)

Applicant CIF No.

Branch to affix rubber stamp of
Name and Code No.

Account No.

Application Type*
(CKYC)

☐

New

☐

Update

C KYC Number

(Mandatory for CKYC update request)

☐ I do not have any account with SBI

☐

I have an account with SBI & the account number is:

1. Personal Details*

Please refer instructions (A&B) at the end

Customer Type: ☐ Public ☐ Staff ☐ Senior Citizen: Residential Status*: ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin/
Overseas Citizen of India

Name*: (Same as ID proof) Prefix FIRST NAME MIDDLE NAME LAST NAME

Maiden name* (if Any) Prefix FIRST NAME MIDDLE NAME LAST NAME

Date of Birth* Gender* ☐ M-Male ☐ F-Female ☐ Others/
Transgender Marital Status* ☐ Married ☐ Unmarried ☐ Others _____

Aadhaar No*: (Issued by the Unique Identification Authority of India)

OR

Aadhaar Enrolment No.:

Name of Father*: Prefix FIRST NAME MIDDLE NAME LAST NAME

Name of Spouse: Prefix FIRST NAME MIDDLE NAME LAST NAME

Name of Mother*: Prefix FIRST NAME MIDDLE NAME LAST NAME

Guardian's Name (In case of Minor)*:

Nationality* ☐ IN - Indian ☐ Others Country Name

Citizenship* ☐ IN - Indian ☐ Others Country Name

Occupation Type* ☐ S-Service ☐ Private Sector Service ☐ Public Sector ☐ Government Sector
☐ O-Others ☐ Professional ☐ Self employed ☐ Retired ☐ House Wife ☐ Student
☐ B-Business ☐ X - Not categorised - Please specify _____

ISO 3166 Country Code of Country of Tax Residence* (Code for India is IN)

Country Of Tax Residence In India Only And Not In Any Other Country Or Territory Outside India* ☐ Yes ☐ No

(If No please fill the details in column 8 & 9 in page 2)

PAN* / Tax Identification Number or equivalent (If issued by jurisdiction) (Please refer instructions (B) at the end)

OR Form 60 Submitted

(as defined in Income Tax Rules, 1962)

☐

Place / City of Birth*

Country of Birth*

2. Identification type & ID details: Documents acceptable as Proof of Identity/Proof of Address: Please tick the appropriate box (any one ID type) and give details.

☐ A - PASSPORT ☐ B - VOTER'S IDENTITY CARD ☐ C - DRIVING LICENCE ☐ D - NREGA JOB CARD ☐ E - Letter Issued by National Population Register containing details of Name & Address ☐ F - OTHERS (Any document notified by the Central Government/RBI) _____ (Please Specify)

Document No / Identification Number*

Issued by*:

Issue date*:

Issued at*:

Expiry Date (If applicable)*:

3. Proof of Address ☐ Current ☐ Correspondance ☐ Local

Please refer instructions (D) at the end

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Passport ☐ Driving Licence ☐ Voter ID Card ☐ NREGA Job Card ☐ Letter issued by National Population Register containing details of name & address ☐ Others _____

Address*

City/Village*: District*:

State*: PIN*:

Country Name* Please attach one self-attested photocopy of the document. Originals thereof will have to be produced for verification

4. Address details: ☐ Permanent ☐ Same as current address

Please refer instructions (D) at the end

Address Type:* <input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
Address*	
City/Village:*	District:*
State:*	PIN:*
Country Name:*	

5. Contact Details

Please refer instructions (E) at the end

Tel. (Off)		Tel. (Res)	
Fax		Mobile No.	
Alternate Mobile No.		Email ID	

6. Additional Details

Monthly Income:Rs.		Net Worth (approx value) Rs.	
Religion <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Others			
Category <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST			
Educational Qualification: <input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others			
Organization's Name:	Designation/Profession:	Nature of Business	
Please Tick the Applicable box*: <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person <input type="checkbox"/> None			

7. Details of Related Person (Fill the details in form BI for each additional Related Person)

<input type="checkbox"/> Addition of Related Person <input type="checkbox"/> Deletion of Related Person <input type="checkbox"/> KYC Number of Related Person (If available)*	
Related Person type* (in case of minor) <input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorised Representative	
Name*: Prefix	
(If KYC Number and name are Provided, below details are optional)	

PROOF OF IDENTITY (POI) OF RELATED PERSON*

<input type="checkbox"/> A - PASSPORT <input type="checkbox"/> B - VOTER'S IDENTITY CARD <input type="checkbox"/> C - PAN CARD <input type="checkbox"/> D - DRIVING LICENCE <input type="checkbox"/> E - UID (Aadhaar Card)	
<input type="checkbox"/> F - NREGA JOB CARD <input type="checkbox"/> Z - OTHERS (Any document notified by the Central Government/RBI)	

Document No / Identification Number*

Issued by:*

Issue date:*

Issued at:*

Expiry Date (If applicable):*

Remarks

8. Multiple Tax Residency: Details of Country of Tax Residence in India, and/or in USA@ And/or In any other Country or Territory Outside India as Under:

Country of tax residence*	Tax Identification Number or equivalent if issued by jurisdiction	Identification type (TIN or other, please specify)

#In case, country of tax residence is India, PAN is treated as TIN.

- @
- A citizen of US including individual born in US but resident in another country (who has not given up US citizenship).
 - A person residing in US including US green card holder.
 - Certain persons who spend more than 180 days in US each year.

9. Address in the Jurisdiction/Country -Where the Applicant is Resident out side India for Tax Purposes

Same as <input type="checkbox"/> Overseas Address	
Address*	
City/Village:*	District:*
Sub-District:	State:*
Country Name*	ZIP/ Post Code:

Name#:

Prefix

Name*: (Same as ID proof)			F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
------------------------------	--	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

If applied for PAN and it is not yet generated, enter date of application	dd	mm	yy	& the acknowledgement number.	_____
---	----	----	----	-------------------------------	-------

If PAN not applied, fill estimated total income (including income of spouse, minor child, etc) as per section 64 of Income Tax Act 1961 for the financial year in which the above transaction is held.

[illegible]

Other than Agricultural income (₹)								
------------------------------------	--	--	--	--	--	--	--	--

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the _____ day of _____ 20____

Place: _____ (Signature of the declarant)

II. FOR OFFICE USE/ATTESTATION

Documents received: ☐ Self certified ☐ True copies ☐ Notary

Whether self-certification & documents received as part of account opening process have been verified and found correct, YES/NO (Branch to proceed with account opening only when certification is (YES))

Certified that the implications and conditions for the operation of the account have been explained to the depositor (only in case of illiterate applicant)

Depositor is: ☐ Illiterate ☐ Blind ☐ Staff

S	A	S	P	H	I	T
---	---	---	---	---	---	---

 Risk category*: ☐ High ☐ Medium ☐ Low

Details of one or two identification marks, if any, such as a mole or scar (mandatory for illiterate applicant)

In person verification carried out and signature of the applicant verified by:

Official Name	PF No	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	4
---------------	-------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	---

Date: [] [] [] [] [] [] [] SS No. [] [] [] [] [] [] Signature _____

Open CLF

Date: _____ (Authorised signatory)

CIE

Queue No

Initials

12. Instructions

A. Personal details:

1. Name: please state the name with prefix (Mr/Mrs/Ms/Dr etc). the name should match the name mentioned in the Proof Of Identity.

B. Clarification/guidelines on filling TIN and Details of Multiple Tax Residency:

1. TIN is not required if jurisdiction of residence for Tax purpose is India only. In such cases, either PAN or Form 60 need to be furnished.
2. In case if an Individual is a resident in more than one jurisdiction for tax purpose, then the details for capturing multiple tax residency needs to be furnished in section 8 & 9.

C. Clarification on filling Proof of Identity Section:

1. Expiry date is mandatory for Passport and Driving License.

D. Clarification on Proof of Address: (Deemed OVDs)

1. In case of Aadhaar / Officially Valid Document furnished by the client does not contain updated address, the following documents shall be deemed to be officially valid documents for the limited purpose of proof of address.

Document code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill)
02	Property or Municipal tax receipt
03	Pension or Family Pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies Public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.

Provided the client shall submit Aadhaar / Officially Valid Documents with current address within a period of 3 months of submitting the above documents.

E. Clarification on contact details

1. Please mention two digits country code and ten digits mobile number.
2. Do not add zero in the begining of the mobile number.

DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION:

1. I affirm and declare that I have read over and understood the rules and regulations of the State Bank of India ("Bank") and those relating to various services offered by the Bank including but not limiting to debit card/internet banking/SMS banking/Tele-Banking/Mobile Banking/Virtual Banking and any other facilities. I agree to abide by the same as amended/modified from time to time by the Bank/Regulator/Government published through circulars, notifications, notice board/websites/newspaper publications, etc. I waive the rights, if any, to have personal notice in respect of such amendments/ modifications. I agree that the transactions and requests executed in my account(s) through internet, mobile, tele- banking or virtual banking under my User ID and password/PIN/OTP will be legally binding on me & I am responsible for the maintenance of secrecy and confidentiality of the authentication credentials and any other information/details/OTP/PIN, etc., in such matters. I agree that Bank has got all the rights to debit my account for any service charge, expenses or other dues which the Bank is entitled/ liable to recover from me. I also authorise the Bank and agree to close/discontinue my account without any notice to me. I hereby undertake to inform the Bank on any change in my communication address or constitution, and I shall submit the address proof in case of transfer of my account from one branch to another branch.
2. In respect of accounts opened on the basis of Aadhaar details, I hereby declare that I have submitted the Aadhaar Card issued by UIDAI for identification and /or address proof towards the compliance of KYC norms under the PMLA, 2002 and I hereby agree that the Bank may verify the same with the UIDAI and authorise the UIDAI expressly to release the identity and address through biometric authentication to the Bank.
3. I confirm and declare that I am not prevented/prohibited/restricted by any applicable legal/regulatory/contractual or other provisions from opening and/or maintaining the accounts or to transact with the Bank in any other way.
4. I agree that my personal KYC details may be shared with Central KYC registry or any other competent authority. I hereby consent to receive information from the Bank/Central KYC Registry/GoI/RBI or any other authority through SMS/e-mail on my registered mobile number/ e-mail address. I also agree that the non-receipt of any such SMS/e-mail shall not make the Bank liable for any loss or damage whatsoever in nature.
5. I hereby certify that I have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No. DBR.AML.BC.No.36/14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
6. I understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
7. I certify & declare that the information provided by me for opening loan account and availing other services herein or through website/electronically as applicable to me and signed/authenticated by me as well as in the documentary evidence provided by me for opening loan account and availing other services are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of my account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
8. I undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self certification as above is provided to the Bank.
9. I also agree that my failure to disclose any material fact/information known to me now or in future or my failure to remedy any deficiency in documents/information/other details within the stipulated period, may invalidate me from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time.
10. I also agree to furnish and intimate to the Bank any other particulars that are called upon me to provide on account of any change in law either in India or abroad in the above matter or otherwise.
11. I shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me.
12. I undertake to submit data/information together with fresh KYC documents for updation of KYC details at periodical intervals as may be required by the Bank.
13. I understand that the account will be activated and debits will be allowed only after completion of Customer Due Diligence relating to KYC by the Bank.
14. I undertake to submit Aadhaar and / or PAN within 6 months from the date of opening of account, failing which I understand my account will cease to be operational as per GOI guidelines, amending Prevention of Money -laundering (Maintenance of Records) Rules 2005. (In case the account is opened without Aadhaar /PAN)
15. In case, deemed OVDs are submitted for Current Address at the time of Account opening, I undertake to submit Aadhaar or any of the OVD having Current Address within 3 months from the date of account opening, failing which I understand that my account may cease to be operational as per GOI guidelines at the material time.
16. I confirm and undertake that I will not deal in Virtual Currencies and will not use my account for any services relating to Virtual Currencies or facilitate any person or entity, in dealing with or settling virtual currencies.

☐ PHOTO*

Please Paste
a Recent Passport size
Photograph inside
this box

(Do not Staple)

Place:

[illegible]

Signature / Thumb impression of the Applicant
Please sign in black ink only.

Date:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---