



**(F) INITIAL PAYMENT DETAILS**

Amount  Cash  Cheque No.

Cheque Date  /  /  20 Drawn on  (Bank)  (Branch)

**(G) NOMINATION DETAILS** (UNDER SECTION 45ZA to 45ZF of Banking regulation Act, 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985.

I/We, the above name applicants, do hereby nominate the following person to whom in the event of my/our/minor's death the amount of the deposits, particulars whereof are given below may be returned by State Bank of Sikkim.

Name of Nominee

Relationship with depositor's  Age of Nominee  Years

Address of Nominee  
Locality  City/Town   
Post Office  District  Pin

\* All the nominee is minor (Date of Birth...../...../.....) On this date. I/We hereby nominate Mr./Mrs \_\_\_\_\_ to receiving the amount of deposit on behalf of the minor nominee, in the event of my/our/minor's death during the minority of the Nominee.

DECLARATION I/We have read and understood the terms and conditions governing the opening of an account with State Bank of Sikkim and those relating to various services including but no limited to (a) ATMs (b) Phone banking (c) Debit Cards (d) Mobile banking (e) Net banking (f) Bill pay facility. I/We accept and agree to bound by the said terms & conditions including those excluding/limiting the bank's liability. I/We understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the Bank may debit my/our account for the service charges applicable from time to time. I/We confirm that I/We am/are resident of India. I/We authorise the Bank to disclose from time to time any information relating to my account to any parent/subsidiary affiliate and associate of State Bank of Sikkim and to any third parties engaged by the Bank, for any purposes. I/We confirm that I/We am/are fully aware of schedule of charges of State Bank of Sikkim and requirement of maintaining minimum balance in the account.

Signature of 1<sup>st</sup> Applicant

Signature of 2<sup>nd</sup> Applicant

Date :  /  /  20

**WITNESS :**

**(IMPORTANT)**

Thumb Impression of the applicant should be witnessed. I hereby declare that the applicant who is illiterate/know's and signs in language other than english is fully explained the content of all norms/rules and conditions of the account he/she is opening with State Bank of Sikkim and put his hand/Thumb Impression after having fully understood the same in my presence at the bank.

NAME OF WITNESS \_\_\_\_\_ A/c. No. \_\_\_\_\_ (Signature of Witness)

**SERVICES REQUIRED**

I/We hereby declare that the informations provided on the form are correct.

Passport size recent photograph of 1<sup>st</sup> Applicant  
  
  
Signature of 1<sup>st</sup> Applicant

Passport size recent photograph of 2<sup>nd</sup> Applicant  
  
  
Signature of 2<sup>nd</sup> Applicant

Checked the details alongwith maturity date, value, interest rates and confirm opening of account.

Account Opening is confirmed.

Date : .....

Signature of Section Officer

Branch Manager / AGM

**LIST OF DOCUMENTS TO BE ENCLOSED**

1. Copy of PAN Card or Form 60/61
2. Copy of Aadhaar Card or Acknowledgement slip issued by UIDAI.
3. Copy of Voters ID Card/Driving Licence/ Government issued ID card/Passport/ NEGRA Job Card (any one)
4. Birth Certificate ( for minor accounts)

**NOTE TO APPLICANT :**

1. Payment of interest on deposits is subject to deduction of tax at source as per IT Act.
2. Availability of other services are subject to availability of infrastructure of the Bank.