Form No.

For Official Use Only

SB A/c No

Code

Customer ID SHG Scheme

(NRLM/Others)

SHG Gender Code (Male/Female)

**Bank of Maharashtra** 

# Self Help Group - Savings Bank Account Opening Form

To:

Bank

#### The Branch Manager

 _ Bank
Branch

### Sub:-Application for SHG-SB A/C opening

Dear Madam/Sir,

1. We request you to open a Savings Bank Account in name of our Self Help Group. We agree to abide by the rules and regulation of the bank related to Savings Account.

Name of SHG			
Date of Formation	Number of Members	Name of Facilitating Agency (if any)	
Address		 /Gran Pin	n Panchayat

2. The Savings Account will be operated at Branch by Joint Signature and at BC Point Aadhaar based Biometric authentication of Any Two among the following representatives of our Self Help Group. A copy of resolution taken by our Self Help Group in this regard is attached.

#### 3. Request for Cheque Book : Yes / No

Affix passport Size photograph	Affix passport Size photograph	Affix passport Size nhotogranh
Name :	Name:	Name:
Date of Birth: Age:	Date of Birth: Age:	Date of Birth: Age:
Designation:	Designation:	Designation:
Address:	Address:	Address:
Mobile:	Mobile:	Mobile:
KYC Documents Provided	KYC Documents Provided	KYC Documents Provided
Enclosed Copy of address & ID proof Voter ID Aadhar Card PAN Card Voter ID Driving license Job Card Passport	Enclosed Copy of address & ID proof Voter ID Aadhar Card PAN Card Voter ID Driving license Job Card Passport	Enclosed Copy of address & ID proof Voter ID Aadhar Card PAN Card Voter ID Driving license Job Card Passport
Any other document accepted by Bank (specify)	Any other document accepted by Bank (specify)	Any other document accepted by Bank (specify)

I give Consent for Aadhaar based	I give Consent for Aadhaar based	I give Consent for Aadhaar based
eKYC Account Opening for this SHG	eKYC Account Opening for this SHG	eKYC Account Opening for this SHG
and its Operation based on Aadhaar	and its Operation on Aadhaar	and its Operation based on Aadhaar
Biometric Authentication at BC point.	Biometric Authentication at BC Point	Biometric Authentication at BC Point
Yes No	Yes No	Yes No
Specimen Signature/Thumb	Specimen Signature/Thumb	Specimen Signature/Thumb
Impression	Impression	Impression

4.We hereby declare that the above information is true and correct. We have agreed to the terms and conditions and also agree to abide by any amendments to the terms and conditions as may be stipulated by the Bank from time to time.

5. Further, we confirm that in case of request of change of signatory details, we will submit our request to Branch. After this submission, we will not do transaction at BC Point till the signatory details are updated in Branch. However, if any transactions are done at BC Point by earlier signatories, we shall be solely responsible for the same & Bank will not have any responsibility towards it.

Yours faithfully,

1.\_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

(Signature/Thumb Impression of SHG Representatives with Seal of SHG)

Date:

Place:

Enclosure:

- *i.* Copy of Resolution by Self Help Group to open Savings Account
- *ii.* Photographs of authorized representatives
- iii. Copy of ID and address proof of authorized representatives.

## For Bank Use Only

1. The applicant has affixed his signature or thumb print, as the case may be, in my presence

2. I have explained the rules / regulations to the applicant

3. Account has been opened on \_

4. Cheque Book has been issued.

 Officer	Date:_
 Officer	Date:_