



Individual Account Opening Form

Customer Name (Mr./Mrs./Ms.) _____ Date

Contact No. _____

Email ID _____

Account Type Savings Term Deposit NRE Savings NRO Savings

Currency INR USD GBP

Details of Guardian in case of minor

Full Name of Parent/Guardian _____

Address of Parent/Guardian _____

Nationality _____ Residential Status _____

Account opening instructions

Individual Joint Either or Survivor Former or Survivor

In case of Joint Account: Applicant 2: Customer Name (Mr./Mrs./Ms.) (6 digits) _____

Form 60/Form 61 (In case applicable - to be annexed with form)

Power of Attorney (PoA) details

Identity _____ Document No. _____

Confirmation for Compliance

Name of the Introducer _____ Bank Account No. _____

Relationship of the Introducer to the Applicant _____

Date of Introduction Signature of the Introducer _____

Initial Deposit Amount _____

Debit Card Required Yes No Cheque Book Facility Yes No

SMS Banking Yes No Consent to Communicate New Products/Offer Yes No

Bank Statement Physical Electronic Online and Mobile Banking Yes No

Account Statement Frequency Monthly Half-Yearly Yearly

Tax ID No. _____

Signature _____ Signature _____ Signature _____

For Bank Use Only

Account No. - -

Relationship Manager (Name and Signature) _____

Opened by _____ Date

Checked by _____ Date

Status of Account _____ Active dormant closed

Is the customer an employee of the Bank? Yes No

Nomination Details

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We _____ name(s) and address(es) nominate the following persons to whom in the event of my/our/minors death, the amount of the deposit, particulars whereof are given below may be returned by QNB India _____ branch.

Deposit				Nominee			
Nature of Deposit	Distinguishing No.	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with Depositor (if any)	Age	If Nominee is minor, his/her date of birth*

*As the nominee is a minor on this date, I/we appoint Shri/Smt/Kumari _____ (Name, Address and Age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minors death during the minority of the nominee. (Strike out if nominee is not minor)

Place _____ Date

@ Signature, Name and Address of Witness	# Signatures/Thumb Impression of Depositors

@ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).

Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

KYC Unique Identification No. _____

Tax Identification No. _____