Public Provident Fund Account

FORM A - Under the PPF Scheme 1968



BARCODE

For Office Use:	РНОТО				
Branch Name AIROLI	РНОТО				
Branch Code: 001 Transfer in 🖂 🔃	PHOTO				
Date: 01112022	35mm X 35mm				
Customer Onboarding S Name* MISSX ANANYAMKHAN U/G PURNIMA					
Existing Customer TD 123456789					
Following fields Are Applicable for new customers or any KYC Modifications Only (for existing customers, ad Date of Bi					
# If minor/ senior citizen, please provide proof of DOB **If minor please fill Minor Declaration Sec					
PAN*** BINPK1393A or FORM 60 Fathers's Name*	GUARDIAN FATHER NAME REQUIRED FOR FORM 60 In case of minor account, guardian's father name				
* Mother's Maiden Name SHEELA	to be mentioned				
Address Details For all payroll accounts of defence personal, the communication address Communication Address* A/106 DATTU TOWER SAINAGAR KATE					
A TO DATE OF SAINAGAN NATE					
Landmark* NR DY PATIL STADIUM	City* NAVI MUMBAI				
Pin code* 400063 State* MAHARASHTRA	Country* INDIA				
Ressidence Type* Owned Ancestral/Parental Company Provided					
Mobile No 1234567896 Email Address E.G. RKADAM@GMAI	L.COIVI				
Tel. No. (R) Tel. No. (O) Tel. No. (O)					
Permanent Address* Same as communication address Please note the address below	/				
Landmark*	City*				
Pin code* State* Ancestral/Parental Company Pro	Country*				
Ressidence Type* Owned Rented Leased Ancestral/Parental Company Provided Preferred Language of of Communication* Customer Information					
Occupation Code*# N084 Occupation Code*#					
Annual Income (₹) 120000 (Only Absolute and Numeric value to b	pe entered)				
Account opening through e-KYC(Aadhaar) Transaction ID	To be filled by the Branch				
If No, please provide KYC documents (Attach photocopies of the following documents and produce t	·				
COLLEGO	Authority MUMBA MUMBA				
Initial Payment Deta	ils				
Min contribution Rs 1.5 Lakhs, should language in the contribution Rs 1.5 Lakhs, should language	SAND ONLY				
	5 4 7 8 9 1 2 3 6				
	vn Axis Bank Account				
	vn Other Bank Account Date DD MMYYYYY (GUARDIAN				
Drawn onBank	Branch Signature SIGNATURE)				
Office use only, Initial Deposit Finacle Tran ID	Applicant Signature Applicant Signature				

	(Tick one): Monthly	Quarterly Half-Yearly	/ Yearly	\bigcirc				
Start Date	D D M M Y Y Y Y	End Date D	D M M Y Y	/ Y Y Start dat	e should l	pe post account opening d	ate.	
\mount ₹	(in	words)						
	rward: Y N		firm number of time	s: Numb	er of Time	es should be between 0 to	9	
	s the number of re-attempts made by Axis	s Bank in case of failure of SI transac		ovide Axis Bank Savings	A/C numbe			
4/ 6 140. 10	, be debited.	Nomination /Form		acility is not applicable to				
have un	derstood the benefit of nomin	ation Wish	to nominate	□ I do n	ot wish no	ominate**		
	ANYA KHAN					13()(/(1)	VATICIN IS MANUATU	
ne annour	it standing to my credit in the rabin	ng to my credit in the Public Provident Account No at the time of my death would be payable.						
Sr. No.	Names(s) of the Nominee(s)	Relationship	Full Address (es)		Date of birth (DD/MM/YYYY) of Nominee in case of Minor		Proportionate Amount for each Nominee	
	SHEELA	MOTHER	SAME AS	APPLICANT			100%	
the non	ninees(s) specified above is/are min	or, I appoint the following as g	uardian(s):					
Sr. No.	Name of the Minor Nominee			Guardian Relatio	nship	Cuardian	and a Fall Address	
or, INO.	Name of the Millor Norminee	Name of the Gua	Name of the Guardian			Guardian Full Address		
recive tl	ne sum due under the said account	inthe event of my death during	the minority of the	nominee(s).				
nature o	of witness	Name and address:						
					.	GUARDIAN S	SIGNATURE	
gnature o	of witness	Name and address:			-	GUARDIAN S Signature or thumb impressi		
					bo used to	Signature or thumb impressi	on of subscriber/guardian	
		Name and address: ase of thumb impression, nomination ereby decline to presently nominate	n to be filled in as an an any individual and I un	nexure *Same ink should derstand & acknowledge		Signature or thumb impressiful the nomination section and	on of subscriber/guardian	
te D		ase of thumb impression, nomination ereby decline to presently nominate	n to be filled in as an an any individual and I un Additional Decla	nexure *Same ink should derstand & acknowledge		Signature or thumb impressiful the nomination section and	on of subscriber/guardian	
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Customer Profile (Mandatory)*						
Constitution code: (To be filled by branch)						
Status* Blind Physically Challenged Pardanashin Normal V Is the account opened face to face* 1/N						
Occupation Salaried Self Employed Unemployed Retired Housewife	Politician					
If Occupation is Salaried: Pvt Ltd	Agriculture Real Estate					
Business/Self Employed* Y N If Yes, Line of Activity	_					
Annual Business Turnover (₹ lakhs)* <1						
Monthly Income (₹)* 50000 Net worth (₹ lakhs)* 600000						
Source of Fund Salaried Business Income Agriculture Investment Income	YINCOME					
Education* Below SSC SSC HSC Graduate Masters Professional (CA, CS, CMA, Others)						
Applicable to minor PPF Account						
Type of Guardian: Father Mother Court Appointed Testamentary Guardian						
Full Name of Guardian Mr. Ms. PURNIMAKHAN						
I hereby declare that the date of birth of the minor who is myis2 5 / _1 2 //2 0 1 and I am his/her Undertake I will opened the account as stated orderd, dated/(copy enclosed).	above, for the					
All operation in the said account will be binding on me as the guardian of the above-named minor. I agree and undertake that I will operate the account as stated benefit of my minor son/daughter. Signature GUARDIAL Declaration Applicable for PPF new account Opening I agree to abide by the provisions of the Public Provident Fund Scheme, 1968 and amendments issued thereto from time to time. I hereby declare that I have not opened a Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country. If further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors and any deposit in excess of the ceiling treated as in contravention to the Scheme. Ii. I further declare that I and the minor both are Resident citizen of India and undertake to inform the Bank of any change in our residency/citizenship status in future. In hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on the Scheme and amendments issued thereto from the scheme and amendments issue	N SIGNATURE					
*Interest is calculated on the lowest balance between the close of the fifth day and the last day of every month (GUARDIAN SIGNATURE) Signature or thumb impression of subscribe	er/gu					
Applicable only for PPF Transfer - from Post office / Bank to Axis Bank i. I hereby declare that I have not opened a Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country. ii. I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors and any deposit in excess of the ceiling treated as in contravention to the Scheme. iii. I hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on the Scheme and amendments issued thereto from the scheme in the lowest balance between the close of the fifth day and the last day of every month	_					
(GUARDIAN SIGNATUF	RE)					
Signature or thumb impression of subscribe	r/guardian					
For Office Use Only						
A/C No. A/C Report A/C Lable1 BDE/LEAD Generator Code 1 2 3 4 5 Signature BDE SIGNATU SE Code A/C Lable2 BDE/LEAD Convertor Code 1 2 3 4 5 Signature BDE SIGNATU Ledger No. A/C Manager/CSTM For Axis Bank Limited Camp. Code Camp. Reference Number BDE SIGNATU For Axis Bank Limited	JRE					
Declaration by the branch I hereby certify that account opening form is complete in all respects and relevant documents have been obtained. as per the KYC guidelines of the Bank and RBI (as amended from time) and performed due diligence to verify the genuineness of the customer. The Account may please be set up in Finacle/GBM. Incase of signature mismatch, I certify that the cutomer has been personally met and has signed in my presence. Kindly process the request	CHHEA					

NOTE: SCANNING SEQUENCES

1. AOF: 3PAGES OF ACCOUNT OPENING FORM

2. SCANDOCUMENTS: FIELD VERIFICAGTION $_3$ + KYC DOCUMENTS+FUNDING PROOF+ANNEXURE

	Acknowledgem	ent (to be filled by Bran	ich)	
	Application	form acknowledgement		
I have recived Application no	from			
for opening a PPf account with Axis Bank Branch				
Name of Bank Official				
Mobile no				
				Signature
	Nominatio	n acknowledgement		
I. We acknowledge receipt of nomination made by y	ou in favour of:			
Name of nominee			Age:	year with respect to your application
No				
II. No nominee for the account since nomination fac	cility not availed by the accou	nt holder.		
			Signature	of Bank Official

According to RBI's nomination guidelines, it is necessary to register a nominee on accounts opened under a single name. Appointing a nominee is beneficial for the following reasons:

- 1. If the account holder dies, the bank will easily pass on the account to the nominee $\,$
- 2. Hassale-free formalities for the nominee while claiming benefits