AOF-3

TO BE FILLED IN CAPITAL LETTERS

Sol ID **.**

Blue Boxes are to be Filled by Bank:

Lead ID.

Account No.

यूनियन बैंक
ऑफ इंडिया **Union Bank** of India

ACCOUNT OPENING FORM FOR NON-RESIDENT INDIAN (NRI)

Name of Branch

NRE-SB/CD/Term/Flexi	NRO-SB/CD/Term/Flexi	FCNR (B) Term	Union Smart

Account Scheme	For Term Deposit: Amount ₹	Period	Months	Days

1. List of Applicants:

Primary Applicant   Customer ID.   Debit Card No.

Title	First Name	Middle Name	Last Name

Joint Applicant 1   Customer ID.

Title	First Name	Middle Name	Last Name

Joint Applicant 2   Customer ID.

Title	First Name	Middle Name	Last Name

Account Opened under Guardianship (Minor) / Power of Attorney/ other Legal Representation   Customer ID.

Name of the Guardian/PA holder/Legal Representative

Title	First Name	Middle Name	Last Name

Relationship   ☐ Father   ☐ Mother   ☐ PA holder   ☐ Court Appointed   ☐ Other (Specify) _____

Declaration by Guardian

☐ **For Operations by Guardian**

I hereby declare that the date of birth of minor who is my _____ is ___/___/_____ and I am his/her natural guardian/lawful guardian appointed by the court order dated__/__/____(copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account. Further, I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

☐ **For Operations by Minor**

I am the father/mother/legal guardian of the above minor. I hereby authorize my ward to open Savings Bank account in his/her name with your branch and operate the said account as per Bank's rules. I hereby undertake that I shall indemnify the bank from time to time and at all times against all suits, losses, claims, counter claims, damages, cost, penalties and all other expenses which the bank may incur on account of allowing my ward to operate the said Savings bank Account

Signature of Guardian

2. Communication Address:

City		Country		Pin	
Mobile No.		Phone No.			
Email ID.					

3. Payment Details For Opening Account:

☐ Cash: USD / GBP / EURO / Other (Specify)_____   ☐ Debit Account No.

☐ Cheque/DD No. _____   Amount _____

drawn on _____   Bank _____   Branch

4. Facilities Required:

Please tick in the respective boxes if you wish to avail the following facilities

☐ Cheque Book   ☐ SMS alerts required: if balance falls below ₹ ☐☐☐☐☐☐   Debit /Credit above ₹ ☐☐☐☐☐☐

☐ Statement by E-mail   ☐ Debit Card ___(For add on card please apply separately)   **Internet Banking:** Visit our website for self generated User ID/Password

☐ Sweep-in-facility: Please clear my Cheque/allow withdrawal by transferring funds from my/our Saving/Current Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Term Deposit Renewal Instructions:

☐ I authorize the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me.

Interest Payment Frequency: ☐ Monthly   ☐ Quarterly   ☐ Halfyearly   ☐ Yearly

Interest/Maturity Payment Instructions:
Please fill in only if the interest is not to be renewed with the principal

☐ Transfer to Savings/Current Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ By NEFT/RTGS

Beneficiary Bank   Branch   Account No.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. Declaration/Undertaking:

• **I/We hereby declare that I/We am/are non-resident Indian(s) of Indian nationality or origin.** I/We understand that the above accounts will be opened on the basis of the statements/declarations made by me/us and I/We also agree that if any of the statements/declarations made herein are found to be incorrect in material particulars, you are not bound to pay any interest on the deposit made by me/us.

• **I/We hereby declare/undertake to intimate you about my/our return to India for permanent residence immediately on arrival.** I/We shall not make available to any person resident in India Foreign Currency against reimbursement in rupees or in any other manner in India. I/We confirm that all debits to my/our accounts for the purpose of investment in India and credit representing sale Proceeds of investment in India are covered either by general or special permissions of Reserve Bank of India.

• I/We confirm having received, read and understood the account rules and hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/We am/are opening with Union Bank of India and amendments there to make from time to time and those relating to various services including but not limited to ATM Card/Telebanking/Internet Banking/SMS Alert.

• I/We agree to abide by the provision of the foreign currency (Non-Resident) account (External) account/Non-resident (ordinary) account/NRE-Unfixed Union Smart/Flexi deposit. I/We agree that if premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by the Bank in this regard. I/We authorize the Bank to automatically renew the deposit/s on due date for an identical period unless instructions to the contrary from me/us is received by the Bank before maturity. I/We understand that the renewal will be in accordance with the provisions of the Reserve Bank of India scheme in force at the time of renewal. All further remittances/Credits may also be placed in similar deposits in the same names, for similar period and similar account operations/repayment mandate till instructions to the contrary are given specifically or till they are revoked.

• 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 account for service charges as applicable from time to time.

• I hereby declare that the information furnished above is true and correct to the best of my knowledge. Having opened my /our NRE/FCNR account through this form, I/we request you to redesignate my/our existing resident savings bank / term deposit account no ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ with your branch as NRO savings bank / term deposit account, which will be operated by me /us as per FEMA regulations.

• I am enclosing copy of my PAN Card No ☐☐☐☐☐☐☐☐☐☐ and Tax Residency Certificate for availing TDS benefit as per DTAA on interest on NRO accounts.

Account No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   **Branch** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mandate for Operation of Account ☐ Single ☐ Either/Survivor ☐ Former/Survivor ☐ Any one or Survivor ☐ Jointly ☐ अन्य Others _____

Primary Applicant :_____   Joint Applicant1 :_____   Joint Applicant2 :_____

Paste your passport size photograph and sign across the photograph and also in the box provided above	Paste your passport size photograph and sign across the photograph and also in the box provided above	Paste your passport size photograph and sign across the photograph and also in the box provided above

Date ☐☐ D D ☐☐ M M ☐☐☐☐ Y Y Y Y   Place ☐☐☐☐☐☐☐☐☐☐☐☐☐

TO BE FILLED IN CAPITAL LETTERS

AOF No. ☐☐☐☐☐☐☐☐☐☐

यूनियन बैंक ऑफ इंडिया | Union Bank of India

INFORMATION OF APPLICANT - NON RESIDENT INDIAN (NRI)

Paste your passport size photograph and sign across the photograph

Customer ID. ☐☐☐☐☐☐☐☐☐☐☐

Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Application Type ☐ New ☐ Update

KYC Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Mandatory for KYC update request)

Account Type ☐ Normal ☐ Simplified (for low risk customer) ☐ Small

1. Applicant Details:

Name

Title	First Name	Middle Name	Last Name
☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐

Maiden Name

Title	First Name	Middle Name	Last Name
☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐

Spouse Name (if married)

Title	First Name	Middle Name	Last Name
☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐

Father's Name

Title	First Name	Middle Name	Last Name
☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐

Mother's Name

Title	First Name	Middle Name	Last Name
☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐

Gender	Date of Birth	Place of Birth	Country of Birth
M F T	D D M M Y Y Y Y	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐

Residential Status ☐ Resident Indian ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Marital Status	Physically/visually handicapped	Form 60	PAN No.	Aadhar No.
M U O	Y N	☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐

Occupation ☐ Business ☐ Professional ☐ Service ☐ Student ☐ Agriculture ☐ Others

Code ☐☐☐☐☐☐

Education	Nationality	Religion	Caste	Village Code
☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐

Country of Residence	Remit Country	Country Code
☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐	☐☐☐☐

Annual Income ☐ <50000 ☐ 50000-<1Lac ☐ 1Lac-<5Lacs ☐ 5Lacs-<10Lacs ☐ 10Lacs-<25Lacs ☐ 25Lacs-<50Lacs ☐ 50Lacs-<1Cr ☐ >1Cr

Networth ☐ <10Lacs ☐ 10Lacs-<1Cr ☐ 1Cr-<5Cr ☐ >5Cr

Source of Income ☐ Salary/Pension ☐ House Property/Rental ☐ Business/Profession ☐ Investments ☐ Others

*Non submission of copy of PAN Card and Tax Residency Certificate details will attract TDS on NRO accounts at regular rates and not at lower rates as per DTAA

2. Overseas Address:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City	Country	Pin
☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐	☐☐☐☐☐

Mobile No.	Phone No.
☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐

Email ID. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Address in India:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ City ☐☐☐☐☐☐☐☐☐

District	State	Country
☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	I N D I A

Pin	Phone No.	Mobile No.
☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐

4. Passport Details:

Passport No.	Place of Issue	Nationality
☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐

Date of Issue D D M M Y Y Y Y Valid Upto D D M M Y Y Y Y

5. Personal Information:

Assets (Optional) :

Vehicle ☐ Four wheeler ☐ Two wheeler ☐ Both ☐ None

Residence ☐ Self owned ☐ Family owned ☐ Rented ☐ Employer provided

Preferred Investment Activities (Optional) :

☐ Shares ☐ Mutual Funds ☐ Bank Deposits ☐ Govt. Securities ☐ PPF ☐ Gold ☐ Property

☐ RBI Bonds ☐ Company Deposits ☐ Insurance ☐ Medical Insurance ☐ Others (Specify)_____

6. Information on Credit Facilities Availed:

I_____further undertake that :

☐ I do not enjoy credit(Fund based/Non fund based) facility with Union Bank/other Bank/s OR

☐ I enjoy credit facility/have current accounts with Union Bank/other Bank/s and the details are as under

☐ Vehicle loan ☐ Housing loan ☐ Consumer loan ☐ Educational loan ☐ Business loan ☐ Credit Card

Name of the Bank & Branch	Account No	Facility	Amount

7. Information required under Tax Laws:

If the individual is tax resident in more than one country then below information may be repeated for all such countries

S.No.	Date of Document collected	Country of Residency for Tax purposes	Tax Identification Number(TIN) or its functional equivalent	TIN issuing country

Certification-cum-Undertaking for Individuals

1. I _____certify that I have declared my status as per the applicable FATCA/CRS rules in India as notified by Government of India (GOI) / Central Board of Direct taxes (CBDT) /Reserve Bank of India (RBI)/in this regard.
2. I certify that the information stated in the account opening form and the supporting documentary evidence provided by me is, to the best of my knowledge and belief true, correct and complete and that I have not withheld any material information/document, that may affect the assessment/categorization of the account at a US Reportable account/Other Reportable account or otherwise.
3. I undertake the responsibility to declare, disclose and recertify within 30 days any changes that may take place in the information provided in the account opening form, and signed by me as well as in the documentary evidence provided by me or if any certification becomes incorrect.
4. I also agree that our failure to disclose any material fact known to me, now or in future, may invalidate my application and Union Bank of India would be within its right to put restrictions in the operations of my account or take appropriate action permissible under the Indian regulations for the purpose or take any other action as may deemed appropriate if the deficiency is not updated/rectified by me within the stipulated period.
5. I agree to furnish any particulars/information that is called upon me by Union Bank of India on account of any change in law either in India or abroad in the subject matter herein.
6. In the event there is any tax demand (including interest (if any)) raised due to non-disclosure/inaccurate disclosure of information/document on my/our part, I undertake to pay the demand forthwith and provide the Bank with all information/documents that may be necessary for any proceedings before GOI/RBI/Income-tax Authorities.
7. I permit/authorise the Bank to collect, store, communicate and process information relating to the Account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign."
8. I here by consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Declaration:

I declare that the information furnished above is true and correct to the best of my knowledge.

Signature of Applicant

ऐओएफ क्र.
AOF No. [ ][ ][ ][ ][ ][ ][ ][ ][ ]

नामांकन (नामांकन फार्म डीए-1):NOMINATION (NOMINATION FORM DA-1):

बैंक जमाराशि के लिये बैंकिंग विनियमन अधिनियम, 1949 की धारा 45 जैड और बैंकिंग कंपनी (नामांकन)नियमावली, 1985 के नियम 2(1) के अंतर्गत नामांकन
Nomination under sec.45 ZA of the Banking Regulation Act.1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits.

मैं/हम I/We _____

अपनी/ अवयस्क की मृत्यु की दशा में यूनियन बैंक ऑफ इंडिया की _____ शाखा से उक्त खाते की जमाराशि प्राप्त करने के लिये निम्नलिखित व्यक्ति को नामित करता हूं/करते हैं

nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account, may be returned by
Union Bank of India _____ Branch.

जमा राशि का प्रकार
Nature of Deposit [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   खाता क्रं.
Account No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

नामिती का नाम Name of nominee

उपाधि Title	प्रथम नाम First Name	मध्य नाम Middle Name	अंतिम नाम Last Name
[ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

क्या नामिती का नाम पास बुक/खाता विवरण/जमा रसीद पर मुद्रित किया जाना है
Whether name of the nominee to be printed on Pass Book/Statement of Account/Deposit Receipt   हाँ Y [ ] नहीं N [ ]
Yes   No

जमाकर्ता के साथ संबंध
Relationship with depositor [_____]   आयु
Age [____]

पता Address
[ ]
[ ]

नगर/जिला City/District [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   राज्य State [ ][ ][ ][ ][ ][ ][ ][ ][ ]

पिन Pin [ ][ ][ ][ ][ ][ ]   फोन नं Phone No. [ ][ ][ ][ ][ ][ ][ ]   मोबाइल नं Mobile No. [ ][ ][ ][ ][ ][ ][ ]

ई-मेल आई डी E-Mail ID [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

अवयस्क होने की दशा में जन्म तिथि @
Date of birth in case of minor @ [D][D][M][M][Y][Y][Y][Y]

@ चूंकि नामिती अभी अवयस्क है अतः मैं/हम नामिती की अवयस्कता के दौरान अपनी मृत्यु होने की दशा में नामिती की ओर से खाते की जमा राशि का भुगतान प्राप्त करने के लिये
@ As the nominee is minor on this date I/We appoint

उपाधि Title	प्रथम नाम First Name	मध्य नाम Middle Name	अंतिम नाम Last Name
[ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

को नियुक्त करता हूं/करते हैं to receive the amount of deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

बीमा (दुर्घटना के कारण मृत्यु) Insurance (Death due to accident)

[ ] प्राथमिक डेबिट कार्ड के लिए नामित व्यक्ति Nomination for Primary Debit Card

नाम Name	सबंध Relation	जन्म तिथि Date of Birth
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ]	[D][D][M][M][Y][Y][Y][Y]

[ ] एडआन-कार्ड के लिए नामित व्यक्ति Nomination for Add-on Debit Card

नाम Name	सबंध Relation	जन्म तिथि Date of Birth
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ]	[D][D][M][M][Y][Y][Y][Y]

*जमाकर्ता/कर्ताओं के हस्ताक्षर/अंगूठे की छापः *Signature(s)/thumb Impression of Depositor(s)	*जमाकर्ता/कर्ताओं के हस्ताक्षर/अंगूठे की छापः *Signature(s)/thumb Impression of Depositor(s)	*जमाकर्ता/कर्ताओं के हस्ताक्षर/अंगूठे की छापः *Signature(s)/thumb Impression of Depositor(s)
प्राथमिक जमाकर्ता का नाम Name of Primary Depositor	संयुक्त जमाकर्ता1 का नाम Name of Joint Depositor1	संयुक्त जमाकर्ता 2 का नाम Name of Joint Depositor 2

साक्षी/यों के नाम Name of Witness/es

साक्षी 1 का नाम और पता Name & Address of Witness 1	साक्षी 2 का नाम और पता Name & Address of Witness 2
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

दिनांक
Date [D][D][M][M][Y][Y][Y][Y]

स्थान
Place [ ][ ][ ][ ][ ][ ][ ][ ]

साक्षी 1 के हस्ताक्षर Signature of Witness 1	साक्षी 2 के हस्ताक्षर Signature of Witness 2

*अंगूठे की छाप दो साक्षियो द्वारा अनुप्रमाणित की जाए *Thumb impression(s) shall be attested by two Witnesses   ver 2015

नामांकन की पावती Acknowledgment for Nomination

_____ के संबंध में _____

(खाते का नाम) (जमाराशिधारकों के नाम)

से नामांकन करने के लिए नामांकन के लिए नामांकन फार्म क्रम. डीए –1 _____ को प्राप्त हुआ.

Received on _____ nomination form DA-1 for making nomination from_____
_____ in respect of_____.

(Name of deposit holder/s)   (Name of the Account)

जमाराशि खाता क्र.
Deposit Account No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

नामांकन पंजीकरण क्र.
Nomination Registration No. [ ][ ][ ][ ][ ][ ][ ][ ][ ]

दिनांक
Date [D][D][M][M][Y][Y][Y][Y]

कृते यूनियन बैंक ऑफ इंडिया
For Union Bank of India प्राधिकृत हस्ताक्षरकर्ता
Authorised Signatory

Income-tax Rules, 1962
FORM NO. 60
[See second proviso to rule 114B]
Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Name of the Declarant……………… :_____
2. Date of Birth……………………………… :_____
3. Father's Name…………………………… :_____
4. Full Address……………………………… :_____
   Town/City………………………………… :_____   District………… :_____
   State………………………………………… :_____   PIN Code……… :_____
   Telephone No with STD code.. :_____   Mobile No……. :_____
5. Amount of Transaction……………… :Rs_____
6. Date of Transaction…………………… :_____
7. In case of transaction in joint names, number of persons involved in the transaction….. :_____
8. Mode of transaction…. ☐ Cash ☐ Cheque ☐ Card ☐ Draft/Banker's Cheque ☐ Online Transfer ☐ Others
9. Aadhaar Number issued by UIDAI (if available)…….. :_____
10. If applied for PAN and it is not yet generated enter date of application and ack number…. :_____
11. 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……………………………………………………………………………………………… :Rs_____
    Agriculture Income…………………… :Rs_____
    Other than agriculture Income…. :Rs_____
12. Details of document being produced in support of identify….. :_____
13. Details of document being produced in support of address…. :_____

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that 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 Declarant)

Documents which can be produced in support of identity and address (not required if applied for PAN and Aadhar No. is filled):

A. For Individuals and HUF	
1. AADHAR card	6. Bank/Post office passbook bearing photograph of the person
2. Elector's photo identity card	7. Ration card bearing Photo
3. Driving License	8. NREGS Job card
4. Passport	9. Caste or Domicile certificate bearing photo of the person
5. Pensioner Photo card	10. Others*
B. For Association of persons (Trusts)	
Copy of trust deed or copy of certificate of registration issued by Charity Commissioner	
C. For Association of persons (other than Trusts) or Body of Individuals or Local authority or Artificial Juridical Person	
Copy of Agreement or copy of certificate of registration issued by Charity commissioner or Registrar of Cooperative society or any other competent authority or any other document originating from any Central or State Government Department establishing identity and address of such person.	

*Please see the master file for full list of documents acceptable as identity and address proof.

नागरिकों हेतु सत्यनिष्ठा प्रतिज्ञा

मेरा विश्वास है कि हमारे देश की आर्थिक, राजनीतिक तथा सामाजिक प्रगति में भ्रष्टाचार एक बड़ी बाधा है. मेरा विश्वास है कि भ्रष्टाचार का उन्मूलन करने के लिए सभी संबंधित पक्षों जैसे सरकार, नागरिकों तथा निजी क्षेत्र को एक साथ मिल कर कार्य करने की आवश्यकता है.

मेरा मानना है कि प्रत्येक नागरिक को सतर्क होना चाहिए तथा उसे हर समय ईमानदारी तथा सत्यनिष्ठा के उच्चतम मानक के लिए वचनबद्ध होना चाहिए तथा भ्रष्टाचार के विरुद्ध संघर्ष में साथ देना चाहिए.

अतः, मैं प्रतिज्ञा करता हूँ कि :-
- जीवन के सभी क्षेत्रों में ईमानदारी तथा कानून के नियमों का पालन करूंगा;
- ना तो रिश्वत लूँगा और ना ही रिश्वत दूँगा;
- सभी कार्य ईमानदारी तथा पारदर्शिता रीति से करूँगा;
- जनहित में कार्य करूँगा;
- अपने निजी आचरण में सत्यनिष्ठा दिखाकर उदाहरण प्रस्तुत करूँगा;
भ्रष्टाचार की किसी भी घटना की रिपोर्ट उचित एजेन्सी को दूंगा.

INTEGRITY PLEDGE FOR CITIZENS

I believe that corruption has been one of the major obstacles to economic, political and social progress of our country. I believe that all stakeholders such as government, citizens and the private sector need to work together to eradicate corruption.

I realise that every citizen should be vigilant and commit to highest standards of honesty and integrity at all times and support the fight against corruption.

I, therefore, pledge:
- To follow probity and rule of law in all walks of life;
- To neither take not offer bribe;
- To perform all tasks in an honest and transparent manner;
- To act in public interest;
- To lead by example exhibiting integrity in personal behavior;
- To report any incident of corruption to the appropriate agency.

मैं स्वेच्छा से ऊपर लिखित प्रतिज्ञा लेना चाहता / चाहती हूँ
I would like to take the above pledge voluntarily: हाँ / Yes   नहीं / No

ग्राहक आईडी / CUSTOMER ID

हस्ताक्षर / SIGNATURE