

Annexure to Account Opening Form for Resident Individuals

Date:

Branch

CBS Code:

Name :

A/C no: CIF no:

Consent for disabling/enabling AEPS (debit transaction)

With regard to AePS debit transactions facility in my/our account I/we hereby give consent as under:

☐

Please Enable AePS (debit transactions) facility in my/our account

☐

Please Disable AePS (debit transactions) facility in my/our account

Signature / Thumb impression of the customer/s

Consent for downloading KYC records from the Central KYC Registry

I,S/o / D/o / W/o [Father's /Mother's/Spouse Name]..... give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry.

I understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number etc.

Signature/ Thumb Impression of the customer/s

Consent for Disability Details

I,S/o / D/o / W/o [Father's /Mother's/Spouse Name] give my consent as under:

1. Status of Disability –

☐

1. Yes

2. No

2. If Yes, UDID Number - Unique Disability ID Issued by GOI -----

3. Type of Disability –

☐

1. Acid Attack Victim,
2. Autism Spectrum Disorder
3. Blindness, Cerebral Palsy
4. Chronic Neurological Conditions
5. Dwarfism, Hearing Impairment
6. Haemophilia
7. Intellectual Disability
8. Leprosy Cured
9. Locomotor Disability
10. Low Vision
11. Mental Illness
12. Multiple Disabilities
13. Multiple Sclerosis, Muscular Dystrophy
14. Parkinson's Disease, Sickle Cell Disease
15. Specific Learning Disabilities
16. Speech and Language Disability
17. Thalassemia

4. Percentage of Disability –

%

5. Nature of Disability –

☐

1. Temporary

2. Permanent

Signature / Thumb impression of the customer/s

For Office Use:

We acknowledge the receipt of consent on (date)

Queue generated by:(SR no) Queue no

Journal no:.....

Signature of the Officer