

SSS Account Opening Section

Mode of Operation*

- Self
- Minor A/C operated by Guardian

Initial Payment Details

Initial amount ₹ (in words) _____

A/C No. (as per mode of operation)

Mode of Payment: Cash Debit my/our existing A/C Cheque

i) Transfer from Own Axis Bank Account

ii) Transfer from Own Other Bank Account

Cheque No. Dated

Drawn on _____ Bank _____ Branch _____ Signature _____

Office use only: Initial Deposit Finacle Tran ID Finacle Tran Date Applicant Signature only for A/C Debit

Customer Onboarding Section (For Guardian)

Name* PREFIX FIRST MIDDLE LAST

Existing Customer* Y N If Yes, Customer ID

Customer updation required for Re-KYC / Contact details updation

If not existing customer, I confirm if found otherwise, bank reserves the right to consolidate the customer IDs as it may decide, without any prior notice to me

Following fields Are Applicable for new customers or any KYC Modifications Only (for existing customers, address, contact details given below will be updated in all accounts held with the bank)

Date of Birth*# Gender* M F Minor** Y N Married* Y N Nationality **INDIAN**

If minor/ senior citizen, please provide proof of DOB **If minor please fill Minor Declaration Section

PAN*** or FORM 60/61 ***If PAN No. is not available, please fill up Additional declaration Form 60 or 61 Please fill the latest version of form 60 as seprate annexure

Mother's Maiden Name*

Address Details For all payroll accounts of defence personnel, the communication address should be only of the Unit. Civilian address should not be mentioned

Communication Address* (Guardian address to be captured)

Landmark* City*

Pin code* State* Country*

Residence Type* Owned Rented/Leased Ancestral/Parental Company Provided

Mobile No Email Address E.G. RKADAM@GMAIL.COM

Tel. No.(R) Tel. No. (O) Please ensure to furnish correct email ID. You will be sent monthly account statements at the email ID mentioned above

Permanent Address* Same as communication address Please note the address below

Landmark* City*

Pin code* State* Country*

Residence Type* Owned Rented/Leased Ancestral/Parental Company Provided Preferred Language of Communication*

Know Your Customer* (For Minor)

Birth Certificate of Girl Child Y Birth Certificate Registration No. To be filled by the Branch

Additional Declarations

Signatures Mismatch Declaration (in case of major mismatch customer needs to submit an affidavit)

The signature on the ID proof / Address / Cheque provided is different from my signature on the Account Opening Form. Please consider the signature on the Account Opening Form as my updated signature in your Bank records.

Old signature New signature

As per documents/ Existing Customer ID

as per account opening form

I agree to indemnify and keep indemnified the Bank at all times from and against all costs, charges, damages, penalties (including attorney fees) suffered and/or incurred by for any act done or omitted to be done on account of the above declaration.

Minor Declaration

Type of Guardian: Father Mother Court Appointed Testamentary Guardian

Full Name of Guardian Mr. Ms. _____

I hereby declare that the date of birth of the minor who is my _____ is ____/____/____ and I am his/her natural and lawful guardian/ guardian appointed by 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.

Signature of Guardian _____

Annexure III

Declaration from the guardian of the minor confirming that the account of the minor shall be operated for the benefit of the minor

To,
Axis Bank Ltd.
_____ Branch.

Date: _____

Dear Sir / Madam,

Ref: Proposed Savings / Recurring / Fixed / _____ in the name of my minor son / daughter Master / Miss _____ born on _____ to be opened with the undersigned as the father / mother / guardian

I do hereby give my consent to your opening Savings / _____ Deposit Account in the name of my minor son / daughter Master / Miss _____ to be operated upon by myself as the father / mother / guardian appointed by the Court of Law. All operations 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 above, for the benefit of my minor son / daughter.

Yours faithfully

(Signature of the minor's father / mother / Court appointed guardian)

Place:

Date:

Declaration

- i. I _____ (name of parent / guardian) hereby apply for opening an account under 'Sukanya Samridhi Account' scheme, _____ in the name of Kumari _____ of whom I am the guardian and tender herewith ₹ _____/- (₹ _____) in cash / Cheque / DD. No _____ date _____ as initial subscription.
- ii. I hereby undertake to abide by the provisions / rules of the 'Sukanya Samridhi Account' mentioned overleaf and amendments issued thereto from time to time.
- iii. I hereby declare that I have not opened OR maintaining any other account under the same scheme in the name of _____ (Name of girl child) in any other Post Office or Bank.
- iv. I hereby declare that the facility is availed for _____ (1st / 2nd / 3rd in case of twins minor child / children).
- v. I hereby declare that I am married/ unmarried (strike out whichever is applicable)

Details of other girl child:

- 1) Twin Child 1: _____ (Provide Sukanya Account already opened / customer id)
- 2) Twin Child 2: _____ (Provide Sukanya Account already opened / customer id)
- 3) Girl child other than Twin Child: _____ (Provide Sukanya Account already opened / customer id)

Nomination

I have understood the benefit of nomination I wish to nominate I do not wish to nominate**

I, _____ hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death, the amount standing to my credit in the Sukanya Samridhi Scheme at the time of my death would be payable.

Sr. No.	Names(s) of the Nominee(s)	Relationship	Full Address	Date of birth (DD/MM/YYYY) of Nominee in case of Minor	Proportionate Amount for each Nominee

As the nominee(s) specified above is/are minor, I appoint the following as guardian(s):

Sr. No.	Name of the Minor Nominee	Name of the Guardian	Guardian Relationship with Minor	Guardian Full Address

to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

Signature of witness _____ Name and address: _____

Signature of witness _____ Name and address: _____

Signature or thumb impression of subscriber/guardian

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 *In case of thumb impression, nomination to be filled in as an annexure *Same ink should be used to fill the nomination section and for signature **I hereby decline to presently nominate any individual and I understand & acknowledge the risk & consequences associated with nomination not given by me

ACCOUNT IN THE NAME OF SELF/MINOR (S)

Sr. No.	Description	Name and address of the Bank/Post office and account no.

vi. I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is ₹1, 50,000/- in a financial year at present in each of the following types of Public Provident Fund Account, Individual Self Account and Account(s) on behalf of minor(s) of whom I am the guardian. In case, at any time the said declaration is found untrue/false, no interest shall be payable to me/the subscriber on the amount of deposit found in excess of the prescribed limit

Photo of Guardian 35mm X 35mm		Signature of Bank Official in whose presence signed
Signature or thumb impression of subscriber/guardian		EMP No. <input style="width: 100px; height: 20px;" type="text"/>
		Dated <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

For Office Use Only

A/C No. <input style="width: 150px; height: 20px;" type="text"/>	BDE/Lead Generator Code <input style="width: 100px; height: 20px;" type="text"/>	Signature_____
A/C Report Code <input style="width: 50px; height: 20px;" type="text"/>	A/C Label1 <input style="width: 100px; height: 20px;" type="text"/>	
Ledger No <input style="width: 50px; height: 20px;" type="text"/>	A/C Label2 <input style="width: 100px; height: 20px;" type="text"/>	BDE/Lead Converter Code <input style="width: 100px; height: 20px;" type="text"/>
Camp. Code <input style="width: 100px; height: 20px;" type="text"/>	A/C Manager/CSTM <input style="width: 150px; height: 20px;" type="text"/>	Signature_____
	Camp. Reference Number <input style="width: 100px; height: 20px;" type="text"/>	

DECLARATION BY THE BRANCH
I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please be set up in Finacle. Incase of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly process the request.

Branch Head / Authorized Signatory

Name of Official:_____

Designation: _____

S. S. Number: _____

***Salient Features of Sukanya Samridhi Account**

1. Account can be opened in the name of a girl child till she attains the age of 10 years.
 2. Only one account can be opened in the name of a girl child.
 3. Natural or legal guardian of a girl child shall be allowed to open the account for two girl children only. Provided that the natural or legal guardian of the girl child shall be allowed to open 3rd account in the event of birth of twin girls as second birth or if the first birth itself results into three girl children, on production of a certificate to this effect from competent medical authorities where the birth of such twin or triple girl children takes place.
 4. Minimum deposit amount for this account is ₹250/- per Financial Year and subsequent deposit should be in multiples of ₹50/- (subject to change as per Ministry notification)
 5. Maximum is ₹1,50,000/- per Financial Year (subject to change as per Ministry notification).
 6. If minimum ₹250/- is not deposited in a financial year, account will become irregular and can be revived with a penalty of ₹50/- per year with minimum amount required for deposit for that year.
 7. Interest rate as may be notified by the Government from time to time will be calculated on yearly compounded basis and credited to the account.
 8. One withdrawal shall be allowed on girl child attaining the age of 18 years to meet education/marriage expenses at the rate of 50% of the balance at the credit of preceding financial year.
 9. The account can be transferred anywhere in India from one post office/Bank to another.
 10. The account shall mature on completion of 21 years from the date of opening of account. However, where the marriage of the account holder (girl) takes place before completion of such period of 21 years, the operation of the account shall not be permitted beyond the date of her marriage subject to the condition that the girl is not less than 18 years of age.
- *The above features / guidelines are subject to changes by Ministry of Finance

Acknowledgement (to be filled by Branch)

Application form acknowledgment

I have received Application no. _____ from _____

for opening a SSS account with Axis Bank Branch _____

Name of Bank Official _____

Mobile no. _____

Signature_____