ANNEXURE I

Bank of Maharashtra

Form No.

Self Help Group - Savings Bank Account Opening Form

To:

The Branch Manager
_____ Bank
_____ Branch

For Official Use Only	
SB A/c No	
Customer ID	
SHG Scheme Code (NRLM/Others)	
SHG Gender Code (Male/Female)	

Sub:-Application for SHG-SB A/C opening

Dear Madam/Sir,

1. We request you to open a Savings Bank Account in name of our Self Help Group. We agree to abide by the rules and regulation of the bank related to Savings Account.

Name of SHG					
Date of Formation		Number of Members		Name of Facilitating Agency (if any)	
Address	Street ……Village/ City…….Gram Panchayat……. Block ……..District……..Pin……..				

2. The Savings Account will be operated at Branch by **Joint Signature** and **at BC Point Aadhaar based Biometric authentication** of **Any Two** among the following representatives of our Self Help Group. A copy of resolution taken by our Self Help Group in this regard is attached.
3. Request for Cheque Book : Yes / No

Affix passport Size photograph	Affix passport Size photograph	Affix passport Size photograph
Name :	Name:	Name:
Date of Birth: Age:	Date of Birth: Age:	Date of Birth: Age:
Designation:	Designation:	Designation:
Address:	Address:	Address:
Mobile:	Mobile:	Mobile:
KYC Documents Provided	KYC Documents Provided	KYC Documents Provided
Enclosed Copy of address & ID proof ☐ Voter ID ☐ Driving license ☐ Aadhar Card ☐ Job Card ☐ PAN Card ☐ Passport ☐ Any other document accepted by Bank (specify) ……	Enclosed Copy of address & ID proof ☐ Voter ID ☐ Driving license ☐ Aadhar Card ☐ Job Card ☐ PAN Card ☐ Passport ☐ Any other document accepted by Bank (specify) ……..	Enclosed Copy of address & ID proof ☐ Voter ID ☐ Driving license ☐ Aadhar Card ☐ Job Card ☐ PAN Card ☐ Passport ☐ Any other document accepted by Bank (specify) ……..

Bank

I give Consent for Aadhaar based eKYC Account Opening for this SHG and its Operation based on Aadhaar Biometric Authentication at BC point. Yes ☐ No ☐	I give Consent for Aadhaar based eKYC Account Opening for this SHG and its Operation on Aadhaar Biometric Authentication at BC Point Yes ☐ No ☐	I give Consent for Aadhaar based eKYC Account Opening for this SHG and its Operation based on Aadhaar Biometric Authentication at BC Point Yes ☐ No ☐
Specimen Signature/Thumb Impression	Specimen Signature/Thumb Impression	Specimen Signature/Thumb Impression

4.We hereby declare that the above information is true and correct. We have agreed to the terms and conditions and also agree to abide by any amendments to the terms and conditions as may be stipulated by the Bank from time to time.

5. Further, we confirm that in case of request of change of signatory details, we will submit our request to Branch. After this submission, we will not do transaction at BC Point till the signatory details are updated in Branch. However, if any transactions are done at BC Point by earlier signatories, we shall be solely responsible for the same & Bank will not have any responsibility towards it.

Yours faithfully,

1._____ 2. _____ 3. _____

(Signature/Thumb Impression of SHG Representatives with Seal of SHG)

Date: Place:

Enclosure:

i. *Copy of Resolution by Self Help Group to open Savings Account*
ii. *Photographs of authorized representatives*
iii. *Copy of ID and address proof of authorized representatives.*

For Bank Use Only

1. The applicant has affixed his signature or thumb print, as the case may be, in my presence
2. I have explained the rules / regulations to the applicant _____
3. Account has been opened on _____
4. Cheque Book has been issued.

Date:_____ Officer_____