



**APPLICATION FOR OPENING AN ACCOUNT UNDER
MAHILA SAMMAN SAVING SCHEME**

Please fill all the details in CAPITAL LETTERS with BLACK INK only.

Customer ID

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Account Number

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 New MSSC
Transfer MSSC

To
The Branch Manager
Bank of India
_____ Branch

I (Applicant/Guardian) hereby apply for opening of an account under Mahila Samman Savings Certificate, 2023 Scheme in your Bank.

DETAILS OF DEPOSITOR

Name of Depositor:

Date of Birth :

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 in words.....

Aadhaar Number

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Permanent Account Number (PAN)

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**DETAILS OF GUARDIAN
(in case of minor)**

Name of Guardian

Father /Mother's Name

Date of Birth :

D	D	M	M	Y	Y	Y	Y
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 in words.....

Aadhaar Number of Guardian

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Permanent Account Number (PAN) of guardian

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Relationship with Minor

Father/ Mother/ Court Appointed

COMMUNICATION ADDRESS

Present Address.....

State : City :

Pin : Mobile No. :

Email-ID

I confirm having checked my mobile number and understand that all SMS alerts (transaction, one time passwords) will be received on above mentioned mobile number.

PERMANENT ADDRESS

Same as communication address Yes/ No (if no, below fields are mandatory)

Permanent Address.....

State : City :

Pin : Mobile No. :

Email-ID

KYC

Details of other KYC documents attached

1. Proof of identification.....

2. Address proof.....

(The following documents are accepted as valid documents for the purpose of identification and address proof:

1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by NREGA signed by the State Government officer

5. Letter issued by the National Population Register containing details of name and address)

The operation of the account will be:- (a) By Self
(b) By the Guardian till the depositor attains majority

SPECIMEN SIGNATURE

SPECIMEN SIGNATURE

SPECIMEN SIGNATURE

NAME	NAME	NAME

DECLARATION

I hereby undertake to abide by the scheme provisions and Government Savings Promotion Rules, 2018 applicable on the Scheme and amendments issued thereto from time to time.

S. No	Name of Scheme	Date of opening of account	Amount Deposited	Customer Identification Number	Account number	Name of Post Office/ Bank
1.	Mahila Samman Savings Certificate 2023					
2.	Mahila Samman Savings Certificate 2023					

A separate sheet may be taken in case of furnishing details of more accounts opened along with signature or thumb impression of account Holder / guardian.

Date:

Signature or thumb impression of account holder/ guardian

NOMINATION

Ihere by nominate the persons mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in Mahila Samman Savings Certificate, 2023 at the time of my death would be payable.

S. No	Name of the nominee & relation	Full Address	Aadhar (optional)	DOB (if nominee is minor)	Share of Entitlement	Nature of entitlement Trusted/Owner

As the nominee(s) at serial No(s) specified above is/ are minors(s). I appoint Shri/Smt/Kumari S/o, D/o, W/o..... Addressto receive the sum due under the said account in the event of my death during the minority of the nominee(s).

1. Signature of witness
Name & Address

2. Signature of witness
Name & Address

Place:

Date:

Signature or thumb impression of account holder/ guardian

INITIAL DEPOSIT

I tender herewith Rs/ (Rs.....) in cash/Cheque/DD No..... date as initial deposit towards my Mahila Samman Savings Certificate.

Place:

Date:

Signature or thumb impression of account holder/ guardian

For use of Bank

The account has been opened in the name of.....on.....with initial deposit of Rs. with Account No.dated..... under Mahila Samman Savings Certificate, 2023. Customer Identification No Nomination registered vide Ref No.dated.....

Signature and seal of competent authority.