

Common Application for Self-Help Groups

Savings Bank Account Opening Form

To:

Branch Sub

Dear Madam/Sir,

For Official Use Only

SB A/c No _____
Customer ID _____
SHG Scheme Code NUM/Others _____
SHG Gender Code (Male/Female) _____

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.

2. The Savings Account may be operated by joint signature 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

<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Affix passport Size photograph</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Affix passport Size photograph</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Affix passport Size photograph</p>
<p>Name : _____</p> <p>Date of Birth: _____ Age: _____</p> <p>Designation: _____</p> <p>Address: _____</p> <p>Mobile: _____</p> <p>KYC Documents Provided _____</p> <p>Enclosed Copy of address & ID proof</p> <p style="margin-left: 20px;">Voter ID Driving license</p> <p style="margin-left: 20px;"><input type="checkbox"/> Aadhar Card <input type="checkbox"/> Job Card</p> <p style="margin-left: 20px;"><input type="checkbox"/> PAN Card <input type="checkbox"/> Passport</p> <p style="margin-left: 20px;"><input type="checkbox"/> Any other document accepted by _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Bank (specify).....</p> <p>Specimen Signature/Thumb Impression</p>	<p>Name: _____</p> <p>Date of Birth: _____ Age: _____</p> <p>Designation: _____</p> <p>Address: _____</p> <p>Mobile: _____</p> <p>KYC Documents Provided _____</p> <p>Enclosed Copy of address & ID proof</p> <p style="margin-left: 20px;">Voter ID Driving license</p> <p style="margin-left: 20px;"><input type="checkbox"/> Aadhar Card <input type="checkbox"/> Job Card</p> <p style="margin-left: 20px;"><input type="checkbox"/> PAN Card <input type="checkbox"/> Passport</p> <p style="margin-left: 20px;"><input type="checkbox"/> Any other document accepted by _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Bank (specify).....</p> <p>Specimen Signature/Thumb Impression</p>	<p>Name: _____</p> <p>Date of Birth: _____ Age: _____</p> <p>Designation: _____</p> <p>Address: _____</p> <p>Mobile: _____</p> <p>KYC Documents Provided _____</p> <p>Enclosed Copy of address & ID proof</p> <p style="margin-left: 20px;">Voter ID Driving license</p> <p style="margin-left: 20px;"><input type="checkbox"/> Aadhar Card <input type="checkbox"/> Job Card</p> <p style="margin-left: 20px;"><input type="checkbox"/> PAN Card <input type="checkbox"/> Passport</p> <p style="margin-left: 20px;"><input type="checkbox"/> Any other document accepted by _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Bank (specify).....</p> <p>Specimen Signature/Thumb Impression</p>

4. Name and signature of SHG members

Sl No	Name of SHG members	Name of Father/Husband (Male/ Female)	Gender	Age	Signature /Thumb Impression
1					
2					
3					
4					
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5. 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.

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: _____

SPECIMEN COPY OF RESOLUTION BY SELF HELP GROUP FOR OPENING SAVINGS ACCOUNT

Name of SHG: _____

Address: _____

Total No. of Members: Name of Facilitating Agency:

Resolution for Opening Savings Bank Account

Today on(Date), at the meeting of(name of SHG) at(meeting place of SHG/ address) in presence of all its members, it is resolved that our(name of SHG) will open a savings bank a/c inBank.....Branch. It has also been further resolved that Shri/Smt.....(Designation); Shri/ Smt.....(Designation) and Shri/Smt(Designation) will sign all the necessary document related to the opening of Savings Accountas representatives on behalf of(name of SHG). Transaction in the Savings a/c of the group will be done by joint signature of any two among the above mentioned representatives. We all understand and accept the above resolution.

Sl No	Name of SHG members	Name of Father/Husband	Gender (Male/Female)	Occupation	Signature /Thumb Impression
1					
2					
3					
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18					
19					
20					

Signature/Thumb Impression

(Designation

Seal of Self Help Group

Signature/Thumb Impression

(Designation

Signature/Thumb Impression

(Designation