

Bank's Name & Logo

Form No.

Self Help Group -Savings Bank Account Opening Form

To:

The Branch Manager

_____ Bank
_____ Branch

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

For Official Use Only

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

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 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

Bank Verification	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 <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving license <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Job Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport	Enclosed Copy of address & ID proof <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving license <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Job Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport	Enclosed Copy of address & ID proof <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving license <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Job Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport
<input type="checkbox"/> Any other document accepted by Bank (specify).....	<input type="checkbox"/> Any other document accepted by Bank (specify).....	<input type="checkbox"/> Any other document accepted by Bank (specify).....	
Specimen Signature/Thumb Impression	Specimen Signature/Thumb Impression	Specimen Signature/Thumb Impression	

4. Name and signature of SHG members

Sl No	Name of SHG members	Name of Father/Husband	Gender (Male/Female)	Age	Signature /Thumb Impression
1					
2					
3					
4					
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20					

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.

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- 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:

Date of Formation:

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 inBankBranch. 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 Account as 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 members hereby agree to the above decision.

Sl	Name of SHG members	Name of Father/Husband	Gender (Male/ Female)	Occupation	Signature/Thumb Impression
1					
2					
3					
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20					

Signature/Thumb Impression

Signature/Thumb Impression

Signature/Thumb Impression

(Designation)

(Designation)

(Designation)

Seal of Self Help Group