

Annexure A

Mr/Mrs/Ms -----

Address -----

To,
The Branch Manager,
Saraswat Co-operative Bank Limited.
_____ Branch.

DECLARATION FOR OPENING BASIC SAVING BANK DEPOSIT ACCOUNT (BSBDA)

Dear Sir/Madam,

I/We hereby like to apply for opening of a Basic Savings Bank Deposit Account with your Bank.

I/We hereby confirm that I/We do not hold any Savings Bank Account with your Bank.

I/We also confirm that I/We neither hold any BSBD account with any other Bank nor I/We enjoy the benefits under the said scheme with any other Bank.

I/We are aware that any existing savings account (if any) with your Bank will be closed within 30 days from the date of opening a BSBD Account with you.

I/We am/are aware that the BSBD Account shall be subject to RBI instructions on KYC/AML for account opening from time to time and minimum basic facilities offered free of charge , without any requirement of minimum balance.

I/We declare that the information provided by me/us is true and correct.

Name of Applicant/s: -----

Date: -----

Place: -----

Signature/ Thumb Impression# of Applicant/s:

Witness: # Thumb impression shall be attested by witness

Name: _____

Signature: _____