Minor to Individual accoun	t			Date:		
Form No:		8				
BOID:	2		•			
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Fathers Name:						
Mothers Name:						
Grandfathers Name:			,			
DOB:						
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Signature:						
To be filled by DP:	-					
Sub -Status: Minor to					٠	
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Unfreeze date (to be don	e after NCN und	ate from	CDS).			
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