

REGD. OFFICE-SURI, DIST-BIRBHUM, PIN CODE-731 101



ACCOUNT OPENING FORM

Customer Status : Individual Senior Citizen Staff Minor Society Coop. Society HUF Sole Proprietorship Partnership
Company Private Ltd. Company Public Ltd. Co. Association Rrust / Club Govt. Sector Private Sector Bank Coop. Bank
Govt. / Semi Govt. Local Bodies SHG JLG UCB Municipality / Panchayet Proposed Coop. Society Others
I/We request you to open my/our deposit account with your Branch / Bank in accordance with terms and conditions of the Bank as ticked under.
Account Type: Savings with Cheque Savings without Cheque Current Term Deposit Special Term Deposit RD Cash Certificate
Sopan Overdraft MIS Cash Credit Loan Any other a/c Stafe custody
Initial Deposit Mode : Cash Cheque NEFT RTGS Transfer from A/C No
Cheque Payment / UTR No. Date Bank Branch
Home Branch Date
Account Number allotted CIF
Request for Term Deposit A/C Tick V
Interest Payment: Monthly Quarterly Yearly Daily Maturity Face Value Re
Tenture : Days Months Years Rate of Interest Face Value Rs Maturity Value Due Date Maturity Date
Details of authorized account for transfer of Interest debit of Monthly Instalment of Recurring Deposit
Bank Branch S.I. Date
Type : Savings Cureent Account Number
In case of Interest payment by Eccs, 9 digit MICR Code To record ecs instruction kindly attach cancelled
cheque or photocopy of the cheque
Mode of Operation ✓
Single Jointly Either or Survivor Former or Survivor Any one or Survivor Guardain of Minor Other
Cheque Book Required Yes No. Cheque Book to be Collected by Customer Regd. Post Courier at Permanent Address
ATM Card Required Yes NO Pin Mailer to be Collected by Customer Regd. Post/Courier at Permanent Address Mailing Address
NAME ON CARD
In Capital Letters First Name Middle Name Last Name Date of Birth
1st Holder
S/O, D/O, W/O
Permanent Address:
Malling Address:
Mob. No./Tel. No. PAN CIF
In Capital Letters First Name Middle Name Last Name Date of Birth
2nd Holder
S/O, D/O, W/O
Permanent Address:
Malling Address:
Mob. No./Tel. No. PAN CIF
In Capital Letters First Name Middle Name Last Name Date of Birth
3rd Holder
S/O, D/O, W/O
Permanent Address:
Malling Address:
Mob. No./Tel. No. PAN CIF
Cash Debit Account No. Cheque No. Drawn on
Cincature of dat Uniday
Signature of 1st Holder Signature of 2nd Holder Signature of 3rd Holder



BIRBHUM DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

REGD. OFFICE-SURI, DIST-BIRBHUM, PIN CODE-731 101

Declaration 1/We have read, understood and agree to abide by the Bank's Rules relating to the conduct of the above accounts / services / products / Fee & Charges

1/We wish to be informed about the various features / products and promotional offers made by the Bank from time to time.

* Account will be operated and balance along with interest payable as per operational instruction above.

- * I shall represent the said minor in all future transaction of any description in the above account untill said minor attains majority. I will indemnify the Bank against the claim of the above minor of any withdrawal / transaction made by me in his / her account.
- * I/We understand that in the event of the death of the depositor (s), premature termination of term deposit would be allowed without any penal charges of the claimant (s) after following the due procedure.
- * I / We also agree to maintain the minimum / quarterly average balance with the Bank may prescribed as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank

MINOR ACCOUNT OPENED UNDER GUARDIANSHIP	outer dranges supulated by the Barik.
First Name Middle Name Last Name	Relationship
Name of Guardian	Father Mother
Declaration by Guardian : I hereby declare that the date of birth of Minor who is my is / and I am	Court Appointed Other speci
his / her natural guardian appointed by the Court order dated / / (copy enclosed). I shall represent the said	
minor in all future transactions of any description in the above account until the said minor affairs majority. Lindemnity	
the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account: Futher, I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.	Signature of Guardian
INTRODUCTION BY EXISTING BIRBHUM DISTRICT CENTRAL CO-OP. BANK LTD. CUSTOMER	Signature of Guardian
First Name Middle Name Last Name	
misure value Last Name	Date of Birth
S/O, D/O, W/O	
Account No.	nat I am an account holder with Birbhum
District Central Co-operative Bank Ltd. for six months. I confirm that i know the applicants detailed above for Years	Months
Poted	
Name:	ignature of Introducer Verified by
Signature of Introducer	Classic
	Signature
Speciman Signature	
Signature of 1st Holder Signature of 2nd Holder	Signature of 3rd Holder
Please paste latest Pass Please paste latest Pass	Please paste latest Pass
Recent Photo Port size photograph of Port size photograph of	Port size photograph of
1st holder & signed 2nd holder & signed	3rd holder & signed
across by self across by self	across by self
A/C No. alloted : Savings Current Others Account Number	
Educational Standard () Up to 10th Standard Upto H.S. Graduate Post Graduate Ph. D Vacation	onal
Profession : Service Unemployed Professional (Doctor / Engineer / CA Social Worker Student B	
Annual Income Less than 1 lac > 1 lac but, 3 lac > 3 lac but, 6 lac > 6 lac but < 10 lac > 10 lac but < 25 lac but < 10 lac > 10 lac but < 25 lac but < 10 lac but < 10 lac but < 25 lac but < 10 lac bu	
Individual KYC (*) self attested photo copy of both to be submitted.	
Proof of Photo Identity	1st Holder 2nd Holder 3rd Holder
Voter I D Card Passport Driving License	
PAN CARD FORM 60 / 61	
Govt. I D Defence I D Photo I D I D Card of Reputed Employer	
Proof of Address:	
Ration Card Electricity Bill Telephone Bill Gass Connection	
Income / Wealth Tax assessment order (With address)	
Bank A/c Statement Credit card statement	
Letter of Reputed Employer	
Letter of any recognized public authority	
For married woman, Proof of identy with her maiden name, if supported with a verified true copy of	
marriage certificate in acceptable as valid identity & address proof	

* Voter Card & passport can also be considered as address proof in certtain terms. <u>KYC CLARRIFICATION</u>

I have met the account opener and hereby confirm that KYC Norms are fully complied with and further confirm that :-

i) a) The introducer has visited the Branch / has not visited the Branch but written confirmation obtained.

II) The Signature of the introducer is verified and his / her / their Account is more than six months old are KYC compliant.

FOR NON-INDIVIDU	AL (In Ca	pital L	etter)																									
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* Date of establishmen	nt / incorp	oration	-				100						in ab	. 2											(At	tach	De	etail)
* Nature of Activity / B	icinoce									Sales	Tax /	/ΔT /	GST	ΓNο	/ if a	nv)									(at	tach	De	etail)
																									,			,
* Excise No. (if any)					(Atta	ach D	etail)	*	Ann	ual Tu	ırnove	/ Inc	ome						Tr	ade l	Lice	nse N	No.					
* Dealing with other ba	onk																											
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I / We certify that Mr. /	Mrs. / Ms.	/ M/S.							N				is/a	are kn	own	to m	e/us	pe	rson	ally s	ince	last		108	_ m	onth	s/	year
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Introducer's Name													190															
Introducer's A/C No.															_Ac	coun	t Typ	e_		4								
Signature with date															pag.				N/S									
* Additional docume	nts to be	submi	tted																									
Constitution		3,40																4,		100		1						181
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its name and specify the operating instructions and a list of authories officials to operate the account.

Officer of Employee to transact the business on its behalf.

* A list of Present directors & their addresses, under the signature of Chairman Power of attorney if granted to its Manager,

Limited Company (Public / Pvt.)



STAMP

BIRBHUM DISTRICT CENTRAL CO-OPERATIVE BANK LTD. REGD. OFFICE-SURI, DIST-BIRBHUM, PIN CODE-731 101 copy of the Bye-laws / MOA of the Society / copy of resolution of

	Certificate of Registration
	Office bearers' election / etc.
Co-operative Societies, Association, Club etc.	* Resolution of the Board of Directors / Management Committee appointing the Bank as its Banker for
	opening of Account and stipulating the conditions for the conduct of account.
	* List of members (with address) of BOD / Managing Committee with the copy of resolution electing
	them to the Committee.
	* Certificate of Registration, if registered
	* Copy of Trust Deed / Constitution document
Charitable / Public Trust / Foundations etc.	* Power of attonomy granted to persons to transact the business on its behalf * Certified copy of the resolution signed by all the trustees in regard to the conduct of the account.
	* Any document listing out of names and addresses of trusts, seltlers, beneficiaries and thos holding
	Power of attonomy and other key officials involved in day to day management of the trust / foundation the
	satisfaction of Bank. * Certificate from the Charity Commissioner in case of registered trust.
A A II A A II A A II A II A A	Karta / Director / Authorized Signatory etc. must provide separate identity and address proof in confirmity with
* All individuals who are proprietor / Farther /	as per individual KYC guidelines mention in page 3 (three).
FOR OFFICE USE	25 por mornoscarit i o galectino de la companya de
All the above mentioned details are verified to	property while accepting the form and opening the a/c in the Branch.
THI MID GOOD THE HEAD TO THE HEAD THE HEAD THE HEAD TO THE HEAD TO THE HEAD	
Signature of Official with Stamp	Date:
NOMINATION (NOMINATION FORM D.A-1) For Individual / Sole Proprietor concern only
	Banking Regulation Act 1949 and rule 2 (1) of the Banking Comparies (Nomination) Rules, 1985 in respect of
	Banking Regulation Act 1949 and rule 2 (1) of the Banking Ostripance (1988)
Bank Deposits. I / We	the shows account may be returned by Birbhum
nominate the following person to whom in the	event of my / our / minor's death the amount of deposit in the above account may be returned by Birbhum
District Central Co-operative Bank Ltd.	Nature of Deposit Account No.
Name of Nominees	Relationship
S/O, D/O, W/O	Date of Birth
	Date of Birth in case of Minor
Address	State
City PIN-	To receive the amount of deposit on behalf
@ As the Nominees	of the nominee in the event of my/Our minor's
	death during the minority of the nominee.
Name of Witness	
Address	city PIN State
Signature, Name and Address	ss of Witness # Signature / Thumb Imression of Depositors
Signature, Harrie arraziones	
Date -	Date -
# Signature (s) of depositor (s) should be	witnessed by one person, thumb impression (s) of depositor (s) should be witnessed by two purson (s)
Form 60 / 61 (to be filled by those who do	not have PAN
Are you a TAX Assesse	Yes No if yes
a) Details of Ward / Circle / Range where	the return of income was failed.
b) Reason for not having PAN	
b) Reason for flot flatting 1744	
Form 64	
Form 61	culture income and no other income chargeable to income tax.
to be filled by a person who has only agric	e is form agriculture and I am not required to pay income tax on any other income if any.
	do hereby declare that what is stated is true to the best of my knowledge and belief
Verification : I	do notory doctare that mutito dates is a second of the sec
	Date : (Signature of Declarant)
Place	Date .
FOR OFFICE USE	the trace and other person of the bank are fully complied with while opening the account
I have verified the documents submitted a	and confirm that KYC Norms and other norms of the bank are fully complied with while opening the account
(Signature of Branch Manager)	Place:

Date:

Birbhum District Central Co-operative Bank Ltd.



HEAD OFFICE : SURI
P/O.- Suri, Dist.- Birbhum - 731101 (W. B.)
Phone : (03462) 255304 / 255328

Branch

"KNOW YOUR CUSTOMER" FORM

(PASTE YOUR RECENT PH	HOTOGRAPH)-	1)		2)			3)							
ACCOUNT NO. :						⊢ (Men	tion Your A	Account	No. here)					
CUSTOMER NAME : (Block Letter)	1)				S/D/W	of								
	2)				S/D/W of									
	3)		7		S/D/W	of								
DATE OF BIRTH :	1)			2)				Ш						
	3)													
PAN CARD No.: PAN Card/Form 60 of iT Act.	1)			2)										
[Compulsory for depositor having 50,000/- or more in a single A/C or transact at a single occasion]	3)													
PRESENT ADDRESS *	: 1)													
	2)													
	3)													
TELEPHONE NO. :														
MOBILE NO.	1)			2)				Ш						
	3)													
E-MAIL ID (if Any) :	1)			(2)										
IDENTITY PROOF : (For all A/C Holders)	1)			2)					#					
 EPIC (voter card) [Compulsory for all A/C holder other than minor] 	3)				1									
ADDRESS PROOF : Electric Bill/Telephone Bill/Gas	1)			2)										
Connection Document/Address shown in other Bank's Pass Book/New Ration Card/Job card with Photograph/Passport/	3)													
Driving Licence.	1)			2)										
		(SIGN/	ATURE)			(SIGNATU	RE)						
	3)					KYC	Verified							
		(SIGN/	ATURE)											
Date :					EO / D		jr. / A.G.	M/BN	I / BIC Branch					