



## 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  Rust / 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  Sopen  Overdraft  MIS  Cash Credit  Loan  Any other a/c  Safe 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 \_\_\_\_\_ C I F \_\_\_\_\_

Request for Term Deposit A/C Tick

Interest Payment : Monthly  Quarterly  Yearly  Daily  Maturity

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  Current  Account Number \_\_\_\_\_

In case of Interest payment by Ecce, 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
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1st Holder \_\_\_\_\_

S/O, D/O, W/O \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address : \_\_\_\_\_

\_\_\_\_\_

Mob. No./Tel. No. \_\_\_\_\_ PAN \_\_\_\_\_ C I F \_\_\_\_\_

In Capital Letters	First Name	Middle Name	Last Name	Date of Birth
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2nd Holder \_\_\_\_\_

S/O, D/O, W/O \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address : \_\_\_\_\_

\_\_\_\_\_

Mob. No./Tel. No. \_\_\_\_\_ PAN \_\_\_\_\_ C I F \_\_\_\_\_

In Capital Letters	First Name	Middle Name	Last Name	Date of Birth
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3rd Holder \_\_\_\_\_

S/O, D/O, W/O \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address : \_\_\_\_\_

\_\_\_\_\_

Mob. No./Tel. No. \_\_\_\_\_ PAN \_\_\_\_\_ C I F \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cash  Debit Account No. \_\_\_\_\_  Cheque No. \_\_\_\_\_ Drawn on \_\_\_\_\_

Signature of 1st Holder	Signature of 2nd Holder	Signature of 3rd Holder
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Declaration I / 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

- \* I / 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 until 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**

Name of Guardian  First Name  Middle Name  Last Name  Relationship  Father  Mother  Court Appointed  Other specify

Declaration by Guardian : I hereby declare that the date of birth of Minor who is my \_\_\_ is \_\_\_/\_\_\_/\_\_\_ and I am 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 attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account. Further, 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**

First Name  Middle Name  Last Name  Date of Birth

S/O, D/O, W/O

Account No.  I.D No.  I Confirm that I am an account holder with Birbhumi District Central Co-operative Bank Ltd. for six months. I confirm that i know the applicants detailed above for  Years  Months

Dated

Signature of Introducer

FOR BANK USE : Signature of Introducer Verified by Name :   
Signature

Speciman Signature

Signature of 1st Holder  Signature of 2nd Holder  Signature of 3rd Holder

Recent Photo  Please paste latest Pass Port size photograph of 1st holder & signed across by self  Please paste latest Pass Port size photograph of 2nd holder & signed across by self  Please paste latest Pass Port size photograph of 3rd holder & signed across by self

A/C No. allotted :  Savings  Current  Others \_\_\_\_\_ Account Number

Educational Standard ( )  Up to 10th Standard  Upto H.S.  Graduate  Post Graduate  Ph. D  Vocational

Profession :  Service  Unemployed  Professional ( Doctor / Engineer / CA  Social Worker  Student  Business  Croporate

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  > 25 lac

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 <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/>			
PAN CARD <input type="checkbox"/> FORM 60 / 61 <input type="checkbox"/>			
Govt. I D <input type="checkbox"/> Defence I D <input type="checkbox"/> Photo I D <input type="checkbox"/> I D Card of Reputed Employer			
<b>Proof of Address :</b>			
Ration Card <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Gass Connection <input type="checkbox"/>			
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 certain terms.

**KYC CLARRIFICATION**

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 visiteo 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.

Signature of Official with Stamp

DATE





Co-operative Societies, Association, Club etc.	* Certificate of Registration * Certified copy of the Bye-laws / MOA of the Society / copy of resolution of Office bearers' election / 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.

Charitable / Public Trust / Foundations etc.	* Certificate of Registration, if registered
	* Copy of Trust Deed / Constitution document
	* Power of attorney 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, settlers, beneficiaries and those holding Power of attorney 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.

\* All individuals who are proprietor / Partner / Karta / Director / Authorized Signatory etc. must provide separate identity and address proof in conformity with the details furnished in the application form as per individual KYC guidelines mention in page 3 (three).

FOR OFFICE USE

All the above mentioned details are verified properly while accepting the form and opening the a/c in the Branch.

Signature of Official with Stamp

Date :

**NOMINATION ( NOMINATION FORM DA-1 ) For Individual / Sole Proprietor concern only**

Nomination under sec. 45 ZA to 45 ZF of the Banking Regulation Act 1949 and rule 2 (1) of the Banking Companies ( Nomination ) Rules, 1985 in respect of Bank Deposits. I / We \_\_\_\_\_

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 Birbhumi

District Central Co-operative Bank Ltd. \_\_\_\_\_ Nature of Deposit \_\_\_\_\_ Account No. \_\_\_\_\_

Name of Nominees \_\_\_\_\_ Relationship \_\_\_\_\_

S/O, D/O, W/O \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth in case of Minor \_\_\_\_\_

City \_\_\_\_\_ PIN- \_\_\_\_\_ State \_\_\_\_\_

@ As the Nominees \_\_\_\_\_ To receive the amount of deposit on behalf

\_\_\_\_\_ of the nominee in the event of my/Our minor's

Name of Witness \_\_\_\_\_ death during the minority of the nominee.

Address \_\_\_\_\_ city \_\_\_\_\_ PIN \_\_\_\_\_ State \_\_\_\_\_

Signature, Name and Address of Witness #	Signature / Thumb Impression of Depositors
Date -	Date -

# Signature (s) of depositor (s) should be witnessed by one person, thumb impression (s) of depositor (s) should be witnessed by two person (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

Form 61

To be filled by a person who has only agriculture income and no other income chargeable to income tax.

I hereby declare that my source of income is form agriculture and I am not required to pay income tax on any other income if any.

Verification : I \_\_\_\_\_ do hereby declare that what is stated is true to the best of my knowledge and belief.

Place

Date :

(Signature of Declarant)

FOR OFFICE USE

I have verified the documents submitted and confirm that KYC Norms and other norms of the bank are fully complied with while opening the account.

( Signature of Branch Manager )

Place :

STAMP

Date :

