



THE KAITHAL CENTRAL CO-OPERATIVE BANK LTD; KAITHAL

ACCOUNT OPENING FORM

For Office Use : Branch..... Customer ID

Branch Code : A/c. No.

Date :

The Branch Manager, The Kaithal Central Cooperative Bank Ltd.

Branch

Sir / Madam,

Please open an account as per detail below :-

कौन सा खाता खोलना है, कृपया उल्लेख करें :

Type of account required (please specify)

SB CA RD FD RITD

Name of Firm (if Current A/c.) M/s.....

पूरा नाम (स्पष्ट अक्षरों में)

FULL NAME (IN BLOCK LETTERS)

1st Applicant Cust ID:

AADHAR NO. UIDAI No.

PAN NO. Form No. 60/61 Occupation

2nd Applicant Cust ID:

AADHAR NO. UIDAI No.

PAN NO. Form No. 60/61 Occupation

3rd Applicant Cust ID:

AADHAR NO. UIDAI No.

PAN NO. Form No. 60/61 Occupation

Mode of Operation Single Jointly Either or survivor Other

Services / सुविधाएं

CHEQUE BOOK Yes No SMS Alert Yes No Other (Please Specify)

ATM Yes No Internet Banking Yes No

खाता खोलने वाले सभी व्यक्तियों के फोटो चिपकाएं (Affix Photographs of all persons opening the account)

SPECIMEN SIGNATURE	(Paste Photograph)	Signature / Thumb Impression Name	(Paste Photograph)	Signature / Thumb Impression Name
	(Paste Photograph)	Signature / Thumb Impression Name	(Paste Photograph)	Signature / Thumb Impression Name

Nomination Form DA-1 : Nomination under Sec. 452A of the Banking Regulation Act, 1949 and rule 2 (1) of the Banking Companies Nomination Rules, 1985 in respect of bank deposit.

I/We nominate the following person to whom in the event of my/our minor's death the amount of deposit on the above account may be returned by The Kaithal Central Cooperative Bank Ltd. B.O.

Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, his/her date of birth

As nominee is minor on this date, I/We appoint Mr./Ms. Age

Address

to receive the amount of deposit in the account on behalf of the nominee in the event of my/our minor's death during the minority of the nominee

I do not wish to make nomination

Name, Signatures, Address of two witness, if thumb impressions obtained

Signature / Thumb Impression

Name

Address

Signature / Thumb Impression

Name

Address

Signature (s)/Thumb Impression of Depositor (s)

Where deposit is made in the name of minor, nomination should be signed by a person Lawfully entitled to act on behalf of the minor

DECLARATION IN CASE OF ILLITERATE

I hereby agree that the account will be operated by me, by personally calling at the counter and that the bank will not be liable to pay, except as above. Contents of this letter have been explained to me. The rules of the business and other terms & conditions have also been explained to me and I have understood the same.

DECLARATION IN CASE OF MINOR

Type of Guardian Father Mother Court Appointed

Full Name of Guardian : Mr. Ms.

I hereby declare that Master/Miss is my son/daughter. His/her date of birth is

I am his/her natural & lawful guardian/guardian appointed by court order dated Enclosed). I shall represent the minor in all future transaction of any description until the said minor attains majority. I shall fully indemnify the Bank against any claim of the above minor for any withdrawal transaction made by me in his/her account.

Signature of Guardian (For & on behalf of Minor)

DECLARATION IN CASE OF STAFF

I hereby declare that I am the employee/ex-employee/spouse of the deceased employee of The Kaithal Central Co-operative Bank Kaithal and the amount deposited in the account belongs to me. The account is being maintained in joint names for the sake of convenience only. (The name of the staff/retired staff/spouse of deceased employee shall be first in case of joint account.)

DECLARATION IN CASE OF PARDANASHIN LADIES

I am enclosing herewith a duly notarized affidavit stating my age, educational qualification, my intent to open a Saving Bank/Term Deposit Account and other personal details necessary for opening of account.

IN CASE OF NO FRILL ACCOUNTS

I hereby declare that the balance in all my/our accounts taken together will be below Rs. 50,000/- and total credits in all account taken together will be below Rs. 1,00,000/- in a year. I am aware that in the event of credit balance exceeding the above limits, the Bank would not permit further operations in the account till requisite documentary proofs for identity and address are submitted by me/us. In such situation, I undertake to provide the same before operating the account further.

DECLARATION IN CASE OF INTERNET, ATM, SMS ALERTS AND TELE BANKING FACILITY

I/We have read and understood and accepted the terms & conditions governing the use of Internet Banking, ATM facility, SMS Alerts and Telebanking Services. I/We hereby agree to abide by the said terms & conditions as in force from time to time.

DECLARATIONS/UNDERTAKING BY APPLICANTS

I/We confirm having read and understood the Rules pertaining to various Accounts/Services. I/We confirm that the Citizen Charter/BCSBI Code have been provided to me/us. I/We do hereby agree to abide by the terms & conditions outlined in these rules which govern the account (s) which I/We am/are opening/to be opened by me/us from time to time with the Bank and amendments thereto made from time to time and those relating to various services/products including but not limited to ATM Card/Debit Card/Telebanking/Internet Banking/SMS Alerts/Mobile Banking, etc. I/We agree that changes from time to time in the Bank's rules relating to my/our different accounts and/or other services would be made available to me/us on Bank's website and that I would be bound by such changes in terms & conditions pertaining to the different accounts/services.

INTRODUCTION

Introducer's Name

ACCOUNT NO.

CUSTOMER ID

I confirm that I am an account holder with The Kaithal Central Cooperative Bank for over six months. I confirm that I personally know the applicant/s detailed herein for _____ year/months and confirm his/her identity and address.

Allowed to enroll as customer of bank

Signature of Introducer

Signature verified (for bank use)

Branch Manager

Staff ID

Staff ID

I hereby declare that the information furnished above is true and correct to the best of my knowledge and nothing has been concealed therein.

Yours faithfully,

(Signature/Thumb Impression of the Applicant) (Male-LTI and Female-RTI)

FOR OFFICE USE ONLY

1. Applicant interviewed and purpose of opening of account ascertained (description)

2. a. Introducer called at the branch & interviewed. Yes No
 b. Introducer did not visit the branch. Yes No
 c. Letter of Thanks sent to Introducer Yes No.
 d. Letter of Thanks sent to Customer Yes No.

(Purpose of Opening of Account)

3. Particulars of Identification obtained and verified from original :

a.

c.

b.

d.

4. Observations of the official opening the Account

Threshold Limit Rs.

How verified/Accepted

Classification of Account as Very High Risk (C-4) High Risk (C-3) Medium Risk (C-2) Low Risk (C-1)

Open the Account(s) Reject (Give Reasons)

Signature of the Authorized Official/clerk/Acttt.

Staff ID

Signature of Branch Manager

Staff ID