



## ACCOUNT OPENING FORM - INDIVIDUAL

For Office use only : Account No. :	S.I. No. :	Scheme Code :
A/c to be opened at Branch :	Branch Code :	Date : DD MM YYYY

I/We request you to open my/our deposit/over draft account with your branch/bank as under: (Tick (✓) relevant type of account)

SB A/c.  CA/OD A/c.  TD A/c.  RD A/c.  Other A/C

Scheme Name : \_\_\_\_\_

### 1. Full Name: (In capital letters only)

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Date of Birth : PAN (or FORM 60/61) : CIF ID (If existing) Relationship with 1st Applicant

1. DD MM YYYY	or Form		SELF
2. DD MM YYYY	or Form		
3. DD MM YYYY	or Form		

### 2. CORRESPONDENCE / MAILING ADDRESS :

\_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Postal Code : \_\_\_\_\_ Country : \_\_\_\_\_

Permanent Address  Same as above

\_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Postal Code : \_\_\_\_\_ Country : \_\_\_\_\_

3. Please provide  Mobile Banking /  SMS Banking services to my mobile No. : \_\_\_\_\_

4. Please provide Statement through Email at :  Weekly  Monthly  Quarterly Intervals on

\_\_\_\_\_ @ \_\_\_\_\_

### 5. Photo & Signature :

For Office use only : Account No. :	CPC
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Name of Account : \_\_\_\_\_

Name 1	Name 2	Name 3
Please affix your latest Passport Size Photograph here	Please affix your latest Passport Size Photograph here	Please affix your latest Passport Size Photograph here
CIF ID 1	CIF ID 2	CIF ID 3

#### MODE OF OPERATION :

- Self
- Either or Survivor
- Jointly
- Former or Survivor
- Any one or Survivor/s
- Guardian
- Other (Pl. Specify)

6. 1<sup>st</sup> Account holder Type :  Individual  Minor  Sr. Citizen  Super Sr. Citizen  NRI  Other \_\_\_\_\_

Staff (Emp. No. \_\_\_\_\_)  Ex-staff (Emp. No. \_\_\_\_\_)

7. Declaration for Minor : Guardian CIF ID : \_\_\_\_\_ KYC No. \_\_\_\_\_

Type of Guardian :  Father  Mother  Court Appointed (Enclose copy of court order)

Full Name of Guardian  Mr.  Ms. \_\_\_\_\_

I hereby declare that the date of birth of the minor, who is my \_\_\_\_\_ is \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and I am his / her natural and lawful guardian / guardian appointed by 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 shall indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account.

Date :

(Signature of Guardian)

8. Channel / Other Facilities :  Cheque Book  Rupay Debit Cum ATM Card  
 Demat (Please fill up separate form)  E-Insurance A/c. (Please fill up separate form)

9. Recurring Deposit: Installment Amount ₹ \_\_\_\_\_ No. of Installment \_\_\_\_\_ Standing Instruction A/c. No. : \_\_\_\_\_

10. Introduction (Not required for Saving / Recurring / Deposit A/c. Optional for Current A/c.)

Name :		Account No. :
Address :		CIF ID :
		Branch Name :
Pin:	Mobile / Tel No.:	Type of A/c. SB/CA/CC/OD :

I/We certify that, Mr./Mrs./Ms. \_\_\_\_\_ is/are known to me/us personally since last \_\_\_\_\_ months/years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

(Signature of the Introducer)

11. NOMINATION DETAIL

FORM DA1

Nomination under section 45ZA of the Banking Regulation Act 1948 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits

I/We \_\_\_\_\_  
 (Name and Address)

Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by The Kalupur Commercial Co-Op Bank Ltd. \_\_\_\_\_ branch.

Nominee				
Name	Address	Relationship with A/c. Holder(s) if any	Age	If Nominee is a minor, her/his Date of Birth
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. \_\_\_\_\_  
 (Name, Address and Age)

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

I/We do not wish to make a nomination.

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s)/Thumb Impression(s) of A/c. Holder(s) \_\_\_\_\_

12. I/We declare that I/we enjoy/do not enjoy any Account / Credit Facilities with other banks. (Provide details, If any)

Bank & Branch	Place of Bank & Branch	Type of A/c Facility	Amount	A/c. No.

13. Form 60/61

Form 60 / 61 (to be filled by those who do not have PAN)

<p>Form 60</p> <p>Are you a Tax Assessee <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes</p> <p>a) Details of Ward / Circle / Range where the last return of income was filled : _____</p> <p>b) Reason for not having PAN No.: _____</p> <p>Form 61</p> <p>To be filled by a person who has only agricultural income and no other income chargeable to income tax.</p> <p>I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.</p> <p>Verification</p> <p>I _____ do hereby declare that what is stated is true to the best of my knowledge and belief.</p> <p>Verified at _____ this the _____ day of _____ 20</p> <p>Date : _____ Place : _____</p> <p style="text-align: right;">Signature of the Declarant.</p>
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