

Head Office : 'Kalupur Bank Bhavan', Nr. Income-Tax Circle, Ashram Road, Ahmedabad 380014
 ☎ 27582020 to 26 ✉ info@kalupurbank.com 🌐 www.kalupurbank.com

ACCOUNT OPENING FORM - INDIVIDUAL

For Office use only : Account No. :			S.I. No. :		
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. <input type="checkbox"/>	CA/OD A/c. <input type="checkbox"/>	TD A/c. <input type="checkbox"/>	RD A/c. <input type="checkbox"/>	Other A/C <input type="checkbox"/>
Scheme Name :				Scheme Code :

1. Full Name: (In capital letters only)

1.										
2.										
3.										

Date of Birth :	PAN (or FORM 60/61) :	Aadhar Card No	Relationship with 1st Applicant
1. DD MM YYYY		XXXXXXXXXX	SELF
2. DD MM YYYY		XXXXXXXXXX	
3. DD MM YYYY		XXXXXXXXXX	

2. CORRESPONDENCE / MAILING ADDRESS :

Flat / Room / Door / Block No.			
Name of Premises / Building / Village			
Road / Street / Lane / Post Office			
Area / Locality / Taluka / Sub-Division			
Town / City / District			
State / Union Territory	Pincode / Zip code	Country Name	

Permanent Address ☐ Same as above

Flat / Room / Door / Block No.			
Name of Premises / Building / Village			
Road / Street / Lane / Post Office			
Area / Locality / Taluka / Sub-Division			
Town / City / District			
State / Union Territory	Pincode / Zip code	Country Name	

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	
-----------------------------------	--	--	-----	--

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. 1st 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 : DD MM YYYY

(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)

Signature of A/c Holder 1

Signature of A/c Holder 2

Signature of A/c Holder 3

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
				DD MM YYYY
				DD MM YYYY
				DD MM YYYY

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 of A/c Holder 1

Signature of A/c Holder 2

Signature of A/c Holder 3

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.

Terms & Conditions:

I / we have read, understood and undertake to abide by banks rules for conduct of the accounts / services / products & charges.

(I) I/we hereby agree with the terms and condition of the service and it is acceptable to me / us.

- (1) Interest will be credited as per RBI directives from time to time.
- (2) Bank will take request for "stop payment" instruction, but the bank will not be responsible and liable if such cheque is paid inadvertently.
- (3) Bank is empowered to refuse payment if signature does not match with the specimen signature.
- (4) I/we undertake to keep the bank informed about change in my/our residence/occupation address, mobile number etc. within 30 days of change.
- (5) Please issue cheque book and recover applicable charges from my / our account as per banks norms.
- (6) I/we also agree to maintain the minimum/quarterly average balance which bank may prescribe as the minimum/quarterly average balance to be maintained to avail the facilities and agree to pay the charges if the said balance is not maintained and any other charges stipulated by bank as per scheme of account.
- (7) I/we shall fill up separate pay-in-slips prescribed by bank for various fixed deposit schemes. I/we understand that the time deposit shall be under auto – renewal scheme of the bank unless otherwise specified by me / us.
- (8) I/we authorize bank to make reference and inquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank is empowered to exchange, share or part with all the information data or documents relating to me / our application inter se amount themselves or to other bank / financial institutions / agencies / person as many be deemed necessary or appropriate or as may be required for processing of such information / data or for furnishing of the processed information / products of other bank / financial institutions / credit bureaus / agencies / users registered with such agencies.
- (9) Account in the name of minor can be opened by his guardian subject to birth date verification of minor.
- (10) I / we undertake to keep the bank informed about change in my/our mobile/email/both with immediate effect to use digital channel facilities without any interruption. Preferred contact details will be registered for digital channels like Mobile Banking and Internet Banking.
- (11) Only "Dormant" word will be superseded with "Inoperative".
- (12) Bank is entitled to close my/our account after giving 7 days notice, if abnk is not satisfied by the conduct of operations in the account or my/our account is treated as "Undesired Account" as per policy of bank.
- (13) I/we declare that provided mobile number belongs to me/us or my/our immediate family member. I/we also agree for verification of the number by bank with the MNRL (Mobile Number Revocation List) or any other database under any other prevailing Act in whatsoever manner. I/we understand that the bank may take appropriate action if any discrepancies are found.

(II) For RuPay Debit Card cum ATM card:

- (1) I/we accept full responsibility for my / our RuPay Debit Card and agree not to make any claims against Kalupur Bank in respect thereto.
- (2) I/we have read and understood the terms and conditions governing the usage of RuPay Debit Card. I/we accept to be bound by the said terms and conditions and to any changes from time to time by the Kalupur Bank. I/we authorised Kalupur bank to issue a RuPay Debit Card cum ATM card to the person/s as name mentioned in application of a/c opening form. I/we unconditionally and irrevocably authorize bank to debit my / our account annually for Debit Card charges / fees if any stipulated by the bank.
- (3) I/we understand and undertake that the usage of the RuPay Debit Card shall be strictly in accordance with the exchange control regulations and in event of any failure to do so. I/we will be liable for action under the Foreign Exchange Management Act (FEMA) 1999 and the amendments thereof stipulated by RBI from time to time.

(III) Mobile banking declaration:

I/we agree & abide by the terms and conditions of Mobile Banking available on website of bank www.kalupurbank.com and agree that the bank shall not be held liable and absolved from liabilities whatsoever for loss to customer arising out of any reasons beyond the control of the bank including technology failure of network of any service provider and / or the bank's system and / or any breakdown, interruption, suspension or failure of the telecommunication equipment of the customer or the bank.

I/we agree that

1. To download the Mobile Banking Application from the play store of the mobile OS vendor.
2. That transaction initiated through mobile banking application are irrevocable, bank shall not entertain any request for revocation of transaction or stop payment request for transaction initiated through mobile banking as the transactions are completely instantaneous and are incapable of being reversed.
3. Not to use mobile banking channel for transfer of funds for illegal activities.
4. To be responsible for the safe custody and security of mobile banking application. Downloaded on our mobile phones and immediately inform the bank about loss or theft of mobile phone for disabling of mobile banking services to prevent unauthorized usage.
5. To NOT share the login password and MPIN/TPIN with anyone, including bank's Staff / Associate / Representative.
6. To operate within the maximum transaction limit(s) permitted by the bank for mobile banking from time to time.
7. To be responsible for any loss caused arising out of usage of mobile banking.
8. To accept all changes / modifications / additions/removals of any of the extant terms and conditions governing mobile banking service.

(IV) 1. All the terms and conditions including Features, Charges and QAB/Minimum balance requirement as per scheme of respective Savings/Current account has been explained to me/us. The features are also available on Bank's website.

I / we understand that change in any of the above terms & conditions will be notified by the Bank on its website www.kalupurbank.com and also will be displayed on the notice board of the branches. (one month in advance).

Signature of A/c Holder 1

Signature of A/c Holder 2

Signature of A/c Holder 3

12. DAI Acknowledgment

DA1 ACKNOWLEDGMENT

Account No. _____ Name of Depositor _____

Nomination in favour of _____ dated _____ has been registered in the books of the Bank. Kindly note that in case of a nominee being a Non - Resident Indian, the repatriation of funds will be subject to the guidelines of RBI.

Place :

Date :

Branch Manager / Officer

Date :

For Office Use Only :

I / We hereby certify that this account opening form is complete in all respect and relevant documents have been obtained and verified with original

A/c Canvassed by, Employee No. :

Enclosure details by Branch :

No. of Addon forms enclosed

No. of KYC documents enclosed (Self Certified True Copies Notarised)

CPC request No.

Initial Deposit Rs. _____ ☐ Cash ☐ Cheque No. _____

Name : _____

Name : _____

Employee ID : _____

Employee ID : _____

Designation : _____

Designation : _____

Signature : _____

Signature : _____

FOR CPC. DEPT. USE ONLY

RECEIVED DATE :

A/C. FORM

SIGN

EMP. ID

A/C. FORM CHECKED BY :

A/C. FORM OPENED BY :

A/C. FORM AUTH. BY :
