

NAME OF PARTNERS/ COPARTNERS/ TRUSTEES/ DIRECTORS/ ETC.	NAME	DESIGNATION	ADDRESS

MODE OF OPERATION	PLEASE SPECIFY THE MODE OPERATION WITH LIMITS IF ANY.		
	<input type="checkbox"/> SINGLY	<input type="checkbox"/> JOINTLY	<input type="checkbox"/> SEVERALLY
	<input type="checkbox"/> ANY OTHER SPECIFY _____		

INSTRUCTION	<input type="checkbox"/> PLEASE DEBIT OUR A/c. NO. _____ EVERY MONTH TOWARDS _____
	<input type="checkbox"/> OTHER INSTRUCTION _____

INCOME TAX	<input type="checkbox"/> TO BE DEDUCTED	<input type="checkbox"/> TAX NOT APPLICABLE	<input type="checkbox"/> FORM 15-H SUBMITTED
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FORM - 60/61	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> P.A. NO. / GIR NO. _____
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IF EXISTING CUSTOMER FURNISH DETAIL	
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DOCUMENTARY PROOF REQUIRED FOR PROPRIETARY CONCERN (ANY TWO)	<input type="checkbox"/> REGISTRATION CERTIFICATE	<input type="checkbox"/> SALES & INCOME TAX RETURN
	<input type="checkbox"/> CST/VAT CERTIFICATE	<input type="checkbox"/> LICENCE ISSUED BY THE REGISTERING AUTHORITY
	<input type="checkbox"/> CERTIFICATE / LICENCE ISSUED BY THE MUNICIPAL AUTHORITIES UNDER SHOP & ESTABLISHMENT ACT	
	<input type="checkbox"/> CERTIFICATE / REGISTRATION DOCUMENT ISSUED BY SALES TAX/SERVICE TAX/ PROFESSIONAL TAX AUTHORITIES	

DECLARATION	WE AGREE TO COMPLY WITH THE BANK'S RULES IN FORCE FROM TIME TO TIME FOR CONDUCT OF THE ABOVE ACCOUNT.
	<p>APPLICABLE IN CASE OF SOLE PROPRIETORSHIP FIRM { I the undersigned is the sole proprietor of the firm and I solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you on any obligation which may be standing in the firm name in your books on the date of the receipt of such notice and until such obligation shall have been liquidated.</p> <p>APPLICABLE IN CASE OF PARTNERSHIP FIRM { We the undersigned are the only partners in the firm and are jointly and severally responsible for the liabilities thereof. We shall advise you in writing of any change that may take place in the partnership & all the present will be liable to you on any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until such obligation shall have been liquidated.</p>
	X X SIGNATURE

INTRODUCTION DETAILS	INTRODUCER'S NAME : _____ ADDRESS : _____ OCCUPATION : _____ A/c. NO. : _____
	I HEREBY CONFIRM THE IDENTITY, OCCUPATION & ADDRESS OF THE APPLICANT DATE : _____ (1) INTRODUCER CALLED ON THE BRANCH <input type="checkbox"/> YES <input type="checkbox"/> NO (2) IF NO, LETTER OF THANKS SEND ON _____ VERIFY BY NAME : _____ X <div style="display: flex; justify-content: space-between;"> SIGNATURE SIGNATURE OF INTRODUCER </div>

ADDRESS PROOF	DOCUMENTS PRODUCED IN SUPPORT OF ADDRESS : <input type="checkbox"/> ELECTION CARD <input type="checkbox"/> RATION CARD <input type="checkbox"/> PASS PORT <input type="checkbox"/> DRIVING LICENCE <input type="checkbox"/> IDENTITY CARD ISSUED BY ANY INSTITUTION <input type="checkbox"/> COPY OF GAS BILL / ELECTRICITY BILL / TELEPHONE BILL <input type="checkbox"/> DOCUMENT / COMMUNICATION ISSUED BY GOVERNMENT / LOCAL BODIES SHOWING ADDRESS <input type="checkbox"/> ANY OTHER PLEASE SPECIFY : _____
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SIGNATURE	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> PHOTO SIGN. : _____ NAME : _____ </div> <div style="text-align: center;"> <input type="checkbox"/> PHOTO SIGN. : _____ NAME : _____ </div> <div style="text-align: center;"> <input type="checkbox"/> PHOTO SIGN. : _____ NAME : _____ </div> </div>
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> PHOTO SIGN. : _____ NAME : _____ </div> <div style="text-align: center;"> <input type="checkbox"/> PHOTO SIGN. : _____ NAME : _____ </div> <div style="text-align: center;"> <input type="checkbox"/> PHOTO SIGN. : _____ NAME : _____ </div> </div>

	Name	Signature
SPECIMEN SIGNATURE (TO BE CAPTURED USING SCANNER)	1 _____	X _____
	2 _____	X _____
	3 _____	X _____
	4 _____	X _____
	5 _____	X _____
	6 _____	X _____

NOMINATION FACILITY

REQUIRED

NOT REQUIRED

(IF REQUIRED, PLEASE FILL UP FORM DA-1)

FORM DA - 1

NOMINATION U/S.45ZA read with section 56 of the Banking Regulation Act. 1949 and Rule 2(1) of the Co-op. Bank (Nomination)Rules, 1985 in respect of the Bank Deposits.

1. I / WE NOMINATE THE PERSON SPECIFIED IN BOX A TO WHOM, IN THE EVENT OF MY / OUR / MINORS DEATH, THE AMOUNT OF DEPOSIT IN THE ACCOUNT, MAY BE RETURNED BY BANK,
2. AS THE NOMINEE IS A MINOR ON THIS DATE / WE APPOINT THE PERSON SPECIFIED IN BOX C TO RECEIVE THE AMOUNT OF DEPOSIT IN THE ACCOUNT ON BEHALF OF THE NOMINEE IN THE EVENT OF MY / OUR / MINORS DEATH DURING THE MINORITY OF THE NOMINEE.

NAME

SIGNATURE

(1) _____ X _____

(2) _____ X _____

Place : _____

Date : _____

A. NOMINEE	NAME : _____
	ADDRESS : _____
	CITY : _____ PINCODE : _____
	PHONE : _____ FAX : _____ TELEX : _____

B. DATE OF BIRTH	DATE	AGE :	RELATION WITH DEPOSITORS :
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C. APPOINTEE	NAME : _____ AGE: _____
	ADDRESS : _____
	CITY : _____ PINCODE : _____

D. WITNESS	NAME : _____
	ADDRESS : _____
	CITY : _____ PINCODE : _____
	SIGN. : _____ DATE : _____

☼ WHERE THE DEPOSIT IS MADE IN THE NAME OF A MINOR, THE NOMINATION SHOULD BE SIGNED BY A PERSON LAWFULLY ENTITLED TO ACT ON BEHALF OF THE MINOR.

FOR OFFICE USE	OPEN ACCOUNT	ACCOUNT OPENED	SIGNATURE SCANNED
	AUTHO. SIGN,	COPM. OPERATOR	COPM. OPERATOR
	DATE :	DATE :	DATE :
	ACCOUNT CLASSIFIED AS	<input type="checkbox"/> HIGH RISK *	<input type="checkbox"/> MEDIUM

* WHERE THIRD PARTY CHEQUES/ DDS ARE TO BE DEPOSITED DAILY & /OR HIGH CASH TRANSACTION TO BE TAKEN PLACE.

CUSTOMER PROFILE FORM

OCCUPATION

- INDUSTRIALIST CONSULTANT DOCTOR ENGINEER HOUSE WIFE
 LAWYER SALARIED TRADER STUDENT
 CHARTERED ACCOUNTANT INFORMATION TECHNOLOGY OTHER

EDUCATION QUALIFICATION

- NON MATRIC GRADUATE / POST GRADUATE (GEN) GRADUATE / POST GRADUATE (PROF)
 TENTH / TWELTH / SSC / PHD. PHD. OTHER

SOURCE OF FUNDS

- SALARY BUSINESS INVESTMENT GIFT PROFESSIONAL FEE OTHER

MONTHLY INCOME

- UP TO RS. 10,000 RS. 10,001 TO RS. 25,000 RS. 25,001 TO RS. 50,000
 RS. 50,001 TO RS. 1,00,000 ABOVE RS. 1,00,001

DETAILS OF EXITING LOANS WITH OTHER BANK

NAME OF THE BANK / BRANCH	NAME OF FACILITY	AMOUNT

ANNUAL TURNOVER IN CASH OF CURRENT ACCOUNT

- UP TO RS. 50.00 LACS RS. 50.00 LACS TO RS. 2.00 CRORE
 ABOVE RS. 2.00 CRORE

DETAILS OF TRANSACTION IN THE PROPOSED ACCOUNT

EXPECTED VALUE OF TRANSACTION IN A MONTH

RS.

NO. OF TRANSACTION IN A MONTH

RS.

VALUE OF CASH TRANSACTION IN A MONTH

RS.

NO. OF CASH TRANSACTION IN A MONTH

RS.

CUSTOMER'S SIGNATURE