

Shri Chhani Nagrik Sahakari Bank Ltd.

Opp. Navapura, Chhani, Vadodara.



DEPOSIT ACCOUNT OPENING FORM

CID	1	3
	2	4

TYPE	A/C NO.

To, THE MANAGER
Shri Chhani Nagrik Sahakari Bank Ltd.

DATE : / / 20

WE REQUEST THE BANK TO OPEN ACCOUNT IN ITS BOOKS ON THE BASIS OF PARTICULARS
FURNISHED HEREUNDER

GENDER : MALE / FEMALE / TRANSGENDER

1st Applicant : _____
2nd Applicant : _____
3rd Applicant : _____
4th Applicant : _____
Address : _____

Contact No. M: _____

DATE OF BIRTH :	
CHEQUE BOOK :	YES / NO
PAN CARD :	

MINORS	DATE OF BIRTH : <input type="text"/>	RELATIONSHIP :	<input type="checkbox"/> FATHER
	GUARDIAN'S NAME :		<input type="checkbox"/> MOTHER

INSTRUCTION	<input type="checkbox"/> CREDIT INTEREST ON DEPOSIT TO OUR A/c. NO. : _____
	<input type="checkbox"/> PLEASE DEBIT OUR A/c. NO. : _____ EVERY MONTH TOWARDS MONTHLY INSTALMENT OF RECURRING DEPOSIT.
	<input type="checkbox"/> OTHER INSTRUCTION PAY INTEREST TO _____ (NAME)

FORM - 60	FORM - 61
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K. Y. C	I.D. Prof	<input type="checkbox"/> ELECTION CARD	<input type="checkbox"/> DRIVING LICENCE
	Add. Prof	<input type="checkbox"/> PAN CARD	<input type="checkbox"/> PASS PORT
		<input type="checkbox"/> AADHAAR CARD	<input type="checkbox"/>
		<input type="checkbox"/> ELECTRICITY BILL / TELEPHONE BILL / HOUSING TAX BILL	
		<input type="checkbox"/> ANY OTHER PLEASE SPECIFY :	
		<input type="checkbox"/> OTHER	

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.

- 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,
- 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	X	SIGNATURE
(1)	_____	X	_____
(2)	_____	X	_____
(3)	_____	X	_____
(4)	_____	X	_____

Place : _____ Date : _____

A. NOMINEE	NAME : _____ _____ ADDRESS : _____ CITY : _____ PINCODE : _____
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B. DATE OF BIRTH	DATE	AGE :	RELATION WITH DEPOSITORS :
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C. APPOINTEE	NAME : _____ ADDRESS : _____ CITY : _____ PINCODE : _____
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D. WITNESS	NAME : _____ AGE: _____ ADDRESS : _____ CITY : _____ PINCODE : _____ SIGN. : _____ DATE : _____
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★ 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.

SPECIMEN SIGNATURE

1

PHOTO

SIGN. :

2

PHOTO

SIGN. :

3

PHOTO

SIGN. :

4

PHOTO

SIGN. :

MODE OF
OPERATION

SINGLE

EORS

ANY ONE

ANY TWO

JOINTLY

ANY OTHER SPECIFY

INTRODUCTION
DETAILS

INTRODUCER'S NAME : _____

ADDRESS : _____

OCCUPATION : _____ A/c. NO. : _____

DATE : _____

SIGNATURE OF INTRODUCER

FOR
OFFICE
USE

OPEN ACCOUNT

AUTHO. SIGN,

DATE :

ACCOUNT OPENED

COPM. OPERATOR

DATE :

CUSTOMER PROFILE FORM

OCCUPATION

- INDUSTRIALIST CONSULTANT DOCTOR ENGINEER HOUSE WIFE
 LAWYER SALARIED TRADER STUDENT FARMER
 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 AGRICULTURE 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 RS. 1,00,001 TO RS. 5,00,000 ABOVE RS. 5,00,000

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