

ACCOUNT OPENING FORM



BRANCH : _____



ASSOCIATE CO-OPERATIVE BANK LTD.

H.O.: 1ST.FLOOR,VANKAR SANGH BUILDING OPP. RESHAMWALA MARKET, RING ROAD, SURAT-3. Ph. : 0261- 2341534-35-36

To,
The Manager,
Associate Co-Operative Bank Ltd. SURAT.
PLEASE OPEN ONE (Tick any One)

| TO BE GIVEN BY BANK | | | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|
| ACCOUNT No.: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DATE : | D | D | M | M | Y | Y | Y | Y | | | |

I / We request you to open my / our deposit account with your branch / bank. (Tick () relevant type of account)

- Saving Bank A/c
 Basic Saving A/c
 Term Deposit A/c
 Recurring A/c
 Other (pl. specify)

CATEGORY

- Customer Individual
 Staff
 Pensioner
 Trust
 HUF
 MIMVR
 Senior Citizen
 Student
 Other (Pl. specify)

CONSTITUTION OF ACCOUNT

| | | | | | |
|------------|--------------------------|---------|--------------------------|-----------------|--------------------------|
| INDIVIDUAL | <input type="checkbox"/> | HUF | <input type="checkbox"/> | ASSO. OF PERSON | <input type="checkbox"/> |
| TRUST | <input type="checkbox"/> | SOCIETY | <input type="checkbox"/> | OTHERS | <input type="checkbox"/> |

TITLE OF ACCOUNT _____ CID _____

ADDRESS OF INDIVIDUAL

Bldg./road name _____
 Area _____ City _____
 State _____ Pincode _____ Date of Birth _____
 Phone (Res.) _____ Phone (Off) _____ Gender
 E-mail ID _____ Mobile No. _____
 PAN / FORM-60/61 _____ UID _____ CID _____

2ND APPLICANT _____

PAN / FORM-60/61 _____ UID _____ CID _____

3RD APPLICANT _____

PAN / FORM-60/61 _____ UID _____ CID _____

4TH APPLICANT _____

PAN / FORM-60/61 _____ UID _____ CID _____

OPERATING INSTRUCTION

- Self
 Either or Survivor
 Former or Survivor
 Jointly or Survivor
 Any one or Survivor
 Other (Pl. Specify) _____

MATURITY / INTEREST PAYMENT INSTRUCTION

- On maturity of Fixed Deposit
 Renew Principal & Interest
 Renew Principal only
 Issue-DD/Pay Order
 Credit to A/c No. 4 4 9
 For regular interest payment (Fill only in case of monthly/quarterly interest payout on maturity if the interest is not to be renewed with the principal)
 Credit to A/c No. 4 4 9
 Issue DD/Pay Order
 Drawn on _____ IFSC Code _____

FIXED DEPOSIT/RECURRING DEPOSITS

Tenure _____ Interest Rate _____ FD Amount / Installment _____

STANDING INSTRUCTION DETAIL (If any)

Debit A/c. No. 4 4 9 on (Date) _____
 of every month beginning from _____ untill _____

INITIAL PAYMENT DETAILS

₹ _____ Rupees (in words) _____
 Cash Cheque/DD/PO No. _____ Debit my / our A/c No. 4 4 9
 Date _____ Drawn on _____
 (Cheque should be crossed a/c payee and drawn payable to Associate Co-Op. Bank Ltd. A/c <customer name> will only be accepted.)

IN CASE OF MINOR'S ACCOUNT UNDER GUARDIANSHIP / POWER OF ATTORNEY / OTHER LEGAL REPRESENTATIVE

Date of Birth _____ Relationship with Minor F & MG M & NG Legal De facto Others _____
 Name of the Guardian _____ Cust ID _____

Declaration by Guardian : I hereby declare that I am his natural guardian/lawful guardian appointed by the court order dated _____ (copy enclosed). I shall represent the minor in all future transactions of any description in the above account until the minor attains the majority, I indemnify the bank against the claim of the minor for any withdrawal/transaction made by me in his/her account. Further, I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

Signature of the Guardian _____

INTRODUCTION

Introduction by existing Associate Bank Account holder

Name _____

Cust ID _____ A/c No. 4 4 9

I / We certify that, Mr./Mrs./Ms./ M/s. _____ 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 and belief.

 Date Signature of Introducer Signature Verified (Sign ID Stamp)

FACILITIES REQUIRED

ATM / DEBIT CARD MOBILE BANKING NET BANKING OTHERS _____

Please issue ATM / DEBIT CARD in the individuals name / name of the Sole Proprietor of the Proprietorship Firm.

Name of Individuals / Sole Proprietor _____

TERMS, CONDITIONS & DECLARATION

I/We authorize Associate Co-op Bank Ltd. to issue Associate Co-operative Bank Ltd. Debit cum ATM card to me/us. I/We acknowledge that the issue and usage of the governed by the terms and conditions as in force from time to time and agree to be bound by the same. I/We accept that the terms and conditions are liable to be amended by Associate Co-operative Bank Ltd. from time to time. I/We further unconditionally and irrevocably authorize Associate Co-operative Bank Ltd. to debit my/our account with an amount equivalent to the annual fee and charges for use of the Debit cum ATM I/We hereby confirm that this account will be operated singly and in case of Joint Accounts the operating instructions will not be jointly by all. I/We undertake to strictly utilize the card in accordance with the Exchange Control Regulations as laid down by Reserve Bank of India from time to time. I/We confirm that the foreign exchange which will be used will be within the limits of the Business Travel Quota as per Foreign Exchange Management Act 1999. I/We will adhere to guidelines, which are issued by the Reserve Bank of India concerning the use of the foreign exchange. I/We have read and understood the terms and conditions (a copy of which I am in possession of governing the opening of an account with Associate Co-operative Bank Ltd. and those relating to various services including but not limited to Debit cum ATM cards/Phone Banking/ Mobile Banking/ Internet Banking. I accept and agree to be bound by the said terms and conditions including those excluding/limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the Bank may debit my account for service charges as applicable from time to time. I/We confirm that I/We am/are Residents of India. I/We declare that the information furnished above is true and correct and to the best of my/our knowledge.

NOMINATION FORM (FORM DA-1)

Nomination under section 45ZA to 45ZF of the Banking Regulation Act 1949, (AACS) and the Rule 2(1) of the Co-operative Bank (Nomination) Rules, 1985 in respect of bank deposits

Nomination Facility : Required Not Required (If required, please fill up form DA-1)

I/We _____ name(s) and address(es) nominate the following persons to whom in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given below may be returned by Associate Bank _____ branch.

| Deposit | | | Nominee | | | | |
|-------------------|-------------------|-----------------------------|-----------------|--------------------|--------------------------------------|-----|---|
| Nature of Deposit | Distinguishing No | Additional Details (if any) | Name of Nominee | Address of Nominee | Relationship with depositor (if any) | Age | If nominee is minor his/her date of birth @ |
| | | | | | | | |

@ As the nominee is a minor on this date, I/We appoint Shri / Smt / Kumar _____ (Name, Address & Age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place : _____ @ Strike out if nominee is not a minor.

Date _____
 Signature(s) / Thumb Impression(s) * _____ Depositor Depositor Depositor

Signature of First Witness * _____ Signature of Second Witness *

* Thumb impression(s) shall be attested by two witness and signature will be attested by one witness

SPECIMEN SIGNATURE

| Name | Photo | Specimen Signature |
|------|-------|--------------------|
| | | |
| | | |
| | | |
| | | |

FORM -60/61 [See third provision to rule 114B]

Form of declaration to be filled by a person who doesn't have a permanent account number (PAN) who enters into any transaction specified in rule 114B. (If joint holder kindly use the copy of Form-60/61)

1. Full name and address of the declarant _____
2. Particulars of transaction- opening of _____ account(s)
3. Amount of transaction _____
4. Are you assessed to tax ? Yes No
5. If yes, (i) Details of Ward / Circle / Range where the last return of Income was filed _____
(ii) Reason for not having PAN ? _____
6. Details of documents being produced in support of address in column (1)

VERIFICATION :

I _____ do hereby declare that what is treated above is true to the best of my knowledge & belief.

Date _____

Place _____

Signature of the Declarant

JOINT HINDU FAMILY (HUF) DECLARATION

Dear Sir / Madam,

Date : _____

Name of HUF : _____ PAN : _____

I/We _____ am the KARTA of the HUF and the Coparcener/ Members of the said HUF. We request you, Associate Co. Operative Bank Ltd. to open an account in the name of HUF in the event of the account being opened, we the well as our separate estates, agree and undertake to give notice to the Associate co-op bank Ltd, at once, in writing whenever

- any charges occur in the KARTA, or on death of a Co-parcener, or there is partition / partical or otherwise of the family attains majority.

The liability of the joint family and our undertaking and liability as aforesaid shall continue notwithstanding.

We all undertake that claims due to the bank from the said HUF shall be recoverable personally from all or any of us and also from the entire family properties of which the first signatory is the KARTA, inducing the share of minor Co-parcener we request and authorise you, to honor operations and instructions under the signatures(s) of the KARTA in respect of the operations of the said account including thru channels by the HUF with Associate co op bank Ltd. List of family members (Separate Annexure maybe used in case number of members is higher) :

Adult / Minor

| No. | Name of Co-operator / Member | Gender M/F | Date of Birth | Relation with Karta | Whether Coparcener/ Member (Specify) | Signature |
|-----|------------------------------|------------|---------------|---------------------|--------------------------------------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Minor

| No. | Name of Co-operator / Member | Gender M/F | Date of Birth | Relation with Karta | Whether Coparcener/ Member (Specify) |
|-----|------------------------------|------------|---------------|---------------------|--------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Declaration : We confirm having read the Term & Conditions applicable to Associate co-op bank Ltd.

Signature
(With Stamp for KARTA Only)

FOR OFFICE USE

KYC CERTIFICATION

I have met the account opener/s Mr./Mrs. _____ Mr./ Ms. _____

Mr./Ms. _____ in person and hereby confirmed that KYC Norms are fully compiled with and further confirm that •

- i) a) The introducer has visited the branch
OR
- b) The introducer has not visited the branch but written confirmation obtained.
- ii) The signature of the introducer is verified and his/her Account is more than six months old and KYC Compliant

I have verified the documents submitted and confirm that KYC Norms are fully complied with

A. Applicant interviewed, Customer due diligenence and purpose ascertained by _____ (Officer's/Manager's Name)

B. Documents of Identity/Address Proof were verified with originals. Yes No

C. Classification of the Account (High Risk / Medium Risk / Low Risk) _____ Politically Exposed Yes No

D. Permitted to Open Account Yes No

Date _____

Signature Scanned

Data Entry Comp. Operator

Sub officer/Officer
(ID No. & Stamp)

Signature of Branch Head / Joint Manager /
Manager Specimen Signature