



Associate Co-operative Bank Ltd.
H.O.: 1st Floor, Surat Vankar Sangh Building,
Opp. Reshamwala Market, Ring Road, Surat.

ACCOUNT OPENING FORM FOR ADDITIONAL A/c

DATE : _____

BRANCH : _____ ACCOUNT NO. _____

I/WE WANT TO OPEN AN ACCOUNT AS PER DETAILS GIVEN BELOW

Savings Bank A/c. (with/without Cheque Book)			
Basic Savings Bank Deposit A/c.			
Term Deposit A/c (TDR/Recurring/MIS)		Others (pls. specify)	

	CIF No.	NAME	Contact No.
1 st HOLDER			
2 nd HOLDER			
3 rd HOLDER			

In case of minor's account	Date of Birth	Name of the Guardian	Relationship

Details of Term Deposit

Term Deposit			
Amount of TDR		No. of Receipts	
Tenure			
Rate of Interest	_____ %		
Interest Payout Instruction:			
Monthly Transfer	Quarterly Transfer	On Maturity Transfer	
Maturity Instruction			
Transfer of Account	Renewal (D/M/Y)		

Recurring Deposit			
Amount of TDR			
Tenure			
Rate of Interest	_____ %		
Installment Collection Option			
Cash	Collect From Bank Account		
Maturity Instruction			
Amount Credited To Bank Account			

In the absence of any maturity instruction, the deposit will be renewed for a period equal to that of the original deposit at the prevailing rate on the date of renewal.

Bank Details of Interest pay out / RD installment Collection / TDR pay out

Bank Name		Branch	
Account No.		RD Installment Start Date	
MICR Code		IFSC Code	

(Please fill up Separate Mandate / SI for Other Bank Debit / Debit RD installment in Third Party account)

INSTRUCTIONS

- (1) In case of term deposits, in the event of the death of one of the joint depositors before maturity of the deposits, the Bank would allow premature withdrawal/termination of term deposits without penalty provided joint mandate to that effect is given by the joint depositors. YES NO
- (2) Maturity value of the Term Deposit will be adjusted if Tax is deducted at source on interest.

OPERATING INSTRUCTION: Please tick (✓) the Box whichever applicable.

SELF	EITHER OR SURVIVOR	FORMER OR SURVIVOR	JOINTLY	ANY ONE OR SURVIVOR	KARTA OF HUF	OTHERS (PL. SPECIFY)

NOMINATION (for individual and Sole Proprietor) :

Details of nominee under sec 45ZA of the B.R. Act 1949 and rule 2(1) of Banking Company and Nomination Rule 1985 in respect of Bank deposits.

(a) Though I/We am/are explained by the Officer/s/Manager the benefit nominating anybody to my account, I/We still do not wish to nominate anybody for this A/c.

(b) I/We wish to nominate below mentioned person formy/our/A/c.

Name of the Nominee			
Address			
Date of Birth		Relation with first applicant	
CIF Number		Nomination Registration No.	

As the nominee is minor on this date, I/We appoint Mr./Ms./Mrs. _____ aged _____ residing at _____ to receive the amount of the deposit on behalf of the nominee in the event of my/our death during the minority of the nominee.

Declaration : I/we have read and understood the Bank's rules for Deposit / Advance Accounts and agree to comply with and be bound by them as they are in force now and from time to time in force for such accounts. I/We undertake to advise the Bank in writing of any change in my/our constitution/Partners/Directors/Managing Committee/Articles of Association.

SIGNATURES/ THUMB IMPRESSION			
WITNESS : (for Thumb Impression)	1) Name & Address : _____ Signature : _____	2) Name & Address : _____ Signature : _____	

I hereby confirm that I have verified KYC compliance of his/her and hereby confirm that KYC norms are fully complied with.

VERIFIED BY OFFICER/MANAGER
(Sign., ID no. & Stamp)