



**THE AKOLA URBAN CO-OPERATIVE
BANK LTD., AKOLA**
(Multistate Scheduled Bank)

ACCOUNT OPENING FORM
(For Individual only)

Customer ID.

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Account No.

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Branch _____

Saving A/c. Current A/c. Term Deposit Recurring Deposit A/c.

To,
Branch Manager,

Date :

Br. _____

Please open a Saving/Current account as per details given below. An initial amount of Rs. _____
(In words Rs. _____ Only)
in your Bank. I / we agree to abide by the Bank's rules made in this regard.

Applicable for Term/Recurring Deposit Only

I /We wish to deposit in Fixed/ Term/Recurring Deposit (per month), under the scheme _____

Rs. _____ (In words _____ only) for

_____ days / Months / Years at the Rate _____ % p.m.

Is the TDS to be deducted ? : Yes No

If No give TDS Exemption Reason: Share holder / Co-op. Society / fill up 15G / 15H form.

Full Name (Start with First Name)

1. _____
2. _____
3. _____
4. _____

Photograph 1

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Photograph 2

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Photograph 3

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Photograph 4

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1

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2

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3

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4

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Note : If 1st applicant is minor, please fill minor declaration form & Date of Birth

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Special operational Instruction & Balance payable to :

1. Self
2. Either of us or survivors
3. Jointly
4. Former or Survivor
5. Any _____ of us or Survivors
6. Minor by Guardian
7. Other (Please Specify) _____

CUSTOMER INFORMATION FOR EACH INDIVIDUAL PERSON**Please ✓ tick the appropriate Box****1. Type of Applicant :** 1. Public 2. Senior Citizen 3. Minor 4. Staff Title : Mr. / Mrs. / Miss / Master / Smt. / Ms. Gender : Male Female

Full name (in Marathi / Hindi) _____

First name (In English) _____ Middle name _____ Surname _____

Full name of father / spouse _____

Full Name of Guardian (If Minor) _____

Date of Birth Nationality : Indian Other _____PAN / GIR No. If no PAN Form 60 OR Form 61

Tel. No. with STD code (Res.) _____ (Office) _____

Mobile No. 1) _____ 2) _____

Email ID _____ Fax No. with STD Code _____

UID / Aadhar Card No. Place of Issue _____Identity / Election Card / Passport / License No. Place of Issue _____**2. Address for Correspondence :**

Address _____

Road _____ Landmark _____

Area _____ City / Town / Village _____

Tahsil _____ Dist _____ State _____ Pin Code **3. Permanent Address : (If different from above)**

Address _____

Road _____ Landmark _____

Area _____ City / Town / Village _____

Tahsil _____ Dist _____ State _____ Pin Code

Customer Other Details (Please tick ✓)

- 4. Marital Status :** 1. Single 2. Married Anniversary Date
- 5. Religion :** Hindu Muslim Sikh Christian Jain Buddha Others _____
- 6. Caste :** SC ST OBC BC GENERAL OTHERS specify _____
- 7. Special Status :** 1. Blind 2. Physically Handicapped 3. Pardanashin 4. Other _____
- 8. Are you Shareholder of the Bank ?** Yes No
 Membership No. No. of Shares Total share value
- 9. Educational Qualification Details :** 1. Illiterate 2. Upto SSC / HSC 3. Graduate
 4. Post Graduate 5. Other Degree (Specify) _____
- 10. Occupation Details :** 1. Private Sector Service 2. Public Sector/Govt. Service 3. Agriculturist
 4. Professional 5. Business 6. Housewife 7. Student 8. Retired 9. Others
 (Pl. Specify details if you are from 4 or 5 _____)
- 11. Annual Income :** Upto ₹ 1.00 Lac Above ₹ 1.00 to 3.00 Lac Above ₹ 3.00 to 5.00 Lac
 Above ₹ 5.00 to 10.00 Lac Above ₹ 10.00 Lac
- 12. Utilization Details :** Own House / Flat House on Rent Two Wheeler Four Wheeler Air Conditioner
 Computer Refrigerator Television LCD/ LED.
- 13. Dependent family Members :** No. of Adults No. of Children
- 14. How many times you have been abroad in last 3 years :** Never 1 to 5 times above 5 times
- 15. Any relative settled abroad :** Yes No If yes, please mention their Name, Address, contact No

16. Dealing with other banks : Yes No If yes, specify details

A. Name of bank and branch _____

B. Type of Account / facilities availed _____

DECLARATION :

I hereby confirm that I agree to abide by the terms, conditions, rules & regulations and other statutory requirements applicable to the Bank. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief. The documents submitted along with this application are genuine. I hereby agree to provide any additional information / documentation that may be required by the Bank in connection with this application.

Place :

Date :

SIGNATURE OF APPLICANT

Services Required : FOR SAVING / CURRENT A/c's

1. CHEQUE BOOK 2. ATM CARD 3. SMS ALERTS 4. MOBILE BANKING 5. E-mail Allowed
 6. Internet Banking : Viewing rights Transaction rights 7. PASSBOOK/STATEMENT : Monthly / Quarterly.

Standing Instructions for Term / Recurring Deposit Only

(A) Kindly pay FD Interest at Monthly / Quarterly / Half-yearly / Yearly intervals by:-

1. Cash 2. Pay order 3. Credit to SB / CD / CC / OD / Loan A/c.

at Br. _____

(B) Kindly debit monthly RD instalment of Rs. _____ to my / our SB / CD / CC / OD / Loan A/c. No.

at Br. _____

Auto Renewal of Fix/ Term Deposits.

- I /We would not like to receive intimation of impending due date of deposit/s by post/hand delivery.
 - I authorize the Bank to automatically renew the deposit with accrued interest for the same period/_____ Months / Days from the maturity date at the prevailing rate of interest unless otherwise informed by me.
- Renew Principal & Interest. Renew Principal Only, int. credit as per above mentioned SI

Details of other Accounts

Please give the details of your other accounts in our*/other Bank

Bank	Branch	Type of Account facilities	Account Number

Date :-

Place :- _____ Signature / Thumb impression(s) of depositor

Introduction by an existing Account Holder

I, Mr./ Mrs. _____

Customer ID SB/CD/CC/OD/Loan A/c No.

Branch _____ Certify that, I Know the customer Mr/Mrs/Ku. _____

for period of since last _____ Months / Years and confirm His / her / their occupation and address and fully aware of responsibilities as a introducer. I recommend that bank may consider the request to open the account.

Date : / /

Officer's Name _____

Signature of Introducer

Designation : _____

Employee Code _____

Signature verified by bank Officer's (sign)

Nomination Form – DA - 1Nomination : Required Not Required Only one person can be nominated per account

I / We nominate following named person as my/our nominee after my/our death and is entitled legally to receive the money as per Section 45(ZA) of Banking Regulation Act, 1949 and U/S 56 of Co-operative Societies, 1985 Rule2 (1)

Name & Address	Age	Date of Birth (in case of Minor)	Relation with Depositor

As the Nominee is minor on this date, I / We

appoint Shri / Smt / Miss _____

Address _____

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. ***Note : if the depositor is illiterate, thumb impression should be attested by two witnesses.**

Signature with Name & Address of witnesses.

1. _____

2. _____

Signature /thumb impression of
Account Holder**Declaration**

I /We declare confirm, agree:- A) That all the particulars and information given in the Application form are true, correct, complete and up to date in all respects and I /We have not withheld any information. B) I/We have read and understood the rules and regulations of the saving account & other products / services opted for and agree to abide by the terms and conditions relating to the conduct thereof as also any changes brought about therein from time to time.

Date :

Sine 1. _____ 2. _____ 3. _____ 4. _____

FOR BANK'S USE ONLYApplicant(s) interviewed and to be sure for description : YES No Particulars of identification & address (Photo and Residential documents) for all individual people are obtained. All other documents which are required for opening this type of account are obtained & verified from originals

All formalities except the following matter/case have been obtained.

_____Opened the account under Risk Category: Low Risk Medium Risk High Risk

A/c opens on:

A/c open by Clerk

verify by Officer

Branch Manager

Documents Required and Provide Original for Verification**INDIVIDUALS :** (1) Photograph (2) Xerox of PAN Card / Form 60 (3) Proof of Identity & residential address.**TRUST / SOCIETY :** 1) Photograph of all authorized signatories. 2) Certificat copy of Trust deed & Byelawas. 3) Resolution to open the account and authorized Signatories. 4) Certified copy of Registration Certificate. 5) Firm PAN Card.**HUF :** 1). Photograph of the Karta 2). HUF letter signed by Karta & all major co-parceners. 3). HUF PAN Card._____
