

MBERSHIP NO.			BRANCH:	
APPLICANT INFORMATION				
1st. Applicant Mr/Mrs/Ms	Name	Middle	Surnam	
(Please provide your customer ID if you are an exis	sting customer		Carrica	
	Cust	omer ID	*PAN	DOMMYY
2 nd . Applicant Mr/Mrs/Ms	Name	Middle Middle	Suman	Date of Birth
(Please provide your customer ID if you are an exis			O SALESTI	
	Cui	stomer ID	*PAN	
3 rd . Applicant Mr/Mrs/Ms	Name	Middle	Surnam	Date of Birth
(Please provide your customer ID if you are an exis	sting customer			95 85 82 82 82 82
		ustomer ID	*PAN	27 37 W. W. Y. Y.
If PAN is not available, please attach form				Date of Birth
PERSONAL DETAILS OF FIRS				
	ALL LIVART			
Residence:				
	Citv:	Pin:	State:	
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Office:				
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Permanent Address: (If different from	ahove).			
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	City:	Pi	in:Sta	ate:
Tel. (With STD Code) Res.:	Office:	Fax:	*Mobile: _	
			Marital Stat	us: Single Married
**Email ID: Your will receive your SMS alerts on the Please send all communication to my Decupation: Salaried Self Emp	is Number ** Residence loyed Business R		tatement on this ID. ddress Student House Wife	Others (Pls. Specify)
**Email ID: Your will receive your SMS alerts on the Please send all communication to my Doccupation: Salaried Self Emp Annual Income: Below Rs. 1,00,0	is Number ** Residence loyed Business R	You will receive your e-s Office Permanent A etired Agriculture	tatement on this ID. ddress Student House Wife	Others (Pls. Specify)
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Deposit Maturity Instruction	Interest Payment Details			
☐ Renew along with Interest for the same Period ☐ Renew principal & remit interest by Pay order & mail me/use at the mailing add ☐ Remit proceeds by Pay Order to the mailing Order ☐ Credit Proceeds to Existing Account type/Product Code A/c No. ☐ Others (Please Specify)	☐ Credit my/our A/c Type A/c No.			
MONEY SAVER FACILITY	SWEEP - IN INSTRUCTIONS			
I wish to avail of Money Saver Facility in my Savings/Current A/c Type/Code	I wish to avail sweep - in facility against the above mentioned deposits and in case of insufficient balance in my Savings/Current A/c Type/CodeAccount NumberPlease honour my cheque/allow withdrawal by transferring funds to my Savings/Current account by breaking units of my fixed deposit.			
NOMINATION				
I/We have been explained about the benefits of the nomination facility. I for this Deposit. (Please fill up the Nomination DA 1 form separately)	I/We wish to ☐ ;I/We do not wish ☐ to appoint a Nominee			
FORM NO. 60	FORM No. 61			
[See second provision to rule 114B] Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified In rule 114B Full name and address of the declarant Particulars of transaction Amount of the Transaction Are you assessed to tax? Yes No If yes, (i) Details of Ward/Circle/Range where the last return of income was filed (ii) Reasons for not having permanent account number Details of the document being produced in support of address in column (1)	[See provision to clause (a) of rule 114C(1)] From of declaration to be filed by a person who has agricultural income and is not receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B 1. Full name and address of the declarant			
ef, Verified today, the day of,	, do hereby declare that what is stated above is true to the best of my knowledge and Place: Date:			
	Signature of the declarant			
INTRODUCTION BY EXISTING ACCOUNT HOLD				
Name:A/c Type/CodeAccoun	nt No.:Date of Introduction:			
confirm having an account with Adarsh co-op Bank for more that	an six months. I personally know the applicant(s) due to my			
acquaintance as Relative Spouse Friend Collea	igue Other ()			
Signature Verified by Branch Official	Signature of the Introducer			
INTRODUCTION: Documents which can be produced in support of the address are:-				

ty. I/We understand that s. I/We confirm that I/We arsh Bank, and to third tions booklet which deta	od the Terms & Conditions governing the opening of Mobile Banking, (E) Net Banking, (F) Bill Pay facil the Bank may, at its sole discretion, amend any of a malare resident/s of India. I/We authorize the Bank parties engaged by the Bank, for purposes as detail its the rules governing account operations, the Servailing the instructions and account opening rules.	ity. I/We accept and agree to the services completely or pa to disclose, from time to tim- led in the Terms & Condition	be bound by the said Terms & Conditions inclinitially with at least 30 days notice and/or provide any information relating to my account to any	uding those excluding/limiting le an option to switch to other parent/subsidiary, affiliate an
Please Paste PHOTO of 1st Applicant	Sweep- In facility Link your Fixed Deposit to your Savings or Current Account and use it to fall back on in case of emergencies. A deficit in your Savings or Current Account is taken care of by using up an exact value from your Fixed Deposit(units of Re.1/-) In case of more than one deposit linked for Sweep-In, the system will first Sweep-In funds from the oldest deposit opened, i.e., the deposit which was first linked to the Savings Account on a FIFO (First-In-First-Out basis)	Please Paste PHOTO of 2 nd Applicant	Money Saver/ Overdraft against Fixed Deposit facility □ Enjoy a high rate of interest along with the liquidity of a Savings Account by opting for a Super Saver/Facility on your savings account. Avail of an overdraft facility of up to 75% of the value of your Fi•ed Deposit. □ For the amount withdrawn, the applicable rate is only 2.5% above the fi•ed deposit rate for the period that the money is used.	Please Paste PHOTO of 3 rd Applicant

Please sign in black ink inside the box provided below. Photographs should be signed across by the applicants.
 Please ensure that all mandatory fields have been filled correctly else the form liable to be rejected.

Knowledge that only direct to Ve am/are aware that post re	elephone numbers (not boa egistration I/We may receive ation, and that the details	/service etc. for marketing purposind/general telephone numbers of e a call from the Bank to verify the provided on the form are corrusted.	offices/corpo	orate/employers) wi	Il be accepte istration, I/We	d for registration of	'Do Not C
		Date		_Name		Date	
stomer ID No rtificate No. anch Code: opened)		be/Code LC Code: Dept. Code:	A/c No.	LG Supervisor	Code:		
VALUE DATE	is sourced)	FUNDS PARKED	С	SE SIGNATURE	DATE	BPU USE ONLY	
DDMMYY	YY			APPROVED BY (BM/OM)		MAKER CHECKER	
						DATE	