

ACCOUNT OPENING FORM

FOR RESIDENT INDIVIDUAL

(To be filled by applicant only)



Customer ID:

BRANCH:

Please open my following account at your Branch

Product Type: Savings ☐ Easy ☐ Regular ☐ Plus ☐ Salary ☐ Others ()
Current ☐ Silver ☐ Gold ☐ Platinum ☐ Others ()

APPLICANT INFORMATION

1st. Applicant Mr./Mrs./Ms. First Middle Last
(Please provide your customer ID if you are an existing customer) Customer ID *PAN. Date of Birth

2nd. Applicant Mr./Mrs./Ms. First Middle Last
(Please provide your customer ID if you are an existing customer) Customer ID *PAN. Date of Birth

3rd. Applicant Mr./Mrs./Ms. First Middle Last
(Please provide your customer ID if you are an existing customer) Customer ID *PAN. Date of Birth

*PAN card copy required if not, fill in annexed Form 60/61

FOR MINOR ACCOUNT (To be filled only if the applicant is minor)

Name of the Parent/Natural Guardian First Middle Last
I hereby declare that the date of birth of the above minor is who is my and I am his/her natural/ lawful guardian appointed by the court order dated (copy enclosed). I shall represent the said minor on all the future transaction of any descriptions in the above account until the said minor attains majority. I undertake to indemnify Adarsh Co-op Bank Ltd. against the claim of the above minor for any withdrawal / transaction made in his/her account.

Signature of Guardian

PERSONAL DETAILS OF FIRST APPLICANT

Residence:

City: Pin: State:

Office:

City: Pin: State:

Permanent Address: (If different from above):

City: Pin: State:

Tel. (With STD Code) Res.: Office: Fax: *Mobile:

**Email ID: Mother's Maiden Name: Marital Status: ☐ Single ☐ Married

*Your will receive your SMS alerts on this Number

**You will receive your e-statement on this ID

Please send all communication to my ☐ Residence ☐ Office ☐ Permanent Address

Occupation: ☐ Salaried ☐ Self Employed ☐ Business ☐ Retired ☐ Agriculture ☐ Student ☐ House Wife ☐ Others ()

Annual Income: ☐ Below Rs. 1,00,000 ☐ 1,00,000 - 3,00,000 ☐ 3,00,000-5,00,000 ☐ Above 5,00,000

INITIAL PAYMENT

☐ Cash Rs.

Date:

☐ Cheque no. Drawn on Bank for Rs.

Rupees "The Customer should be crossed A/c payee and

drawn payable to Adarsh Co-operative Bank A/c"

☐ Debit my existing A/c For Rs. Rupees

(In words)

NOMINATION

I/We have been explained about the benefits of the nomination facility. I/We wish to ☐ ; I/We do not wish ☐ to appoint a Nominee for this Deposit.
(Please fill up the Nomination DA 1 form separately)

IN CASE OF FIXED DEPOSIT / RECURRING DEPOSIT

Customer ID No.:

Existing Bank Account Number (If any):

Certificate No.:

Type of Deposit: ☐ Fixed Deposit ☐ Recurring Deposit ☐ Reinvestment ☐ Others ()

Senior Citizen: ☐ Period of Deposit: Year Months Days Rate of Interest: % p.a.

Mode of Operations: ☐ Single ☐ Jointly ☐ Either or survivor ☐ Others ()

Note: In case applicant proposes to open a Joint FD Account and fails to specify the mode of operation, the same shall be set as "Jointly"

Deposit Amount: Rs. Rupees (In words)

Tax to be deducted at source: ☐ Yes ☐ No (if no, submit Form 15H / 15G separately / Member)

Payment Mode and Details of Deposit: ☐ Cheque ☐ Cash ☐ Standing Debit Instructions

Debit Instruction:

Fixed Deposit: I/We authorize Adarsh Bank to debit Rs. From account no. to open a Fixed Deposit

☐ Recurring Deposit: I/We authorize Adarsh Bank to debit monthly installment of Rs. from account no.

☐ towards Recurring Deposit Installment.

I/We have been explained about the benefits of the nomination facility. I/We wish to ☐ ; I/We do not wish ☐ to appoint a Nominee for this Deposit.

(Please fill up the Nomination DA 1 form separately)

Deposit Maturity Instruction

- ☐ Renew along with Interest for the same Period
☐ Renew principal & remit interest by Pay order & mail me/use at the mailing address
☐ Remit proceeds by Pay Order to the mailing Order
☐ Credit Proceeds to Existing Account type/Product Code A/c No.
☐ Others ()

Interest Payment Details

- ☐ Credit my/our A/c Type A/c No. with your Bank
 (Monthly at discounted rates/Quarterly)
☐ Issue Pay order/DD & mail to me/us at the mailing add
 (Monthly at discounted rates/Quarterly)
☐ Reinvest with principal amount
☐ Others ()

MONEY SAVER FACILITY

☐ I wish to avail of Money Saver Facility in my Savings/Current

A/c Type/Code

A/c No.

Against the above mentioned deposit.

☐ I wish to avail of this facility for Agricultural Purposes

SWEEP

☐ I wish to avail sweep - in facility against the above mentioned deposit and in case of insufficient balance in my Savings/C current

A/c Type/Code

Account Number.

Please honour my cheque/allow withdrawal by transferring funds to my Savings/Current account by breaking units of my fixed deposit.

Request for Other Services (Wherever applicable)

Statement of Account				
<input type="checkbox"/> By Post <input type="checkbox"/> By E-mail	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Phone Banking	<input type="checkbox"/> Net Banking	

SMS Alerts: ☐ Yes ☐ No

<input type="checkbox"/> Bank Balance	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Credits in the account	As and when event occurs above an amount of Rs. <input type="text"/>	(Pls specify the amount)	
<input type="checkbox"/> Cheque status	As and when event occurs above an amount of Rs. <input type="text"/>	(Pls specify the amount)	
<input type="checkbox"/> Cheque dishonour	As and when event occurs above an amount of Rs. <input type="text"/>	(Pls specify the amount)	

FOR ADARSH SALARY (Applicable to Corporate Salary A/c holder)

We confirm the identity, occupation, address and signature of our employee as mentioned in the form.

Name of the Corporate: Name of Authorized Signatory:

Address:

City: Pin: State:

Designation Employee No.

Date:

Signature with Company Stamp

INTRODUCTION BY EXISTING ACCOUNT HOLDER

Name: Account No.: Date of Introduction:

I confirm having an account with Adarsh co-op Bank for more than six months. I personally know the applicant(s) due to my acquaintance as

☐ Relative ☐ Spouse ☐ Friend ☐ Colleague ☐ Other ()

Signature Verified by Branch Official:

Signature of the Introducer

MODE OF OPERATION (Applicable for balance payme ntas well)

☐ Single ☐ Either/Anyone or Survivor ☐ Jointly ☐ Other (----- Please Specify -----)

FORM NO. 60	FORM No. 61
(See second proviso 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	(See proviso to clause (a) of rule 114C(1)) Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B
1. Full name and address of the declarant _____	1. Full name and address of the declarant _____
2. Particulars of transaction _____	2. Particulars of transaction _____
3. Amount of the Transaction _____	3. Details of the document being produced in support of address in column (1) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you assessed to tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.
5. If yes, (i) Details of Ward/Circle/Range where the last return of income was filed _____ (ii) Reasons for not having permanent account number: _____	Date : _____ Place: _____ Signature of the declarant _____
6. Details of the document being produced in support of address in column (1) _____	

VERIFICATION (To be filled along with form 60/61)

I, _____, do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the _____ day of _____, Place: _____ Date: _____
Signature of the declarant _____

DECLARATION**RESIDENT INDIVIDUALS**

I/We understand that the deposits are accepted in accordance with the directives laid down by the Reserve Bank of India from time to time. I/We understand that these deposits and their payments are governed by the laws in force from time to time in India and are payable at the branch of Adarsh co-op Bank in India where the deposits were made. The Bank has discretion to allow withdrawal of the deposits, either at the branch of deposit or at any other branch in India.

I/We further unconditionally and irrevocably authorize Adarsh co-op Bank Ltd. to debit my/our account with an amount equivalent to the fees and charges applicable for the services enjoyed by me/us.

I/We agree to indemnify and hold the Bank harmless in case of any loss suffered by the Bank, its customers or a third party or any claim or action brought by the third party which is in any way the result of availing of services by me/us.

I/We confirm that I/We am/are in possession of and have read the Terms and conditions booklet which details the rules governing account operations, the service charges and Fees brochure which specifies the charges applicable from time to time for various services and the tear away Customer copy detailing the instructions and account opening rules.

In case of joint accounts, instruction received from one of the account holders to stop operations will be deemed to be sufficient notice to the Bank to act upon such instructions. Further operations would be allowed only upon receipt of fresh instructions from all the account holders.

I/We agree that all the information disclosed above are correct and agree to inform you of any change in the information provided in this form or in related documents.

I/We confirm having read the rules of the Bank regarding the conduct of the account and the rules and regulations pertaining to Doorstep Banking, Anywhere Banking. I/We accept and agree to comply with the Terms & Conditions or any rules of the Bank that may be in force from time to time I/We acknowledge that it is my/our responsibility to obtain a copy of and read the same.

For Adarsh Salary Account

As per the arrangement my salary will be uploaded every month through your bank. In case I cease to be an employee, by reason of my resignation, retirement, suspension or dismissal, I shall intimate in writing to your bank and shall comply with the Banks requirement for continuing operations in the account as a normal SB account. In case I fail to comply with banks requirements you may suspend operations/ close the account. The Bank can convert my Adarsh Salary account to a regular saving account in case there are no salary credits in my account for 3 consecutive months.

Sweep- In facility	Money Saver/ Overdraft against Fixed Deposit facility
<div>Recent Passport Size Photograph (Sign Across)</div> <div><input type="checkbox"/> 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/-)</div> <div><input type="checkbox"/> 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)</div>	<div>Recent Passport Size Photograph (Sign Across)</div> <div><input type="checkbox"/> 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 Fixed Deposit.</div> <div><input type="checkbox"/> For the amount withdrawn, the applicable rate is only 2.5% above the fixed deposit rate for the period that the money is used.</div>

Please sign in Box as signature will be scanned	Please sign in Box as signature will be scanned	Please sign in Box as signature will be scanned
---	---	---

Name	Name	Name
DDMMYYYY	DDMMYYYY	DDMMYYYY

*I/We ☐ consent / ☐ do not consent to receive information/service etc. for marketing purpose through Telephone/Mobile/SMS/Email by the Banks/its agents. I/We agree and acknowledge that only direct telephone numbers (not board/general telephone numbers of offices/corporate/employers) will be accepted for registration of "Do Not Call". I/We am/are aware that post registration I/We may receive a call from the Bank to verify the correctness of request for registration. I/We confirm that I/We have read and understood the above Declaration, and that the details provided on the form are correct. I/We also confirm that my/our account opened by Bank officer Mr./Ms & I/We have signed in his/her presence.

DOCUMENTS REQUIRED

Mandatory:

- ☐ One Photograph (latest)
- ☐ Existence proof
- ☐ Address Proof of the entity if different from Registered Office
- ☐ PAN Card or in absence thereof, declarations in Form No. 60/61
- ☐ Any one document for proof of identity (refer list for acceptable documents)
- ☐ Any one document for address proof (refer list for acceptable documents)

Identity Proof *:

- ☐ PAN Card
- ☐ Passport
- ☐ Driving License
- ☐ Voter's/ Election Identity Card
- ☐ Bank Passbook from with photograph from another Bank
- ☐ Letter of Introduction from another Bank

Address Proof *:

- ☐ Passport
- ☐ Voter's / Election Identity card
- ☐ Driving License
- ☐ Municipal Tax receipt
- ☐ Ration Card with Photograph
- ☐ Life Insurance policy accompanied by premium receipt
- ☐ Latest utility bills (Electricity, Water, Telephone, Post paid Mobile, Gas Connection)

*Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

To be removed as not applicable to Resident Individuals

FOR BANK USE ONLY

Customer ID No. A/C Type/Code A/c No.

Branch Code: Product Code: LC Code: LG Code:

(Where Account is to be opened) Branch Code: Dept. Code: Supervisor Code:

(Where Account is sourced)

VALUE DATE	FUNDS PARKED	CSE SIGNATURE	DATE	BPU USE ONLY
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			MAKER
		APPROVED BY (BM/OM)		CHECKER
				DATE
		SOURCING BR CODE		