

ASHOKANAGAR CO-OPERATIVE BANK LTD.

No. 1380/B, 6th Cross, Ashokanagar, BSK 1st Stage, IInd Block,
Bangalore - 560 050. Ph.: 26506213, 26606365

SAVINGS BANK ACCOUNT OPENING FORM

Opening Date :

A/c. No.

I. PRIMARY APPLICANT :

1. Name of the applicant :
(in Block Letters)
2. Date of birth : Minor : No Yes
Sex : Male Female
3. Father/Husband's Name : Mother Name
4. Marital Status : Single Married Senior Citizen Yes No.
5. Residential Address : Permanent Address :

6. Office/Business Address :

7. Caste : Religion : Nationality :

8. Telephone : Res. : Office.: Mobile:

9. E-Mail ID :

10. Education Qualification :

11. Occupation : Monthly Income :

12. Adhaar No. : PAN/GIR NO:.....

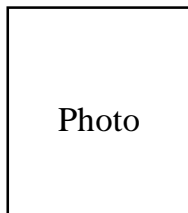
12. Are you a share holder of our bank or : No Yes
do you have any other account with the bank : No Yes

If Yes, A/c Type

1. Membership No. _____

Operating Instruction Self/Joint / E or S

2. Customer Code No. _____



KYC. NORMS Compliant

Clerk

Officer

Signature of the Applicant

A/c Opened by.....Passing Officer

for Minors Account only

I Certify that.....was born on.....
Name of the Guardian :

Signature of the Guardian

INTRODUCTION

Name & Address of the Introducer

Account No.

Phone/Mobile No.

I Certify that I personally know Sri/Smt.....since.....
years / months and confirm his identity / occupation and address as furnished in the
application

Date :

Signature of the Introducer

To

The Manager

ASHOKANAGAR CO-OPERATIVE BANK LTD.

No. 1380/A, 6th Cross, Ashokanagar, BSK Ist Stage, IInd Block,
Bangalore - 560 050. Ph. : 26506213, 26606365

Dear Sir,

I/We hereby request you to open a Savings Bank Account in my/our name in the books of the bank. I/We request and authorise you to honour all cheques or other order/s drawn by me/us on the said account or bills of exchange accepted or notes drawn by me/us and I/We request you to debit such cheques and other orders and bills of exchange and notes as also the amount of any dishonoured notes and cheques to the said account whether such account be for the time being in credit or overdrawn and I/We agree and undertake to pay interest on all such amounts debited to my/our account at the rate/s as may be applicable to the overdraft account from time to time from the date/s of overdrawings upto the date of overdrawings is/are cleared by me/us.

In the matter of bills, cheques, etc., payable at other branches/banks, lodged by me/us from time to time for collection or negotiation, I/we authorise you to send for collection by ordinary post or recorded delivery entirely at my/our risk and responsibility provided, however, these drafts /cheques are for amounts not more than Rs. 2,500/- and Rs. 10,000/- respectively in each case. In the case of cheques, bills etc., payable at places where you have not established your branches, I/We authorise you to collect them through any bank entirely at my/our risk and responsibility. Where drafts/cheques are negotiated by you, to collect them through any bank entirely at my/our risk and responsibility. Where drafts/cheques are negotiated by you and the same are lost in transit or otherwise I/We hereby agree to reimburse to you the full amount of such drafts/cheques on demand. It is distinctly understood by me/us that you shall not be liable to pay the amount until they are realised in cash, by you. In case of bills, etc., discounted by you, I/We agree to reimburse you the amounts where you have not been able to realise in cash the proceeds of such bills, etc., with other charges, expenses, if any.

"In the case of collection and/or discount of any cheques bills tendered by me/us drawn in favour of any third parties and endorsed in my/our favour, it shall be my/our primary responsibility to pay/reimburse to you the amount of any loss, expenses and any charges which may be caused to /incurred by you on account of your guaranteeing any endorsement/s on such cheques/bills and I/We hereby authorise the bank to guarantee the endorsements on such cheques/bills tendered by me/us from time to time on my/our behalf".

Signature of the Applicant

Account No. :

NOMINATION FORM DA1

Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We (name) _____

(Address) _____

nominate the following person to whom in the even of my / our / minor's death the amount of deposit in the above account may be returned by the Bank.

Nominee (Only one individual nominee permitted)

Name & Address	Relationship with depositor, if any	Age	If nominee is a minor, his/her date of birth

* As the nominee is a minor on this date. I/We appoint (name) _____

(Relationship with the minor) _____

(Address) _____

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Signature of witness _____

Name _____

Address _____

** Signature of primary depositors _____

Name _____

Address _____

Date : _____

Place : _____

Signature of Joint holder(s) _____

Strike out if nominee is not a minor

** Where deposit is made in the name of a minor, the nomination should be signed by person lawfully entitled to act on behalf of the minor.

A/c Opened by.....Passing Officer

Documents to be submitted (any one document each from I and II)

Savings Bank account Individuals

- I 1) Passport 2) PAN Card 3) Voters Identity card 4) Driving Licence 5) Identity Card (Subject to the bank satisfaction) 6) Letter from a recognized public authority or Public servant verifying the identity and residence of the customers to the satisfaction of bank.
- II 1) Telephone bill 2) Bank account statement 3) Letter from any recognized public authority 4) Electricity bill 5) Aadhaar card 6) Letter from Employer (Subject to satisfaction of the bank) (any other document which provides customer information to the satisfaction of the bank will service.) 7) Cooking gas supply bill.
- III 2 copies of Passport size Photographs.

Account of Co.

- 1) Name of the co.
- 2) Principal place of business
- 3) Mailing address of the co.
- 4) Telephone / Fax No.
 - i) Certificate of incorporation memorandum and article of Association / Commencement letter.
 - ii) Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account
 - iii) Power of attorney to its managers, officer or employees to transact business on its behalf iv) Copy of PAN allotment letter v) copy of the telephone bill.

Accounts of Partnership Firms.

- 1) Legal Name
Address
Names of all parties & their address
Telephone numbers of the firm and partners.
 - i) Registration Certificate if registered
 - ii) Partnership deed.
 - iii) Power of attorney granted to partner or an employee of the firm to transact business on its behalf.
 - iv) Any officially valid document identifying the partners and the persons in the power of attorney and their address.
 - v) Telephone bill in the name of firm / partners.
 - vi) Pan Card of Firm and all partners.

Accounts of trust & foundations : Names of trustees, setters, beneficiaries and signatories

Name and address of the founder, the manager / directors and the beneficiaries telephone / Fax Nos.

- 1) Trust deed certificate of registration if any.
- 2) Power of Attorney, granted to transact business on its behalf.
- 3) Any officially valid documents to identity the trustees, setters, beneficiaries and those holding power of Attorney, founders/ Managers / directors and their address.
- 4) Resolution of the managing body of the foundation / association.
- 5) Telephone bill.