



Khardah Co-operative Bank Ltd.

CURRENT ACCOUNT OPENING FORM

To
The Junior Assistant Manager

Branch Customer ID

Date Account No.

(Existing Customer to fill ID No, A/c No. will be given by the Branch)

(Please fill in CAPITAL letters, Please tick (✓) the appropriate boxes)
Please open a current account with your branch

With initial Deposit ₹ ₹

by cash/cheque.

Cheque No. Date / / Drawn by Self / (Other, Pls. Specify)

Customer Type :

Sole Proprietorship
 Partnership Firm
 Private/ Public Trust
 Private/ Public Co. Ltd
 Govt. / Semi Govt. Body
 HUF
 Society
 Club/AOP/SHG
 Co-operative Credit Society
 Educational Institutions
 Autonomous Body
 Agricultural Society
 Others (Pls. Specify)

If sole Proprietorship then Proprietor is Indian Resident Others (Pls. Specify)

Customer PAN / GIR No. Or form 60/61 Submitted Y N

Personal details to be added as name of Account holder/ Operator

Residential Address			
	First Applicant / Operator	Second Applicant / Operator	Third Applicant / Operator
Name			
Flat No. / Bldg. Name			
Street / Road & Area / Locality			
City and District			
Pin Code			
Tel No.			
Mobile No.			
Communication Address (If different from Residential Address)			
	First Applicant / Operator	Second Applicant / Operator	Third Applicant / Operator
Name			
Flat No. / Bldg. Name			
Street / Road & Area / Locality			
City and District			
Pin Code			
Tel No.			
Permanent Address (If different from Residential Address)			
	First Applicant / Operator	Second Applicant / Operator	Third Applicant / Operator
Name			
Flat No. / Bldg. Name			
Street / Road & Area / Locality			
City and District			
Pin Code			
Tel No.			

Mode of Operations

Single
 Either or Survivor
 Former or Survivor
 Anyone
 Jointly / All of us
 Any two/three/four/five
 Manager (Karta) for HUF
 Attorney / mandate holders
 Others (Pls. Specify)

Expected Annual turnover in the A/c. ₹

Services Required : 1. SMS Alerts : (at Mobile no given under sole / First Applicant) Yes No

2. Media Type : Pass book yearly statement (chargeable)

Declarations : I/We affirm & declare that :

- * I/We have read over and understood the present rules and regulation of the Bank, as application to current deposit account. I/We agree to abide by the same as also by those as would be amended further from time to time through Circulars/Notice Board etc.
- * Bank may debit my/our account for any service charge or discontinue my/our account without notice to me/us.
- * Bank or its agent shall not be liable for any Loss/Damage incurred to me/us on account of any action done in ordinary course of Business.
- * This account is opened for running and pursuing the lawful purposes.
- * I/We shall not have any objection if any transaction/related information are appraised to the statutory authority.
- * I/We certify that the facts stated above and the contents of the declarations are true and correct to the best of my/our knowledge and nothing has been concealed.

Names of All Signatories

Signatures

1.

2.

3.

4.

Specimen Signature

Name	Signature	
		AFFIX PHOTOGRAPH
		AFFIX PHOTOGRAPH
		AFFIX PHOTOGRAPH
		AFFIX PHOTOGRAPH
<p>Operating Instructions _____</p> <p>Account No. _____ Signature of Bank Official _____</p>		

FOR OFFICE USE :

I. I have verified the details mentioned here in above and all details has been entered in the system.

Name of Bank Official / Jr. Assitant Manager :

Date

Signature of Bank Official / Jr. Asst. Manager

NOMINATION FACILITY : Form DA-1

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

Name(s) and address, nominate the following person to whom in the event of my/minor's death the amount of the deposit, particulars whereof are given below may be returned / Khardah Co-op. Bank Ltd. _____ Branch

Account No.

Name of nominee*

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Surname

Age of the Nominee
Year

Relationship with Depositor :

Name of Document : _____
 Document No. : _____ Issued by : _____
 Place of Issue : _____ Issued Date : ____ Day ____ Month ____ Year

Proof of Address Details (Firm / company/ trust / sole proprietorship etc.)

Name of Document : _____
 Document No. : _____ Issued by : _____
 Place of Issue : _____ Issued Date : ____ Day ____ Month ____ Year

MANDATES :

a. By Proprietor of Sole Proprietorship Firm : As the concern, known by the name of _____ propose to have dealing with your Bank, I beg to declare that I the undersigned, the sole proprietor of the said concern and that no other person is interested in it as partner or otherwise. I further undertake to inform you, in case there is any change in the constitution of the said concern.

Signature of the Proprietor

b. By partner of the Partnership Firm : As the firm of _____ propose to have dealing with your Bank we beg to inform you that we the undersigned, are the partners in the said firm. We are jointly, and severally responsible to the Bank for the liabilities of the firm. We authorize the Bank to recover its claim and dues from any or all of us and the estate of any deceased partner. In case of death/retirement of any of partner Bank may continue dealing with the remaining partners. We shall inform the Bank in case of any change in our partnership & our liability shall continue until we get the Acknowledgment from the Bank of such changes.

Partner 1	Partner 2	Partner 3	Partner 4
_____	_____	_____	_____
(Signature)	(Signature)	(Signature)	(Signature)
Date : ____ Day ____ Month ____ Year			

c. For other customer Type : As the concern of _____ Propose to have cleaing with your with bank I/We beg to inform you I/We the undersigned are jointly/separately responsible to the ban for liabilities of my/our concern. I/We authorise the bank to recover its claim and dues from me/us. I/We shall inform the bank in case of any charge in my/our status & my/our liability shall continue until I/We get the acknowledgement from the bank of such changes.

_____	_____	_____	_____
(Signature)	(Signature)	(Signature)	(Signature)
Date : ____ Day ____ Month ____ Year			

INTERVIEW AND CUSTOMER DUE DILIGENCE FORM (TO BE USED FOR APPLICANT/SIGNATORY)

For Bank use only :

LINE OF ACTIVITY

Manufacturing, Nature of Activity _____ Trading Nature of Comodity _____ Service, Nature of Services _____
 Professional Nature of Profession _____ Non Commercial Nature of Activity _____

(Please ✓ If yes & × if no)

Whether antique dealers? Whether conducting money service Bureau? Whether dealers in arms? Whether builders or developers?
 Whether political party? High Net worth Individuals? If yes, provide Income/Wealth Tax returns
 Whether Bullion/Jewellery Dealers? Whether trading in equites / speculative activity?

Account with other Bank Yes No. (If yes, Pls. fill up the following details)

1. Bank _____ Branch _____ Type of Account _____
 2. Bank _____ Branch _____ Type of Account _____
 Sales/Business Turnover ₹ _____ Annual Income ₹ _____ Net worth ₹ _____

Income Tax paid during the last two years ₹ < 10000 ₹ 10000-50000 ₹ 50000-1 lac > 1 lac

AML :

KYC/AML risk classification Low Medum High
 PAN Verified from www.incometaxindia.gov.in Applicant's name checked with Suspicious entities list
 The applicant is KYC compliant Permitted to open Account

Date _____
 Place _____

Signature of the Officer / Jr. Asst. Manager

KHARDAH CO-OPERATIVE BANK LTD.

P. K. BISWAS ROAD, P.O.-KHARDAH
KOLKATA-700117

BRANCH : KHARDAH / RAHARA

SAVINGS BANK DEPOSIT A/C OPENING FORM (ADDITIONAL SHEET)

1ST APPLICANT

2ND APPLICANT

3RD APPLICANT

01. Mother's Name :
02. Marital Status :
03. Spouse Name :
04. Source of Income :
05. Monthly Income :
06. Taluka / Sub-Division :
07. Mobile Number
where SMS to be
delivered :

Date :

A/C NO. :

Client ID (s) :

Signature of the Applicant with Date

1)
.....

2)
.....

3)
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