



KHARDAH CO-OPERATIVE BANK LTD.

ADDITIONAL ACCOUNT OPENING FORM

Branch

New Account No

Certificate No.

Date
D D M M Y Y Y Y

Applicable only if first Account has been opened on KYC Account Opening Form

ACCOUNT DETAILS	1st Applicant Name 2nd Applicant 3rd Applicant				
	1st Applicant Address 2nd Applicant 3rd Applicant				
	ID No.		KYC Account No.		
TYPE OF NEW ACCOUNT	Please tick (✓) type of account				
	<input type="checkbox"/> Saving Bank	<input type="checkbox"/> Current Deposit	<input type="checkbox"/> RD Deposit	Monthly Instalment ₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rate of Interest % Period of Deposit/...../..... Days / Month / Year
	<input type="checkbox"/> Others Pls. (Specify)		Amount of Deposit ₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> by Cash/Cheque No.....		
DEPOSIT DETAILS	Mode of Deposit (Pls. tick (✓) only) <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Transfer from existing account 1) Cash ₹.....(.....only) 2) Cheque /DD No.....Dt..... drawn on..... Bank.....Branch for ₹..... 3) Transfer from Savings/Current Account/ others (Pls. specify).....				
Operation Mode	(Tick (✓) appropriate box) <input type="checkbox"/> Single <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Jointly by all <input type="checkbox"/> Others (Pls. specify)				
MATURITY DETAILS	Schemes : F.D./CC/R.D./Others	Maturity Value	Maturity Date	Auto Renewal	To be Paid on Production of Certificate
PAYMENT INSTRUCTIONS	Interest Payment Instructions : (Tick (✓) appropriate box) Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Please fill in only if the interest is not to be renewed with the Principal (Tick (✓) appropriate box) <input type="checkbox"/> Transfer to SB/CA No..... <input type="checkbox"/> Others (Pls. specify)				
	Payment Instructions on Maturity : (Tick (✓) appropriate box) <input type="checkbox"/> Transfer to SB/CA No..... <input type="checkbox"/> Others (Pls. specify)				
TDS	<input type="checkbox"/> To be deducted / PAN No..... <input type="checkbox"/> Not to be deducted / (Form 15H, etc to be submitted every financial year)				
Nomination Required	<input type="checkbox"/> Yes (Please execute the nomination form DA-1 printed overleaf) <input type="checkbox"/> No.				
Standing Instruction	<input type="checkbox"/> Please debit monthly instalment of RD A/c..... from my/our SB/CA.....				
Agreement	I/We agree to be bound by the Bank's rules and regulations governing.....account from time to time. I/ We will maintain minimum balance, in the account and in the event of fall in the minimum balance the Bank may realize the appropriate service charge.				
Signature(s) or LTI(s) of Depositor(s)	1st Applicant 2nd Applicant 3rd Applicant			Signature of the Bank Official with Stamp	



KHARDAH CO-OPERATIVE BANK LTD.

FORM - DA 1

Nomination under Section 45 ZA of Banking Regulation Act. 1949 and Rule 2(1) of the Banking (Nomination) Rules 1985 in respect of Bank Deposits.

I/We.....nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account, may be returned by Khardah Co-op. Bank Ltd.
..... Branch.

Particulars of Nominee

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

Signature(s) / Thumb Impression(s) of the depositor(s)

@ As the nominee is a minor on this date, I/We appoint Shri/Smt/Kumari
on behalf of the nominee, of the deposits.....
.....in the event of my/our/minor's death during the minority of the nominee
(Name, Address and Age)

Place 1.
Date 2.
3.

Signature(s) / Thumb Impression(s) of the depositor(s)

Names, and addresses of witnesses

Signature of the witnesses

@ Strike out if the nominee is not a minor. Thumb impression shall be witnessed by two witness. One witness in all other cases.
Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.