

Khardah Co-operative Bank Ltd.

•		ACCOU	NT OPE	ENING F	ORM F	OR S	AVIN	IGS	ACCO	UN	IT		Date :	DD	/ MM	/ Y	YYY
Branch :														_			
Account No. :									BRANC	H 				Cus	tomer II	D. 	
I/We request you	to open	my/our a sav	rings deposi	t account with	your bran	ch/bank	as unde	er (Tick	(✓) releva	ant cu	ustomer	type)					
			Salar Salar		Cu	stomer `	Гуре										
Individual		Non-tr	ading Institution	ons	HUF			SH	G					N	on-tradir	ng Club	/AOP
Joint		PACS		Ē	Trust			Oth	ers (Pls. sp	ecify)			_				
FULL NAME, in	CAPITA	L Letters (In	the order of	f Title (Mr./Mrs	s./etc.) first	, middle,	and las	t name	e leaving a	spac	ce betwe	en wo	ords)				M/F
1	$\perp \perp$																
2																	
3																	
Dat	e of Birth	(dd/mm/yyyy)		PAN (if not availat	ble, please	attach I	orm 60	/61)	_		Cus	tomer I	D (if an	y existin	g) _,	
1																	
2											1						
3																	
Occupation	on*	Status*	• An	nnual Income	(in Rs.)	Relati	Relationship with 1st Applicant Natio						onality Father's / Husband's Name				
1																	
2																	
3																	
* Please choose	from the	following:				L						-					
Salaried	Self E	mployed	Profess	sional	Politicia	n	H	louse \	Vife	s	tudent		De	efence	Staff		
Retired	Stock	Broker	Agricult	ture	Antique	ique Dealer Club/Aop/HUF Busine					usiness	ess Other (Pls. specify)					
** Please choose	from th	e following:															
Minor	Sr. C	Citizen	Ex-Staff		Pensioner Other Ger (Pls. spec												
Name of the Guard	lian (In c	ase of minor):								Relat	ionship v	vith mi	nor (🗸 t	ick one)		
(Attach proof for mi	nor's DOI	3)					Fat	her & NO	3	Moth	ner & NG		Leg	jal			
*In case of legal gua	ırdian (gı	uardiar, appoint	ted by Court),	enclose copy o	of the court of	order.											
				N	lame and	address	of Er	nploy	er								
		Second Applicant						Third Applicant									
											1						
Operating Instruction	s (Pleas	e mark 🗸 in ap	propriate box	k):										-	_		
Self		Either	of Survivor	Forme	er or Survivo	or		Jointly	X		Any one	y one or Survivor/s Others (pl. 5				(pl. Sp	ecify)
	-										The specific						
acilities required (P	lease ma	ark ✓ in approp	priate box) :	,				-		1						-	-
		Cheque						Media	Туре					SM	IS Alert		
Yes 🗍		No 🗍	Not No	ow \square		<u> </u>	early sta			Pass	Book	Yes		No [Not Nov	v 🗀

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		F	irs	t Applica	int			Secon	d App	Cant							
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treet / Road & Area	/ Loca	lity															
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THER INFORMA	TION	: (/ tick	10	ne)										77	Others		
ducation				1				Graduale Post Gr				duate		ĻÌ	Others Pls. Spec	rify)	
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onthly Income (R	5.) 1.	Upto 500									/ 50000		50001/ 1	lac		Above 1 lac	
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spected Annual Turns				Rs													
salaried, employed v		`	1.					D. I.V. O- 4		Pvt. Ltd.		Govern	nment	Qth	ers Specify)		
Proprietorship	Public	: Ltd.	4	MNC	Partnership		-	Public Sector				Govern		Oth	Specify) Specify)		
2. Proprietorship	Public	: Ltd.	1	MNC	_	Partnership		Public Sector	or	Pvt. Ltd.		-			Specify)		
3. Proprietorship	Public		1	MNC		Partnership		Public Sect	Or	Pvt. Ltd.		Gover		ernment (Pis.		Pls. Specify)	
Professional : (1-		T= :					ore (Die Co	ooif A	`		
1. Doctor	Archite	ect		CA/CS/	ICWAI IT Consultant			Engineer	Lawy		Others (Pls. Specify)						
2. Doctor	Archite	ect		CA/CS/	ICWAI IT Consultant			Engineer L			yer	thers (Pls. Specify)					
3. Doctor	Archite	ect		CA/CS/	ICWAI IT Consultant			Engineer Law			yer	others (Pls. Specify)					
Business : (/ tick	one)										-					NIL	
1. Manufacturing	Real E	state	Aı	ntique	Servi	Service Provider		der	Arms D	ealer	Agricult	ure	Stock Bro	ker		Others Pls. Specify)	
2. Manufacturing	Real E	state	A	ntique	Servi	ce Provider	Trac	der	Arms C	ealer	Agricul	ture Stock Brol		ker	C	Others Pls. Specify)	
3. Manufacturing	Real E	state	Ar	ntique	Servi	ce Provider	Trac	der	Arms D	ealer	Agricul	ture Stock Brol		ker	1	Others Pls. Specify)	
claration (Please	mark /-	/\ in ann	ror	riate box	(es):						-		•			speciff	
] I / we declare that	at 1 / we	a do not e	enic	ov credit f	acilities	with other b	ank/s.	facilities w	ith vour	/ other	bank's b	ranches					
Bank & B	_			Place of				Type of Ac					mount			Account No.	
												-			+	-	
eclaration		ant/e do l	her	eby solen	nnly/joi	ntly state tha	t the c	ontents of	said for	rm abov	e are true	and co	rrect to the	bes	st of m	y / our knowledge	
e the above name ormation and documuline & correct. If	ments g	iven by m	ne/	us for the	purpos	e of opening	of Sav	ving Accou	ınt at Kl	nardah (Co-opera	tive Ban	k Ltd.;			Branch a	

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Khardah Co-operative Bank Ltd.

	rom an existing		nt halde	- /21 1	lanet v	ly mon	the of	ld satis	efactori	ly cond	lucted and	KYC co	ompliant ac	count) [I	Not man	datory] :			
	Tom an existing	iccou(It Holder	lati	edot e	aix illoit	ittie o	id outil		.,	7	Accou	nt No. :						
Name : Address :													of opening	of the A/C	2:				
Address :													mer ID :						
												Branch Name :							
Pin:	Pin: Email:											Branch Name : Type of A/c. SB/CA/CC/OD :							
Tel. No. :			Mobile:									Туре	of A/c. SB/C	CA/CC/OL):				
Me certify the	t, Mr./Mrs./Ms.														ls/are kr	nown to ma/u	s personally since last		
vve certily tria	t, Mr./Mrs./Ms months/years and	confirm	n the occi	upatio	n and	address	stated	in this a	application	on form	for opening a	account &	are correct to	the best	of my/our	knowledge	& Dollar.		
	, months/years and	00111111																	
																(Signature	of the Introducer)		
Date:																			
TITLE OF 1	THE ACCOUNT															BRAN	CH		
ACCOUNT	NO.					$T^{-}I$									-				
	G INSTRUCTIONS	-	1																
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	der section 45ZA	10 452	ir or the	Bank	king K	egulatio	on Act,	, 1949									the event of my / our /		
/ We	the amount of the	e depo	osit, parti	iculars	s wher	eof are	given	helow	may be	retume	ed by Kharo	dah Co-	operative B	ank I td.	iersons i	to whom in	Branch,		
inibi o dedan	Depo						911011	Bolow	may be	rotann	od by tindic		Nominee	drift eter_	10	(4.)			
							-										If Nominee is a		
Nature of	Distinguishing			ditiona		-		lame of		1	Address of			lationship		Age	Minor, her/his		
deposit	No.		Details	5 (II a	лгу)		14	lominee	•		Nominee		with de	positor (if	any)		date of birth#		
										l			1				1		
	1					- 1				1			l				1		
	<u> </u>				120 12 1		4												
As the nomin	ee is a minor on	this da	ate, I / W	Ve ap	point I	Mr./Mrs.	/Ms	mir	docth	dude - '	ha!-	of 11-			_ (Name	Address, a	and Age) to receive the		
mount of dep	osit on behalf of	ine no	minee in	i the e	event	or my /	our /	minors	death (auring t	ine minority	or the r	nominee.				*		
lace :		_														Date :			
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retails of lo	dentification	documents submitted	tive Bank L										
			Photo Identity	122			Address Proof Iden						
Type of Do	curnent	11	2	3			2	3					
Document	Number												
Issuing Aut	thority		 										
Date of iss	sue												
Place of is	Sue												
Valid Upto													
			Form 60 / 61 (to b	e filled by	those	who do not have	PAN)						
Form 60													
	Tax Assesse		☐ No	if Ye	s								
			last return of income was f	제ed :				·					
b) Reason Form 61	for not havi	ng PAN No. :											
	d by a noma	n who has only and which											
			ural income and no other in from agriculture and I am n				. la.a.a.a. 11 a.a.a.						
Verificatio		ly source of alcome is	adii agreendie aid i aiii ii	iot required to	pay II	come tax on any other	income if any.						
1						do hereby declare that	what is stated is true to the bes	t of my knowledge and belie					
Verified at		this the	day of			.20		,					
Date:		8											
Date		Place:					s	ignature of the Declarant					
			IDENTIFICATION DOCUM										
T. Itali			y one document from each	of the following	ng two	lists subject to Bank's							
	(L		ST-I dentification documents)			(Latest / recent p	LIST-II photo documents showing :	address proof)					
1. Elect	uon Card				1. Pa								
0.00	ng License					and the second second second second	ess, Voters' Identity Card						
PAN Pass						ephone Bill, Electricity nk account statement (
	or Citizen Ca	rd					essment order (with address)						
6. Ident	tity Card issu	ed by Govt.			6. Le	tter from employer / An	y document of communication						
						thority of Central / Stat sidential address.	e Government or local body	showing					
7. Ident	ity Card issu	ed by School / College	L				e in support of residential ad	dress					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ution / Emple	byer			ac	ceptable to the Bank							
8. Aadh		-6			8. In	case of married wome	n address proof of the groom	is acceptable					
		r from other Bank venty with other things	ring therein Photograph of the	he	9. Income / Wealth tax Assessment order								
10. Other	r documents	acceptable to this Bank		1	0. Aa	dhaar Card							
				For Offic	ce U	se							
Sr. No.		Des	cription			Name of A	Authorised Staff	Signature					
1.	Applicant int	erviewed & purpose as	certained by										
	Document(s verified with		s proof listed above were										
3.		ndering Risk Classifica [] Medium [] H											
CYC CERTI	FICATION :	[]	·5··										
I have met Mr./Ms	the account	opener/s Mr./Ms	Mr./Ms			in	I have verified the						
			e fully complied with and fu	urther confirm	that	1	documents submitted as						
i) a) The i	introducer ha	s visited the branch OR				Not	confirm that KYC Norms are fully complied with.	3					
b) The i	introducer ha		but written confirmation ob	btained.		Mandatory	o.o .on, complied with.						
, -		introducer is verified a	nd his/her Account is more	than six mont	ths old	and							
KYC Co	иприапс						Signature of Authorised	official					
							with stamp	Omcial					
		1001					•						
Signature	of Authorise with stamp	ed Official Spec	imen Signature		Date		Date :						
							Date						