

Khardah Co-operative Bank Ltd.

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

OTHER INFORMATION : (✓ tick one)

Education	1.	Non Matric	SSC / HSC	Graduate	Post Graduate	Others (Pls. Specify)	
	2.	Non Matric	SSC / HSC	Graduate	Post Graduate	Others (Pls. Specify)	
	3.	Non Matric	SSC / HSC	Graduate	Post Graduate	Others (Pls. Specify)	
Monthly Income (Rs.)	1.	Upto 5000/-	5000/- – 10000/-	10001/- – 20000/-	20001/- – 50000/-	50001/- – 1 lac	Above 1 lac
	2.	Upto 5000/-	5000/- – 10000/-	10001/- – 20000/-	20001/- – 50000/-	50001/- – 1 lac	Above 1 lac
	3.	Upto 5000/-	5000/- – 10000/-	10001/- – 20000/-	20001/- – 50000/-	50001/- – 1 lac	Above 1 lac

Expected Annual Turnover in the A/C : Rs. _____

If salaried, employed with : (✓ tick one)

1.	Proprietorship	Public Ltd.	MNC	Partnership	Public Sector	Pvt. Ltd.	Government	Others (Pls. Specify)
2.	Proprietorship	Public Ltd.	MNC	Partnership	Public Sector	Pvt. Ltd.	Government	Others (Pls. Specify)
3.	Proprietorship	Public Ltd.	MNC	Partnership	Public Sector	Pvt. Ltd.	Government	Others (Pls. Specify)

If Professional : (✓ tick one)

1.	Doctor	Architect	CA / CS / ICWAI	IT Consultant	Engineer	Lawyer	Others (Pls. Specify)
2.	Doctor	Architect	CA / CS / ICWAI	IT Consultant	Engineer	Lawyer	Others (Pls. Specify)
3.	Doctor	Architect	CA / CS / ICWAI	IT Consultant	Engineer	Lawyer	Others (Pls. Specify)

If Business : (✓ tick one)

1.	Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealer	Agriculture	Stock Broker	Others (Pls. Specify)
2.	Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealer	Agriculture	Stock Broker	Others (Pls. Specify)
3.	Manufacturing	Real Estate	Antique	Service Provider	Trader	Arms Dealer	Agriculture	Stock Broker	Others (Pls. Specify)

Declaration (Please mark (✓) in appropriate boxes) :

[] I / we declare that I / we do not enjoy credit facilities with other bank/s.
 [] I / we declare that I / we have following deposit accounts and/or credit facilities with your / other bank's branches :

Bank & Branch	Place of Bank / Branch	Type of Account / Facility	Amount	Account No.

*** Declaration**

I/We the above named applicant/s do hereby solemnly/jointly state that the contents of said form above are true and correct to the best of my / our knowledge belief, information and documents given by me / us for the purpose of opening of Saving Account at Khardah Co-operative Bank Ltd.; _____ Branch are true, Genuine & correct. If any information given by me/us is false, I / We shall be held liable for punishment under law. I/We understand that certain particulars given by me/us are required under the operational guidelines governing Banking companies. I/We agree and undertake to provide any further information that Khardah Co-operative Bank Ltd.; may require from time to time.

Customer's Signature/LTI 1. 2. 3.



Khardah Co-operative Bank Ltd.

Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account) [Not mandatory] :

Name :		Account No. :
Address :		Date of opening of the A/C:
		Customer ID :
Pin :	Email :	Branch Name :
Tel. No. :	Mobile :	Type of A/c. SB/CA/CC/OD :

I/We certify that, Mr./Mrs./Ms. _____ is/are known to me/us personally since last _____ months/years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

(Signature of the Introducer)

Date : _____

TITLE OF THE ACCOUNT												BRANCH		
ACCOUNT NO.														
OPERATING INSTRUCTIONS														
Name			Specimen Signature										Photograph	
													1. Recent Photo	
Customer ID														
													2. Recent Photo	
Customer ID														
													3. Recent Photo	
Customer ID														

Name : _____ Signature (with stamp): _____
Bank Official in whose presence signed

Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation Act, 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits. I / We _____ name(s) and address (es) nominate the following persons to whom in the event of my / our / minor's death, the amount of the deposit, particulars whereof are given below may be returned by Khardah Co-operative Bank Ltd. _____ Branch.

Deposit			Nominee				
Nature of deposit	Distinguishing No.	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If Nominee is a Minor, her/his date of birth#

#As the nominee is a minor on this date, I / We appoint Mr./Mrs./Ms. _____ (Name Address, and Age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

Place : _____ Date : _____

#Strike out if nominee is not a minor

@Signature, Name and Address of Witness	*Signature / Thumb Impression of Depositors

*Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor. @Signature(s) of depositor(s) should be witnessed by one person, thumb Impression(s) of depositor(s) should be witnessed by two person(s)

Khardah Co-operative Bank Ltd.

Details of Identification documents submitted by the applicant/s.

Type of Document	Photo Identity			Address Proof Identity		
	1	2	3	1	2	3
Document Number						
Issuing Authority						
Date of issue						
Place of issue						
Valid Upto						

Form 60 / 61 (to be filled by those who do not have PAN)

Form 60

Are you a Tax Assessee Yes No if Yes

a) Details of Ward / Circle / Range where the last return of income was filed : _____

b) Reason for not having PAN No. : _____

Form 61

To be filled by a person who has only agricultural income and no other income chargeable to income tax.

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.

Verification

I _____ do hereby declare that what is stated is true to the best of my knowledge and belief.

Verified at _____ this the _____ day of _____ 20

Date: _____ Place: _____

Signature of the Declarant

KYC IDENTIFICATION DOCUMENTS/PAPERS TO BE SUBMITTED BY APPLICANT(S)

(Any one document from each of the following two lists subject to Bank's satisfaction)

LIST-I (Latest / recent photo identification documents)	LIST-II (Latest / recent photo documents showing address proof)
1. Election Card	1. Passport
2. Driving License	2. Driving License with address, Voters' Identity Card
3. PAN Card	3. Telephone Bill, Electricity Bill, Ration Card
4. Passport	4. Bank account statement (with address)
5. Senior Citizen Card	5. Income / Wealth Tax assessment order (with address)
6. Identity Card issued by Govt.	6. Letter from employer / Any document of communication issued by any authority of Central / State Government or local body showing residential address.
7. Identity Card issued by School / College / Institution / Employer	7. Any documentary evidence in support of residential address acceptable to the Bank
8. Aadhaar Card	8. In case of married women address proof of the groom is acceptable
9. Confirmation letter from other Bank verifying therein Photograph of the Customer along with other things	9. Income / Wealth tax Assessment order
10. Other documents acceptable to this Bank	10. Aadhaar Card

For Office Use

Sr. No.	Description	Name of Authorised Staff	Signature
1.	Applicant interviewed & purpose ascertained by		
2.	Document(s) of identification/address proof listed above were verified with original by		
3.	Money Laundering Risk Classification [] Low [] Medium [] High		

KYC CERTIFICATION :

I have met the account opener/s Mr./Ms. _____
Mr./Ms. _____ Mr./Ms. _____ in
person and hereby confirm that KYC Norms are fully complied with and further confirm that

i) a) The introducer has visited the branch
OR
b) The introducer has not visited the branch but written confirmation obtained.

ii) The signature of the introducer is verified and his/her Account is more than six months old and KYC Compliant.

Not Mandatory

I have verified the documents submitted and confirm that KYC Norms are fully complied with.

Signature of Authorised official with stamp

Date : _____

Signature of Authorised Official with stamp

Specimen Signature _____ Date : _____