

Khardah Co-operative Bank Ltd.

CURRENT ACCOUNT OPENING FORM

To The Junior Assistant	t Manager					
Branch						
			Customer ID			
Date	Account No.					
		, A/c No. will be given by the Bran	ich)			
(Please fill in CAPITAL letters, Please open a current account	, Please tick (/) the appropriate box	es)	9			
With initial Deposit ₹	T T T T T T ₹ C					
by cash/cheque.	Data / /	Drawn by Self /(Other, Pl	Specify)			
Cheque No.	Date//	Drawn by Self (Other, 1 is	s. openiy/			
Customer Type :						
Co-operative Credit Society	Credit Educational Autonomous Agricultural Cities (Pls. Specify)					
If sole Proprietorship then Pro	porietor is Indian	Others (Pls. Specify)				
Customer PAN / GIR No.	Resident L	Or form 60/61 Submitted	YN			
<u></u>	as name of Account holder/ Operato					
Tersonal details to be deded		ential 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.						
		different from Residential Address)	Third Applicant / Operator			
	First Applicant / Operator	Second Applicant / Operator	Tillia Applicant / Operator			
Name Flat No. / Bldg. Name	-					
Street / Road & Area / Locality						
City and District						
Pin Code						
Tel No.	Permanent Address (If di	fferent from Residential Address)				
	First Applican / Operatort	Second Applicant / Operator	Third Applicant / Operator			
Name						
Flat No. / Bidg. Name		-				
Street / Road & Area / Locality City and District			·			
Pin Code						
Tel No.						
Mode of Operations						
Single	Survivor Former Survivor	or Miyone	Jointly / All of us			
Any Manager (Karta) Attorney / mandate Others (Pls. Specify)						
Expected Annual turnover in the	e A/c. ₹	(E-14-15-18)	No			
Services Required : 1. SMS Alerts : (at Mobile no given under sole / First Applicant) Yes No						
		etetement (ebermeeble)				
2. Media Ty	/pe : Pass book yearly :	statement (chargeable)				
2. Media Ty Declarations : I/We affirm & de	ype: Pass book yearly:	statement (chargeable) Bank, as application to current deposit acc	ount. I/We agree to abide by the same as also			
2. Media Ty Declarations : I/We affirm & declarations I/We have read over and understood for	ype: Pass book yearly: clare that: odd the present rules and regulation of the lighter from time to time through Circulars/N	statement (chargeable) Bank, as application to current deposit accordice Board etc.	ount. I/We agree to abide by the same as also			
2. Media Ty Declarations: I/We affirm & de I/We have read over and understo by those as would be amended fur Bank may debit my/our account fo	ype: Pass book yearly:	statement (chargeable) Bank, as application to current deposit acc lotice Board etc.				

Names of All Signatories		Signati	ures
1.			
2			
3.			
4.			
Spi	ecimen Sig	nature	
Name		Signature	
			AFFIX PHOTOGRAPH
Operating Instructions			
Account No.	Signa	ture of Bank Official	
FOR	R OFFICE (JSE :	
l. I have verified the details mentioned here in above and all details has bee	en entered in th	e system.	
Name of Bank Official / Jr. Assitant Manager : Date		Signature of Ba	nnk Official / Jr. Asst. Manager
NOMINATION FACILITY: Form DA-1 Nomination under sec. 45ZA of the Banking Regulation Act. 1949 and Rule	e 2 (1) of the	Banking companies (Nomination) Rules, 1	985 in respect of bank deposits.
Name(s) and address, nominate the following person to whom in the given below may be returned / Khardah Co-op. Bank Ltd			posit, particulars whereof are
Account No.		-	
First Name	Name of Middle	nominee* Name	Surname
Age of the Nominee Year		ship with Depositor :	

Address of the nominee					
Phone No.: Mobile No.:					
e-mail ID :					
*As the Nominee is minor (Date of Birth/) on this date Inominate Mr/Mrsto receive the amount of deposit in the event of my/minor's death during the minority of the Nominee.					
MAILING ADDRESS OF FIRM, COMPANY : SOLE PROPRIETORSHIP, ETC. Signature of Account Holder/s					
House/Shop No.					
Road/Street/Lane: Landmark: Landmark:					
City/Village: District: District:					
State: Country: Pin Code:					
Phone No. (With STD/ISD Code): Fax No. :					
Mobile No.:					
MAILING ADDRESS OF FIRM, COMPANY : SOLE PROPRIETORSHIP, ETC.					
House/Shop No. Apartment/Building Name:					
Road/Street/Lane: Landmark: Landmark:					
City/Village: District:					
State: Country: Pin Code:					
Phone No. (With STD/ISD Code):					
Mobile No.: e-mail ID:					
(A) DATE OF ESTABLISHMENT: (B) DATE OF COMMENCEMENT OF BUSINESS: (C) TRADE LICENCE NO.:					
KYC DETAILS : (For Applicants/Operators of the Account holder)					
Proof of Identity Details					
(For 1st Applicant/Operator) Name of Document :					
Document No.: Issued by:					
Place of Issue : Issued Date : Day Month Year					
(For 2nd Applicant/Operator)					
Name of Document :					
Document No.: Issued by:					
Place of Issue: Issued Date: Day Month Year					
(For 3rd Applicant/Operator)					
Name of Document : Document No.: Issued by:					
Place of Issue : Ssued Date : Day Month P.T.O					

			(For 4th A	pplicar	nUOperator)					
Name of Document :										
Document No.:					Issued by :					
Place of Issue :					Issued Date :		Day	Month		Year
Proof of Address	Details (Firm / co	mpany/ trust	/ sole propriet	orship	etc.)					
Name of Document :										
Document No. :			1	11	issued by :	L	D []	7 Month	ПТТ	Year
Place of Issue :					Issued Date :		Day			
MANDATES : a. By Proprietor of S propose to have d partner or otherwis	cole Proprietorship Fi lealing with your Bank se. I further underlake	m: As the conc . I beg to declare to inform you, In	em, known by the that I the undersi case there is any o	name o gned, th change i	of e sole proprietor n the constitution	r of the sold o	concern and t		er person is in	
death/retirement	Partnership Firm: As t lealing with your Bant abilities of the firm. W of any of partner Bant nue until we get the Ac	k we beg to inforr Ve authorize the l k may continue d	ealing with the rer	noining	partners, We sha	thers in the : ny or all of u all inform the	said firm. We is and the est Bank in case	ore jointly ate of any of any ch	ange in our pa	artnership & our
Partne	er 1	P	artner 2		P	artner 3			Partner 4	
										1
(Signa	ature)	(:	Signature)		(5	Signalure)			(Signatur	:e)
Date : Da	Month		Year							
ininthe/conomtohe	er Type ; As the cond responsible to the ba arge in my/our status 8	n forlishilities of	my/our concern I/	Weauth	orise the bank to	recoverits	claim and due	s from me	rus. I/vve silai	undersigned are I inform the bank
					188					
(Sign:	alure)	L	Signature)		(Signature)			(Signatu	re)
	ay Month		Year							
	INTERVIEW AND	CUSTOMER	DUE DILIGEN	CE FO	RM (TO BE U	SED FOR	APPLICAN	IT/SIGN	ATORY)	
For Bank use only				NE OF A						
Manufacturi	ing, Nature of Activity	<i>y</i>	Tradin	g Natu	re of Comodity_		Serv	ice, Natur	e of Services	
Professiona			_ Non C	ommero	cial Nature of A	ctivity				
	f yes & × if no)									
Whether an	tique dealers?	Whether conduc	ting money service	Bureau	7 Whether	r dealers in a	rms?	Whether b	uilders or deve	lopers?
Whether po	litical party?	la .			High Ne	et worth Indi	viduals? If ye	s, provide	Income/Wea	alth Tax returns
WhetherBul	Bion/Jewellery Dealer	rs?			Whethe	er trading in	equites / spe	culative a	ctivity?	
Account with oth			Pls. fill up the fo	ollowing	details)					
1.Bank			Branci	,			Type of A	count		
			Branci	, <u> </u>			Type of A	count C		
2.Bank				<u>'</u>			_ iybe ory			
Sales/Business Tu	rnover ₹		Annual Income	₹			Net wo	orth ₹		
	uring the last two yea	ars ₹	000 ₹ 🗌	10000	-50000	₹ 🗌	50000–1 la	ic	> 1 lac	
AML : KYC/AML risk cla	essification	Low		Medur	n		High			
	d from www.incomtax		$\overline{\Box}$	Applic	ant's name che	cked with S	uspiclous en	ities list		
	nt is KYC compliant	_	نسا Itted to open Acco							
Date T										
Place Place							s	ignature d	of the Officer /	Jr. Asst. Manage

(4)

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 :			he Applicant with Date
A/C NO. :		2)	
Client ID (s):		3)	