

For Office Use

**Branch**

**ACCOUNT OPENING FORM FOR SAVINGS BANK ACCOUNT**

Please fill the form preferably in 'Black' ink only  
 Please fill the form in CAPITAL LETTERS only  
 Please tick the appropriate boxes  
 Please write your NAME as it appears in all your support documents  
 Affix latest passport size photograph/s in the box provided  
 Specify the addresses along with City, State & Pin Code  
 Please countersign in full for any overwriting / alteration  
 Field marked \* are MANDATORY

Customer ID:	Person ID:
Account No.	
Date:	Mobile No.
e-mail address	

I/We request you to open in your books a (tick [√] whichever is applicable)

[ ] Savings Bank      [ ] BKCB SB Saral      [ ] BKCB SB Silver      [ ] BKCB SB Gold      [ ] BKCB SB Platinum  
 [ ] BKCB SB Vanitha      [ ] BKCB SB Yuva      [ ] BKCB SB Jeshta      [ ] BKCB SB Premium

account in my/our name(s) as per details given below for which I/W initially deposit Rs..... (Rupees .....  
 .....only

**FULL NAME OF APPLICANT/S** (Mention names of individuals)

APPLICANT	TITLE	NAME	NAME OF FATHER/HUSBAND
1 <sup>st</sup> Applicant			
2 <sup>nd</sup> Applicant			
3 <sup>rd</sup> Applicant			

DATE OF BIRTH <sup>#</sup>	PAN / GIR No.*	UID (AADHAR) No.	TELEPHONE/MOBILE No.
1 <sup>st</sup> Applicant			
2 <sup>nd</sup> Applicant			
3 <sup>rd</sup> Applicant			

# If Senior Citizen, provide Proof of Age

\*Submit Form-60 / Form-61 in the absence of PAN/GIR No.

IF EXISTING CUSTOMER	YES, CUSTOMER ID	GENDER	MARRIED	MINOR*	PEP <sup>#</sup>	RELATED PEP <sup>#</sup>
1 <sup>ST</sup> Applicant	[Y] / [N]	M / F / T	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]
2 <sup>nd</sup> Applicant	[Y] / [N]	M / F / T	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]
3 <sup>rd</sup> Applicant	[Y] / [N]	M / F / T	[Y] / [N]	[Y] / [N]	[Y] / [N]	[Y] / [N]

\*if Minor, provide Proof of Age and please fill up declaration given in Page No.2

# Politically Exposed Persons

**ADDRESS DETAILS** (\* Please provide complete address for faster deliveries)

	RESIDENTIAL / PERMANENT ADDRESS*	COMMUNICATION ADDRESS*
1 <sup>st</sup> Applicant		
2 <sup>nd</sup> Applicant		
3 <sup>rd</sup> Applicant		

**MODE OF OPERATION**

Self       Either or Survivor       Former or Survivor       Jointly or Survivor       Minor by Guardian  
 1<sup>st</sup> Applicant       2<sup>nd</sup> Applicant       3<sup>rd</sup> Applicant       Any one of us       Others (specify) .....  
 Mandate Holder (Name) ..... (attach Mandate Letter)



**NOMINATION DETAILS (FORM DA1)**

Nomination under Sec.45ZA read with Section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

(i) I / We (name) ..... (Address).....  
 ..... nominate the following person to who in the event of my / our / minor's death the amount of deposit in the above account, may be returned by The Bhavasara Kshatriya Co-operative Bank Limited, ..... Branch.

Nature of Deposit & No.	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor, his/her date of birth

As the nominee is a minor on this date, I/We appoint (name) ..... (Age) .....years (Address) ..... to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

**OR**

(ii) I / We the undersigned do not wish to make nomination in my / our aforesaid Savings Bank Account

Place: .....  
 Date: ..... \*\*Signature(s) / Thumb impression(s)# of Depositor(s)

Signature of Witness No.1	Signature of Witness No.2
Name(s)	Name(s)
Address(s)	Address(s)

\*\* 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.  
 # Thumb impression shall be attested by two witnesses

Nomination Registration No.	Signature of Account Holder
Date	Acknowledgement of nomination received on

Form No.60 (see second proviso rule 114B) Form of declaration to be filled by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B			
	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
1. Full Name and Address of the Declarant			
2. Particulars of Transactions			
3. Amount of the transaction			
4. Are you assessed to tax?			
5. If yes, (i) Details of Ward / Circle / Range where the last return of income was filed (ii) Reasons for not having permanent account number	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No
6. Details of the document being produced in support of address in column (1)			

Verification		
I/We, .....do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the ..... day of .....		
..... 1 <sup>st</sup> Applicant	..... 2 <sup>nd</sup> Applicant	..... 3 <sup>rd</sup> Applicant
Date:	Signature of the declarant	

@ Documents (Officially Valid Documents (OVD)) which can be produced in support of

**ID Proof:**

1. Passport
2. Voter ID
3. Driving License
4. Government / Defense ID
5. PAN Card
6. UID (Aadhar) Card
7. Identity Card issued by the institution

**Address Proof:**

1. Copy of the electricity bill showing the residential address
2. Copy of the telephone bill showing the residential address
3. Bank Account Pass Book / Statement
4. Piped Gas Connection Bill
5. Passport
6. Voter ID
7. UID (Aadhar) Card

Note: RBI has clarified that close relative viz., wife, son, daughter and parents, etc., who live with their husband, father / mother and son, as the case may be, should be allowed to open an account on the basis of utility bills (required for the verification of address) of a relative with whom the prospective customer is living, along with a declaration from the relative that the said person is a relative and is staying with him/her.

**FOR OFFICE USE:**

Signed before me. Introducer's signature verified & tallied. Introduction is found in order. Document verified for name and address			
Permitted to open account.			
<input type="checkbox"/> Issue Ordinary Cheque Book		<input type="checkbox"/> Issue Personalized Cheque Book	
<input type="checkbox"/> Do not issue Ordinary / Personalized Cheque Book			
<input type="checkbox"/> Send Letter of Thanks to the account holder/s		<input type="checkbox"/> Send Letter of Confirmation of Introduction to Introducer	
The account is classified as		<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	
Threshold limit for monitoring transaction is (for medium / high risk a/c)			
Single Transaction	Rs.	Annual Transaction	Rs.
Date:		Signature of Authorised Official	

Cheque Book issued	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whether Nomination Registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Thanks sent to the A/c holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Nomination Regn.No.	
Letter of Confirmation of Introduction sent to the Introducer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, reason for non-registration	

	Staff No.	Full Name of Staff	Full signature of Staff
Application Data entered by			
Application Data checked by			

Flow of digitalization works			
Application Form sent from Branch to Scanning Hub on		Application Form received from Branch for Scanning on	
Photograph & Signature Scanned on		Photograph & Signature Scanned by	
Application Form sent back to Branch on		Application Form received and filed on	

**ACKNOWLEDGEMENT BY THE BHAVASARA KSHATRIYA CO-OP BANK LIMITED**

To  
 .....  
 .....  
 .....



We acknowledge your Nomination instruction relating to ..... Account No..... held with us. Please quote the Nomination Registration No. .... In all your future correspondence with us.

Date: \_\_\_\_\_ Signature of Branch Manager.