

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

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#

### 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#

### RELATED PEP#

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)

## KNOW YOUR CUSTOMER (KYC) DETAILS

Provide KYC document <sup>@</sup> (Attach Photostat copies of the following documents and produce the original copies of these documents for verification)

	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Document for proof of Identity			
Issuing Authority/Place of issue			
Date of issue			
Document for proof of Address			
Issuing Authority/Place of issue			
Date of issue			

For Salary Accounts – Employee Code / Staff No.^		Signature with Company Seal
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^Enclose letter from Employer verifying identity and current address

@ refer Page No.4 for details of documents for KYC

## DECLARATION BY MINOR

Type of Guardian ☐ Father ☐ Mother ☐ Court Appointed

Full Name of Guardian ☐ Mr. ☐ Ms. ....

I/We hereby declare that the date of birth of the minor who is my ..... is ...../...../..... and I am his / her natural and lawful guardian / guardian appointed by court order dated ...../...../..... (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I / We indemnify the Bank against the claim of the above minor for any withdrawal / transactions made by my in his / her account.

Date:

Signature of Guardian

## INTRODUCER'S DETAILS

Account No.		Name	
Customer ID		Branch Name	
I confirm that I am an account holder with Bhavasara Kshatriya Co-Op Bank Limited for over 6 months. I confirm that I personally know the applicant(s) detailed above for more than 6 months and confirm his / her / their identity, occupation and address.			
Date:			Signature

1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Please past Passport size color photograph here	Please past Passport size color photograph here	Please past Passport size color photograph here

You may convey promotional information through telephone Calls / sms / e-mail / letters ☐ Yes ☐ No

Pass Book / Statement of account: Issue  
☐ Pass Book ☐ Statement of Account  
☐ send Statement of Account ☐ Weekly ☐ Fortnightly  
☐ Monthly ☐ Quarterly by ☐ Post ☐ Courier ☐ e-mail  
☐ I will collect personally

☐ Nomination is required by me. Nomination Form is furnished. Please ☐ mention / ☐ do not mention nomination details on the account pass book.

Correspond at Send SMS alert  
☐ Residential / Permanent Address ☐ Yes ☐ No  
☐ Correspondence Address

I/We confirm having received, read and understood (1) the account rules and hereby agree to be bound by the terms & conditions outlined in these rules which governs the account(s) which I/We am/are opening / will open and (b) amendments to the rules made from time to time and those relating to various services availed by me / us and those relating to various services offered by the Bank and other facilities listed in this form. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time. I/We undertake to advise the Bank in writing of any change in my/our address / mode of operation etc.,

Yours faithfully,

**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 .....

.....  
Date: 1<sup>st</sup> Applicant 2<sup>nd</sup> Applicant 3<sup>rd</sup> Applicant  
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 _____			

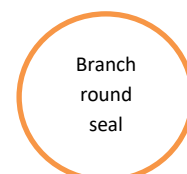
Cheque Book issued	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whether Nomination Registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Thanks sent to the A/c holder	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Nomination Regn.No.	
Letter of Confirmation 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. \_\_\_\_\_