



TO BE FILLED IN BLOCK LETTERS

# MODEL CO-OP. BANK LTD.

## ACCOUNT OPENING FORM

Branch  Date

Customer No.                      Account No.

Please open an Account as per details given below  whichever is applicable.

- CURRENT ACCOUNT     SAVING BANK ACCOUNT     \*\*BASIC SAVING BANK ACCOUNT
- OD / CC     TERM DEPOSIT SCHEME

I/We deposit initially Rs.  . Period of deposit, in case of TD / RD  days / months.

\*\*No Cheque book facility is available in Basic Savings Bank Account. Total credits not to exceed Rs. 1,00,000/- per year and balance not to exceed Rs. 50,000/-.

### PHOTOGRAPHS (Signatures of the account holders to be taken across the photographs)

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PAN No.

UID No.

DOB

\*Guardian's Photo and details, in case of Minor Account.

### IN CASE OF FIRMS, INSTITUTIONS ETC.

Title of Account

Constitution :  PROPRIETORSHIP     PARTNERSHIP     PVT. LTD.     LTD.     OTHERS

Date of Establishment / Incorporation

### PERSONAL DETAILS

Sr.	First Name	Middle	Surname	Occupation	Signature
1.					
2.					
3.					
4.					

Father's Name of 1st Applicant:

### MODE OF OPERATION

- Self     Either or Survivor     Anyone or Survivors or Survivor     Any two Jointly
- Former or Survivor     Jointly or Survivor     Guardian     Any other (please specify)

Residential Address

City  Pin Code

Mobile                      Tel. Resi.                      Email

TYPE OF BUSINESS (✓ Tick one)

Manufacturing     Real Estate     Service Provider     Trader     Agriculture     Stock Broker     Other (Specify)

PROFESSIONAL (✓ Tick one)

Doctor     Architect     CA / CS     IT Professional     Engineer     Lawyer     Other (Specify)

Business Address

City  Pin Code

Mobile                      Tel. Resi.                       Email

VAT No.

[If business, please specify type and VAT No.]

**Annual Income (Rs.)**

- Upto 1,00,000       1,00,000 – 2,00,000       2,00,000 – 5,00,000
- 5,00,000 – 10,00,000       above 10,00,000

**INTRODUCTION DETAILS**

I/We personally know Mr./Ms.  for a period of  months / years and confirm his / her identity & address mentioned in the form.

Name of the Introducer  A/c No.

Branch

Introducer's Signature verified by  Signature of the Introducer

**FOR TERM DEPOSIT**

Please credit the interest on my Term Deposit A/c. to my Saving Bank Account No.

Please issue a Payorder for the interest amount OR

For RD A/c : Please debit my SB / CA / OD A/c No.

for the monthly instalment of Rs.  starting from

I/We hereby authorize the bank to renew term deposit receipt/s upon maturity for another term at the rate of interest prevailing on the date of maturity, until specific payment instructions are given by me/us.

I note that TDS on interest on Deposits will be deducted as per Income Tax Act, 1961, wherever applicable, and the maturity amount of QRIP / FDR Accounts will be reduced accordingly.

**DECLARATION**

I/We have read and understood the terms and conditions governing the opening of an account with Model Co-op. Bank Ltd. I/We agree to abide by the Bank's Rules & Regulations relating to conduct & operations of the Bank Accounts which are in existence & which may be changed from time to time by the Board of Directors. I/We authorize the Bank to verify the details given herein through any means/person(s), as may be perceived necessary by the Bank. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

I/We undertake to maintain sufficient balance to meet the amount of cheques issued by me.

**For Personal Accounts**

**Signature(s)**

1 <sup>st</sup> A/c Holder <input type="text"/>	3 <sup>rd</sup> A/c Holder <input type="text"/>
2 <sup>nd</sup> A/c Holder <input type="text"/>	4 <sup>th</sup> A/c Holder <input type="text"/>

In case of Firms / Institutions / Ltd. Co., Rubber Stamp to be affixed

Signed before me

Signature

Signature of the Bank Official with Stamp

**NOMINATION FORM**

I/We nominate the following persons to whom, in the event of my/our death, the amount of deposit may be paid:

Name of the Nominee  Relation  Age

Residential Address

City  Pin Code

Mobile  Tel. Resi.  Email

Date of Birth  (In case of Minor) Guardian

Signature of the Depositors	1 <sup>st</sup> A/c Holder <input type="text"/>	3 <sup>rd</sup> A/c Holder <input type="text"/>
	2 <sup>nd</sup> A/c Holder <input type="text"/>	4 <sup>th</sup> A/c Holder <input type="text"/>

**OFFICE USE ONLY**

	NAME	SIGNATURE	
Account market by	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account opened by	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account authorised by	<input type="text"/>	<input type="text"/>	<input type="text"/>

Risk Category : A/C is classified as  Low Risk  Medium Risk  High Risk

Approved

Account holder personally signed before me

Branch Manager

Signature of the Bank Official