



Jelar Bank Apnar Bank

Murshidabad District Central Co-operative Bank Ltd.

Head Office: 48, 49 B.B. Sen Road, P.O. Berhampore, Dist. Murshidabad (W.B.). PIN-742101,

ACCOUNT OPENING FORM FOR INDIVIDUAL

Branch:

Date:

Customer Status (✓): Individual Senior Citizen Staff Minor Others

I/ We request you to open my/ our deposit account with your branch/ Bank in accordance with terms and conditions of the Bank as ticked (✓) under :

Account Type: Savings with cheque Savings without cheque Current

Initial Deposit : Rs. Mode: Cash Cheque NEFT RTGS Transfer from A/C No.....

Cheque Payment / UTR No:

Date:

Bank:

Branch:

Home Branch

Date

Account number allotted

Mode of Operation (✓)

Single Jointly Any two jointly Either or Survivor Former or survivor Anyone or Survivor Guardian of Minor Other

Cheque Book Required ? Yes No Cheque Book to be collected by customer Regd. Post/ Courier at permanent address Mailing address

ATM Card Required ? Yes No PIN Mailer to be collected by customer Regd. Post/ Courier at Permanent Address Mailing address

Name on Card:

1st Holder

(1st Holder)
Signature

(2nd Holder)
Signature

(3rd Holder)
Signature

(A) Account Holders Details:

Primary Holder details in CAPITAL letters (In the order of first, middle and last name, leaving a space between words)

Male Female Married Unmarried

CIF

Date of birth

PAN / GIN

Permanent Address

PIN

Mailing Address

PIN

Mob./ Tel.

e-mail

Father's/ Mother's Name/ Spouse's / Guardian's Name (CAPITAL) :

(C) KNOW YOUR CUSTOMER (KYC) DETAILS:

Provide KYC documents and attach the self-attested photo copies and place the original documents for verification.

Proof of Photo identity

Voter ID Card Passport Driving License PAN Card Govt. ID Defence ID Photo ID ID Card of Reputed employer Adhar Card

Document for proof of identity including photo	Nature of document	Issuing Authority	No. / date of issue
PRIMARY			
2ND Holder			
3RD Holder			

Proof of Address

Ration Card Electricity Bill Telephone Bill Income/ Wealth Tax assessment order (with address) Bank A/C Statement/

Credit card statement Letter of Reputed Employer Letter of any recognized public authority Other

For married woman, proof of identity with her maiden name, if supported with a verified true copy of marriage certificate is acceptable as valid identity & address proof.

Document for proof of identity including photo	Nature of document	Issuing Authority	No. / date of issue
PRIMARY			
2ND Holder			
3RD Holder			

(D) VERNACULAR/ ILLITERATE DECLARATION:

The contents of the form as written above are the Savings Account Rule and procedure were described by the bank officials of my vernacular language. I understood what are written in the form and Savings Account Rule and procedure of the bank. I also communicate Savings Account Rule and procedure to the other account holder(s). After understanding everything regarding the savings account opening I put my signature/ thumb impression in presence of witnesses.

Signature of witness	Address of witness	Signature/ thumb impression first Account Holder

E. DECLARATION:

I/ We have read and understood the terms and conditions of Savings Account Rules of the bank and put my/ our signature/ thumb impression for opening of Savings Account. I/ We will notify any change of address if there be any. It is also to notify that the account will not be used for any business transaction.

OPERATIONAL INSTRUCTION

Primary (Guardian)	Joint-1	Joint-2
PASTE RECENT PASSPORT SIZE PHOTO	PASTE RECENT PASSPORT SIZE PHOTO	PASTE RECENT PASSPORT SIZE PHOTO
SIGNATURE ↓	SIGNATURE ↓	SIGNATURE ↓



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Declaration for non-encashment of Pre-Dated/ Anti-date Cheques

To
The Branch Manager,

..... Branch.
Murshidabad District Central Co-operative Bank Ltd.

Sir,

I/ We have applied for opening of Current / Savings Account. I/ We would request you to please allow us to open the above referred account I/ We am/ are assured you that I/ We will use this account for transaction purpose and will not en-cash any cheque the issue date of which is prior to open of the account, i.e., predated cheques. In case I/ We en-cash any predated cheque I/ We will not demand money immediately and that will be kept in bank account for 06 months (stale period) and if any demand is placed for fraudulent encashment of cheque the bank is at liberty to settle the amount out of the proceed of such cheques. The declaration is final and binding upon me/ us.

Yours faithfully,

Form DA-I Nomination Form

(For individual/ sole proprietor concern only)

Nomination under section 45ZA to 45ZF of the Banking Regulation A/C 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/ Wename(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 WBSCB.

A/C No.	A/C type	Name of nominee	Relationship with nominee	AGE/ DOB of Minor*
Nominee's CIF		Guardian's CIF		

Address of Nominee :

* As the nominee is a minor of this date, I/ We appoint Shri/ Smt./ Kumari(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.

Witness #

* Signature / Thumb Impression of Depositors

<p>Signature :</p> <p>Name :</p> <p>Address :</p>	<p>Signature :</p> <p>Name :</p> <p>Address :</p>
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Signature (s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor (s) should be witnessed by two person(s)

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

Form 60

Are you TAX Assesse Yes No if yes:

[a] Details of Ward/ Circle/ Range where (he last return of income was filed:

[b] Reason for not having PAN

Form 61

To be filed 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 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.

Place: _____ Date: _____ (Signature of Declarant)

OFFICE USE

The documents relating to account opening form has been verified and account is accepted.

Customer ID :	<input type="text"/>	Account Head:	<input type="text"/>	Category code:	<input type="text"/>
Account No. :	<input type="text"/>	Authorized Signatory with date:			
		<input type="text"/>			

Signature of official with Stamp _____ Date : / /