

OPERATIONAL INSTRUCTION

Account operator/s name with designation	Specimen Signature with stamp:	Recent Photo
1.		Please paste latest passport size photograph 1st holder & signed across by self.
2.		Please paste latest passport size photograph 2nd holder & signed across by self.
3.		Please paste latest passport size photograph 3rd holder & signed across by self.
4.		Please paste latest passport size photograph 4th holder & signed across by self.
5.		Please paste latest passport size photograph 5th holder & signed across by self.

Additional Documents to be submitted:

Constitution	Document to be submitted
Sole Proprietorship Firm	<ul style="list-style-type: none"> • Sole Proprietorship Letter • Copy of trade license • Power of Attorney (if any) granted to any person to transact the business on its behalf.
Partnership Firm	<ul style="list-style-type: none"> • Copy of Partnership Deed • Registration Certificate (if any) • Power of attorney Granted to partner or an employee of the firm to transact business on its behalf. • Any document identifying the main partners and the person(s) holding power of attorney and their addresses.
Hindu Undivided Family (HUF) Or Joint Hindu Family Firm	<ul style="list-style-type: none"> • Prescribed Joint Hindu Family letter signed by all adult coparceners. • Declaration from Karta • Proof of Identification and address of Karta.
Limited Company (Public/ Pvt.)	<ul style="list-style-type: none"> • Copy of Certificate of Incorporation. • Copy of certificate of commencement of business in case of public limited co. • Certified copy of Memorandum and Article of Association of the company made up to date • A certified true copy of the resolution of the Board of Directors of Company, requesting the bank to open an account in its name and specify the operating instructions and a list of authorized officials to operate the account. • A list of present directors and their address, under the signature of chairman. • Power of Attorney if granted to its manager, officer or employee to transact the business on its behalf.
Cooperative Societies, Association, Club etc.	<ul style="list-style-type: none"> • Certificate of Registration. • Certified copy of the Byelaws / MOA of the society/ copy of resolution of office bearers' election / etc. • Resolution of the Board of Directors/ Management Committee appointing the bank as its banker for opening of account and stipulating the conditions for the conduct of account. • List of members (with address) of BOD/ Managing Committee with the copy of resolution electing them to the committee.
Charitable/ Public Trust/ Foundations etc.	<ul style="list-style-type: none"> • Certificate of Registration, if registered. • Copy of Trust Deed / Constitution document. • Power of attorney granted to persons to transact the business on its behalf. • Certified copy of the resolution signed by all the trustees in regard to the conduct of the account. • Any document listing out the names and addresses of trusts, settlers, beneficiaries and those holding power of Attorney and other key officials involved in day to day management of the trust/ foundation to the satisfaction of bank. • Certificate from the Charity Commissioner in case of registered trust.

* All individuals who are proprietor/ partner/ Karta/ Director/ Authorized Signatory etc. must provide separate identify and address proof in conformity with the details furnished in the application form as per individual KYC guidelines mentioned in page 3 (three).



Jelar Bank Aapnar 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,

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

To
The Branch Manager,

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

Madam/ 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**

Signature : Name : Address :	Signature : Name : Address :
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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 agruculture 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 beloef.

Place:

Date:

(Signature of Declarant)

OFFICE USE

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

Customer ID :

Account Head:

Category code:

Account No. :

Authorized Signatory with date:

Signature of official with Stamp

Date : / /