

Customer Id : .....

Nomination No.....

**1****Photo****2****Photo****3****Photo**Account No. 

**PUDUKKOTTAI DISTRICT CENTRAL CO-OPERATIVE BANK LTD.,**  
 Head Office / ..... Branch

**Account Opening Form for Individuals (Single / Joint)**  
**( SB / CURRENT / RD / TERM DEPOSIT )**

I/We request the Bank to open an account as per details below :

Date : .....

Savings Account		Term Deposits						
		Nature of Deposit	Amount Rs.	Period	Int. Payable	Rate of Int.	Mat. value Rs.	Mat.Date
With Cheque Facility	<input type="checkbox"/>	Fixed Deposit						
Without Cheque Facility	<input type="checkbox"/>	Cash Certificate						
		F.D Tax Saving						
		C.C Tax Saving						
Current Account	<input type="checkbox"/>	Recurring. Deposit						

Operational Instruction	Single	Jointly	E or S	F or S	A or S	Others
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Customer Name &amp; Address ( All in BLOCK Letters)

Name	Associate Membership Number	Father / Spouse Name	Sex	Date of Birth	PAN / GIR No. @	Address Proof

@ in the absence of PAN / GIR No., the applicant should submit Form 60 as in Page 3

**RESIDENTIAL ADDRESS****OFFICE ADDRESS**

1.		1.	
PIN :	Phone : Mobile :	PIN :	Phone : Mobile :
2.		2.	
PIN :	Phone : Mobile :	PIN :	Phone : Mobile :
3.		3.	
PIN :	Phone : Mobile :	PIN :	Phone : Mobile :

copy of Passport / Latest Telephone / Electricity Bill / Wealth Tax Assessment Order / Ration Card / Bank Account / Credit Card Statement / Letter from Employer (subject of the satisfaction of the Bank) should be submitted as proof of residence. **Please Produce the Original for verification**

1.	1.	1.
2.	2.	2.
Signature of Applicant 1	Signature of Applicant 2	Signature of Applicant 3



**Standing Instruction :****Fixed Deposit**Credit Monthly / Quarterly Interest : S.B / C.A / POD / A/c. No. \_\_\_\_\_  
Pay Order / Other Branch : \_\_\_\_\_**Recurring Deposit**

Debit S.B / C.A / POD / A/c. No. \_\_\_\_\_ on Date \_\_\_\_\_ every month

\_\_\_\_\_  
Signature of Applicant/s**Staff Declaration :** I / We declare that the monies deposited or which may from time to time be deposited hereafter into above mentioned account in mv/our name(s) belong to me/us.\_\_\_\_\_  
Signature of Staff**In case of Minor :****Name of Parent / Natural Guardian :** \_\_\_\_\_**Address of the guardian :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN:**

I hereby declare that the deate of birth...../...../..... of the minor who is my .....and I am his / her natural guardian / lawful guardian appointed by the 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 indemnify the Bank against the claim of the above minor for any withdrwl / transactions made by me in his / her account.

\_\_\_\_\_  
Signature of the Guardian**Introducer Details**

Introducer's A/c No. \_\_\_\_\_

Since \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Pin : \_\_\_\_\_

Phone No. \_\_\_\_\_

I certify that I have known Thiru./Tmt./Selvi \_\_\_\_\_ for the last \_\_\_\_\_ months / years and confirm his/her/their occupation and address stated in his/her/their application to open the account. I also attest his/her signature(s)

\_\_\_\_\_  
Signature of Introducer

- ❖ **Operating Instructions for Joint SB/ Current Accounts :** We request and authorise you, until any one of us shall give you notice in writing to the contrary, to honour all cheques or other orders drawn or bills of Exchange accepted or notes made on our behalf signed by (1) ..... (2) ..... of us jointly and / or severally and to debit such cheques to our account with your, whether such account be for the time being credit or overdrawn We also request you to accept the endorsement by (1) ..... (2) ..... of us jointly and / or severally on cheques, orders, bills or notes debit balance is caused including your commission, interest at the appropriate rate and other incidental charges. In the event of death, insolvency or withdrawal of any of us, the survivor/s of us shall have full control of any monies then and there after standing to our credit in our account with you and in that event the survivor/s will have full powers to operate the account and / or to close the account.
- ❖ **Due Date Notice :** Please " Send / \* do not send due date notice to my / our above address (\*strike out which is not applicable)
- ❖ **Tax Deduction at Source :** Form No.15G/15H for exemption from TDS is enclosed (for applicant seeking exemption from TDS)
- ❖ **Pre closure :** In the event of my / our seeking pre-closure of term deposit/RD, I/We agree that the Bank shall apply the rules for pre-closure of term deposits / RD prevailing on the date of my/our request for such pre-closure.
- ❖ **For Current Accounts (Individuals Only) :**
  - (a) ❖ At present I/We do not enjoy any credit facility with any Bank/Branch I/We undertake to inform you as and when credit facilities are availed by me/us with other Bank(s) Branch(es) of your Bank.
  - ❖ At Present, I am/We are having account with the following other Bank(s) / Branch(es) and enjoying facilites.

Name of the Bank / Branch	Nature of Facility	Limit Sanctioned	Balance Outstanding	Securities

(\*Strikeout which is not application)

- ❖ **Minimum Balance :** I/We hereby undertake to maintain a minimum balane of Rs..... in the account and also agree to maintain the minimum balance as modified by the Bank from time to time. I/We also agree that the Bank has got every right to close the account for non-maintenance of minimum balance and if cheques are issued by me/us without providing adequate funds.



- ❖ **Senior citizens (Completed 60 years of age)** : Please provide copy of Secondary School Leaving Certificate / LIC Policy / Voter's Identity Card / Pension payment Order / Birth Certificate issued by the competent authority / Passport / any other relevant document providing proof for age.

**NOMINATION** (Nomination Form DA-1) Nomination under sec. 46 ZA of the Banking Regulation Act, 1949 and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

I/We nominate the following person to whom in the event of my / our minor's death the amount of deposit in the above account may be returned by the Bank, As nominee is minor on this date. I/We appoint Thiru / Tmt /..... to receive the amount of deposit in th account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Name & Address of Nominee \_\_\_\_\_

Nominee's Relationship with Depositor : \_\_\_\_\_ Age of Nominee : \_\_\_\_\_ Years \_\_\_\_\_

If nominee is minor, date of birth : \_\_\_\_\_

\_\_\_\_\_  
Signature of Depositor

Nomination received and registered on : No \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Authorised Officer

**FORM No. 60**

1. Full Name of the declarant :			
2. Particulars of transaction :			
3. Amount of Transaction	Rs.	Rs.	Rs.
4. Are you assessed to Tax	Yes / No.	Yes / No.	Yes / No.
5. If Yes :			
(a) Details of Ward / Circle / Range where the last return of Income Tax was filed?	_____	_____	_____
(b) Reason for not having PAN/GIR No.	_____	_____	_____
6. Details of document * being produced in support of address in Col. 1	_____	_____	_____

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 :

Place :

Signature(s)

**FOR PROOF OF IDENTITY AND ADDRESS OF THE DEPOSITOR / ACCOUNT HOLDER (S)**

✓ Passport Copy	✓ Photo Identity Card	✓ Voter's ID Card
✓ Employee ID Card	✓ Gas Connection Receipt	✓ Latest Electricity Bill
✓ Driving licence (laminated card) with photograph	✓ Latest Telephone Bill	✓ PAN Card or Form 60 in lieu of PAN Card.
✓ introduce's confirmation	✓ Ration Card	

✓ Any other State / Central Govt. Document evidencing Address / Identity or Local Body / NGO / MFI



Account No.

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1. Applicant (s) interviewed for the purpose of opening account as ascertained is .....
2. Introducer called at the Bank/Branch and interviewed (or) introducer did not call at the Bank/Branch, but confirmation obtained by ..... (mode of confirmation) / particulars of identification verified with the originals and copies obtained.

Signature of the Manager \* : .....

Name & Code No. ....

3. Authorisation for Account Opening :

☐ Account may be opened ☐ Cheque Book may be / need not be issued

Signature of Managers.....

Name & Code No .....

4. Account Opened on ..... (Date) by Mr./Mrs ..... (Name) of the Staff / (Code No. ) Customer ID No .....
5. Verified the Opening of the account and letter of thanks sent to the customer on ..... and to the introducer on .....
6. Acknowledgement received from customer on ..... and from introducer on.....
7. Passbook / Deposit Receipt No. .... delivered to the customer on .....
8. The Specimen signature (s) of the applicant's was scanned and added to the account by ..... (Staff name). Verified the scanning of the specimen signature(s) and adding to the account.
9. Nomination details entered in the system / Nomination Register on ..... vide Registration No.....
10. ATM / Debit Card No ..... / ID despatched on ..... (if Sent subsequent to date of opening, to be filed in immediately after despatch).

**Risk Classification and Fixing of Threshold Limit :**

11. Potential activity expected in the Account (Monthly / Annual Turnover ) Rs. ....
12. Source(s) of Funds : .....
13. Annual Income Rs ..... The threshold limit is fixed at Rs .....
14. Risk Classification : 

	Low		Medium		High
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15. Reasons for risk classification made :

Signature of the Manager ..... Code No.....

Name ..... Date : .....



# PUDUKKOTTAI DISTRICT CENTRAL CO-OPERATIVE BANK LTD.,

Branch / Head Office

A/c. NO.

## CUSTOMER PROFILE

(Annexure of Account Opening Form to be obtained for each applicant separately)

Full Name : \_\_\_\_\_ Father / Husband's Name \_\_\_\_\_

### A. OCCUPATION

1. Occupation ☐ Salaried ☐ Self employed / Profession ☐ Business ☐ Student  
☐ Retired ☐ Agriculture & Allied ☐ Others (specify .....)
2. If self employes ☐ Doctor/C.A. ☐ Lawyer ☐ Engineer ☐ Business ☐ Others
3. Source of Funds :
4. Monthly Income ☐ Upto Rs. 20000/- ☐ Upto Rs. 50000/- ☐ Upto Rs. 1 lakhs  
☐ Upto Rs. 5 lakhs ☐ Upto Rs. 10 lakhs ☐ Above Rs. 10 lakhs
5. Annual Turnover .....

### B. PERSONAL

6. Date of Birth ☐☐ DD ☐☐ MM ☐☐☐☐ YY 7. Marital Status : ☐ Married ☐ Unmarried
8. Educational Qualification : ☐ Upto HSc ☐ Graduate ☐ Post Graduate  
☐ Professional (Pl.Specify .....)
9. Spouse's Qualification : ☐ Upto HSc ☐ Graduate ☐ Post Graduate
10. Family Members

Age Group	Upto 10 Years	11 to 12 yrs	13 to 20 yrs	21 to 45 yrs	46 to 60 yrs	Above 61 yrs	Total
No. of Males							
No. of Females							

11. Any relative settled abroad : ☐ Yes ☐ No. If yes, please mention their names and address :

Names	Address
1	
2.	
3..	

12. How many times you have been abroad in last three years : ☐ Never ☐ 1-5 Times ☐ Above 5 Times
13. Do You have a Credit Card : ☐ Yes ☐ No. if yes, Name of the card : .....

### C. DEALING WITH OTHER BANKS :

14. Name of the Bank and Branch : .....
15. Type of Accounts / Facilities : .....

### D. EXISTING CREDIT FACILITIES :

16. Personal Loan ☐ Yes ☐ No. 20. Housing Loan ☐ Yes ☐ No.  
17. Consumer Loan ☐ Yes ☐ No. 21. Against Security ☐ Yes ☐ No.  
18. Car Loan ☐ Yes ☐ No. 22. Education Loan ☐ Yes ☐ No.  
19. Jewel Loan ☐ Yes ☐ No. 23. Others ☐ Yes ☐ No.

### E. ASSETS : Total Rs. .... (approximate)

24. Vehicle ☐ Car ☐ Two Wheeler ☐ Others ☐ None
25. House you live in ☐ Ancestral ☐ Owned ☐ Rented ☐ Employee's
26. Insurance Policy ☐ Upto Rs. 1 lakhs ☐ Upto Rs. 2 lakhs ☐ Upto Rs. 5 lakhs ☐ Above Rs. 5 lakhs
27. Other Investment ☐ Upto Rs. 1 lakhs ☐ Upto Rs. 2 lakhs ☐ Upto Rs. 5 lakhs ☐ Above Rs. 5 lakhs
28. Any other Assets

Place : .....

Date : .....

( Signature of the Customer )