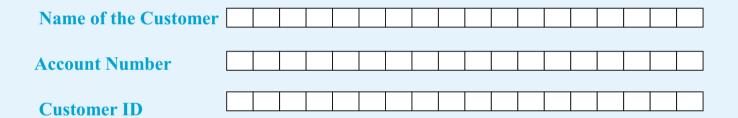


An ISO 9001:2008 Certified Bank

ACCOUNT OPENING FORM

SB/CA/RD/FD/GCC



"Relationship banking for ever since 1961 "

Branch :....



The Chungathara Service Co-operative Bank Ltd; No: F 1807



Branch :.....

For Bank Use Only																				
	Name & Code of the Branch													т	Aff					
	Cust ID					Τ						ר ר						'assj ze F		
	A/C No																51	ze r	not	.0
	Member No. (അംഗത്വ നമ്പർ)[
Signature: Signature:									re:											
Ple	ase Open (Tick any on Deposit))		s	 B	[(CA			RD		FD		GCO	С				
Му	/Our /SHG/Kudumbasree/ Insti	tuti	on																	
1.	Full Name in (Mr/Mrs) (പേര്)											 							
	Ist Applicant	:																		
				_																
	IInd Applicant	:																		
2																				
2.	Father/Husband/ Guardian Name	:																		
	(പിതാവ്/ഭർത്താവ്/ പോഗാർത്താവ്)																			
3.	രക്ഷകർത്താവ്) Residential Address	:																		
	(മേൽവിലാസം)	•																		
4.	House No. (വീട്ട് നമ്പർ)	:					Г	T	Τ	Τ				1			T			
5.	Block																			
5.	(ബ്ലോക്ക്)	:																		
6.	Post office (പോസ്റ്റോഫീസ്)):																		
										1		<u> </u>	1		<u> </u>		1			
7.	Place Name (സ്ഥലത്തിന്റെ പേര്)	:				Γ			1	1										
0	Ward No. (വാർഡ് നമ്പർ)			1	1			1		1			ı				1			
8.		:							<u> </u>											
9.	Panchayath (പഞ്ചായത്ത്)	:																		
10.	Village (വില്ലേജ്)	:																		
11.	Taluk(താലൂക്ക്)	:																		
12.	Telephone/Land line No (ഫോൺ നമ്പർ)	:																		

13. Mobile No.	:														
14. E-mail ID (ഇ.മെയിൽ ഐ.ഡി.)	:														
15. Sex	:	Male (റ	്യരുഷന	(გ	Fe	emale (N	സ്ത്രീ)							
16. Date of birth (ജനന തീയതി)	:														
17. Occupation (ജോലി)		Private Sector Public Sector Govt. Service (സ്വകാര്യമേഖല) (പൊതു മേഖല) (ഗവൺമെന്റ് ജോലി)									റലി)				
	Business (കച്ചവടം) Self Employment Agriculture (സ്വയം തൊഴിൽ) (കൃഷി)														
	Retired Others (Specify) (റിട്ടയർ ചെയ്തത്) (മറ്റുളളവ)														
18. Community Details	: Reli	gion (മര))			Cas	te (ജ	തി) [
		SC (പട്ട	ികജാര	ກ]		ST (പ	ട്ടികറ	വർഗ്ഗം)	Musli	m (മുന്റ	ပ္ပါ၀)			
		OBC (മറ്റു	പ്രിന്നേ	റാക്ക ന	vമുദാ	യം)			Others	(മറ്റുളളവ	ുള്ളവ)				
		hristian (Converte	ed (പരി	വർത്	തിത െ	ക്രസ്	ര്നവര് നിന്നവര്	5)						
19. Whether Physically Handicapped (അംഗ പരിമിതനാണോ)	:	Yes അ	ഞ] No	(അല്ല	Ĵ)					
20. Ration Card No. (റേഷൻ കാർഡ് നമ്പർ)	:	APL [BP	L]			
21. KYC Document Provided	: 🗌	Voter ഇലക്ഷ(ഡി.)		Adhaar ആധാര			'asspor റസ്പേ			AN ഗൻ)			
		Driving ໂຄຍເເມດ	License ມິດເດັດ	ലെസാന്	പ്പ			ers (S ുളളവ		·)				
	ID N														
22. Mode of operation	:	Self (m	ചന്തം)	🗌 J	oint (a	കൂട്ടാര	ນໃ)	Ec	or S	F or S		or S			
		By Gua	rdian(@	ക്ഷകർ(ഞാറ	(ĭ			By M	inor (ഒെ	മനർ)				
<i>23.</i> Customer Type (√ <i>Tick one</i>)	: Mi		enior itizen	Board Direct		Staff		Ex-S	Staff	Pensio Pensio		General			
24. In case of Minor (Attach proof for Minors DOB)	: Nar	ne of the	Guardia	n											
(Anach proof for Minors DOB)	Rela	Relationship with Minor													
	Date	Date of Birth of Minor													

25. Annual Income (വാർഷിക വരുമാനം)	: Up to 25,000 (25,000 വരെ) Up to 50,000 (50,000 വരെ)
	Up to 1 lakhs lakh to 2 lakh (1 ലക്ഷം മുതൽ 2 ലക്ഷം വരെ)
	2 lakh to 3 lakh (2 ലക്ഷം മുതൽ 3 ലക്ഷം വരെ) (3 ലക്ഷം മുതൽ 5 ലക്ഷം വരെ)
	5 lakhs above (അഞ്ച് ലക്ഷത്തിന് മുകളിൽ)
26. PAN/TIN/TAN	: FORM 60/61
27. Status	: Resident Non Resident
28. Constitution	: Individual Partnership Company Society (HYÀN) (1MÀ«VWÀJN, V) (11/4)
	SHG JLG Club Others (Specify)
29. Educational Status (HNZÝMMK TBM KÝ	: Below 10^{th} (] MW $\&$ MKNÂ XM 10^{th} (] MW $\&$ MK $+2$ (1KVSP)
	Degree (_NCPZW) Post Graduation (_NCEX+´C_NCPZW)
	Professional ($SXMGNÂ$) Illiterate ($\land N \notin \in A$)

30. Specimen Signature

Details of Joint Account Holders (SHG/Other Institutions/Individuals)

Title of the Account		Branch
Name & Address of the applicant	Signature	Photograph
		Affix Passport Size Photo
		Affix Passport Size Photo
		Affix Passport Size Photo

	I know Shri/Smt years/months. He/she is residing at the address given above.									
	Date : Signature of the introducer									
	(Name and Signature of the verifying Branch official)									
	I/We request you to open									
	The Saving Bank rules and regulations including those relating to above account have been explained to me/us and I /we agree to abide by the same. An additional photograph of sole/each applicant is attached.									
	Date:									
	Place: Signature/Thump Impression of first/sole applicant (Thumb impression should be attested) Signature/Thump Impression of Second Applicant									
32.	Operating Instruction As per Resolution As per Details Mentioned									

33. Instructions for Fixed Deposit/Recurring Deposit

Amo unt	Te	nure	Rate of Interest%]	Interest paym	ent	Maturity Instruction				
	Year	Month/ Days		Monthly	Quarterly	Maturity	Renew Principal &	Renew Principal & Pay interest	Do not Renew		

34. Request for add on:-

SL. No.	Product	
1	e – statement of Account	Yes/No
2	Cheque Book	Yes/No
3	Mobile Banking	Yes/No
4	Internet Banking	Yes/No
5	ATM card	Yes/No
6	Others	Yes/No

Term & Conditions: -

I /We confirm having read and understood (a) the accounts rules and hereby agree to be bound by the terms and conditions outlined in these rules which governs the account (s) 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 when displayed by the Bank on its notice board or on its website and those relating to various service offered by the Bank including but not limited to debit card, internet banking mobile banking 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.

	Signature/Thump Impression of Applicant		Signature/Thump Impression of Applicant					
(Office use)								
Name & Signature of the verifying Branch official								
	Branch Office							

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FORM DA -1 : NOMINATION

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rules 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits.

I /We (Name (s) R/o....

nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account may be returned by The Chungathara Service Co-operative Bank Branch Office

Personal details of your Nominee

Name	:																	
Address with Pin code			<u>.</u>															
Land Mark	:																	
Taluk	:																	
Panchayath	:																	
Ward	:																	
Village	:																	
Mob	:																	
Relationship with Depositor	:																	
		Age	;							D	ate o	of Bir	th [
* As the nominee is minor on Age Address	this da	te, I /	We a	ppoii	nt M 	r/Ms	•••••								•••••		 	
Age Address																		
Place :																		
@ Where the deposits is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act																		

on behalf of the minor *Strike out if nominee is not a minor

WITNESSES

Name & Signature of the first witness	Name & Signature of second witness						
Name	Name						
Signature	Signature						
Address	Address						
Place	Place						
Date	Date						
Telephone No	qelephone No						
Thumb impression (s) shall be attested by two witnesses other	erwise it shall be attested by one witness.						
NOMINATION REGISTERED The above mentioned nomination is registered at serial No in respect of							
(Type of Account) Deposit Account No.							

No.						
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For The Chungathara Service Co-operative Bank Ltd. No. F1807

Date.....

(Authorized Official)

To be filled by those who do not have PAN

FORM NO.60	FORM NO.61
[See Second proviso rule 11 4B]	[See proviso to clause (a) of rule 114C (1)]
Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B	Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B
1. Full name and address of the declarant	1. Full name and address of the declarant
	·····
2. Particulars of transaction	2. Particulars of transaction
3. Amount of the transaction	
4. Are you assessed to tax Yes No	
5. If yes, (i) Details of Ward/Circle/Range where the last return of	6. Details of the document being produced in support of address
income was filed	in column (1) Yes No
(ii) Reasons for not having permanent account	
 Number: Details of the document being produced in support of address 	I hereby declare that my source of income is from agriculture and I am not required to pay income – tax on any other income, if any.
in column (1)	
Verif	ication
I,	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/Thump Impression of the declarant