



ACCOUNT OPENING FORM FOR INDIVIDUALS

Date:

Account No.

Grid for Account No.

Branch

Grid for Branch

I/ We request you to open my/ our deposit account with your branch/ bank as under: (Tick (✓) relevant type of account)

Table with 4 columns: Type of Account, Scheme Name, Type of Account, Type of Account. Rows include Savings Bank A/c, Current A/c, Term Deposit A/c, Home Safe A/c, Fixed Deposit A/c, Recurring A/c.

FULL NAME, in CAPITAL Letters (In the order of first, middle and last name, leaving a space between words)

M / F

Grid for Full Name and Gender (M/F) for three applicants.

Date of Birth (dd/mm/yyyy)

PAN (if not available, please attach Form 60/ 61)

Member No. (if any existing)

Grid for Date of Birth, PAN, and Member No. for three applicants.

Table with 6 columns: Occupation \*, Status \*\*, Annual Income (in Rs), Relationship with 1st applicant, Nationality, Father's/ Husband's Name. Rows for three applicants.

\* Please choose from the following:

Table with 7 columns: Salaried, Retired, Self Employed, Agriculture, Professional, Agrl. Labourer, Politician, Other Labourer, Housewife, Business, Student, Others, Defence Staff.

\*\* Please choose from the following:

Table with 5 columns: Minor, Sr. Citizen, Pensioner, NRI, Other/ General.

Table for Name of the Guardian and Relationship with minor (F & NG, M & NG, Legal\*, De facto, Others).

\* In case of legal guardian (guardian appointed by Court), enclose copy of the court order

Table for Name and address of Employer for 1st, 2nd, and 3rd Applicants.

Operating Instructions (Please mark ✓ in appropriate box):

Table with 6 columns: Self, Either or Survivor, Former or Survivor, Jointly, Any one or Survivor/s, Others (Pl. Specify).

Facilities required (Please mark ✓ in appropriate box/es):

Table for facilities: Cheque Book, Statement of Account through (Pass book, Post, E-mail, Delivery at branch), Statement Frequency (Monthly, Quarterly).

Table for Residential Address for 1st, 2nd, and 3rd Applicants, including Flat No., Street, City, State, Pin Code, Tel. No., Fax No., Mobile, Email.



**Madappally Service Co-operative Bank Ltd. No. 160**

**Details of Identification documents submitted by the applicant/s**

**(CARE: FOR NRI APPLICANTS COPY OF PASSPORT MUST BE SUBMITTED AS IDENTIFICATION DOCUMENT)**

	<u>Photo Identity</u>			<u>Address Proof Identity</u>		
	1	2	3	1	2	3
Type of Document						
Document Number						
Issuing Authority						
Date of Issue						
Place of Issue						
Valid up to						

\*\*\*\*\*

<p><b>Form 60/ 61 (to be filled by those who do not have PAN)</b></p> <p><b>Form 60</b></p> <p>Are you a Tax Assessee    <input type="checkbox"/> Yes    <input type="checkbox"/> No    if Yes</p> <p>a) Details of Ward/ Circle/ Range where the last return of income was filled: .....</p> <p>b) Reason for not having PAN No.: .....</p> <p><b>Form 61</b></p> <p>To be filled by a person who has only agricultural income and no other income chargeable to income tax.</p> <p>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,</p> <p><b>Verification</b></p> <p>I .....do hereby declare that what is true to the best of my knowledge and belief.</p> <p>Verified at ..... this the ..... day of .....20</p> <p>Date : .....</p> <p>Place : ..... Signature of the Declarant</p>	<p><b>KYC IDENTIFICATION DOCUMENT TO BE SUBMITTED BY APPLICANT</b></p> <p>(Any one document from each of the following two lists subject to Bank's satisfaction)</p> <p><b>LIST - I (Latest/ recent photo identification documents)</b></p> <ol style="list-style-type: none"> <li>1. Passport (<b>Must for NRI</b>)</li> <li>2. Driving Licence with photograph</li> <li>3. Voter's Identity Card</li> <li>4. PAN Card, Government ID Card</li> <li>5. Identity Card/ Confirmation from employer</li> <li>6. Letter from recognized public authority or public servant verifying the identity (photo) of customer.</li> <li>7. Confirmation letter from employer/ other Bank verifying therein photograph of the customer along with other things.</li> <li>8. Any other document with photograph evidencing identity of the applicant/s acceptable to the Bank.</li> </ol> <p>(For married woman, proof of identity with her maiden name. If supported with verified true copy of marriage certificate is acceptable as valid identity proof).</p> <p><b>LIST - II (Latest/ recent documents showing address proof)</b></p> <ol style="list-style-type: none"> <li>1. Passport</li> <li>2. Driving Licence with address, Voter's Identity Card</li> <li>3. Telephone Bill, Electricity Bill, Ration Card</li> <li>4. Bank account statement (with address)</li> <li>5. Income/ Wealth Tax assessment order (with address)</li> <li>6. Letter from employer/ Any document of communication issued by any authority of Central/ State Government or local body showing residential address</li> <li>7. Any documentary evidence in support of residential address acceptable to the Bank</li> <li>8. In case of married women address proof of the groom is acceptable.</li> </ol>
--	--

**For Office Use**

Sr. No	Description	Name of Authorised Staff	Signature
1.	Applicant interviewed & purpose ascertained by		
2.	Document/s of identification/ Address Proof listed above were verified with original by		

**KYC CERTIFICATION:**

<p>I have met the account opener/s Mr. / Ms.....</p> <p>Mr./ Ms. .... Mr./ Ms. .... in person and hereby confirm that KYC Norms are fully complied with and further confirm that-</p> <p>i) a) The introducer has visited the branch OR b) The introducer has not visited the branch but written confirmation obtained.</p> <p>ii) The signature of the introducer is verified and his/ her Account is more than six months old and KYC Compliant.</p> <p>.....</p> <p>Signature of Head of the Department                          Specimen Signature No. ....</p> <p>Date :</p>	<p>I have verified the documents submitted and confirm that KYC Norms are fully complied with.</p> <p>Signature of Branch Head</p> <p>Specimen Signature</p> <p>No. ....</p> <p>Date :</p>
---	--



## Madappally Service Co-operative Bank Ltd. No. 160

**Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account/ membership)**

Name :		Account No.:	
Address :		Date of opening of the A/c :	
Member No. :			
Pin :	E-mail	Branch Name :	
Tel. No.	Mobile :	Fax :	Type of A/c SB/ CA/ CC/ OD

I We certify that, Mr./ Mrs./ Ms. .... is/ are known to me/ us personally since last ..... months/ years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/ our knowledge & belief.

Date : \_\_\_\_\_ (Signature of the introducer)

TITLE OF THE ACCOUNT													
ACCOUNT No.													BRANCH
OPERATING INSTRUCTIONS													

Name	Specimen Signature	Photograph
Customer ID		1. Recent Photo
Name	Specimen Signature	Photograph
Customer ID		2. Recent Photo
Name	Specimen Signature	Photograph
Customer ID		3. Recent Photo

Name : ..... Signature : ..... (S.S. No. ....)  
 Bank Official in whose presence signed

+++++

### Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation Act 1949 and 2(i) of the Banking Companies (Nomination) Rules 1989 in respect of bank deposits.

I/ We..... name(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 Madappally Service Co-operative Bank Ltd. Branch.

Deposit			Nominee				
Nature of Deposit	Distinguishing No.	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If Nominee is minor his/ her date of birth #

# As the nominee is a minor on 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/ minor's death during the minority of the nominee.

Place : .....

Date : ..... # Strike out if nominee is not a minor

@Signature, Name and Address of Witness	*Signatures/ Thumb impression of Depositors

\*Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

@Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).



## Madappally Service Co-operative Bank Ltd. No. 160

Communication Address (If different from Residential Address)			
	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Flat No. / Bldg. Name			
Street/ Road & Area/ Locality			
City and District			
State and Country			
Pin Code			
Tel. No., Fax No.			
Mobile			
Email			

OTHER INFORMATION : (✓ tick one)

Education :	Non Matric	SSC/ HSC	Graduate	Post Graduate		
Monthly Income (Rs) :	Up to 5,000/-	5,001-10,000	10,001-20,000	20,001-50,000	50,001-1 lac	Above 1 lac

Expected Annual Turnover in the A/c : Rs.

If salaried, employed with: (✓ tick one)

Proprietorship	Public Ltd.	MNC	Partnership	Public Sector	Pvt. Ltd.	Government	Others (Pl. Specify)
----------------	-------------	-----	-------------	---------------	-----------	------------	----------------------

If Professional: (✓ tick one)

Doctor	Architect	CA / CS	IT Consultant	Engineer	Lawyer	Others (Pl. Specify)
--------	-----------	---------	---------------	----------	--------	----------------------

If Business: (✓ tick one)

Manufacturing	Real Estate	Antique	Service Provider	Trader	Agriculture	Stock Broker	Others (Pl. Specify)
---------------	-------------	---------	------------------	--------	-------------	--------------	----------------------

DECLARATION (Please mark ✓ in appropriate boxes):

I/ We declare that I/ We do not enjoy any credit facilities with other banks/s.

I/ We declare that I/ We have following deposit accounts and/ or credit facilities with your/ other banks branches:

Bank & Branch	Place of Bank/ Branch	Type of Account/ Facility	Amount	Account No.

**TERMS & CONDITION & DECLARATION** (Please mark ✓ in appropriate boxes):

I/ We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts/ services/ products/ Fee & charges which are also displayed on the website [www.madappallybank.com](http://www.madappallybank.com) / contained in the brochures of the Bank from time to time.

I/ We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.

- Please issue cheque book and recover charges from my/ our account as per norms of the bank
- Account will be operated and balance along with interest payable as per operational instruction given above.
- I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.
- I will indemnify the Bank against the claim of the above minor of any withdrawal/ transactions made by me in his/ her account.
- I/ We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the client(s) after following the due procedure.
- I/ We also agree to maintain the minimum/ quarterly average balance which the Bank may prescribe as the minimum/ quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum/ quarterly average balance is not maintained and any other charges stipulated by Bank. I/ We understand that any charge in this respect will be notified by the Bank of its website [www.madappallybank.com](http://www.madappallybank.com) and also will be displayed on the notice board of branches one month in advance.
- I/ We shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I/ We understand that the Fixed Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/ us.
- I/ We authorize Madappally Service Co-operative Bank Ltd./ its apex bank or its/ their agents to make references and enquires as may be deemed necessary in their discretion with regard to the information, data or documents relating to my/ our application inter se among themselves or to other Banks/ Financial Institutions/ Credit Bureaus/ Agencies/ Statutory Bodies/ such other entities/ persons as may be deemed necessary or appropriate or as may be required for processing of such information/ data by such person/s or for furnishing of the processed information/ data products thereof to other Banks/ Financial Institutions/ Credit Bureaus/ Agencies/ users registered with such agencies.

**Full Signature (in running handwriting):**

.....  
Sole/ 1<sup>st</sup> Applicant

.....  
2<sup>nd</sup> Applicant

.....  
3<sup>rd</sup> Applicant