The Raigad District Central Co-operative Bank Ltd., Alibag दि रायगड जिल्हा मध्यवर्ती सहकारी बँक लि., अलिबाग



Branch:	Date		Ш			\perp	
Customer No.: Account No.: Account Type:							
ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUALS							
Please open an account as per details given below- whichever is applicable)	PAN No.:					Т	
CURRENT ACCOUNT SAVINGS ACCOUNT TERM DEPO			-	İ			
		cify S	chem	е Ту	pe)		
1st Applicants Name: Mr. Mrs. Miss Master (Fill in block letters)						Т	
Surname First Name	Mi	ddle N	ame				
Jt. Applicant's/Guardian's Name:						-	
Jt. Applicant's/Guardian's Name:							
(Customer information forms for each indiv	vidual is enclos	∍d) ———					
Account will be operated by							
Self Either or Survivor Former or Survivor Jointly of							
Any one of us or any one of the survivors or the last survivor Minor by Any other Instruction	/ Guardian						
Any other instruction							
Documents Attached:						-	
Please offer me:							
Cheque Book ATM CARD Phone Banking Inte	rnet Banking		SMS	S Ban	king		
Declaration of ATM: I/ We declare that the above information is correct and I / We have read and here conditions and to the amendments thereof. I / We hereby request the bank to is and authorize the Bank to debit my /our above mentioned Account for all withdre to recover the Banks charges/ fees as applicable from time to time.	ssue me an ATI	/I CAR	D as	reque	ested	k	
Name to be embossed on ATM CARD:							
			П	\coprod]	
INTRODUCTION DETAILS:							
Introducer's Name:							
Branch: Type Of Account: A		Ш	Ш	Ш	I]	
I know the applicant/s for the last month / years, I confirm the identity, Occupation and Address of the applicant/s.							
Date: Introducer's Signature:							
FOR BANK'S USE ONLY Introducers Co	ustomer No.:			П			
Address of the applicant/s has been confirmed on the basis of						_	
Photograph/s has / have been affixed and signed in my presence.							
Applicant / Introducer has / have signed in my presence							
Introduction confirmation letter sent to the Introducer on							
Confirmation received on Introducer's Signature & on confirmation letter verified by me.							
Signature & Code No. of Branch Official							

I / We agree to comply with and be bound by the Bank's Rules for the time being in force for the conduct of such account. I/ We authorize the bank to collect bills, cheques, etc. for and on behalf of me/us and undertake to abide by and be bound by the Terms and conditions in this behalf.

Spl. Instructions for Term Deposits: "In the event of death of any of the joint depositors prior to maturity of the deposit, the bank will be, at the request of the surviving depositor or all surviving depositors at liberty though not bound and at its absolute discretion to add/delete any name, or to repay the deposit before maturity or grant an advance against the security thereof, on such terms and conditions as the bank may decide and such payment before maturity shall constitute a valid discharge to the bank."

		F				,	
	ase affix a photograph ith Signature Across		se affix a photograph th Signature Across		Please affix a photogra with Signature Across		
5	Specimen Signature	•	pecimen Signature		Specimen Signature		
Co-operati		ead with section 56 con) Rule 1985, in resp	of the Banking Regulat ect of Bank deposits.	ion Act 19	49 and Rule 2(1) of the		
[Name(s) & Address(es)] nominate the following person to whom in the event of my/our minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by THE RAIGAD DISTRICT CENTRAL CO-OPERATIVE BANK LTD.							
	Nature of Deposit & Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor, his date of birth		
to receive during the		deposit in the Account		inee in the	(Name, Addr event of my / our / mir	or's death	
Signature of witness No. 1 Signature of witness No. 2 Name(s): Address(es): Address(es): Address(es): Signature of witness No. 2 Signature of witness No. 2 Name(s): Signature of witness No. 2 Signatu							
**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. #Thumb impressions shall be attested by two witnesses.							
	on Registration No.: & code no. of Branc		Signature of Acc		Date:		

- 2. Appoint an agent/s to collect the proceeds of the instruments lodged by the Account holder and as such agent's appointed shall be the agent/s of the Account holder to collect such instruments. 3. Recover proceeds of instruments lodged by the Account holder by way of Bank Drafts/ Cheques or any other mandate in lieu of cash.

Terms and conditions regarding collection of cheques / bills & other instruments.

The Bank at its option but at the risk & responsibility of the account holder may

1. Collect proceeds of the instruments lodged by the Account holder from time to time.

4. Take action/ steps as deemed necessary to have proceeds of the instruments lodged.

5. The Bank is hereby empowered to recover the various charges, if any by debiting the same to the Account holder.

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Branch:	Date:			
Customer No.: Account No.:	Account Type:			
Personal Information Sheet (to be filled in by Account holder/ Joint A/c holder/ Guardian)				
(This information will be k				
Name: Mr. Mrs. Miss. Master				
Surname First Name.	Middle Name.			
Date of Birth:	Pan No.:			
Attach Documentary evidence for Minor/ Senior Citizen Residential Address:	(above 60 years)			
nesidential Address.				
City: Pin N	o: State:			
,				
Tel. No Mobile No	Email:			
Office Address:				
City: Pin No	o: State:			
Tel. No. <u>:</u> Em	ail:			
Sex: Religion:				
Sex neligion	Country.			
Marital Status: Single Married No. of Ch	nildren:			
Education: Non-SSC SSC HSC Underg	raduate Graduate Post. Grad. Professional			
Occupation: Salaried Business Retired	Student Housewife			
Self-Employed/Professional Other				
If Coloried Employed with	If Calf Employed Professions			
If Salaried, Employed with Public Ltd. Co. Pvt. Ltd. Co.	If Self Employed, Profession: □ CA □ Engineer □ Doctor			
Govt. Sector Multinational	Trader Lawyer Consultant			
Others	Software Other Farmer			
Name of the Employer	If in Business:			
- Number of the Employer	Public Ltd. Pvt. Ltd. Partnership			
Grade:	Proprietorship Trust Others			
Non-Management Junior Mgmt.				
☐ Middle Mgmt. ☐ Top Mgmt.	Monthly Total Family Income (approx.) Rs.:			
ivilidate Wightt.	Upto Rs. 5000 5001-10000 10001-20000 20001-30000 30001-50000 above 50000			
	20001-30000 30001-30000 above 30000			
Banking Relations with other Banks:				
Name of the Bank Branch:	Account No :			
Name of the Bank Branch:				
Debit/ Credit Card No. Bank:				
Debit/ Credit Card No. Bank:				
	16 digit card number			
Passport No.:				

Date of Expiry:

Issued Date at: __

Asset Ownership					
Consumer Durable Ownership: Vehicle Ownership:	Computer Digital Camera Projection Telev Car	DVD Player ision Airconditioner	LCD Television Home Theatre System None Both		
Car Model & Make: The house you currently live in: Rented Company provided Purchased against a Loan			: a Loan		
Types of Loans	Loan facilities whether availed	Number of years since you last availed the loan	In the next 6 month do you intend availing any of these loans?		
1. Car : Yes No					
3) Ration Card (True copy) or 4) Passport (True copy) or 5) Election Commission Card true copy Signature					