

Regd. Office: 312, Commercial "A" Wing, Kohinoor City Mall, Kirol Road, Off. L. B. S. Marg,

Kurla (W), Mumbai - 400 070.

Tel.: 022-2503 4752 / 2503 5269 • Fax : 6729 4345 Email : hrknb@yahoo.com • Website: www.knsbl.com

ACCOUNT OPENING FORM					
Branch: Date: D D M M Y Y Y Y					
Branch Code Customer No.					
Account Type					
PAN No. Aadhaar No.					
Please open an account as per details given below ( 🗸 whichever is applicable )					
CURRENT ACCOUNT SAVING ACCOUNT TERM DEPOSIT (Specify scheme type)					
1st Applicant's Name: Mr. Mrs. Miss. Master (fill in Block Letters)					
Surname First Name Middle Name					
Jt. Applicant's Name:					
Title of Account (in case of C/D A/c.) :					
Name of Proprietor / Partners :					
Nature of Business :					
Account will be operated and can be closed by :					
Self Either or Survivor Former or Survivor Jointly or Survivor Minor by Guardian					
Any one of us or / any one of the survivors / or the last survior  Minor's Date of Birth					
Any other instruction					
Document Attached: Photograph / PAN Card / Aadhaar Card / Ration Card / Passport / Election Card etc.					
Declaration of ATM: I/we declare that the above information is correct and I/we have read and hereby accept the ATM CARD terms and conditions					
and to the amendments thereof. I/we hereby request the Bank to issue me an ATM CARD as requested and authorize the Bank to debit my/our above mentioned account for all withdrawals to be made using the card and also to recover the Bank's charges/					
fees as applicable from time to time.					
Name to be embossed on ATM Card					
INTRODUCTION BY					
Introducer's Name Account No. / Customer ID					
Branch Type of A/c					
I confirm that I am an account holder of your bank, operating account satisfactorily for last more than 6 months/years and					
confirm the Identity / Occupation / and address of applicant/s stated in this application to open an account.					
Introducer's Signature					
FOR BANK USE ONLY					
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 onSignature on confirmation letter verified					
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. Special 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". Name of the Proprietor Age In case of Current A/c. I/We hereby declare that I am/we are the Sole Proprietor / Partner / Directors of the Company standing in the name of M/s. I undertake to inform the bank the change if any made in the said constitution. Proprietor / Partner **DECLARATION IN CASE OF A MINOR ACCOUNT** and I am I hereby declare that the date of birth is \_\_\_\_\_/ \_\_\_\_ of the minor who is my \_\_\_ \_\_ (copy enclosed). I shall represent the said his/her natural guardian/lawful guardian appointed by the court order dated \_\_\_ 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 withdrawals/transactions made by me in his/her account Signature of Guardian Please affix ------------\_\_\_\_\_\_ Specimen Signature Specimen Signature Specimen Signature NOMINATION FORM DA 1 Nomination under Sec. 45ZA read with Section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits. [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 KURLA NAGARIK SAHAKARI BANK LTD. Nature of Deposit & Name & Address of Nominee Relationship with Age If nominee is a minor, Number his/her date of birth Depositor, if any \* As the nominee is a minor on this date, I / we appoint \_ (Name, Address & Age) to receive the amount of the deposit in the Account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee. Place: Date: \*\*Signature(s) / # Thumb impression(s) of Depositors Signature of Witness No. 1 Signature of Witness No. 2 Name(s) Name(s) Address(es) Address(es) \*\*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. Nomination Registration No. Signature of Account holder\_ Signature & Code No. of Branch Official Acknowledgement of nomination received on \_ 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

- Collect proceeds of the instruments lodged by the Account holder from time to time.
- 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.
- Recover proceeds of instruments lodged by the Account holder by way of Bank Drafts / Cheques or any other mandate in lieu of cash. Take action / steps as deemed necessary to have proceeds of the instruments lodged.

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

PERMANENT ADDRES	SS				
Residential Address					
		Tel.(O)	Tel.(R)	Mob:	
Office Address					
		Tel.(O)	Tel.(R)	Mob:	
Business Address			T		
		Tel.(O)	Tel.(R)	Mob:	
PROOF OF ADDRESS S					
Passport Copy	Voter's ID Card	Employers ID C			
Aadhaar Card	Latest Telephone Bi	ill Latest Electricity	y Bill Gas Conne	ction Receipt	
TYPE OF ACCOUNT		Name of the Sc	heme	Tenure	
Current		Traine of the ool	nome.	Torrare	
Savings					
Term Deposit					
Recurring Deposit					
PAYMENT DETAILS FOR OPENING OF ACCOUNT					
Cash Debit Current / Savings A/c. No. Branch					
MANDATE FOR ACCOUNT OPERATION					
Single	Either or Survi	ivor		Former or Survivor	
Anyone or Survivor Jointly by All Any Other					
SWEEP IN INSTRUCTIONS					
In case of insufficient balance in my Savings / Current Account No Please clear my cheque / allow withdrawal by transferring funds to my Savings / Current Account by breaking units of my / our fixed deposits.					
my cheque / allow withdrawa	l by transferring funds to	my Savings / Current Acco	ount by breaking units of m	ny / our fixed deposits.	
CHEQUE BOOK REQU	IRED?	Yes	No		
For interest Payment					
Credit Account No		Issued	DD / Pay Order	By Cash	
On Maturity Credit A/c No.					
Renew Principal & Inte	erest Renew P	Principal Only Iss	ue DD / Pay Order		
STATEMENT FREQUE	NCY				
Savings Account	Quarterly	Monthl	у	Fortnightly	
Current Account	Monthly	Weekly	,		
Charges Applicable					
FACILITIES REQUIRED	O? ATM Card	d Internet Facility	Tele-banking Faci	lity SMS Banking	
NOMINATION REQUIR	ED?	Yes		No	

<sup>\*</sup> Please complete Form No. 60 in case of non availability of PAN Card / GIR No.

#### ACCOUNT OPENING FORM

In addition to this form, the following documents are required if the address mentioned in the above documents is different from the one stated in the account opening form. Kindly submit any one of the following to confirm the present address.

### For Individuals

- Passport Copy
- Voter's ID Card
- Employer's ID Card
  Latest Electricity Bill
- PAN Card
- Aadhaar Card
- Photo Credit Card
- Latest Telephone Bill
- Driving Licence
  Statement from existing bank
  - Gas Connection Receipt
  - In addition, the following documents are required:
- Proof of PAN / GIR No. Form 60 (in case of cash deposit)
- Latest passport size photograph (2 copies)

## For Proprietory / Partnership Firm

- Declaration of Proprietorship / Partnership
- Registration certificate of firm (for Partnership firm)

## **For Limited Company**

- Certificate of incorporation
- Certificate of commencement of business (in case of public limited company)
- Memorandum and Articles of Association duly certified by a Director / Secretary as true and up-to-date.
- > Duly certified Resolution passed by its Board of Directors as per the following specimen.

Resolved that a Banking Account of the Company to be opened with THE KURLA NAGARIK SAHAKARI BANK LTD. and that the said Bank be and is hereby authorised to honour all Cheques, Bills of Exchange, Promissory Notes and other orders accepted, endorsed or made on behalf of the Company by and to act on any

Instructions so given relating to the account whether the account be in credit or overdrawn.

Declaration of HUF in case of HUF A/c.

## For Club / Association / Societies / Trust etc.

- 1. Duly certified copies of constitution and bye-laws.
- 2. Certification or registration.
- 3. Resolution passed by the managing Body authorising opening of account including mandate for operation of the account.
  - 1) Please present originals for reference.
  - 2) In case of accounts of other than individuals, specimen signatures should be across the rubber stamp.

# Annexure 2: Form 60 / 61 for Customers who do not have PAN

	Form No. 60				
trai	n of Declaration to be filled by a person who does not have PAN / GIR No. and who makes payment in cash in respect of saction specified in Clauses (a) to (h) of Income Tax Rule 114B. Full Name and Address of the Declarant				
2.	Particulars of Transaction				
3.	. Amount of Transaction Rs				
4.	Are you assessed to Tax ?				
5.	i) Details of Ward / Circle / Range where the last return of Income was filled  ii) Reasons for not having PAN / GIR No  **Details of document being produced in support of address in Column No.1.				
Vei	fication				
	do hereby declare that what is stated above is true to the best of my				
	wledge and belief. ied today, the day of of at at				
Dat					
Pla	e: Signature				