

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	Address	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

I hereby declare that the date of birth is ____/____/____ 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 withdrawals/transactions made by me in his/her account

Signature of Guardian

<div style="border: 1px dashed black; width: 80%; margin: 0 auto; padding: 10px;"> Please affix photograph with Signature Across </div> <div style="border: 1px dashed black; width: 80%; margin: 0 auto; height: 40px;"></div> <p>Specimen Signature</p>	<div style="border: 1px dashed black; width: 80%; margin: 0 auto; padding: 10px;"> Please affix photograph with Signature Across </div> <div style="border: 1px dashed black; width: 80%; margin: 0 auto; height: 40px;"></div> <p>Specimen Signature</p>	<div style="border: 1px dashed black; width: 80%; margin: 0 auto; padding: 10px;"> Please affix photograph with Signature Across </div> <div style="border: 1px dashed black; width: 80%; margin: 0 auto; height: 40px;"></div> <p>Specimen Signature</p>
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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.

I / We _____
[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. _____ Branch.

Nature of Deposit & Number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor, his/her date of birth

* 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 :

D	D	M	M	Y	Y	Y	Y
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**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. _____ Date

D	D	M	M	Y	Y	Y	Y
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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
1. 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.
 3. Recover proceeds of instruments lodged by the Account holder by way of Bank Drafts / Cheques or any other mandate in lieu of cash.
 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.

PERMANENT ADDRESS

Residential Address			
		Tel.(O)	Tel.(R)
Office Address			
		Tel.(O)	Tel.(R)
Business Address			
		Tel.(O)	Tel.(R)

PROOF OF ADDRESS SUBMITTED (Individuals): (Please submit any of the following to the satisfaction of the Bank)

Passport Copy
 Voter's ID Card
 Employers ID Card
 Driving Licence
 PAN Card
 Aadhaar Card
 Latest Telephone Bill
 Latest Electricity Bill
 Gas Connection Receipt

TYPE OF ACCOUNT

	Name of the Scheme	Tenure
<input type="checkbox"/> Current		
<input type="checkbox"/> Savings		
<input type="checkbox"/> Term Deposit		
<input type="checkbox"/> Recurring Deposit		
<input type="checkbox"/> _____		

PAYMENT DETAILS FOR OPENING OF ACCOUNT

Cash
 Debit Current / Savings A/c. No.
Branch _____

MANDATE FOR ACCOUNT OPERATION

Single
 Either or Survivor
 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.

CHEQUE BOOK REQUIRED?

Yes
 No

For interest Payment

Credit Account No. _____
 Issued DD / Pay Order
 By Cash

On Maturity

Renew Principal & Interest
 Renew Principal Only
 Issue DD / Pay Order
 _____ Credit A/c No.

STATEMENT FREQUENCY

Savings Account
 Quarterly
 Monthly
 Fortnightly
Current Account
 Monthly
 Weekly
Charges Applicable

FACILITIES REQUIRED?

ATM Card
 Internet Facility
 Tele-banking Facility
 SMS Banking

NOMINATION REQUIRED?

Yes
 No

* 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
- Driving Licence
- PAN Card
- Aadhaar Card
- Photo Credit Card
- Latest Telephone Bill
- Latest Electricity Bill
- 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 Proprietary / 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

Form of Declaration to be filled by a person who does not have PAN / GIR No. and who makes payment in cash in respect of transaction specified in Clauses (a) to (h) of Income Tax Rule 114B.

1. Full Name and Address of the Declarant

 2. Particulars of Transaction

 3. Amount of Transaction Rs. _____
 4. Are you assessed to Tax ? _____
 5. If Yes
 - 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.

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the day _____ of _____ at _____

Date :

Place :

Signature