

Account Opening Form



DEVIKA URBAN
CO-OP. BANK LTD UDHAMPUR

H.O: P.N DOGRA MARKET, UDHAMPUR

	Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
For	CIF No. For First Applicant _____										
Office	CIF No. For Second Applicant _____										
Use	CIF No. For Third Applicant _____										
Only	Account No. _____										

Documents to be sent along with Account Opening Form

- ✓ Two self-attested passport size photographs.
- ✓ Attested copies of ID Proofs, Address proof and Additional proof as mentioned on page no 2
- ✓ In case of application with a Power of attorney to operate upon the accounts, the relevant power of attorney or the certified and duly notarised copy.



Devika Urban Cooperative Bank Ltd

Guidance for filling Account Opening Form

- ✓ Please fill up in BLOCK letters only and use Black or Blue ink for signature. Please leave one box blank between two words. Tick the appropriate boxes.
- ✓ Name mentioned on all the documents and in the form should be legible and same
- ✓ Please do not write "Same as above" / "Do" in the address fields.
- ✓ Telephone No. And Fax No. Should be mentioned along with the STD / ISD codes.
- ✓ Please ensure that all applicants sign the account opening form.
- ✓ Your signature appearing on the KYC documents should match with the signature on the account opening form.
- ✓ Please do not use more than one specimen signature and the same should be uniform across the form and in all banking transactions.
- ✓ Please affix a passport size photograph in the box provided. Also enclose another photograph for affixing to the passbook.
- ✓ For minors, where proof of identity / address is not available, the same will be provided by Father/Mother/Natural Guardian.
- ✓ In case of illiterate customers, Left Thumb impression (LTI) of Male and Right Thumb impression (RTI) to be affixed and verified.
- ✓ You should authenticate corrections / alterations if any with full signature in the account opening form.

Contact No.: 01992-270365, 275365 Fax No.: 01992-270365 E-mail: ducobank@gmail.com



P.N DOGRA MARKET, UDHAMPUR

For Office Use only

Date:																				
Account No.																				

Please Open an Account as per details below (Please Tick type of Account Required)

SAVING ACCOUNT	<input type="checkbox"/>	TERM DEPOSIT	<input type="checkbox"/>	AMOUNT	PERIOD	ROI	Maturity Amount	Maturity Date	
CURRENT ACCOUNT	<input type="checkbox"/>		SPECIAL TERM DEPOSIT	<input type="checkbox"/>					
CASH CREDIT	<input type="checkbox"/>								
WITH CHEQUE BOOK	<input type="checkbox"/>		RECURRING ACCOUNT	<input type="checkbox"/>	AMOUNT	PERIOD	ROI	Maturity Amount	Maturity Date
WITHOUT CHEQUE BOOK	<input type="checkbox"/>								

Details of Applicant(s)

Firm: M/S _____ Prop: _____

First Applicant's Name: _____ CIF No. _____

Second Applicant's Name: _____ CIF No. _____

Third Applicant's Name: _____ CIF No. _____

Services Required (Please tick the type of services required)

1. ATM-CUM-DEBIT CARD: Yes No

Applicant No.	Card Type	Name as would appear on the card
1 st	Domestic	
2 nd	Domestic	

2. SMS ALERTS SMS Alerts on Mobile Number as Mentioned in Part – 1 Required Not Required

Mode of Operation

Self Only Either or Survivor Any one or Survivor Former or Survivor Jointly Other _____

Photograph(s)

1 st Applicant	2 nd Applicant	3 rd Applicant

Specimen Signature(s)

1 st	2 nd	3 rd



Devika Urban Cooperative Bank Ltd

P.N Dogra Market, Udampur.

Second Applicant's Personal Details

Customer Type: Public Staff Senior Citizen: Yes Minor Yes

Name: Mr. Ms. Mrs. Other

[Grid for name details]

S/O-W/O-D/O

[Grid for S/O-W/O-D/O details]

Name of Father / Guardian (For minors only) Mr. Ms. Mrs. Other _____

[Grid for father/guardian name]

Date of Birth: [Grid] Gender: Male Female Nationality: _____

Mother's Maiden Name: _____ Marital Status: Married Unmarried Others _____

PAN No. [Grid]

Address

[Grid for address line 1]

[Grid for address line 2]

City: [Grid] PIN: [Grid] Country: [Grid]

Tel No. [Grid] Mobile No. [Grid]

E-mail Address: [Grid]

Additional Details (Please tick wherever applicable)

Religion: Hindu Muslim Christan Sikh Others _____ Category: General OBC SC ST

Qualification: Non-Graduate Graduate Post Graduate Others _____ Designation / Profession: _____

Occupation Type: Salaried Business Self-Employed Retired Student Others _____

Nomination Details: Required Not Required Nomination form entered in Register at Serial No.: [Grid]

Risk Level Low Medium High

Identification Details

- 1 Passport [Grid]
- 2 PAN Card [Grid]
- 3 Election ID Card [Grid]
- 4 Ration Card [Grid]
- 5 Electricity Bill [Grid]
- 6 Telephone Bill [Grid]
- 7 Employee ID Card [Grid]
- 8 Driving Licence [Grid]
- 9 Adhar Card [Grid]
- 10 Others [Grid]

Introduction Details:

Name and Address of Introducer _____

Introducer A/C No. _____
CIF No. _____

Signature of Introducer: _____

If the applicant (s) is / are already a customer of the Branch, please give Account _____

FOR OFFICE USE

(VERIFYING Officer / Open CIF / Account)

Name: _____

Designation: _____

Signature: _____ Date: _____

(Authorised Signatory)

Date: _____



Third Applicant's Personal Details

Customer Type: Public Staff

Senior Citizen: Yes

Minor Yes

Name: Mr. Ms. Mrs. Other

[Grid for Name]

S/O-W/O-D/O

[Grid for S/O-W/O-D/O]

Name of Father / Guardian (For minors only) Mr. Ms. Mrs. Other_____

[Grid for Name of Father / Guardian]

Date of Birth: [Grid] Gender: Male Female Nationality: _____

Mother's Maiden Name: _____ Marital Status: Married Unmarried Others_____

PAN No. [Grid]

Address

[Grid for Address Line 1]

[Grid for Address Line 2]

City: [Grid] PIN: [Grid] Country: [Grid]

Tel No. [Grid] Mobile No. [Grid]

E-mail Address: [Grid]

Additional Details (Please tick wherever applicable)

Religion: Hindu Muslim Christan Sikh Others_____ Category: General OBC SC ST

Qualification: Non-Graduate Graduate Post Graduate Others Designation / Profession:_____

Occupation Type: Salaried Business Self-Employed Retired Student Others_____

Nomination Details: Required Not Required Nomination form entered in Register at Serial No.: [Grid]

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- 10 Others [Grid]

Introduction Details:

Name and Address of Introducer _____

Introducer A/C No. _____

CIF No. _____

Signature of Introducer: _____

If the applicant (s) is / are already a customer of the Branch, please give Account _____

FOR OFFICE USE

(VERIFYING Officer / Open CIF / Account)

Name: _____

Designation: _____

Signature: _____ Date: _____

(Authorised Signatory)

Date: _____

Nomination

Nomination, if required fill Form DA-1, otherwise please sign below

I/We do not want to nominate any person in this account

Signature of 1st Applicant _____ Signature of 2nd Applicant _____

Form DA-1 (Nomination Form)

Nomination under section 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking companies (Nomination Rules, 1985 in respect of Bank deposits

I/We _____ nominate the following person to whom in the event of

my/our/minor’s death the amount of the deposit, particulars whereof are given below, may be returned by Devika Urban Cooperative Bank Ltd.

Detail of Deposit

Type of Deposit: _____ Account NO. _____

Additional Details, if any: _____

Detail of the Nominee:

Name: _____

Relationship with the depositor: _____ Age: _____ Date of Birth of Nominee: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Address: _____

City _____ PIN: _____ State: _____ Country: _____

CIF No. Of Nominee: []

As the nominee is a minor on this date, I/We appoint Shri / Smt. / Kum. _____

Age: _____ Years Residing at _____

To receive the amount of the deposit on behalf of the nominee in the event of my / our / minor’s death during the minority of the nominee.

Date: [] [] [] [] [] [] [] [] [] []

Place: []

Signature 1st Applicant

Signature 1st Applicant

Nomination Serial No.: []

Signature / Thumb Impression of 1st Witness

Name: _____

Address: _____

Signature / Thumb Impression of 1st Witness

Name: _____

Address: _____

*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 impression(s) shall be attested by two persons.

