



BHADRADRI CO-OPERATIVE URBAN BANK LIMITED



Head Office :: Gandhi Chowk, KHAMMAM.

Branch :

ARF 002

Customer ID

ACCOUNT OPENING FORM

Customer ID input boxes

Account No.

Account No. input boxes

Account type input boxes: D D M M Y Y Y Y

Please tick (✓) in appropriate Box:

Please Open Account as per details below:

Saving Account

With Cheque Book [] Minimum Balance : Rs.
Without Cheque Book [] Minimum Balance : Rs.

Current Account

Sole Proprietor Firm [] Public Limited Company [] Individual []
Partnership Firm [] Private Limited Company [] Others (Specify)
Joint Hindu Family [] Club/Society/Association []

Deposit Account

Type _____ Amount Rs. _____ Interest _____ Period _____
with effect from _____ (if renewal) Maturity Value Rs. _____ Admn No. _____

- Interest may be paid Monthly, Quarterly, Half-yearly, Yearly
Credit the interest amount to my/Our A/c Type No. with you
Unless you receive demand for payment or instructions to the contrary on or before the date of maturity of the deposit, please renew / continue to renew the deposit together with interest, if any thereon, for similar period at the prevailing rate of interest.

For Joint Accounts instructions for operation / repayment.

Single [] Either or Survivor [] Any one or Survivor [] Jointly []
Any other combination (Specify)

Other than Individuals

Full Name in Block Letters:

Business / Office Address:

Fill in the Form in Block Letters

First Applicant:

Full Name : _____

S/o. D/o. W/o. : _____

Date of Birth : Occupation : _____



Present Address:

House No: _____ Street : _____

Village / Town : _____ District : _____ Pin Code : _____

Aadhar PAN No.

Contact No. _____ E-Mail : _____

Permanent Address:

House No: _____ Street : _____

Village / Town : _____ District : _____ Pin Code : _____

Second Applicant:

Full Name : _____

S/o. D/o. W/o. : _____

Date of Birth : Occupation : _____



Present Address:

House No: _____ Street : _____

Village / Town : _____ District : _____ Pin Code : _____

Aadhar PAN No.

Contact No. _____ E-Mail : _____

Permanent Address:

House No: _____ Street : _____

Village / Town : _____ District : _____ Pin Code : _____

Specimen Signatures:

First Applicant

Second Applicant

1. _____

1. _____

2. _____

2. _____

PARTICULARS OF INTRODUCTION / IDENTIFICATION :

A. If the applicant (s) is/are already a customer of the branch, please give account number

SB/CA _____

B. Name and Address of the Introducer _____

Phone / Mobile No. / E-mail _____ PAN No. _____

Introducer's A/c No. _____ Operative since _____

"I certify that I have known Mr. / Mrs/ Miss _____ for the last _____ years and confirm his / her/ their occupation and address stated in his/her/their application to open the account".

(Signature of Introducer)

(Verifying Officer)

C. Specified documents to be obtained / verified to ascertain the identity (in case introduction is not furnished) and proof of residential address of account holder(s) to be obtained and held on record.

CHECK LIST :

1. Copy of the Memorandum of Association registered on and Articles of Association dated
2. Copy of the Bye Laws dated and resolution dated of the Society, regulating the conduct of the account obtained.
3. Government / Military Order dated obtained (whichever is applicable)
4. Copy of relevant extracts trust deed dated obtained and perused, with special emphasis on the powers of the trustees to sign cheques, delegation of authority, borrow money etc The relevant portions are entered in the power of Attorney register.
5. Partnership deed, Registration Certificate.
6. Personal information sheet of Secretary / President / Managing Trustee etc., obtained.

Any one document from each of the under noted two lists for a photo ID and proof of residence

LIST - 1	LIST - 2
<ol style="list-style-type: none"> 1. Passport 2. Election ID Card 3. PAN Card 4. Aadhaar Card 5. Govt. Defence ID Card 6. ID Card of reputed employers 7. Driving License 	<ol style="list-style-type: none"> 1. Bank Account Statement 2. Salary Slip 3. Income / Wealth tax assessment order 4. Electricity Bill 5. Telephone Number

I / We agree to abide by the Bank's rules relating to the conduct of the above accounts/services/products. I/We declare that the rules of the scheme have been ready by me/us and that I/We accept them as binding upon me/us. I/We authorise the Bank to debit my/our account with applicable service/insurance charges from time to time. In the matter of bills, cheques etc., lodged by me/us with you from time to time for collection, you may send them for collection to any bank and through any mode, at your discretion, at my/our risk and responsibility. I/We agree not to hold you liable for any loss/delay, beyond your control. It is understood by me/us that you shall not be liable to pay the amount until the instruments are realized in cash by you. In the case of bills, cheques etc., purchased/discounted by you, I/We agree to reimburse the amount, where you have not been able to realize the proceeds of the instruments in cash.

Note: You have to maintain a minimum balance in the account. In case you don't maintain the minimum balance we charge the penalty for such default of minimum balance.

I / We under take not issue any cheque without balance and remark cause any inconvenienced to Bank. In case such Incident/s happened inadvertently, Bank can charge the penalty per returned instrument to debit of my/our account as and when balance accumulates and I/We do not any contention whatsoever in making such charges to debit of my account.

Signature 1. _____

Signature 2. _____

Nomination Form DA 1

Nomination under section 45 ZA of the Banking Regulation Act. 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I/We _____
(Name & Address)

nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit, particulars are given below, may be returned.

(Name and address of branch / office in which the deposit is held)

DEPOSIT

Nature of A/c.	Distinguishing A/C. No.	Additional details, if any

NOMINEE (S)

Name	Address	Relationship with depositor, if any	Age	If nominee is minor, his date of birth

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

(Name, Address and Age)

to receive the amount of the deposit on behalf of the nominee, in the event of my/Our/Minors death during the minority of the nominee.

Name(s), Signature(s) &
Address (es) of Witness/es @

Signature(s) / Thumb impression (s)
of Depositor (s)

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.

* Strikeout, if nominee is not a minor

@ Thumb impression(s) shall be attested by two witnesses.

----- Cut Here -----

NOMINATION FACILITY - ACKNOWLEDGEMENT

Regd. No.

We acknowledge receipt of nomination made by you in favour of Sri/Smt./Kum. _____

Aged _____ years in respect of your _____ Account Number of form DA 1

(SB/CA/TDR/STDR/RD etc.)

dated _____ please quote nomination register No. in your correspondence.

BRANCH MANAGER

Note: To be obtained separately from each account holder in case joint Account.

**DECLARATION
FORM No. 60**

Form of declaration to be filled by a person who does not have either a PAN or GIR and who makes payment in cash in respect of transaction specified in clause(a) to (k) of IT Rule 114B

1. Full Name and address of declarant :
2. Particulars of transaction :
3. Amount of the transactions : Rs.
4. Are you assessed to tax ? : YES / NO
5. If yes (i) Details of ward/circle where the least return of income filed ?
(ii) Reasons for not having PAN :
6. Details of the document being produced in support of address in column (1) :
Please refer to account No.

Date :

Place : (Signature of declarant)

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

Date :

Place : (Signature of declarant)

FORM No. 61

Form of declaration to be filled by a person who has agricultural Income and is not in receipt of any other income charged ie to income tax in respect of transaction specified in clauses (a) to (k) of IT Rule 114B.

1. Full Name and address of declarant :
2. Particulars of transaction :
3. Details of documents being produced in support of address in column (1) :
Please refer to account No.

I here by declare that my source of income is from agriculture and i am not required to pay income-tax on any other income if any.

Date :

Place : (Signature of declarant)

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

Date :

Place : (Signature of declarant)

Whichever is applicable

Information Sheet

_____ BRANCH

Annexure Account Opening Form

(to be obtained for each applicant / authorized signatory seperately) (please tick the appropriate box)

Account / Customer No. : _____
 Date of Opening of Account : _____
 Full Name : _____
 Father / Husband's Name : _____
 Address : _____

 Date of birth : _____ Age : _____

A) OCCUPATION : Nature / Activity of business/occupation

1. Occupation
 1. Salaried 2. Self employed/Professional 3. Business 4. Student
 5. Retired 6. Agricultural & Allied 7. Other (Specify)
 2. If Self employed
 1. Doctor 2. Lawyer 3. Engineer 4. Business
 5. C.A. 6. Others : _____
 3. If employed, furnish Name and address of employer with Phone No. _____
 4. Source of funds : _____
 5. Purpose of opening of account : _____
 6. Monthly / Annual Income
 Upto Rs. 10,000/- Above Rs. 10,000/- upto Rs. 20,000/-
 Above Rs. 20,000/- Above Rs. 50,000/- upto Rs. 1,00,000/-
 Above Rs. 1,00,000/- upto Rs. 5,00,000/- Above Rs. 5,00,000/-
 ii) Annual Turnover / potential activity expected in the a/c. : _____

B) PERSONAL

7. Martial Status : Married Un Married
 8. Your Educational Qualifications
 Upto Inter / HSC Graduate Post Graduate
 Professional (Please specify) : _____
 9. Your Spouse's Qualification
 Upto Inter/HSC Graduate Post Graduate
 10. Family Members

Age group	upto 10 yrs	11 to 20	21 to 45 yrs	46 to 60 yrs	above 60yrs	Total
No.of Males	+	+	+	+	+	=
No.of Females	+	+	+	+	+	=

 11. Any relative settled abroad Yes No If yes, Please mention their names and address
 1. Name Address :
 2. Name Address :
 3. Name Address :
 12. How many times you have been abroad in last three years
 Never 1 to 5 times Above 5 times
 13. Do you have a Credit Card Yes/No
 Name of the Bank _____ Card No. _____

C) DEALING WITH OTHER BANKS

14. Name of the Bank and Branch _____

D) EXISTING CREDIT FACILITIES, IF ANY:

- | | | | |
|---------------------|--------|----------------------|--------|
| 15. Car Loan | Yes/No | 19. Housing Loan | Yes/No |
| 16. Consumer Loan | Yes/No | 20. Against Security | Yes/No |
| 17. Credit Cards | Yes/No | 21. Education Loan | Yes/No |
| 18. Business / Agl. | Yes/No | 22. Others | Yes/No |

E) ASSETS : Total Rs. _____ (approximate)

- | | | | | |
|-------------------------|--|--|--|---|
| 23. Vehicle : | <input type="checkbox"/> Car | <input type="checkbox"/> Two Wheeler | <input type="checkbox"/> Others | <input type="checkbox"/> None |
| 24. House you live in : | <input type="checkbox"/> Ancestral | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <input type="checkbox"/> Employer's |
| 25. Life policy for | <input type="checkbox"/> Upto Rs. 1lac | <input type="checkbox"/> Upto Rs. 2 lacs | <input type="checkbox"/> Upto Rs. 5 lacs | <input type="checkbox"/> Above Rs. 5lac |
| 26. Other investment : | <input type="checkbox"/> Upto Rs. 1lac | <input type="checkbox"/> Upto Rs. 2 lacs | <input type="checkbox"/> Upto Rs. 5 lacs | <input type="checkbox"/> Above Rs. 5lac |
27. Any other Assets : _____

Place : _____

Date : _____

(Signature of the Customer)

FOR OFFICE USE ONLY

- Applicant(s) interviewed by and purpose ascertained _____
- Introducer called at the branch & interviewed by _____
- Introducer did not call at the branch but confirmation obtained by _____
(mode of confirmation)
- Particulars of Identification / Proof of Address _____
(Xerox copy of the documents obtained)
- Account opened on (Date) _____
- Account opened by Clerk (Name) _____
- Account opening authorised by officer (Name) _____
- Letter of thanks sent to customer on _____ & introducer on _____
- Acknowledgement received from customer on _____ & introducer on _____
- Nomination form entered in register & its serial No. _____
- Vehicle No. / Driving Licence verified by _____
- Thershold Limit (as per KYC norms) Rs. _____
- Interent (INB) / Tele Banking ID dispatched on _____
- Customer particulars Loaded in site on _____
- INB service approved & INB customer flag set to "Y" in Bankmaster
- ATM / Debit / Smart Card / Debit Card No. _____ Dispatched on _____
Pin mailer delivered / dispatch on _____

**OPEN THE ACCOUNT
REJECT (GIVE REASONS)**

ACCOUNT No. : _____

Branch Manager/Authorised Officer

Officer / Spl. Assistant

Clerk

Account transferred to _____ / Branch on _____

Account closed on _____

Signature of Officer

