

Standing Instruction :

Fixed Deposit	Credit Monthly / Quarterly / Half Yearly / Yearly Interest : S.B. /C.A. / A/c. No Pay Order / Other Branch
Recurring Deposit	Debit S.B. /C.A. / A/c. No.....On Date/ /every month.

Signature of Applicant's

Staff Declaration : I / We declare that the money deposited or which may from time to time be deposited here after into above mentioned account in my/ our names(s) belong to me / us.

Signature of Applicant's

In case of minor :
Name of Parent / Natural Guardian : _____
Address of the guardian : _____

DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN :
I here by declare that the date of birth..... //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 transaction of any description in the Above account until the saidminor attains majority. Indemnify the Bank against the claim of the above minor for any withdrawl / transaction made by me in his / her account.

Signature of Guardian

Introducer Details :
Introducer's A/c No.:

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Since

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Name :Address.....
.....Pin :Phone No. / Mobile.....

I certify that I have Known Thiru. / Tmt. / Selvi.....for the last..... months / Years.....and confirm his/ her/their occupation and address stated in his/ her/their application to open the account. I also attest his / her signature(s)

Signature of Introducer

- * Operating Instructions for joint SB/Current Accounts : We request and authorise you, until any one of us shall give you notice in writing to the contrary. to honour all cheques or other drawn or Bills of Exchange accepted or notes made on our behalf signed by (1).....(2).....of us jointly and / or severally and to debit such cheques to our account with you, whether such account be for the time being credit or us overdrawn. We also request you to accept the endorsement by (1)..... (2).....of us jointly and / or severally in cheques. orders, bills or notes payable to us. We shall be jointly and severally liable to you for any money owing to you from time to time in case the account is overdrawn and debit balance is caused including you commission, interest at the appropriate rate and other incidental charges. In the event of death. insolvency or withdrawal of any of us, the survivor/s of us shall have full control of any money then and there after standing to our credit in our account with you and in that even the survivor/s will have full powers to operate the account and / or to close the account.
- * **Due Date Notice :** Please* send/* do not send due date notice to my / our above address (*strike out which is not applicable)
- * **Tax deduction at source :** Fom no. 15G/ 15H for exemption from TDS should be enclosed (for applicant seeking exemption from TDS).
- * **Pre closure :** In the event of my / our seeking pre - closure of term deposit/ RD, I / We agree that Bank shall apply the rules for pre/ closure of term deposits /RD prevailing on the date pf my/our request for such pre-closure.
- * **For Current Accounts (individuals only) :**
(a) * At present I / We do not enjoy any credit facility with any Bank/Branch. I / We undertake to inform you as when credit facilities are availed by me/us with other Bank(s) / Branch(es) of your Bank.
*At present, Iam / We are having account with the following other Bank(s) and enjoying facilities.

Name of the Bank/Branch	Name of Facility	Limit Sanctioned	Balance Outstanding	Securities

(* Strikeout which is not applicable)

- * **Minimum Balance :** I / We hereby undertake to maintain a minimum balance or Rs.In the account and also agree to maintain the minimum balance as modified by the Bank from time to time. I / We also agree that the Bank has got every right to close the account for non - maintenance of minimum balance and if cheques are issued by me/us without providing adequate funds.
- * **ATM Card / Debit Card :** Available at select Branches- Terms and conditions can be obtained from Managers concerned.

* Senior Citizens (**Completed 60 years of age**) : Please provide copy of Secondary School Leaving Certificate / LIC Policy / voter's Identity Card / Pension Payment Order / Birth Certificate issued by the competent authority / Passport / any other relevant document providing proof for age.

NOMINATION (Nomination From DA-1) Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

I / We nominate the following person to whom in the event of / my /our/ minor's death the amount of deposit in the above account may be returned by the Bank. As nominee is minor on this date, I/We appoint Thiru/ Tmt./to receive the amount of deposit in the account on behalf of the nominee in the event of my / our minor's death during the minority of Nominee.

Name & Address of Nominee :.....

nominee's Relationship with DepositerAge of Nominee.....Years.....

If nominee is minor, date of birth :.....

Signature of Depositer

Nomination Received and registered on : No.....Date.....

Authorised Officer

FOR PROOF OF IDENTITY ADDRESS OF THE DEPOSITER / ACCOUNT HOLDER(S)		
✓ Passport copy	✓ Photo Identity Card	✓ Voter's ID card
✓ Employee ID Card	✓ Gas Connection Receipt	✓ Latest Electricity Bill
✓ Driving Licence (Laminated Card with Photograph)	✓ Latest Telephone Bill	✓ PAN card of Form 60 in Lieu of PAN card
✓ Introducer's confirmation	✓ Ration card	✓ Aadhar card
Any other State / Central Govt. Document evidencing Address / Identity of Local Body / NGO / MFI		

"Total amount payable to any one Depositor in respect of his / her depositor with each Bank in the same right and capacity shall not exceed Rs. 1.00 lakh under DICGC Scheme."



**THE TIRUCHIRAPALLI DISTRICT CENTRAL CO-OP. BANK LTD.,
 ACKNOWLEDGEMENT CARD**

Account No.Name of the depositor

Your nomination in favour of the following person dated.....has been registered in the Bank

S.No.	Name of Deposit	A/c. No.	Name of Nominee	Proportion of the amount of deposit
1	2	3	4	5

For Tiruchirapalli District
 Central Co-operative Bank Ltd.,

Name of the Branch

Date :.....

Manager.



THE TIRUCHIRAPALLI DISTRICT CENTRAL CO-OP. BANK LTD.,

Head Office / _____ Branch

A/c No.																			
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CUSTOMER PROFILE

(Annexure of Account Opening Form to be obtained for each applicant separately)

Full Name : Father / Husband Name :

A. OCCUPATION :

1. Occupation : Salaried Self employed / Professional Business Student
 Retired Agriculture & Allied Others (Specify.....)
2. If self employed : Doctor / C.A. Lawyer / Others Engineer Business
3. Source of Funds :
4. Monthly Income : Upto Rs. 20000/- Upto Rs. 50000/- Upto Rs. 1 lakh
 Upto Rs. 5 lakhs Upto Rs. 10 lakhs above Rs. 10 lakhs

5. Annual Turnover :

B. PERSONAL :

6. Date of Birth : DD MM YY 7. Marital Status : Married Unmarried
8. Education Qualification : Upto HSC Graduate Post Graduate
 Professional (Pl. Specify.....)
9. Spouse's Qualification : Upto HSC Graduate Post Graduate

10. Family Members :

Age Group	Up 10 years	11 to 12 yrs.	13 to 20 yrs.	21 to 45 yrs.	46 to 60 yrs.	Above 61 yrs.	Total
No. of Males							
No. of Females							

11. Any relative settled abroad : Yes No. If yes, Please mention their names and address.

Names	Address
1.	
2.	
3.	

12. How many times you have been abroad in last three years : never 1-5 Times Above 5 Times

13. Do you have a Credit Card : Yes No. if yes, Name of the card :

C. DEALING WITH OTHER BANKS :

14. Name of the Bank of Branch.....

15. Type of Accounts / Facilities.....

D. EXISTING CREDIT FACILITIES :

16. Personal Loan : Yes No 20. Housing Loan Yes No
17. Consumer Loan : Yes No 21. Against Security Yes No
18. Car Loan : Yes No 22. Education Loan Yes No
19. Jewel Loan : Yes No 23. Others Yes No

E. ASSETS : Total Rs.....(approximate).

24. Vehicle : Car Two Wheeler Others None
25. House You live in Ancestral Owned Rented Employee's
26. Insurance Policy Upto Rs. 1 lakh Upto Rs. 2 lakhs Upto Rs. 5 lakhs Above Rs. 5 lakhs
27. Other Investment Upto Rs. 1 lakh Upto Rs. 2 lakhs Upto Rs. 5 lakhs Above Rs. 5 lakhs

28. Any of Assets

Place :

Date :

(Signature of the Customer)

Account No.																			
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FOR BANK USE

- Applicant(s) interviewed and the purpose of opening account as ascertained is.....
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- Introducer called at the Bank / Branch and interviewed (or) Introducer did not call at the Bank/Branch but confirmation obtained by(mode of confirmation) / particulars of identification verified with the originals and copies obtained.

Signature of the Manager.....

Name & Code No

3. Authorisation for Account Opening :

<input type="checkbox"/> Account may be opened	<input type="checkbox"/> Cheque Book may be / need not be issued
Signature of the Manager.....	
Name & Code No	

- Account Opened on(Date) by Mr./ Mrs(Name of Staff / (Code No.) Customer ID No.....
- verified the Opening of the account and letter of thanks sent to the customer on..... and to the introducer on
- Acknowledgement received from customer onand from introducer on.....
- Passbook / Deposit Receipt No.....delivered to the customer on.....
- The specimen signature(s) of the applicant/s was scanned and added to the account by..... (staff name). Verified the scanning of the specimen signature(s) and adding to the account.
- Nomination details entered in the system / Nomination Register onvide Registration No.....
- ATM / Debit Card No. / ID despatched on(if sent subsequent to date of opening, to be filled in immediately after despatch.

RISK CLASSIFICATION AND FIXING OF THRESHOLD LIMIT :

- Potential activity expected in the Account (Monthly Annual Turn over) Rs.....
- Source(s) of Funds.....
- Annual Income Rs.....The Thershold limit is fixed st Rs.....
- Riks Classification :

<input type="checkbox"/>	Low	Medium	<input type="checkbox"/>	High
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Signature of M.....Code No.
Name : Date :

§ In the absence of Manager / Asst. Manager has to sign.