

The Gurgaon Central Co-op. Bank Ltd; Branch _____






SPECIMEN SIGNATURE CARD

Type of A/c _____ A/c No. _____

Mode of Operation Self Either or Survivor Jointly
 Former or Survivor Any one or Survivor Other _____

Name of Firm/Company (In case of Current A/c)

FULL NAME & ADDRESS

1st Applicant	Mr./Mrs./Ms _____	S/o D/o W/o _____	
	Customer ID _____		
2nd Applicant	Mr./Mrs./Ms _____	S/o D/o W/o _____	
	Customer ID _____		
3rd Applicant	Mr./Mrs./Ms _____	S/o D/o W/o _____	
	Customer ID _____		

	<u>Specimen Signature</u>	PAN
1st Applicant	_____	_____
2nd Applicant	_____	_____
3rd Applicant	_____	_____



Nominee's Name _____

Date.....

Checked & Verified

Acctt.

Allowed

Br. Manager/A.M./Manager



THE GURGAON CENTRAL CO-OP. BANK LTD;

ACCOUNT OPENING FORM

Branch _____

(For office use only) Account No.

Date

Type of Account

Name of Firm/Company (In case of Current A/c)

(dd/mm/yyyy)

Saving Bank Account <input type="checkbox"/>	Recurring Deposit <input type="checkbox"/>
No-Frill Account <input type="checkbox"/>	FDR <input type="checkbox"/>
Current Account <input type="checkbox"/>	RITD <input type="checkbox"/>
PLOD/RD <input type="checkbox"/>	Others (please specify) <input type="checkbox"/>

Full Name : PERSONAL DETAILS

1ST APPLICANT Sex : M/F

Father/Husband Name

Mother Name DOB

Tel./Mob. No. Aadhar No.

2ND APPLICANT Sex : M/F

Father/Husband Name

Mother Name DOB

Tel./Mob. No. Aadhar No.

3RD APPLICANT Sex : M/F

Father/Husband Name

Mother Name DOB

Tel./Mob. No. Aadhar No.

MAILING ADDRESS :

1st Applicant PIN

2nd Applicant PIN

3rd Applicant PIN

PAN No. (If not Available please fill Form 60/61)

1st Applicant

2nd Applicant

3rd Applicant

Any one document from below list I.D./Residence Proof

Election ID Card ID Card of reputed Employer

Driving Licence Electricity Bill

PAN Card Telephone Bill

Passport Salary Slip

Govt./Defence ID Card Income/Wealth Tax Assessment Order

If the Applicant is Minor :- (Please attach DOB Certificate)

Guardian's Name _____

Relationship with minor Father Mother By court order (if yes please affix a copy) Others (please specify) _____

MODE OF OPERATION

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

I/We wish to avail the SMS Alert facility. Mobile No. _____ Yes No

TERM DEPOSIT

FDR RITD Recurring Deposit Period _____ Installment _____ (for RD) Others (please specify) _____
 please recover instalment for the recurring deposits from my savings bank account. _____
 Interest payout : Quarterly Monthly At maturity (Cumulative)
 Senior citizen : No Yes DOB _____ (please attach proof)

MATURITY/INTEREST PAYMENT INSTRUCTIONS

On maturity of Fixed Deposit

A) renew principal and interest* renew principal only issue DD/pay order B) await renewal instructions post maturity
 *(same tenure at the rate of interest prevailing on maturity)

Repayment of Term/Fixed Deposit/RD

"We agree that clause repayable to E/S/anyone or survivor(s) includes the right to the survivor(s) to apply before the date of maturity for repayment or for credit facilities against security of the deposit."

Credit to account no. _____

For regular interest payment (fill only in case of monthly/quarterly interest payout and on maturity if the interest is not to be renewed with the principal)

Credit to account no. _____ issue DD/pay order

Signature of Applicant _____

CURRENT ACCOUNT

I, the undersigned, declare that I am the sole proprietor, of the firm of _____ and am solely responsible for the liabilities of the firm. I further undertake that I shall advise you in writing of any change that may take place in the constitution of the firm resulting from taking a partner into my business, its sale or disposal or my ceasing to have any interest in the firm, if any of which events, I will be liable to you on any and all obligations and liabilities which may be outstanding against the firm's name in your books prior to or at the date of receipt by you of such notice and until all such obligations and liabilities shall have been liquidated or discharged. It is further certified that I don't have any Current Account with any other Bank.

Signature _____

Authority to operate on the account

Sole Proprietorship Account/Partnership Firm Account

I/We refer to the account opened by you in the name of _____ and declare as under, I the undersigned, am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

yours faithfully

Name _____

Signature _____
(please sign without the stamp)

For Partnership Firms Submit Partnership Deed (Duly Attested)

ACCOUNT OPERATION & DECLARATION

1st applicant	2nd applicant	3rd applicant
Signature	Signature	Signature

Applicant/guardian should also sign across photographs as well as in the space provided for signature.

INTRODUCTION DETAILS

Introduction by existing C.B. Gurgaon account holder and Document confirming mailing address in the name of applicant

Name _____ Type of Account _____ Ph. No. _____

Name of Branch _____ Account No. _____

I confirm that I am an account holder with C.B. Karnal for over six months. I confirm that I personally know the applicant/s detailed herein for _____ years and confirm his/her identity and address.

Signature of introducer _____ Signature verified _____

Supervisor Incharge

KYC (Know you Customer) CERTIFICATE

KYC (Know you Customer)

1. Occupation : Salaried Self employed Business Student Retired Other (Specify) _____
2. If self Employed : Doctor Lawyer Engineer Business C.A. Other (Specify) _____
3. Income : Monthly Rs. _____ Annually Rs. _____
Turnover (a) Monthly Turnover : Rs. _____ b) Annual Turnover : Rs. _____
4. My Family & Me
- a) Name of spouse Mr./Mrs. _____ Educational Qualification of spouse _____
- b) Date of Birth of spouse Marriage Anniversary
- c) Mother Tongue _____
- d) Detail of Children
1. Name _____ M/F DOB ____/____/____ Resident Non Resident Married Single
2. Name _____ M/F DOB ____/____/____ Resident Non Resident Married Single
5. Educational Qualification : Illiterate Upto HSC Graduate Post Graduate Professional (Specify) _____
6. Religion : Hindu Muslim Sikh Christian Other (Specify) _____
7. Category : General OBC SC ST
8. Organisation's Name _____ Designation/Profession _____
9. Dealing with other Bank Yes No If Yes :-
- a) Name of Bank & Branch : _____
- b) Type of Account _____
10. Existing credit facility, if any :
- Car Loan Home Loan Personal Loan Educational Loan Business/Agriculture Any other (specify) _____

ASSETS

- Total Value Rs. _____ (Approx.) Agricultural Land _____
- a) Vehicle Car Two Wheeler Other None
- b) House you live in Ancestral Owned Rental Employer's
- c) Life Insurance for Upto Rs. 1 lacs Upto Rs. 2 lacs Upto Rs. 5 lacs Above 5 lacs
- d) Other Investment Upto Rs. 1 lacs Upto Rs. 2 lacs Upto Rs. 5 lacs Above Rs. 5 lacs
- e) Any other Assets : Upto Rs. 1 lacs Upto Rs. 2 lacs Upto Rs. 5 lacs Above Rs. 5 l

DECLARATION :

I/we do hereby declare that information given in the application form is true to the best of my/our knowledge and belief.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

FORM DA 1-NOMINATION FORM

Nomination Facility : Required Not Required Nomination Registration No.

Nomination : Nomination under Sec 45ZA of the Banking Regulations Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. (Form DA 1).

I/We _____ (names) nominate the following person whom, in the event of my/our/minor's death, the amount of the deposit in the amount may be returned by **C.B. Gurgaon** _____ Branch.

Name & Address of the Nominee	Relationship with the Depositor	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 & Relationship with depositor, if any) to receive the amount of the deposit/insurance claim amount in the account on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Signature (Depositor) _____

Personal Details & Signature of the Witness (In case of illiterate Person)

(1) Name : _____ Address: _____

Signature: _____ Signature of Account Holder _____

Verified

A.M./B.M.

To be filled only by those who do not have either PAN/GIR : (select the appropriate form)

<input type="checkbox"/> FORM NO. 60 To be filled by person without PAN 1. Are you assessed to tax ? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. If yes, (i) Details of Ward/Circle/Range where the last return of income was filed _____ (ii) Reason for not having permanent account Number _____	<input type="checkbox"/> FORM NO. 61 To be filled by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any
Verification : I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.	
Verified at _____ this the _____ day of _____ 20____	
Date	
Place	Signature of declarant

Instructions :- Documents which can be produced in support of the address are :-
 (a) Ration Card (b) Pass Port (c) Driving Licence (d) Identity Card Issued by an Institution (e) Copy of the electricity bill or telephone bill showing residential address (f) Any document or communication issued by any authority of Central Government or local bodies showing residential address. (g) Any other documentary evidence in support of this address given in the declaration (h) Voter Card.