

**THE NILGIRIS DISTRICT CENTRAL CO-OPERATIVE BANK LTD.****Head Office/ .....Branch**

(for Bank use only)

Date (DD/MM/YYYY)

A/C No. 

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D	D	M	M	Y	Y	Y	Y
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	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Customer/CIF No.			
Member No.			

**APPLICATION FORM ACCOUNT OPENING/ சேமிப்பு கணக்கு துவங்கும் விண்ணப்பம்****CUSTOMER'S TYPE**

- Individual     Individual - Staff     Minor     Individual Senior Citizen     HUF     Institutions  
 Private Ltd     Public Ltd     Govt Organisation     Co-op Society     SHG     Partnership Firm

Mode of Operation :  Self     Jointly     Either or Survivor     Former or Survivor**Name of Customer(s)/விண்ணப்பதாரரின் பெயர்**      **Date of Birth/பிறந்த தேதி**      **Gender/பாலினம்**

1 <sup>st</sup> Applicant			M	F	TG
2 <sup>nd</sup> Applicant			M	F	TG
3 <sup>rd</sup> Applicant			M	F	TG

**S/o, D/o, W/o, C/o**      **Relationship (உறவு முறை)**      **Community/வகுப்பு**

1 <sup>st</sup> Applicant			OC	BC	MBC	SC	ST
2 <sup>nd</sup> Applicant			OC	BC	MBC	SC	ST
3 <sup>rd</sup> Applicant			OC	BC	MBC	SC	ST

1. Annual Income/ஆண்டு வருமானம் \_\_\_\_\_

2. Educational Qualification/ கல்வி தகுதி \_\_\_\_\_

3. SMS Alert : (Yes/No)/ குறுஞ்செய்தி(ஆம்/இல்லை).

4. Nomination Required (Yes/No)/ பரிந்துரைக்கப்படுபவர் (ஆம்/இல்லை).

5. Occupation /தொழில் \_\_\_\_\_

6. Request for ATM Debit Card: (Yes/No)/ ஏ.டி.எம். அட்டை (ஆம்/இல்லை).

7. If yes Branch Officials need to fill the ATM Card Details/

ATM Card No: 

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Request for add on:-

Sl. No.	Product		
1.	Cheque Book/ காசோலை	Yes/ ஆம்	No/ இல்லை
2.	Mobile Banking/ மொபைல் வங்கியியல்	Yes/ ஆம்	No/ இல்லை

காசோலைப் புத்தகம் ஆம் எனில், எண்ணிக்கையைக் 

25	50	100
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 குறிக்கவும்**Specimen Signature**

A/C No.		CIF No.	
Signature of Account holder - 1	Signature of Account holder - 2	Signature of Account holder - 3	
Please affix Passport Size Photo	Please affix Passport Size Photo	Please affix Passport Size Photo	

**Address for Communication/ தொடர்பு கொள்ள வேண்டிய முகவரி**

1 <sup>st</sup> Applicant																	
	District/ மாவட்டம்								State/ மாநிலம்		PIN அஞ்சல்						
	MOBILE அலைபேசி								E-Mail மின்னஞ்சல்								

2 <sup>nd</sup> Applicant																	
	District/ மாவட்டம்								State/ மாநிலம்		PIN அஞ்சல்						
	MOBILE அலைபேசி								E-Mail மின்னஞ்சல்								

3 <sup>rd</sup> Applicant																	
	District/ மாவட்டம்								State/ மாநிலம்		PIN அஞ்சல்						
	MOBILE அலைபேசி								E-Mail மின்னஞ்சல்								

**Permanent Address: Name & Address:**  **Same as Address for communication**

1 <sup>st</sup> Applicant																	
	District/ மாவட்டம்								State/ மாநிலம்		PIN அஞ்சல்						
	MOBILE அலைபேசி								E-Mail மின்னஞ்சல்								

2 <sup>nd</sup> Applicant																	
	District/ மாவட்டம்								State/ மாநிலம்		PIN அஞ்சல்						
	MOBILE அலைபேசி								E-Mail மின்னஞ்சல்								

3 <sup>rd</sup> Applicant																	
	District/ மாவட்டம்								State/ மாநிலம்		PIN அஞ்சல்						
	MOBILE அலைபேசி								E-Mail மின்னஞ்சல்								

**KYC IDENTIFICATION DOCUMENTS TO BE SUBMITTED APPLICANT(S)**

Identification Documents

1	ADHAAR/ஆதார் எண்	
2	Smart CARD/ குடும்ப அட்டை எண்	
3	PAN Card/ பான் எண் (PAN இல்லாதவர்கள் Form 60 நிரப்ப வேண்டும்)	
4	Passport/ கடவுச்சீட்டு எண்	
5	Electricity Bill/ மின் அட்டை இரசீது	
6	Voter's Identity Card/ வாக்காளர் அடையாள அட்டை எண்	
7	Driving Licence/ ஓட்டுநர் உரிமம் எண்	
8	Identity Card issued by the Govt/Public Authority/	
9	Income Tax/ Property Tax Assessment Order/ Receipt	

I/We understand that a booklet on the Banking Codes & Standards Board of India Code (BCSBI) posted on your website shall be provided to me on demand.

**Terms & Conditions:**

I/We confirm having received, read and understood (a) the accounts rules and hereby agree to be bound by the terms & conditions outlined in these rules which governs the account(s) which I/we am/are opening/will open and (b) amendments to the rules made from time to time and those relating to various services availed by me/us when displayed by the Bank on its notice board or on its website and those relating to various services offered by the Bank. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time.

Signature/Thumb Impression  
of the 1<sup>st</sup> Applicant  
விண்ணப்பதாரரின் கையொப்பம்/கைரேகை

Signature/Thumb Impression  
of the 2<sup>nd</sup> Applicant  
விண்ணப்பதாரரின் கையொப்பம்/கைரேகை

Signature/Thumb Impression  
of the 3<sup>rd</sup> Applicant  
விண்ணப்பதாரரின் கையொப்பம்/கைரேகை

If Minor Account Holder Name of the Parent/Guardian <input style="width: 90%; height: 20px;" type="text"/>
Relationship with Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Custodian <input type="checkbox"/> By Court Order (Enclose a copy)
SIGNATURE OF THE PARENT/GUARDIAN

**Risk /Classification**  Low     Medium     High                      **Reason for risk classification**

.....

Name & Signature Of Creator	Name & Signature of Authorizer

The Branch Officials needs to verify the all accounts opened in KYC norms (Norms are changed time to time).

**To be filed by those who do not have either PAN/GIR**

FORM NO.60	FORM NO.61
[See second proviso rule 114B] Form of declaration to be filed by a person who does not have a permanent account number and who enters info any transaction in rule 114B 1. Full name and address of the declarant _____ 2. Particulars of transaction _____ 3. Amount of the transaction _____ 4. Are you assessed to tax? Yes <input type="checkbox"/> No <input type="checkbox"/> 5. <b>If yes,</b> (i) Details of Ward/Circle/Range where the last return of income was filed _____ (ii) Reasons for not having permanent account Number _____ 6. Details of the document being produced in support of address in column (1)	[see proviso to clause (a) of rule 114(1)] Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income –tax in respect of transactions specified rule 114B 1. Full name and address of the declarant _____ 2. Particulars of transaction _____ 3. Details of the documents being produced in support of Address in column(1): yes <input type="checkbox"/> No <input type="checkbox"/>  I hereby declare that my source of income is from agriculture and I am required to pay income – tax on any other income, if any.

Form 60 சமர்ப்பித்தவர்கள் சேமிப்பு கணக்கு துவங்கிய 60 நாட்களுக்குள் வங்கியில் PAN எண்ணை சேமிப்பு கணக்கில் இணைக்க வேண்டும்.

**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 \_\_\_\_\_.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature of the Declarant

.....

Branch Office.....

**FORM DA - 1: NOMINATION**

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits,

I/We (Names(s)) \_\_\_\_\_ R/o \_\_\_\_\_

nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account may be returned by Bank, Branch Office \_\_\_\_\_

DEPOSIT			NOMINEE DETAILS				
Nature of Account	Account No.	Additional Details, if any	Name	Address	Relationship with depositor, if any	Age	Date of birth

\*As the nominee is minor on this date, I/We appoint Mr/Ms \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ 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.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature/Thumb Impression  
of the Applicant  
விண்ணப்பதாரரின் கையொப்பம்/கைரேகை

Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

\*Strike out if nominee is not a minor

**WITNESS**

Name & Signature of the first witness	Name & Signature of Second witness
Name _____ Signature: _____ Address: _____ Place: _____ Date: _____ Mobile No. _____	Name _____ Signature: _____ Address: _____ Place: _____ Date: _____ Mobile No. _____

# Thumb impression(s) shall be attested by two witnesses; otherwise it shall be attested by one witness

.....  
**NOMINATION REGISTERED**

The above mentioned nomination is registered at serial no \_\_\_\_\_ in respect of (Type of Account.) \_\_\_\_\_ Deposit Account No. \_\_\_\_\_  
Date \_\_\_\_\_

For \_\_\_\_\_  
(Authorized Official)