



# THE COIMBATORE DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

Head Office / ..... Branch

(for Bank use only)

DATE (DD/MM/YYYY)

Account Number

1st Applicant

2nd Applicant

3rd Applicant

Customer ID No.

Member No.

## APPLICATION FORM FOR ACCOUNT OPENING

I/We request you to open an account with you for which I / We initially deposit ₹ .....(in words).....

<input type="checkbox"/> CURRENT ACCOUNT	<input type="checkbox"/> SAVINGS BANK ACCOUNT	<input type="checkbox"/> With cheque facility	<input type="checkbox"/> NO FRILL ACCOUNT	<input type="checkbox"/> Other A/c
		<input type="checkbox"/> With out cheque facility		

<b>FIXED DEPOSIT</b>	
Deposit Amount	
Deposit Period	Days/Months/Years
Interest Payable	Monthly/Qtrly/Onmaturity
For Interest	<input type="checkbox"/> Credit to A/c No.
Payment	<input type="checkbox"/> Issue DD/PO <input type="checkbox"/> By Cash

<b>RECURRING DEPOSIT</b>	
Deposit Amount	
Deposit Period	Months/Years
Standing Instruction Please debit my SB A/c No. ....	
and credit to RD A/c No. ....	

### CUSTOMER'S TYPE

<input type="checkbox"/> Individual	<input type="checkbox"/> Individual - Staff	<input type="checkbox"/> Minor	<input type="checkbox"/> Individual Senior Citizen	<input type="checkbox"/> HUF	<input type="checkbox"/> Institutions
<input type="checkbox"/> Private Ltd	<input type="checkbox"/> Public Ltd	<input type="checkbox"/> Govt Organisation	<input type="checkbox"/> Co-op Society	<input type="checkbox"/> SHG	<input type="checkbox"/> Partnership Firm

### Name of Customer (s)

	Date of Birth	PAN	Sex
1st Applicant			M F TG
2nd Applicant			M F TG
3rd Applicant			M F TG

### Father / Husband / Guardian Name

	Relationship	Community
1st Applicant		OC BC MBC SC ST
2nd Applicant		OC BC MBC SC ST
3rd Applicant		OC BC MBC SC ST

Please paste a  
passport size photo

1st applicant

Please paste a  
passport size photo

2nd applicant

Please paste a  
passport size photo

3rd applicant

	1st Applicant Specimen Signature	2nd Applicant Specimen Signature	3rd Applicant Specimen Signature
1			
2			

# THE COIMBATORE DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

Address for Communication

1st applicant															
	TALUK					DISTRICT					PIN				
	MOBILE					LANDLINE					E-mail				

2nd applicant															
	TALUK					DISTRICT					PIN				
	MOBILE					LANDLINE					E-mail				

3rd applicant															
	TALUK					DISTRICT					PIN				
	MOBILE					LANDLINE					E-mail				

Permanent Address : Same as Address for Communication

1st applicant															
	TALUK					DISTRICT					PIN				
	MOBILE					LANDLINE					E-mail				

2nd applicant															
	TALUK					DISTRICT					PIN				
	MOBILE					LANDLINE					E-mail				

3rd applicant															
	TALUK					DISTRICT					PIN				
	MOBILE					LANDLINE					E-mail				

Mode of Operation

Self Only    
  Either or Survivor    
  Former or Survivor    
  Any one or Survivor    
  Jointly    
  Others

KYC IDENTIFICATION DOCUMENTS TO BE SUBMITTED BY APPLICANT(S)	
(Any one document from each of the following two lists subject to Bank's satisfaction)	
LIST 1	LIST 2
Latest Photo Identification Documents	Latest Documents showing address proof
1 Passport	1 Passport
2 PAN Card	2 Ration Card
3 Voter's Identity Card	3 Telephone Bill
4 Driving Licence	4 Letter from employer - Subject to Satisfaction of Bank
5 Identity card issued by the Govt / Public Authority / (Reputed Institutions subject to satisfaction of bank)	5 Bank Account Statement with Address
6 Letter from employer - subject to satisfaction of bank	6 Electricity Bill
7 AADHAAR / UIDAI CARD	7 Income Tax / Property Tax Assessment Order / Receipt
	8 Credit Card

Details of KYC documents submitted by the applicants

	IDENTITY PROOF			ADDRESS PROOF		
	1st Applicant	2nd Applicant	3rd Applicant	1st Applicant	2nd Applicant	3rd Applicant
Type of Document						
Document Number						
Issuing Authority						
Date of Issue						
Place of Issue						
Valid Upto						



# THE COIMBATORE DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

- ❖ I / we hereby declare that the rules governing the Deposits Account have been read by me / us and that I / We agree to be bound by the rules and by-laws of the Bank in force now.
  - ❖ I/we hereby declare that the Amount deposited in the account are of my / our own.
  - ❖ I/we declare that the account will be operated upon and the balance will be payable to myself/Either or Survivor / Anyone or depositors against joint discharge.
  - ❖ I/we hereby undertake the minimum balance of ₹ .....in the account as and also agree to maintain the minimum balance as modified by the bank 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.
  - ❖ I/we do agree to the condition that the rate of interest payable by the Bank on my/our Deposit Account shall be subject to the changes in the interest rates made by the Reserve Bank of India / Coimbatore District Central Co-operative Bank time to time.
  - ❖ In the event of my/our seeking pre-closure if term Deposits / Recurring Deposits, I/we agree that Bank shall apply the rules of Pre-closure of term Deposits / RD prevailing on the date of my/our request for such pre closure.
  - ❖ I / We agree that the clause repayable to either or Survivor / any one or more or survivors(s) includes the right to the survivors(s) to apply before the date of maturity for repayment or for credit facilities against the security to the deposit. I/we further agree that any one of us can renew the deposit in the same names
  - ❖ I/We do agree that, the rate of interest payable by the bank on my / our deposit for overdue period, if unrenewed on the due date shall be subject to the rules of the bank prevailing at the time of renewal
  - ❖ Please send /do not send due date notice to my/our address
  - ❖ I/we shall be liable to you for any monies owing to you from time to time in case the account is over drawn and /debit balance is caused including your commission interest and other incidental charges
  - ❖ In the event of death or insolvency or withdrawal of any of us the survivor/s shall have full control of any monies standing to my / our credit in our account with you and the survivor/s will have full powers to operate the account/close the account.
  - ❖ For Current Account (Individuals only) \*At present I/we do not enjoy any credit facility with any Banks / 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, I am / we are having account with the following other Bank(s) Branch(es) and enjoying credit facilities.  
 (\* strikeout which is not applicable)

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

Signature of the 1st Applicant

Signature of the 2nd Applicant

Signature of the 3rd Applicant

If Minor Account Holder

Name of the Parent / Guardian

Relationship with Minor

Father     
  Mother     
  By Court Order (Enclose a copy)

SIGNATURE OF THE PARENT / GUARDIAN

### Introduction Details

Having CIF No.

I..... confirm that I am holder of.....account No: ..... of The Coimbatore District Central Co-operative Bank Ltd for the past..... months / years and personally know the applicant(s)..... for more than.....months / years and confirm his / her / their identity and address as stated above.

Date :       Signature of Introducer

Branch Manager  
(Verified the Introducer's Signature)

*For Office Use only*

Letter of thanks sent to Introducer / customer on	Account opened by Name	Authorised by Name
	Signature of the Branch Staff	Signature of the Branch Manager
Risk Classification <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High    Reason for risk classification made.....		



# THE COIMBATORE DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

Head Office / .....Branch

CUSTOMER PROFILE (To be obtained for each applicant separately) Customer ID No.

**Marital Status**  Married  Single **Dependants**  Spouse  Parents  No of Children

**Religion**  Hindu  Muslim  Christian Others Please specify.....

**Education**  School Level  Graduate  Post Graduate  Doctorate  Professional  Others

**Occupation**  Salaried  Self Employed  Professional  Agriculturist  Retired  House Wife  
 Student Others Please specify.....

**If Salaried Name of Organisation & Designation**

**If Self Employed - Nature of Business**  Trading  Manufacturing  Services  Agriculture  Real Estate  
Others Please specify.....

**If Self Employed Professional**  CA  Doctor  Lawyer  Stock Broker  Consultant  Engineer

**ANNUAL HOUSE HOLD INCOME :**

50,000  50,001-1,00,000  1,00,001-1,50,000  1,50,001-2,00,000  
 2,00,001-3,00,000  3,00,001-5,00,000  5,00,001-10,00,000  Above 10,00,000

**ASSET OWNERSHIP**

**VEHICLE**  Two Wheeler  Car  Self Owned  Company Car

**RESIDENCE**  Self  Company Provided  Rented  Purchased on Loan

**PREFERRED INVESTMENT**

Bank Deposit  Mutual Funds  Shares  Company Deposit  Real Estate  Gold  PPF  
 Properties  Insurance  Others

**LOANS**

Loans Availed During 3 Years  Car  Housing  Durables  Against Deposits  Business  Gold  Others

**INSURANCE**

Life  Yes  No Mediclaim  Yes  No **Blood Group**

**INTERNET ACCESS**  Office  Home  Not Applicable

**SPOUSE DETAILS**

Name	<input type="text"/>	Occupation	<input type="text"/>
Edu. Qualification	<input type="text"/>	Date of Birth	<input type="text"/>
Mobile No.	<input type="text"/>	Anniversary Date	<input type="text"/>
	<input type="text"/>	Tel No.	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>

**BANKING ACTIVIES**

Account with other CDCC Branches  Yes  No

If yes Account No and Name of Branch

Account with other Banks  Nationalised  Private Sector  Cooperative  Foreign

Name of the Bank and Type of Account

**Preferred Music**  Vocal  Indian  Pop  Remix  Ghazals  Western  
 Traditional  Religious  Instruments

**Preferred Movies**  Tamil  Hindi  English  World Movies

**Food**  Veg  Non Veg

**Favourite News Paper**

**Favourite Magazine**

Signature of Applicant



# THE COIMBATORE DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

## FORM NO.60

Form of declaration to be filed by a person who does not have a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction in specified in clauses (a) to (h) of rule 114 B.

1. Full name and address of the declarant.....
2. Particulars of transaction.....
3. Amount of the transaction.....
4. Are you assessed to tax ? Yes / No.....
5. If yes,  
(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)

### 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

## Form No. 61 of Income Tax Rules, 1962

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 in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant
2. Particulars of transaction.....Opening of .....A/C
3. Details of the document being produced in support of address in column (1)

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.

Date :.....

Place :.....

Signature of the declarant

### 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

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card, (b) Passport, (c) Driving Licence, (d) Identity Card by any institution,
- (f) Any document or communication issued by any authority or Central Government, State Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given on the declaration.



# THE COIMBATORE DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

## FORM DA-1 Nomination Form

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

I / We..... names(s) and address(es) nominate the following persons 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 The Coimbatore District Central Co-op Bank Ltd .....Branch.

Name and 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 and address, Age & Relationship with depositor, if any) to receive the amount of the deposit claim amount on behalf of the nominee in the event of my / our minor's death during the minority of the nominee

Signature.....

Serial Number in the nomination Register	
--	--

Signature of the Branch Manager  
(Please affix office seal)

### Acknowledgement for Form DA-1 Nomination Form

Received on.....nomination form NO. DA-1 for making nomination from.....  
 (Date)

.....in respect of.....  
 (Name of Deposit Holders) (Name / Type of the Account)

Deposit Account No.  
 Serial Number in the nomination Register  
 Date :

Signature of the Branch Manager  
(Please affix office seal)