



MODEL Co-op. BANK LTD.

SAVINGS, TERM DEPOSITS, RECURRING DEPOSIT & OTHER ACCOUNT OPENING FORM

Branch Date Customer No. Account No. CKYCR IDENTIFIER NUMBER ALLOTTED Please open an Account as per details given below ☒ whichever is applicable.

☐ SAVING BANK ACCOUNT ☐ **BASIC SAVING BANK ACCOUNT ☐ RECURRING DEPOSIT
☐ TERM DEPOSIT SCHEME ☐ OTHER

I/We deposit initially Rs. . Period of deposit, in case of TD / RD days / months.

**No Cheque book facility is available. Total credits not to exceed Rs. 1,00,000/- per year and balance not to exceed Rs. 50,000/- at anytime.

PHOTOGRAPHS (Signatures of the account holders to be taken across the photographs)

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PAN No. UID No. DOB

IN CASE OF FIRMS, INSTITUTIONS ETC.

Title of Account Constitution : ☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ PVT. LTD. ☐ LTD. ☐ OTHERSDate of Establishment / Incorporation

PERSONAL DETAILS

Sr.	First Name	Middle	Surname	Occupation	Signature
1.					
2.					
3.					
4.					

Father's Name of 1st Applicant: In case of Minor's A/c (Single), Name & Sign of Guardian

Name	Sign
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MODE OF OPERATION

☐ Self ☐ Either or Survivor ☐ Anyone or Survivors or Survivor ☐ Any two Jointly
☐ Former or Survivor ☐ Jointly or Survivor ☐ Guardian ☐ Any other (please specify)

CUSTOMER PROFILE

☐ SERVICE : Name of the Firm, Area: Designation: ☐ TYPE OF BUSINESS (✓ Tick one)

Manufacturing	Real Estate	Service Provider	Trader	Agriculture	Stock Broker	Other (Specify)
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☐ PROFESSIONAL (✓ Tick one)

Doctor	Architect	CA / CS	IT Professional	Engineer	Lawyer	Other (Specify)
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Permanent Address City Pin Code Mobile Tel. Resi. Email Current Address City Pin Code Mobile Tel. Resi. Email ☐ PLEASE PROVIDE ME THE FACILITY OF SMS ALERTS AS PER THE TERMS & CONDITIONS OF THE BANK.

GST No.

[If business, please specify type and GST No.]

Annual Income (in Rs.) :

☐ Upto 2.5 Lacs

☐ Above 2.5 – 5 Lacs

☐ Above 5 – 10 Lacs

☐ Above 10 – 25 Lacs

☐ Above 25 Lacs – 1 Crore

☐ Above 1 Crore

INTRODUCTION DETAILS

I/We personally know Mr./Ms. for a period of months / years

and confirm his / her identity & address mentioned in the form.

Name of the Introducer

A/c No.

Branch

Introducer's Signature verified by

Signature of the Introducer

FOR TERM DEPOSIT / RECURRING DEPOSIT

☐ Please credit the interest on my Term Deposit A/c. to my Saving Bank Account No.

OR

☐ Please issue a Payorder for the interest amount

☐ For RD A/c : Please debit my SB / CA / OD

A/c No.

for the monthly instalment of Rs. starting from

I/We hereby authorize the bank to renew term deposit receipt/s upon maturity for another term at the rate of interest prevailing on the date of maturity, unless specific payment instructions are given by me/us to the contrary.
I note that TDS on interest on Deposits will be deducted as per Income Tax Act, 1961, wherever applicable, and the maturity amount of QRIP / FDR Accounts will be reduced accordingly.

The Bank may, on receipt of written application from Mr./Mrs./Ms. # the former/the latter/the first name, the second named, etc., of us or Either or Survivor of us, or Any one or Survivor or Survivors of us, at our absolute discretion and subject to such terms and conditions as the Bank may stipulate, (a) grant a loan/advance against the security of the Term Deposit Receipt to be issued in our joint names or (b) make premature payment of the proceeds of the deposit to # the former/the latter/the first name, the second named etc. of us or either or survivor of us, or any one or survivors of us.

Strike out whichever is not applicable.

Signature

Signature

Signature

DECLARATION

I/We have read and understood the terms and conditions governing the opening of an account with Model Co-op. Bank Ltd. I/We agree to abide by the Bank's Rules & Regulations relating to conduct & operations of the Bank Accounts which are in existence & which may be changed from time to time by the Board of Directors. I/We authorize the Bank to verify the details given herein through any means/person(s), as may be perceived necessary by the Bank. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

I/We undertake to maintain sufficient balance to meet the amount of cheques issued by me.

For Personal Accounts

Signature(s)

1st A/c Holder

3rd A/c Holder

2nd A/c Holder

4th A/c Holder

In case of Firms / Institutions / Ltd. Co., Rubber Stamp to be affixed

Signed before me

Signature

Signature of the Bank Official with Stamp

DECLARATION FOR CORPORATE SALARY ACCOUNT

I understand that it is my responsibility to inform the Bank immediately of termination of my employment with my current employer whereupon I will cease to enjoy any or all benefits under the Corporate Salary Account scheme. If no salary credits are sighted in the account for consecutive six months, the Bank reserves the right to change the status of the Corporate Salary Account to regular Savings Account of the Bank without any intimation to the account holder and the terms and conditions and corresponding service charges as applicable to the Savings Account of the Bank shall apply to the account from the date of change of the status. I will visit the branch and complete the KYC requirements for continuing operations in the account as normal SB account. In case I fail to comply with Bank's requirement, Bank may suspend operations or close the account without further notice. I confirm that I will not dispute and raise any legal action against Model Co-op. Bank towards such remittance/ conversion of account status.

Signature of account holder

CHEQUE BOOK REQUISITION SLIP

To,

The Manager,

Model Co-op. Bank Ltd.,

Branch

Date :

Please issue me/us

Cheque Book/s containing

leaves for my/our Account No.

with you.

Thanking you,

Yours faithfully,

Signature

Signature

Signature

OFFICE USE ONLY

Account marketed by

Account opened by

Account authorised by

NAME	SIGNATURE	

Risk Category : A/C is classified as ☐ Low Risk ☐ Medium Risk ☐ High Risk

Approved

Account holder personally signed before me

Signature of the Bank Official

Branch Manager

ANTI-MONEY LAUNDERING DECLARATION

I/We hereby declare that I/We are not involved in abetting Money Laundering Activities/Unlawful/Anti-Social Activities and/or Financing of Terrorists Activities Directly or Indirectly.

Signature

FATCA DECLARATION

Is your Country of Tax Residency other than India ☐ Yes ☐ No

If "Yes", please specify the details of all countries where you hold tax residency and its Tax Identification Number & type

Sr. No.	Country of Tax Residency#	Tax Payer Identification Number / Functional Equivalent	Identification Type (TIN or Other, please specify)
1.			
2.			
3.			

to include all countries other than India, where investor is Citizen/Resident/Green Card Holder / Tax Resident in those respective countries especially of USA

Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	Any other information
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Signature

NOMINATION FORM - DA1

I/We nominate the following persons to whom, in the event of my/our death, the amount of deposit may be paid:

Name of the Nominee Relation Age

Residential Address

City Pin Code

Date of Birth of nominee (if minor)

*Signature of the Depositors	1 st A/c Holder <input type="text"/>	3 rd A/c Holder <input type="text"/>
	2 nd A/c Holder <input type="text"/>	4 th A/c Holder <input type="text"/>

**As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum

(address)

aged years 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(s) / ***Thumb impression(s) of depositor(s)

Name of Witness: Name of Witness:

Signature : Signature :

Note : *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.
Strike out if nominee is not a minor. * Thumb impression(s) shall be attested by two witnesses.

We acknowledge your Nomination Form DA1 relating to :

Date :

Nature of the Account	Account Number	Additional Accounts, if any

In the name of held with us. Please quote the
Nomination Date in all your future correspondence with us in this regard. For Model Co-op. Bank Ltd.

Entered by Sign. Authorised Signatory

CUSTOMER PROFILE (FOR INDIVIDUALS)

(To be obtained from Customer at the time of Opening of an Account or during KYC Updation)

*CUSTOMER NO.

DATE

GROUP CUSTOMER NO.

CKYCR IDENTIFIER NUMBER ALLOTTED

*GENDER : ☐ MALE ☐ FEMALE ☐ TRANSGENDER

MR./MRS./MISS

FIRST NAME

MIDDLE NAME

LAST NAME

*NAME
(Name should tally with ID Proof)

*MAIDEN NAME (OPTIONAL)

**MOTHER NAME

**FATHER/SPOUSE NAME

FATHER'S NAME REQUIRED COMPULSORILY WHERE FORM 60 IS PROVIDED.

*ADDRESS :

PERMANENT

PIN CODE

*ADDRESS :

LOCAL

PIN CODE

*DATE OF BIRTH :

*MARITAL STATUS : ☐ MARRIED ☐ UNMARRIED ☐ OTHERS

*TEL NUMBER : (MOBILE)

LANDLINE

*E-MAIL :

*PAN / FORM 60

*OCCUPATION TYPE: (Any One)

1) ☐ SERVICE { ☐ PRIVATE SECTOR ☐ PUBLIC SECTOR ☐ GOVT. SECTOR } (Any One)

DESIGNATION :

NAME OF THE FIRM, AREA :

2) ☐ SELF EMPLOYED (DETAILS - ELECTRICIAN / PLUMBER / OTHER)

3) ☐ OTHERS : RETIRED / HOUSEWIFE / STUDENT

4) ☐ PROFESSIONAL : DOCTOR/ARCHITECT/CA/CS/I.T./ENGINEER/LAWYER/OTHER

5) ☐ BUSINESS: 1) NAME OF BUSINESS :

2) MFR/TRDG/CONSULTANCY/SERVICE PROVIDER/OTHER

3) PRODUCT / SERVICE

* ANNUAL INCOME : Rs.

*FATCA DECLARATION : IS YOUR COUNTRY OF TAX RESIDENCY OTHER THAN INDIA - YES / NO

IF YES, SPECIFY THE COUNTRY OF TAX RESIDENCY

TAX PAYER IDENTIFICATION NUMBER

IDENTIFICATION TYPE (TIN OR OTHER)

I HEREBY DECLARE THAT THE ABOVE INFORMATION FURNISHED ABOVE BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE.

NAME :

SIGNATURE :

ON BEHALF OF

*Mandatory **Any One # In case of Minor's Account

FOR OFFICE USE

RECEIVED AND CBS UPDATED BY :

NAME

DESIGNATION

SIGNATURE

DATE

AUTHORISED BY: NAME

DESIGNATION

SIGNATURE

DATE