

The Rewari 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 _____

Specimen Signature

PAN

1st Applicant _____

2nd Applicant _____

3rd Applicant _____

1st applicant
PHOTO

2nd applicant
PHOTO

3rd applicant
PHOTO

Nominee's Name _____

Checked & Verified

Allowed

Date.....

Acctt.

Br. Manager/A.M./Manager



THE REWARI 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 ☐

No-Frill Account ☐

Current Account ☐

PLOD/RD ☐

Recurring Deposit ☐

FDR ☐

RITD ☐

Others (please specify) ☐

Full Name :

PERSONAL DETAILS

1ST APPLICANT

Sex : M/F ☐

Father/Husband Name

Mother Name

Tel./Mob. No.

Aadhar No.

2ND APPLICANT

Sex : M/F ☐

Father/Husband Name

Mother Name

Tel./Mob. No.

Aadhar No.

3RD APPLICANT

Sex : M/F ☐

Father/Husband Name

Mother Name

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.

☐ Sole Proprietorship Account/Partnership Firm Account

Signature

Authority to operate on the 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. Rewari 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. Rewari 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. Rewari _____ 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)

☐ FORM NO. 60

To be filled by person without PAN

1. Are you assessed to tax ? Yes ☐ No ☐

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 _____

☐ 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.

FORM NO. 60* (See third provision of rule 114B)

Form of declaration to be filled by a person who does not have either a PAN or GIR number and who makes payment in cash in respect of transaction specified in clause (a) to (h) of rule 114B.

1. Full Name and Address of the declarant _____
2. Particulars of transaction _____
3. Amount of 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 PAN/GIR ? _____
6. Details of the document being produced in support of address in Column (1) _____

Signature of the Applicant/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 _____ year _____ Place : _____

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.

FORM NO. 61 [provision to clause (a) of rule 114C (1)]

Form of declaration to be filled 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 clause (a) to (h) of rule 114B

1. Full name and address of the declarant _____
2. Particulars of transaction _____
3. Details of documents 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 Applicant/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 _____ year _____ Place : _____

Signature of the Applicant/Declarant