



Peoples' Co-op. Bank Ltd., Hingoli
Your faith is our Target
Your Welfare is our Aim..

For Bank use only

BRANCH CODE

Customer ID

Account no

Account Type

Account Opening Form

In addition to this form, the following documents are required, if the address mentioned in the above documents is different from the stated in the account opening form, kindly submit anyone of the following to confirm the present address

For Individuals:

- | | |
|--|---|
| <input type="checkbox"/> Passport copy | <input type="checkbox"/> Photo Credit Card |
| <input type="checkbox"/> Voter's id card | <input type="checkbox"/> Gas Connection Receipt |
| <input type="checkbox"/> Employer's ID card | <input type="checkbox"/> Latest Telephone Bill |
| <input type="checkbox"/> Driving license (laminated card) | <input type="checkbox"/> Latest Electricity Bill |
| <input type="checkbox"/> PAN card | <input type="checkbox"/> Statement from existing bank |

● In addition, the following documents are required

- Proof of PAN / GIR No or Form 60 (in case of cash deposit)
- Latest passport size photograph (2 copies)

Senior citizen's accounts additionally required a copy of any one of the following documents

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Pension Card |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Govt. ID Card |
| <input type="checkbox"/> Driving License | <input type="checkbox"/> School Leaving Certificate |
| <input type="checkbox"/> Ration Card | <input type="checkbox"/> Life Insurance Policy |

For Proprietary / Partnership firm

- Declaration of Proprietorship / Partnership
- Registration Certificate of firm (for Partnership firm)

Sole Proprietary firm will additionally require a copy of the any one of the following documents

- Shop and Establishment Certificate/Municipal Licence
- Sales and Income Tax Returns
- Registration Certificate
- Chartered Accountant's Certificate as regard sole Proprietorship Firm.
- Existing Bank Statement from current bankers.

For Limited Company

- Certificate of incorporation
- Certificate of commencement of business (in case of public limited company)
- Memorandum and Articles of Association duly certified by a Director / Secretary as true and up-to-date.
- Duly certified Resolution passed by its Board of Directors as per the following specimen:

RESOLVED that a Banking Account of the Company to be opened with PEOPLES' CO-OPERATIVE BANK LTD., HINGOLI and that the said Bank be and is hereby authorized to honor all cheques, Bills of Exchange, Promissory Notes and other orders accepted, endorsed or made on behalf of the Company by _____ and to act on any Instructions so given relating to the account whether the account be in credit or overdrawn.

For Hindu Undivided Family

- Declaration of HUF
- (Specimen Form CD208A enclosed)

For Club / Association / Societies /Trust etc.

- Duly certified copies of constitution and bye-laws
- Certification of registration
- Resolution passed by the Managing Body authorising opening of account including mandate for operation of the account.

Please present originals for reference.

PEOPLES' CO-OPERATIVE BANK LTD., HINGOLI



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For Bank use only	<input style="width: 50px; height: 20px;" type="text"/> BRANCH CODE
Customer ID	<input style="width: 100px; height: 20px;" type="text"/>
Account no.	<input style="width: 200px; height: 20px;" type="text"/>
Account Type	<input style="width: 150px; height: 20px;" type="text"/>

Account Opening Form

The Branch Manager

Peoples' Co-operative Bank Ltd., Hingoli _____ Branch Date _____

I / We request you to open an account with you for which I / We initially deposit Rs. _____

In words (Rupees _____)

Title of A/c. Mr/Mrs/Ms/Messers _____

Nature/Activity of Business _____

Name of Joint Holders/ Partners/Proprietor/Director _____

	FIRST NAME	MIDDLE NAME	SURNAME	SHORT NAME
1ST APPLICANT				
2ND APPLICANT				
3RD APPLICANT				

	DATE OF BIRTH (DD/MM/YY)	PAN / GIR NO	SEX (M/F)	NATIONALITY	RELATIONSHIP WITH FIRST APPLICANT
1ST APPLICANT					
2ND APPLICANT					
3RD APPLICANT					

Assessed to Income Tax Yes No

If yes, PAN / GIR No. Ward / Circle / Range No.

If no, attach Form 60 and give reasons for not having PAN / GIR :

DATE OF ESTABLISHMENT (In case of Firm/Companies) : DD/MM/YYYY

IN CASE OF A MINOR :

Minor's date of birth (dd/mm/yy) _____ Name of parent / natural guardian _____

Address of the guardian _____

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

MAILING ADDRESS

1ST APPLICANT		PIN:	
	Country Tel (O)	Tel(R)	Fax
	Mobile	Email	
2nd APPLICANT		PIN:	
	Country Tel (O)	Tel(R)	Fax
	Mobile	Email	
3rd APPLICANT		PIN:	
	Country Tel (O)	Tel(R)	Fax
	Mobile	Email	

PERMANENT ADDRESS (If different from above) / REGISTERED OFFICE ADDRESS IN CASE OF FIRMS & LTD. COMPANIES

1ST APPLICANT		PIN:	
	Country Tel (O)	Tel(R)	Fax
	Mobile	Email	
2nd APPLICANT		PIN:	
	Country Tel (O)	Tel(R)	Fax
	Mobile	Email	
3rd APPLICANT		PIN:	
	Country Tel (O)	Tel(R)	Fax
	Mobile	Email	

PROOF OF ADDRESS SUBMITTED (Individuals) : (Please tick)			
<input type="checkbox"/> Passport Copy	<input type="checkbox"/> Voter's ID Card	<input type="checkbox"/> Employers ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> PAN Card	<input type="checkbox"/> Latest Telephone Bill	<input type="checkbox"/> Latest Electricity Bill	<input type="checkbox"/> Gas Connection Receipt
1st Applicant		(To be filled in by each signatory)	
EMPLOYMENT DETAILS			
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> House Wife	<input type="checkbox"/> Self. empl. <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Other
Profession	<input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer	<input type="checkbox"/> C.A. <input type="checkbox"/> Journalist	<input type="checkbox"/> Engineer <input type="checkbox"/> Consultant
Employed (Salaried with Grade)	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Clerk	<input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Officer	<input type="checkbox"/> Govt. Sector <input type="checkbox"/> Junior Mgnt.
<input type="checkbox"/> Retired <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Architect <input type="checkbox"/> Other <input type="checkbox"/> Multinational <input type="checkbox"/> Middle Mgnt. <input type="checkbox"/> Other <input type="checkbox"/> Senior Mgnt.			
No. of years in service			
Employer's Name			
Employer's Address			

EDUCATION QUALIFICATIONS:			
<input type="checkbox"/> Under-Graduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Professional
ESTIMATED INCOME FROM THE BUSINESS / SALARY Rs.		(per month)	
DETAILS OF OTHER SOURCES OF INCOME IF ANY?			
ANNUAL HOUSEHOLD INCOME			
<input type="checkbox"/> <60000	<input type="checkbox"/> 60000-100000	<input type="checkbox"/> 100000-500000	<input type="checkbox"/> 500000-1500000
<input type="checkbox"/> 1500000<			
DETAILS OF FOREIGN COUNTRIES VISITED DURING THE LAST THREE YEARS			
LOANS			
Loan availed in the last three years	<input type="checkbox"/> Car <input type="checkbox"/> Housing	<input type="checkbox"/> Business <input type="checkbox"/> Durables	<input type="checkbox"/> Loans Against Shares <input type="checkbox"/> Other

Date : _____ **Signature :** _____

2nd Applicant		(To be filled in by each signatory)	
EMPLOYMENT DETAILS			
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> House Wife	<input type="checkbox"/> Self. empl. <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Other
Profession	<input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer	<input type="checkbox"/> C.A. <input type="checkbox"/> Journalist	<input type="checkbox"/> Engineer <input type="checkbox"/> Consultant
Employed (Salaried with Grade)	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Clerk	<input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Officer	<input type="checkbox"/> Govt. Sector <input type="checkbox"/> Junior Mgnt.
<input type="checkbox"/> Retired <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Architect <input type="checkbox"/> Other <input type="checkbox"/> Multinational <input type="checkbox"/> Middle Mgnt. <input type="checkbox"/> Other <input type="checkbox"/> Senior Mgnt.			
No. of years in service			
Employer's Name			
Employer's Address			
EDUCATION QUALIFICATIONS:			
<input type="checkbox"/> Under-Graduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Professional
ESTIMATED INCOME FROM THE BUSINESS / SALARY Rs.		(per month)	
DETAILS OF OTHER SOURCES OF INCOME IF ANY?			
ANNUAL HOUSEHOLD INCOME			
<input type="checkbox"/> <60000	<input type="checkbox"/> 60000-100000	<input type="checkbox"/> 100000-500000	<input type="checkbox"/> 500000-1500000
<input type="checkbox"/> 1500000<			
DETAILS OF FOREIGN COUNTRIES VISITED DURING THE LAST THREE YEARS			
LOANS			
Loan availed in the last three years	<input type="checkbox"/> Car <input type="checkbox"/> Housing	<input type="checkbox"/> Business <input type="checkbox"/> Durables	<input type="checkbox"/> Loans Against Shares <input type="checkbox"/> Other

Date : _____ **Signature :** _____

3rd Applicant		(To be filled in by each signatory)	
EMPLOYMENT DETAILS			
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> House Wife	<input type="checkbox"/> Self. empl. <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Other
Profession	<input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer	<input type="checkbox"/> C.A. <input type="checkbox"/> Journalist	<input type="checkbox"/> Engineer <input type="checkbox"/> Consultant
Employed (Salaried with Grade)	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Clerk	<input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Officer	<input type="checkbox"/> Govt. Sector <input type="checkbox"/> Junior Mgnt.
<input type="checkbox"/> Retired <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> Architect <input type="checkbox"/> Other <input type="checkbox"/> Multinational <input type="checkbox"/> Middle Mgnt. <input type="checkbox"/> Other <input type="checkbox"/> Senior Mgnt.			

No. of years in service
Employer's Name
Employer's Address

EDUCATION QUALIFICATIONS:

Under-Graduate Graduate Post-Graduate Professional

ESTIMATED INCOME FROM THE BUSINESS / SALARY Rs.	(per month)
DETAILS OF OTHER SOURCES OF INCOME IF ANY?	

ANNUAL HOUSEHOLD INCOME				
<input type="checkbox"/> <60000	<input type="checkbox"/> 60000-100000	<input type="checkbox"/> 100000-500000	<input type="checkbox"/> 500000-1500000	<input type="checkbox"/> 1500000<

DETAILS OF FOREIGN COUNTRIES VISITED DURING THE LAST THREE YEARS

LOANS				
Loan availed in the last three years	<input type="checkbox"/> Car <input type="checkbox"/> Housing	<input type="checkbox"/> Business <input type="checkbox"/> Durables	<input type="checkbox"/> Loans Against Shares	<input type="checkbox"/> Other

Date : _____ **Signature :** _____

CHOICE OF ACCOUNT			
Type of Account	Account No. (Bank use only)	Initial Amount	Tenure
Current			
Savings			
Fixed Deposit			
Deposit Reinvestment			
Monthly Income			
Senior Citizen Scheme			
Others			

PAYMENT DETAILS FOR OPENING OF ACCOUNT			
Cash Debit current / savings a/c no.			
Cheque No.	drawn on	Bank	Branch

MANDATE FOR ACCOUNT OPERATION		
<input type="checkbox"/> Single	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Former or survivor
<input type="checkbox"/> Anyone or survivor	<input type="checkbox"/> Jointly by all	

_____ **1ST APPLICANT**
 _____ **2ND APPLICANT**
 _____ **3RD APPLICANT**

For interest payment		
<input type="checkbox"/> Credit to account No _____	<input type="checkbox"/> Issue DD / Pay Order	<input type="checkbox"/> By Cash

ON MATURITY

Renew deposit automatically for (1) the same period Renew Principal & Interest

Renew Principal only for _____ months/year Credit to account No. _____ Issue DD / Pay Order favouring _____

NOMINATION REQUIRED ?	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
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*Please complete the attached Nomination Form.

INTRODUCTION

- Name _____
- Account No / Customer ID _____
- I confirm that I am an account holder with **Peoples' Co-operative Bank Ltd., Hingoli** for over 6 months. I confirm that I have known Mr / Mrs / Miss _____ since last _____ months / years and confirm his /her / their identity , Occupation & address stated in this application to open the account.

Date:

Signature of Introducer

DECLARATION / UNDERTAKING

I / We confirm having received, read and understood the Account Rules and hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/We am/are opening with **Peoples' Co-operative Bank Ltd., Hingoli** and amendments there to made from time to time and those relating to various services.

I/We, understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. I/We agree that the bank may debit my account for service charges as applicable from time to time.

I/We confirm that I/We am/are resident of India.

I / we hereby declare that the information furnished above is true and correct to the best of my knowledge.

I / we declare that I / we do not enjoy credit facilities with other bank/s

I / we enjoy credit facility / have Current accounts with other bank/s

(Please attach details of such facilities separately)

Name of bank & branch	Account No	Facility	Amount

Signature of applicant

DECLARATION IN CASE OF A MINOR ACCOUNT

I hereby declare that the date of birth is ____/____/____ of the minor who is my _____ and I am his/her natural guardian/lawful guardian appointed by the court order dated _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Signature of Guardian

Signatures in the presence of Bank Officials : (Applicants should also sign across photographs)

1ST APPLICANT

2ND APPLICANT

3RD APPLICANT

For Bank Use

Cust. ID No.

FOR BRANCH USE		
Letter of thanks sent to introducer/ customer on	Account opened by Name :	Authorised by Name :
Signature	Signature	

NOMINATION (Nomination form DA-1)

Nomination under Sec 45 ZA of the Banking Regulation Act, 1949 and rule 2 (I) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

I/We _____
(Name & Address)

nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by Peoples' Co-operative Bank Ltd., _____ Branch

Nature of Deposits	Distinguishing No.	Additional details, if any	Name & Address of Nominee
Relationship with Deposit, if any	Age	If nominee is minor, Date of Birth	

@As nominee is minor on this date I/We appoint _____ to receive the amount of deposit in the account 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 of Depositor(s)#

Name :

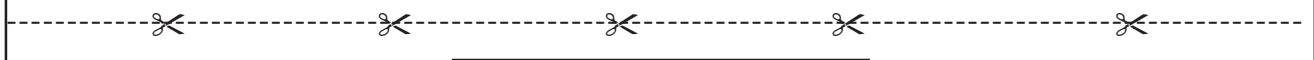
Address :

Signature of witness(es)\$

where deposit is made in the name of a minor, the nomination should be assigned by a 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



ACKNOWLEDGEMENT

Received on _____ nomination form no. DA-1 for making nomination from _____

_____ in respect of _____

(Name of Deposit Holder/s)

(Name of the Account)

Deposit Account No. _____

Date : _____

FOR PEOPLES' CO-OP. BANK LTD., HINGOLI

AUTHORISED SIGNATORY