Account No.

C.I.F. No.

Please paste recent passport size photograph

# PURULIA CENTRAL CO-OPERATIVE BANK LIMITED

**Head Office :- Ranchi Road, P.O.:- Purulia, Dist.:- Purulia, West Bengal-723101**

## Savings Deposit Account or Current Deposit Account Opening Form with K.Y.C. for Personal Customer

_____ BRANCH

Date

**I / We desire to open a Savings Deposit Account or Current Deposit Account with**

Cheque Book facility ☐ SMS Alert facility ☐ ATM facility ☐

**Name of Applicant : Mr. / Mrs. / Miss** (Please fill with Block letters or tick the appropriate boxes wherever required)

**First Name**

**Middle Name**

**Last Name**

**Father's / Husband's Name**

**Gender :** **Male** ☐ **Female** ☐ **Date of birth** **Place of birth :** _____

**Nationality :** _____ **Religion : Hindu** ☐ **Muslim** ☐ **Sikh** ☐ **Christian** ☐ **Buddhist** ☐ **Others** ☐

**Cast Category : General** ☐ **O.B.C.** ☐ **S.C.** ☐ **S.T.** ☐

**Status : Illiterate** ☐ **Blind** ☐ **Pardanashin** ☐ **Phy. Hand.** ☐ **None of those** ☐ **Others (Specify)** _____

**Indentification Marks if any** _____

**Permanent Address : Own** ☐ **Family House** ☐ **Parental** ☐ **Rental** ☐ **Employer Provided** ☐

**Post Office** **Pin Code**

**District** **State**

**Office / Business Address :**

**Post Office** **Pin Code**

**District** **State**

**Residential Tele Phone No. with S.T.D. Code**

**Office Tele Phone No with S.T.D. Code**

**Mobile No. 1** **Mobile No. 2**

**Email if any** _____

**Minor : Yes** ☐ **No** ☐ **If yes, please furnish details guardian**

**Relationship with Minor :** **Natural guardian father** ☐ **Natural guardian mother** ☐ **Legal guardian** ☐
(in absence of father) (please submit the Court Order)

**Name of Guardian**

**Address of guardian**

**Post Office**

**District**

**Whether Staff member : Yes** ☐ **No** ☐ **If yes, please put P.F. account no. here** _____

**Occupation :**

**Salaried Govt./Semi Govt. Sector** ☐ **Salaried Other** ☐ **Retired from Govt./Semi Govt. Sector** ☐

**Retired Other** ☐ **Doctor** ☐ **Engineer** ☐ **Lawyer** ☐ **Other Professional** ☐ **Business Trading** ☐

**Business Manufacturing** ☐ **Self Employed** ☐ **Agriculture** ☐ **Housewife** ☐ **Daily Labour** ☐

**Not working Elderly Person** ☐ **Student** ☐ **Teacher** ☐ **Others** (Please Specify) _____

**Marital Status : Married** ☐ **Single** ☐ **Others** ☐

**Educational Qualification :**

**Up to Primary** ☐ **Below S.S.C** ☐ **Up to S.S.C.** ☐ **Graduate** ☐ **Post Graduate** ☐ **Other (Specify)** _____

**Annual Income :**

**Up to 50000.00** ☐ **Above Rs. 50000.00 to Rs 150000.00** ☐ **Above 150000.00 to 500000.00** ☐ **Above Rs. 500000.00** ☐

**Annual turnover (In case of Business) :** _____

**Proof in support of said turnover : Balance Sheet** ☐ **I.T. Return** ☐ **S.T. Return** ☐ **Excise Return** ☐ **Other** ☐

**Whether Income Tax Assesse? If yes, Please furnish PAN / GIR number else submit Form No. 60/61 Yes** ☐ **No** ☐

**Please Put PAN / GIR number here :**

**Proof of identity : Passport** ☐ **Voter ID Card** ☐ **Aadhar Card** ☐ **PAN Card** ☐ **Driving license** ☐

**Govt. / Defense ID Card** ☐ **Other (Please Specify)** _____

**Proof of Address : Passport** ☐ **Aadhar Card** ☐ **Driving license** ☐ **Electricity Bill** ☐ **Telephone Bill** ☐

**Other Bank Passport** ☐ **Residential Certificate** ☐

**Other (Please Specify)** _____

**Other Bank Account Details (If any)**

| | Bank Name | Branch Name | Facilities / Services being availed | | | | |
|---|---|---|---|---|---|---|---|
| | | | Savings | Current | O/D | C.C. | T.L. |
| Applicant 1 | | | | | | | |
| Applicant 2 | | | | | | | |
| Applicant 3 | | | | | | | |

**Details of family members :**

| Age Group | upto 10 years | Above 10 to 20 years | Above 20 to 40 years | Above 40 to 60 years | Above 60 years | Total |
|---|---|---|---|---|---|---|
| No. of Males | | | | | | |
| No. of Females | | | | | | |

**DECLARTATION :**

I have read (a) 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 am opening/will open with PURULIA CENTRAL CO-OPERATIVE BANK LIMITED and (b) amendments to the rules made from time to time and those relating to various services availed by me. I understand that the bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me. I have also been made aware of the charges applicable on various services provided by the Bank. I authorise the bank to debit my account for recovery of service charges / indidental charges as applicable from time to time. I hereby declare that the information furnished above is true and correct to the best of my knowledge.

I / We give our consent to receive information by usual means of communication, including phone Banking about PURULIA CENTRAL CO-OPERATIVE BANK LIMITED. Products and/or services or promotional offers introduced by the bank from time to time and also authorise the bank to use my/our personal information available with the Bank for marketing purposes.

1. Full Signature/Thumb Impression of Applicant

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**Special Declaration in case of minor account.**

I do hereby declare the date of birth of the minor is | | | | | | | | | | who in my (relationship)

and I am his / her guardian / lawful guardian appointed vide court dated | | | | | | | | | | (Copy enclosed)

I shall represent the said minor in all future transaction of any description in the above account untill the said minor attains majority.

I indemnify the Bank against the claim of the above minor of any withdrawal / transactions made by me in his / her account.

Full Signature/Thumb Impression of Applicant

Introduction : I know Mr. Mrs. Miss. _____ Since _____ as a friend / relative / neighbour and confirm his / her occupation as a _____ and confirm address (s) mentioned here in.

Account No. of Introducer | | | | | | | | | | | | | | | |

Name of Introducer _____

**Full Signature / Thumb Impression of Applicant**

**Nomination under Section 45ZA of the Banking Regulation Act. 1940 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in Respect of Bank deposites.**

I / We nominate the following person to whom in the event of my / our / minor's death the amount of deposit, particulars where of are given below, may be returned by Purulia Central Co-Operative Bank Ltd. _____ Branch.

| | |
|---|---|
| **Name of Nominee** | |
| **Address of Nominee** | |
| **Post Office** | **Pin Code** |
| **District** | **State** |

**Relationship with depositer** _____

| | | | |
|---|---|---|---|
| **Age of Nominee** | | **Date of Birth of Nominee (Mandatory case of minor with age proof)** | |

As the nominee is a minor on this date I / We appoint Mr. / Mrs. / Miss _____ resident of _____ to receive the amount of the deposite on behalf of the nominee in the event of my / our / minor's during the minority of the nominee.

1. Full Signature/Thumb Impression of Applicant

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Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on bebalf of the nominee.

Name & Address of Witness 1 _____

_____

Name & Address of Witness 2 _____

_____

**Signature of Witness 1.**

**Signature of Witness 2.**

**Checked & Verified by Branch Manager or Authorized Signatory of the Bank with Seal and date**