



Shri D. T. Patil Co-operative Bank Ltd.

#943, Guruwar Peth, Chikodi

ACCOUNT OPENING FORM



To, The Branch Manager,

Branch Name: _____ Single A/c. Joint A/c. A/c. No. _____

I/we agree to comply with and be bound by the Bank's Rules & Regulation governing such account from time to time. The Particulars are as under:

(Please fill in BLOCK LETTERS) FD VCC RD Pigmy

Full Name : _____ (First Name) _____ (Middle Name) _____ (Last Name)

Father/Spouse Name : _____ (First Name) _____ (Middle Name) _____ (Last Name)

Current Address

Permanent Address

Dist: _____ PIN: _____ Dist: _____ PIN: _____

Amount : _____ Period _____ years _____ Months _____ Days

Introducer Name : _____ Signature: _____

Aadhar Card Number : Attach Photo Copy PAN # : Attach Photo Copy

Date of Birth : _____ Gender : Male Female

if Minor : Yes No Guardian Name : _____

Guardian Relationship : _____ CKYC Number : _____

Occupation : _____ Annual Income : _____

Marital Status : Single Married SMS Subscription : Yes No

Religion : _____ Caste : _____

Mobile Number : _____ Email id : _____

Mother's Full Name : _____ (First Name) _____ (Middle Name) _____ (Last Name)

Operational instruction : Self Anyone Singly Jointly

Payment instructions : Either or Survivor Former or Survivor Jointly or Survivor G.P.A.

Discounting frequency : Monthly Quarterly Interest Payment A/c.: _____

Renewal Type : No Auto Renewal With Interest Same Period

Without Interest Maximum Rate of Interest

Standing Instruction : Yes No Debit A/c. No. : _____

Nominee Required : Yes No Nominee Print Required on Passbook : Yes No

FORM-DAI

Nomination Under Section 45 ZA read with Section 56 of the banking Regulation Act,1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985 in respect of the Bank deposit. Nominate the following person to whom in the event of my/ our minor's death, the amount of the deposit particulars where of are given below, returned by

Shri D. T. Patil Co-Operative Bank Ltd; Chikodi.

Name of the Nominee : _____ Age: _____

Address : _____

Nominee Relationship : _____ Nominee Aadhar Number: _____

Place : _____

Date : _____ (Applicant's Signature)

FOR BRANCH USE ONLY

Customer ID : _____ Entry Number : _____

Account Number : _____ KYC Entry Number : _____

Ledger Keeper

Sr.Asst./Branch Manager/Accountant/Managing Director