



THE AKOLA URBAN CO-OPERATIVE BANK LTD., AKOLA

{Multistate Scheduled Bank}

Saving / Current Account Form (For Individual Only)

Branch Name : _____ Customer ID : _____

CKYC Number : _____ Account Number: _____

☐ Saving ☐ Saving Salary ☐ Saving Plus ☐ Saving Gold ☐ Current ☐ Current Premium

Please (✓) tick the appropriate boxes

Date: _____

To, The Manager,

I/We wish to open a Savings/Current Account with your bank as per the details given below, with an initial amount of Rs. _____ (Rupees _____ only).

(If 1st applicant is minor, please write DOB & Guardians name below the minor's name & fill minor declaration form)

Full Name of Customer (Start with First Name)

Customer ID

1. _____

2. _____

3. _____

4. _____

Are you a Politically Exposed Person or related to one? ☐ No ☐ Yes

Are you a tax resident in any country other than India? ☐ No ☐ Yes (If Yes, please fill the FATCA/CRS declaration form separately)

Mode of Operation / Operation Instruction and Balance payable to:

☐ Self / Single ☐ Either of Us or Survivor ☐ Former or Survivor ☐ Jointly / Jointly All
☐ Guardian of Minor ☐ Any _____ of us or Survivor ☐ Any _____ of us ☐ _____

Services required:

☐ ATM Card ☐ Cheque Book ☐ SMS Alert ☐ Mobile Banking ☐ Internet Banking
☐ Passbook ☐ Statement ☐ email Alerts

Parties Signing in Vernacular Signature:

- 1) I/We understand the Bank's difficulty in accepting cheques signed in languages other than English, Hindi, or Marathi.
- 2) In consideration of the Bank allowing this facility, I/We agree that the Bank may debit my/our account for any cheque drawn from my/our cheque book which appears to bear my/our usual signature, even if later found not to have been signed by me/us, provided reasonable precautions were taken by the Bank.
- 3) I/We absolve the Bank from all liability if any of my/our cheques are returned due to signature mismatch, even if the signature is genuine.
- 4) I/We declare that I/We am/are signing this Account Opening Form and related documents in my/our vernacular (local) language, as I/We am/are not fully conversant with English. The contents have been explained to me/us in a language known to me/us and I/We have understood them fully.

Latest Colour Photograph of Applicant 1	Latest Colour Photograph of Applicant 2	Latest Colour Photograph of Applicant 3	Latest Colour Photograph of Applicant 4
Signature/Thumb of Applicant 1	Signature/Thumb of Applicant 2	Signature/Thumb of Applicant 3	Signature/Thumb of Applicant 4

Details of other Accounts

Please give the details of your other accounts in our*/other Bank

Bank	Branch	Type of Account facilities	Account Number

Nomination form DA - 1 (Maximum 4 person can be nominated per account)

Nomination: ☐ Not Required ☐ Required

If Required: ☐ Simultaneously* ☐ Successively*

I / We nominate following named person as my/ our nominee after my / our death and entitled legally to receive the money as per section 45 (ZA) of banking Regulation Act, 1949 and U/S Co-operative Societies, 1985 Rule2 (1)

Name & Address	%	Age	Date of Birth (in case of Minor)	Relation with Applicant

As the Nominee is minor on this date, I/We appointee Shri/Smt. _____

Address _____ to receive the amount of the deposit on behalf of the nominee in the event of my /our death during the minority of the nominee.

*Note: if the applicant is illiterate, thumb impression should be attested by two witnesses.

Full Name of witnesses

Address

Signature

1. _____
2. _____

Signature/Thumb of Applicant: 1) _____ 2) _____ 3) _____ 4) _____

Customers Declaration :

- 1) I/We hereby confirm that I/We agree to abide by the terms, conditions, rules & regulations and other statutory requirements applicable to the bank.
- 2) I/We hereby declare that the particulars/information given above are true, correct, complete and up to date in all respect to the best of my/our knowledge and belief. I/We have not withheld any information.
- 3) The documents submitted along with this form are genuine. I/We undertake to inform you of any change therein immediately.
- 4) I/We hereby agree to provide any additional information/documents that may be required by the Bank in connection with this form.
- 5) In case the above information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be held liable for it.
- 6) I/We aware that my/our Personal KYC details may be shared with Central KYC Registry. I/We hereby consent to receiving information from Central KYC Registry through SMS/email on the above registered number/email address. I/We agree to comply with KYC norms and provide additional documents, if required.
- 7) I confirm that I have read & understood the above Declaration and that the details provided on the form are correct. And all the terms and conditions, processes and alternatives have been explained to me in local language as well.

Signature/Thumb of Applicant: 1) _____ 2) _____ 3) _____ 4) _____

For Office Use Only

- | | | | |
|---|--|--|--|
| 1) Applicant interviewed | : | ☐ Yes | ☐ No |
| 2) Particulars of identification & address are obtained | : | ☐ Yes | ☐ No |
| 3) All obtained KYC documents are verified from originals | : | ☐ Yes | ☐ No |
| 4) Document Received | ☐ Self Attested ☐ True Copies | ☐ Notary | ☐ Other (Specify) _____ |
| 5) Risk Category | ☐ Low ☐ Medium ☐ High | ☐ Other (Specify) _____ | |

A/c. opened on:

A/c opened by

Enter Date, Name, Designation, Sign & Stamp of the verifying Br. Official

Original Documents Required for Verification

Individual: 1) Photographs of All Applicant 2) PAN / Form 60 or Form 61 3) Proof of Identity 4) Proof of residential Address. Aadhar Card, Passport, Driving License, Voter ID, NREGA Job Card, National Population Register Letter, Utility Bill not more than 2 month old, Municipal Tax, Registered Leave & License Agreement

HUF: 1) HUF letter signed by Karta & all major coparceners. 2) HUF PAN Card 3) Photograph, Proof of Identity & Proof of residential of the Karta

***Concurrent nominee:** All nominees have equal rights simultaneously. If the account holder dies, the amount is shared among all nominees together

***Successive nominee:** Nominees have priority order. The first nominee gets the amount. If the first nominee is not alive, then the second nominee gets it, and so on.