



Samata Co-Operative Development Bank Ltd.

Karunamoyee Commercial Centre-Cum-Housing Complex
Block-ED, Salt Lake, Kolkata - 700 091

Account Opening Form

For Resident Individuals
(SB / CA / RD / TD / CC)

Account No. (to be filled by Bank) Date

ID No. of Solo / First Holder

(to be filled by bank)

ID No. of Second Holder

(to be filled by bank)

ID No. of Third Holder

(to be filled by bank)

Please open account(s) / provides services opted in this application. The details are given below.

SB with/without Cheque book CA TD/CC Rs. Period _____

RD Monthly Instalment Rs. Period _____ Rate of Interest _____ Others _____ (Specify)

Customer(s) details (ALL IN BLOCK LETTERS PLEASE) (Please ✓ whenever applicable/strike out) which is not applicable and use CUSTOMER PROFILE FORM for each new holder.)

Particulars	Sole / First Holder	Second Holder	Third Holder
Title	Mr/Mrs/Ms/Sri/Smt.	Mr/Mrs/Ms/Sri/Smt.	Mr/Mrs/Ms/Sri/Smt.
First name			
Middle name			
Last name			
Father/Spouse name			
Mother/s maiden name			
Relationship with other holders)			
Address (Residence)			
PIN Code			
Address (Place of work)			
PIN code			
Date of birth	Age :	Age :	Age :
Phone No.			
Mobile / Fax No.			
Marital /Status	Married / Unmarried Others	Married / Unmarried Others	Married / Unmarried Others
Occupation			
E mail ID			
PAN / Form 60/61			
Aadhaar No.			

MODE OF OPERATION : Self only Jointly E or S A or S F or S Others.....

For joint accounts with 'Either or Survivor (E or S)' or 'Anyone or Survivor (A or S)' mode: We agree that the Bank may pay to anyone of us, any day either before or on due date, or after due date and where no due date is fixed, on demand, the principal along with interest. Payment to any one of us is discharge to the Bank from all of us, until you receive, before the payment, a notice contrary to it from both/all of us. In case of death of any one, amount is to be paid to the survivor(s).

Recent photo of Sole/1st holder Recent photo of 2nd holder Recent photo of 3rd holder

Please enclose one more photo for affixing in passbook

Paste here Size 2.5 x 3.5cm	Paste here Size 2.5 x 3.5cm	Paste here Size 2.5 x 3.5cm
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Specimen
Signature(s)

A/C Opening Form for Individuals (SB/CA/RD/TD/CC) Account No.

Customer Identification Details (Please refer to lists I & II noted below) :

Product / Services : Please ✓ (Terms and conditions can be obtained from the Bank).

Internet Banking ATM Card Tele-banking Mobile Banking Debit Card Others

Senior Citizens (completed 60 years of age) : (Please submit copy of Birth Certificate / School leaving Certificate/LIC Policy / Pension payment Order / Passport / Other age proof acceptable to the Bank)

Declaration for Minor : I declare that the minor _____ (name) born on _____ (date) is my _____ (relation) and I am his/her natural and legal guardian / guardian in terms of Court order (copy enclosed). I shall represent him / her in all future transactions to the above account until he / she attains majority. I shall indemnify the Bank against the claim, if any, of the minor for any withdrawal / transaction made by me in his / her account.

Name of Guardian _____ Signature _____

Interest on TD : Please credit the interest payable (periodicity) to my / our SB / CA No. _____

Cash Certificate : I / WE understand that the interest will be compounded every quarter, until maturity.

Recurring Deposit : Please debit my / our SB / CA No. _____ with Rs. _____ every month on _____ (date) and credit to my / our RD A/c No. _____ up to _____ (date).

Due Date Notice for TD/CC : Please send / do not send due date notice(s) to my / our above address(es).

Premature Closure of TD/CC/RD : I/We agree that in the event of the Bank complying with my / our request for pre-closure the Bank shall apply its relevant rules.

For Current Account : i) At present, I/We do not enjoy any credit facility with any bank. I/We undertake to inform you in case I/We start availing such facility. Or ii) My/our present credit facilities are as below:

Name of Bank/Branch	Nature of Facility	Limit Rs.	Balance O/S Rs.	Securities

Staff : I/We declare that the money deposited now or which may be deposited hereafter into the above account belongs / will belong to me.

Nomination : Required - details given in attached Form DA I. Not required

I / We have read and understood the rules and regulations of the product(s) / services opted for and agree to abide by the relevant terms and conditions and any changes brought about therein from time to time.

Sole / 1st Holder	2nd Holder	3rd Holder

Particulars of Introduction / Identification (Provide A or B & or C)

A. If the applicant is already a customer of the Bank :

Name	Nature / Type of A/c.	A/c No.	Customer ID

B. Introduction from an existing account holder of the Bank :

Introducer's name _____ A/c No. _____ held since _____

Introducer's address _____ Phone No. _____

I hereby introduce Mr/Ms. _____, _____ & _____ known to me as relation(s)/friend(s)/colleague(s)/neighbour(s) for _____ months/years and confirm his/her/their occupation(s) and address(es) stated herein. I also attest his/her/their signature(s).

Introducer's signature _____ Sign. of verifying Official _____

C. Self attested photocopies of following latest documents are required. Please produce originals for verification :

i) Copy of passport alone where address on the passport is asame as stated herein. Or ii) Any one from each of the undernoted 2 lists for a Photo ID and a proof of residence:

- LIST I
1. Passport where address differs
 2. Voter ID card
 3. PAN card
 4. Driving Licence
 5. Govt/Defence ID card
 6. ID card of reputed employer
 7. Other document acceptable to the Bank
 8. Aadhaar No.

- LIST II
1. Telephone bill
 2. Bank statement
 3. Credit card statement
 4. Ration card
 5. Electricity bill
 6. Income tax / Wealth tax assessment order
 7. Other document acceptable to the Bank

CUSTOMER PROFILE FORM
(To be used for each new holder separately)

1. Occupation Salaried Self-employed / Professional Business Student
 Retired Agriculture & Allied Homemaker Others (specify) _____
 If self-employed: Doctor Lawyer Engineer C.A. Others (specify) _____

2. Educational Qualification: Below H.S. H.S. Graduate Post Graduate

3. Personal Income details:
 Monthly Income Up to Rs. 20000 From Rs. 20001 to 50000 From Rs. 50001 to 1 lac
 From Rs. 100001 to 5 lac Above Rs. 5 lac
 Source Salary / Pension Business House property Other (specify) _____

4. Do you have any other account(s) in other bank(s) in this city? If so, please give details:

Name of Bank and Branch	Type of account(s) / facility(ies)	Account Number(s)

Additional Information (Optional)

5. Assets: Approximate value Rs. _____
 Vehicle Car Two-wheeler Others None
 House you live in Ancestral Owned Rented Employer's
 Life Insurance Policy Up to Rs. 1 lac Up to Rs. 2 lac Up to Rs. 5 lac Above Rs. 5 lac
 Other Investment Up to Rs. 1 lac Up to Rs. 2 lac Up to Rs. 5 lac Above Rs. 5 lac
 Any other asset(s) _____

6. Existing credit facilities, if any:

Car Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Housing Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consumer Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Against Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Agriculture	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Personal Details:
 Your place of birth _____
 Employer _____
 Date of current employment _____
 Employer's address _____

 No of dependents _____

8. Any relatives settled abroad: Yes No. If yes, please mention their names and addresses:
 i) Name _____ Address _____
 ii) Name _____ Address _____
 iii) Name _____ Address _____

9. If you are a member of Samata Co-operative Development Bank Ltd. Membership No. _____

10. How many times have you been abroad in last three years: Never 1 to 5 times Above 5 times

11. Do you have a Credit Card; Yes No If yes, which Card: _____

12. Your investment in Mutual Funds: No investments

13. Life Insurance products purchased: No Insurance

14. Religion _____ 15. Caste _____

Date _____

Signature of the account holder

A/C Opening Form for Individuals (SB/CA/RD/TD/CC) Account No.

CUSTOMER PROFILE FORM

(To be used for each new holder separately)

1. Occupation Salaried Self-employed / Professional Business Student
 Retired Agriculture & Allied Homemaker Others (specify) _____
If self-employed : Doctor Lawyer Engineer C.A. Others (specify) _____
2. Educational Qualification : Below H.S. H.S. Graduate Post Graduate
3. Personal Income details :
Monthly Income Up to Rs. 20000 From Rs. 20001 to 50000 From Rs. 50001 to 1 lac
 From Rs. 100001 to 5 lac Above Rs. 5 lac
Source Salary / Pension Business House property Other (specify) _____
4. Do you have any other account(s) in other bank(s) in this city? If so, please give details :
Name of Bank and Branch _____ Type of account(s) / facility(ies) _____ Account Number(s) _____

Additional Information (Optional)

5. Assets : Approximate value Rs. _____
Vehicle Car Two-wheeler Others None
House you live in Ancestral Owned Rented Employer's
Life Insurance Policy Up to Rs. 1 lac Up to Rs. 2 lac Up to Rs. 5 lac Above Rs. 5 lac
Other Investment Up to Rs. 1 lac Up to Rs. 2 lac Up to Rs. 5 lac Above Rs. 5 lac
Any other asset(s) _____
6. Existing credit facilities, if any :
Car Loan Yes No Housing Loan Yes No
Consumer Loan Yes No Against Security Yes No
Business / Agriculture Yes No Education Loan Yes No
Others _____ Yes No
7. Personal Details :
Your place of birth _____
Employer _____
Date of current employment _____
Employer's address _____

No of dependents _____
8. Any relatives settled abroad: Yes No. If yes, please mention their names and addresses :
i) Name _____ Address _____
ii) Name _____ Address _____
iii) Name _____ Address _____
9. If you are a member of Samata Co-operative Development Bank Ltd. Membership No. _____
10. How many times have you been abroad in last three years : Never 1 to 5 times Above 5 times
11. Do you have a Credit Card ; Yes No If yes, which Card : _____
12. Your investment in Mutual Funds : No investments
13. Life Insurance products purchased : No Insurance
14. Religion _____ 15. Caste _____

Date _____

Signature of the account holder

FOR BANKS USE

1. Applicant(s) interviewed and the purpose of opening the account is reported to be _____
2. Introducer called at the Bank and interviewed or did not call at the Bank but confirmation obtained by _____ (mode of confirmation). Particulars of identification verified with the originals and photocopies obtained.

Signature of the Official _____ Name and SS No. _____

3. Authorisation for ID generation and Account Opening

Eligible for	Internet Banking Others	ATM Card (specify)	Tele-banking	Mobile Banking	Debit Card
<input type="checkbox"/> Please generate ID and open account					
<input type="checkbox"/> Cheque Book may be / need not be issued					
			Signature of Manager Authorised Official Name and SS No. Date _____		

4. Account opened on _____ (date) in the system by _____ (staff)
Signature _____

5. Verified the opening of the ID and the account in the system. Letter of thanks sent to the customer on _____ and to the introducer on _____
6. Acknowledge received from the customer on _____ and from the introducer on _____
7. Passbook / TDR / CCR No. _____ Delivered to the customer on _____
8. The specimen signature(s) / photograph(s) of the account holder(s) scanned and linked to the account by _____ (staff), Scanning and linking verified.
9. ATM / Debit Card No. _____ / Internet Banking / Tele-banking / Mobile Banking / Others _____ (Specify) ID despatched on _____

Risk Classification and Fixing of Threshold Limit

10. Potential activity expected in the account (Monthly / Annual turnover) Rs. _____
11. Source(s) of funds :
12. Annual income Rs. _____ The threshold limit is fixed at Rs. _____
13. Risk classification Low Medium High
14. Reasons for risk classification made :

Signature of the Official _____ Name and SS No. _____ Date _____

15. Account closed on _____ Verified by _____ Signature _____

Nomination Form - DA 1

Note: i) Only one individual can be appointed as nominee. ii) Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to represent the minor. iii) If the depositor(s) is / are illiterate, his / her thumb impression(s) shall be attested by two witness.

I / We _____

_____ [name(s) & address(es)]
 nominate the following person to whom in the event of my / our / minor's death, the amount of deposit detailed below (Individual & Sole Proprietor only) may be returned by Samata Co-operative Development Bank Ltd., Karunamoyee Commercial Centre-cum-Housing Complex, Block-ED, Salt Lake City, Kolkata 70091, Please *mention / * do not mention the nominee's name in the passbook / deposit receipt / acknowledgment (*please strike out which is not applicable).

Details of Deposit

Type / Scheme	Account No.	Date	Amount Rs.	Maturity Date

Details of Nominee

Name and Address	Relationship with depositor, if any	Age	If minor date of birth

As the nominee is a minor on this date, I / We appoint Mr. / Ms.

to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee. (Please delete this paragraph if the nominee is not a minor)

ID No. of nominee (to be filled by the Bank) _____ In case the nominee is already a customer, existing ID No. has to be mentioned.

Place: _____ 1. _____

Date: _____ 2. _____

3. _____

[Signature(s) / Thumb impression(s) of the Depositor(s)]

Witness for Thumb Impression(s)

1. Signature: _____ 1. Signature: _____

2. Name: _____ 2. Name: _____

3. Address: _____ 3. Address: _____

Nomination accepted and registered vide Registration No.

_____ date _____

 Signature of Manager / Authorised Official

Acknowledgement (to be returned to the depositor)

Samata Co-operative Development Bank Ltd.
 Karunamoyee Commercial Centre-cum-Housing Complex,
 Block-ED, Salt Lake City, Kolkata - 700 091

Name and address of the depositor	Name of the Nominee	Registration No.	Registered on
SB/CA/TD/RD a/c No.....	Bank Seal		Manager