

**Samata Co-Operative Development Bank Ltd.**

Karunamoyee Community Centre-cum-Commercial Complex (1st floor)

ED-Block, Salt Lake, Kolkata - 700 091

Ph. : 2358-3882 / 2358-3883, E-mail : samata.bank@yahoo.com

Account Opening Form**For Non Individuals****(SB / CA / TD / CC)**A/c. No. (to be filled by Bank) A/c. ID No. Date

ID No. of Solo / First Signatory

ID No. of Second Signatory

ID No. of Third Signatory

(to be filled by bank)

(to be filled by bank)

(to be filled by bank)

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

 SB CA TD/CC ₹ _____ Period _____ Others _____ (Specify)

ALL IN BLOCK LETTERS PLEASE. Please ✓ wherever applicable/strike out which is not applicable and use SIGNATORY PROFILE FORM for each new signatory)

Account Name :

Proprietorship / Partnership / Co. / Club / Society / HUF / Trust / PAN :

Address

: Shop / Office, Since _____, (owned / leased / rented)

Pin _____, Phone _____, E-mail _____

: Shop / Office, Since _____, (owned / leased / rented)

Pin _____, Phone _____, E-mail _____

SIGNATORY DETAILS

Particulars	Sole / First Signatory	Second Signatory	Third Signatory
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			
Relationship with other Signatory/ies.			
Address (Residence)			
PIN Code			
Date of birth			
Phone No.			
Marital /Status	Married / Unmarried Others	Married / Unmarried Others	Married / Unmarried Others
Occupation			
E mail ID			
PAN / Form 60/61			
Aadhaar			

MODE OF OPERATION :

Recent photo of Sole/1st SignatoryRecent photo of 2nd SignatoryRecent photo of 3rd Signatory

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)

Customer Profile :

- 1. Nature/ Activity of Business / Occupation :
- 2. Annual Turnover : ₹
- 3. Estimated Annual Income from the Business : ₹
- 4. Other Sources of Income, if any. : ₹
- 5. Total Annual Income : ₹
- 6. Approximate value of moveable and immovable assets. : ₹

Signatory Identification Details (Please refer to lists I & II at Page 3) :

Particulars	Sole/1st Signatory.	2nd Signatory.	3rd Signatory.
FIRST ID TYPE			
ID ISSUED AT			
ID NUMBER & DATE			
SECOND ID TYPE			
ID ISSUED AT			
ID NUMBER & DATE			

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

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

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 .
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 / existing accounts are as below :

Name of Bank/Branch	Nature of Facility / Account No.	Limit, if any ₹	Balance O/S ₹	Securities ₹

Nomination: Only for Proprietorship Firm Required - details given in attached Form DA 1. 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/1 st Signatory	2 nd Signatory	3 rd Signatory

Particulars of Introduction/Identification Provide A or B & or C of Signatory / ies.

A. If any signatory 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), designation(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 same as stated herein. Or ii) Any one from each of the 2 lists at page 3 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

- 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

DOCUMENTS ENCLOSED : (Please ✓)

1. For Proprietorship Firms :

- a) Trade Licence

2. For Partnership Firms :

- a) Trade Licence .
- b) Partnership Letter.
- c) Partnership Deed.
- d) Partnership Registration Certificate, if any.

3. For Limited Company :

- a) Trade Licence.
- b) Certificate copy of Memorandum and Articles of Association.
- c) Certificate of Incorporation. (for inspection and return)
- d) Certificate for commencement of business. (for inspection and return)
(Not required for private limited company and limited company not operating for profit)
- e) Certified copy of a resolution of the Board of Directors authorising opening and operation of the account.
- f) Specimens of the signatures of the authorised signatories.
- g) A copy of the latest balance sheet of the company.

4. For Trust Accounts :

- a) Certified copy of the Trust Deed.
- b) A resolution of the Board of Trustees authorising opening and operation of the account, certified by the Chairperson of the meeting in which the resolution was passed.

5. For accounts of Society / Association / Club etc. :

- a) A certified copy of its bye-laws or the articles & memorandum of association.
- b) A copy of the Registration Certificate, if any
- c) A copy of the resolution of the Governing body or the Board of Directors authorising opening and operation of the account, certified by the Chairperson of the meeting in which the resolution was passed.

6. For accounts of Administrator / Executor :

- a) A copy of the probate / letter of administration.

7. For Co-Operative Societies :

- a) Trade Licence (for Commercial Societies)
- b) A copy of the certified of registration.
- c) A copy of the bye-laws.
- d) A certified copy of the resolution of the Governing Body or the Board the Directors or the Managing Committee authorising opening and operation of the account, certified by the Chairperson of the meeting in which the resolution was passed.
- e) A copy of the latest balance sheet, if any.

8. For HUF Firms :

- a) Trade Licence.
- b) HUF Letter.

SIGNATORY PROFILE FORM
(To be used for each new signatory separately)

- Occupation: Salaried Self-employed / Professional Business Student
 Retired Agriculture & Allied Homemaker Others (specify) _____
 If self-employed: Doctor Lawyer Engineer C.A. Others (specify) _____
- Educational Qualification: Below H.S. H.S. Graduate Post graduate
- Personal Income details:
 Monthly Income Up to ₹ 20000 From ₹ 20001 to 50000 From ₹ 50001 to 1 lac
 From ₹ 100001 to 5 lac Above ₹ 5 lac
 Source: Salary / pension Business House property Others (specify) _____
- 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)

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

- 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		

- Personal details:
 Your place of birth _____
 Employer _____
 Date of current employment _____
 Employer's address _____
 No. of dependents: _____

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

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

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

- Do you have a Credit Card: Yes No If yes, which Card: _____

- Your investment in Mutual Funds: No investments

- Life Insurance products purchased: No insurance

- Religion _____ 15. Caste _____

Date _____

Signature of the authorised signatory

FOR BANK'S 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 _____

3. Authorisation for ID generation and Account Opening

- Eligible for Internet Banking ATM Card Tele-banking Mobile Banking Debit Card
 Others (specify) _____
- Please generate ID and open account Signature of Manager/ _____
Authorized Official _____
- Cheque Book may be / need not be issued 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. Acknowledgment 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 witnesses.

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 700091. Please *mention / *do not mention the nominee's name in the passbook/deposit receipt/acknowledgement (*please strike out which is not applicable).

Details of Deposit

Type / Scheme	Account No.	Date	Amount ₹	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

(name, address & age)

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 the 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)]

Witnesses for Thumb Impression(s)

1. Signature: _____	1. Signature: _____
2. Name: _____	2. Name: _____
3. Address: _____	3. Address: _____

Nomination accepted and registered vide Registration No.

_____ dated _____

Signature of Manager/Authorised Official

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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 700091

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