



UDAYNARAYANPUR AMTA CO-OPERATIVE CREDIT SOCIETY LTD.

Village, P.O. & P.S.- Udaynarayanpur - Howrah. Pin - 711226

ACCOUNT OPENING FORM

Customer Status (✓): Individual ☐ Senior Citizen ☐ Staff ☐ Minor ☐ Society ☐ Co-op. Society ☐ Private Ltd Co. ☐ Public Ltd Co. ☐ Association ☐ Trust / Club ☐ Govt./Semi Govt ☐ Local Bodies ☐ SHG ☐ Municipality Panchayet
I/We request you to open my/our deposit account with your branch/Society in accordance with terms and conditions of the Society as ticked (✓) under.

Account Type : Savings ☐ Current ☐ Term Deposit ☐ Special Term Deposit ☐ RD ☐ Cash Certificate ☐ DBS ☐ Sapan ☐ MIS ☐ Any Other A/C ☐ Locker ☐ DDS ☐

Initial Deposit: ₹ _____ Mode: Cash ☐ Cheque ☐ NEFT ☐ RTGS ☐ Transfer from A/c No. _____

Cheque Payment/UTR No. _____ Date : _____ Society _____ Branch _____
Home Branch _____ Date _____

Account Number Allotted _____ CID _____

Request for Term Deposit A/C Tick (✓)

Interest payment : Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐ Daily ☐ Maturity ☐

Tenure : Days _____ Months _____ Years _____

Details of authorized account for transfer of Interest ☐ Debit of Monthly Instalment of Recurring Deposit ☐

Society _____ S.I. Date _____

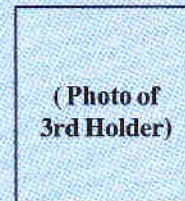
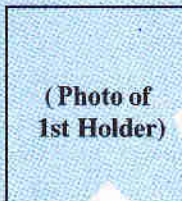
Type: Savings ☐ Current ☐ **Account Number** _____

Mode of Operation (✓):

Single ☐ Jointly ☐ Either or Survivor ☐ Former or Survivor ☐ Anyone or Survivor ☐ Guardian of Minor ☐ Other ☐

Cheque Book Required ? Yes ☐ No ☐

ATM Card Required? Yes ☐ No ☐



Signature

Signature

Signature

1st Holder details in CAPITAL Letters (In the order of first, middle and last name, leaving a space between words) Male ☐ Female ☐ Married ☐ Unmarried ☐

										Specimen Signature									
Date of birth										PAN/GIR									
Permanent Address																			
Present Address																			
										PIN									
Mob./Tel.										e-mail									

Father's/Mother's Name/Spouse's/Gurdian's Name (CAPITAL)

										CID									
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2nd Holder details in CAPITAL Letters (In the order of first, middle and last name, leaving a space between words) Male ☐ Female ☐ Married ☐ Unmarried ☐

										Specimen Signature									
Date of birth										PAN/GIR									

	<ul style="list-style-type: none"> ● Resolution of the Board of Directors/Management committee appointing the Society as its Society for opening of Account and stipulating the conditions for the conduct of account. ● List of members (with address) of BOD/Managing Committee with the copy of resolution electing them to the committee.
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* All Individuals who are proprietor / partner / Karta / Director / Authorized Signatory etc must provide separate identity and address proof in conformity with the details furnished in the application form as per Individual KYC guidelines mentioned in page 3 (Three)

For office Use :

All the above mentioned details are verified properly while accepting the form and opening the a/c in the branch.

Signature of Official with Stamp

Date / /

Form DA-1 Nomination Form

(for Individual / Sole proprietor concern only)

Nomination under section 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We _____ name (s) and address (es) nominate the following persons to whom in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given below may be returned by UACCSL.

A/C No.	A/C Type	Name of Nominee	Relationship with Nominee	Age/DOB of Minor*
Nominee's CID			Guardian's CID	

Address of Nominee :

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*As the nominee is a minor of this date, I/We appoint Shri/Smt/Kumari _____ (Name Address, and age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minors death during the minority of the nominee.

Signature, Name and Address of Witness #	*Signature/Thumb Impression of Depositors
Date	Date

#Signature(s) of depositors(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s)

Form 60 / 61 (to be filled by those who do not have PAN)

Form 60

Are you a TAX Assesse

Yes ☐ No ☐ If yes :

- a) Details of Ward/ Circle/ Range where the last return of income was filed:
b) Reason for not having PAN:

Form 61

To be filled by a person who has only agricultural income and no other income chargeable to income tax.

I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

Verification : I _____ do hereby declare that what is stated is true to the best of my knowledge and belief.

Place

Date

(Signature of Declarant)

FOR OFFICE USE

I have verified the documents submitted and confirm that KYC Norms and other norms of the bank are fully complied with while opening the account.

(Signature of Branch Head)
Stamp

Place :
Date :