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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 (\checkmark) under.									
Account Type: Savings ☐ Current ☐ Term Deposit ☐ Special Term Deposit ☐ RD ☐ Cash Certificate ☐ DBS ☐ Sopan ☐ 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 Date									
Account Number Allotted CID									
Request for Term Deposit A/C Tick (*)									
Interest payment : Monthly \(\text{Quarterly} \) \(\text{Half-yearly} \) \(\text{Yearly} \) \(\text{Daily} \) \(\text{Maturity} \) \(\text{Maturity} \)									
Tenure: Days Months Years									
Details of authorized account for transfer of Interest Debit of Monthly Instalment of Recurring Deposit St. D. A.									
Society Surject Classout Number Surject Classout Numbe									
Type: Savings ☐ Current ☐ Account Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐									
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 □									
(Photo of Photo of Photo of									
(Photo of 1st Holder) (Photo of 2nd Holder) (Photo of 3rd Holder)									
1st Holder) 2nd Holder) 3rd Holder)									
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Permanent Address			
Present Address			1 - 1
	PIN		
Mob./Tel. e-mail			
Father's/Mother's Name/Spouse's/Gurdian's Name (CAPITAL)			
	CID		
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Specimen			
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Father's/Mother's Name/Spouse's/Gurdian's Name (CAPITAL)			
Declaration I/We have read, understood and agree to abide by the Society's rules re	CID	A 100 A 100 A	
any other charges stipulated by the society. Educational Standard* (✓): upto 10th Standard □ Upto Higher Secondary □ Graduate □ Post Graduate □ Ph.D □ Profession* (✓): Service □ Unemployed □ Professional (Doctor/Engr./CA etc.) □ Professional (Lawyer/I □ Corporate □ Annual Income* (✓): Less than 1 lac □>1 lac but < 3 lacs □>3 lacs but <6 lacs □>6 lacs but <10 □ lacs >	Journalist) ☐ Social		
Individual KYC (*)-self attested photo copy of both to be submitted.	ro mes our vas me	, but the 25 thes	
Proof of Photo identity	1st Holder	2nd Holder	3rd Holder
Voter ID Card ☐ Passport ☐ Driving License ☐	I Bunning Same		
PAN Card			
Govt ID Defence ID Photo ID ID Card of Reputed Employer			
Proof of Address Ration Card		W 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR OF THE PARTY OF TH
Income Wealth Tax Assessment order (with address)			
For married woman, proof of identity with her maiden name, if supported with a	No. of the last		
verified true copy of marriage certificate is acceptable as valid identity & address proo	f		
*Voter card & passport can also be considered as address proof in certain terms	Visit in the		
Introduction:	Jane Improve	a manana Harata	a loss
I/We certify that, Mr./Mrs./Ms./M/S is months / years and confirm the occupation and address stated in this application form	/are known to me/t		
	s A/c. No		
A/c typesignature with date			
• KYC CLARIFICATION			
I have met the account opener/s in person and hereby confirm that KYC Norms are full	y complied with an	d further confirm	that
i) a) The introducer has visited the branch / has not visited the branch but written confir	mation obtained.		
ii) The signature of the introducer is verified and his/her/their Account is more than six	months old and KY	C Compliant.	

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Part	tnershi	p Firr	 Power of Attorney (if any) granted to any person to trasact the business on its behalf Copy of Partnership Deed • Registration Certificate (if any) Power of Attorney granted to partner or an employee of the firm to transact business on its behalf. Any document identifying the main partners and the person (s) holding power of attorney and their addresses 																											
Lin	Copy of Certificate of Incorporation • Copy of Certificate of commencement of Business in case of Public Limited Co. • Certified copy of Memorandum and Article of Association of the company made up to date • A certified true copy of the resolution of the Board of Directors of Company, requesting the Society to open an account in its name and specify the operating instructions and a list of authorized officials to operate the account. • A list of present directors & their addresses, under the signature of chairman. • Power of Attorney if granted to its manager, officer or employee to transact the business on its behalf.										f the rs of uting ctors																			
Coo	Cooperative Societies, Association, Clubetc. • Certificate of Registration • Certified copy of the Bylaws/MOA of the society/copy of resolution of office bearers' election/etc.									so	ру	of re	soh	ition																

		ety for opening of Accoun	Directors/Management committee apport and stipulating the conditions for the cress) of BOD/Managing Committee with	onduct of account.
proof in conformity with t For office Use:	he details furnis	hed in the application fo	uthorized Signatory etc must provide rm as per Individual KYC guidelines ting the form and opening the a/c in	mentioned in page 3 (Three)
Signature of Official with	Stamp	D	ate / /	
respect of bank deposits. I/We	45ZF of the Bar	nking Regulation A/c 19- nd address (es) nominat	Form DA-1 Nomination Form 49 and 2(i) of the Banking Companies the following persons to whom in flow 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 :				
			s death during the minority of the n	
Signature, Name and	Address of Wit	ness #	*Signature/Thumb Impression of	Depositors
Date			Date	
#Signature(s) of depositors	(s) should be with	nessed by one person, thur	nb 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 Assessed a) Details of Ward/ Circle b) Reason for not having	/ Range where		□ No □ If yes : was filed:	
Form 61 To be filled by a person I hereby declare that my Verification: I	source of incom	e is from agriculture and	o other income chargeable to income I am not required to pay income tax that what is stated is true to the best	on any other income if any.
Place		Date	(Signatu	re of Declarant)
FOR OFFICE USE I have verified the docu opening the account.	ments submitted	and confirm that KYC	Norms and other norms of the bank	are fully complied with while
(Signature of Branch He Stamp	ead)		Place : Date :	