



# PATAN CO-OPERATIVE BANK LTD.

H.O.: 75, Rasik Niwas, 'F' Road, Marine Drive, Mumbai - 400 020.

Branch : \_\_\_\_\_ Tel.: 2281 5290 / 2281 7444

Date : \_\_\_\_\_

## Savings / Terms Deposit Accounts Opening Form (For Resident Individuals)

The Manager,

Please open my/our individual / joint Savings / Terms Deposit account in your Books at your Branch as per details given below, for which I/We handover Rs. \_\_\_\_\_ [ Rupees \_\_\_\_\_ ]

Customer Id Number
Group Customer Id Number
Type of Account
Account Number
ATM Card No.

I/We wish to avail following schemes / facilities from your Bank :

ATM Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name in card	1st Applicant	2nd Applicant	3rd Applicant
SMS Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile No.	_____		
Tele Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile No.	_____		
Cheque Book	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile No.	_____		

I / We declare that your Bank's rules regulations governing above schemes/facilities have been read and understood by me/us/We accept them as well as any other changes made by the Bank from time to time and they are binding upon me/us.

I / We have also read & agree with the service charges to be levied by the Bank from time to time.

In case of Term Deposit, I/We confirm that in the absence of any instruction for encashment / renewal, the deposit shall be renewed for a further period of \_\_\_\_\_ days / months at the prevailing rate and likewise continue to be renewed till any specific instruction is given. kindly issue the certificate accordingly.

I understand that in case of joint Account ATM Card facility will be provided if the A/c. is operated only by Either or Survivor/Any one

Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Recurring Deposit <input type="checkbox"/> SB <input type="checkbox"/> SB <input type="checkbox"/> SB <input type="checkbox"/>
Account Constitution	<input type="checkbox"/> Term Deposits Under Scheme [ _____ for _____ days / monts @ _____% w.e.f. _____ Maturity Value _____ Due Date _____
Mode of Operation	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Co-operative Society <input type="checkbox"/> Trust / Association _____
Society / Trust Name Address Registration No.	<input type="checkbox"/> Other - Specify [ _____
	<input type="checkbox"/> Self <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Any One <input type="checkbox"/> Former _____
	<input type="checkbox"/> Others - Specify [ _____

	PAN No.	Tel No.
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Personal Details	1st Applicant Mr. / Ms/Master	2nd Applicant Mr. / Ms/Master	3rd Applicant Mr. / Ms/Master
Surname	_____	_____	_____
First Name	_____	_____	_____
Middle Name	_____	_____	_____
Designation in Society / Trust	_____	_____	_____
Aadhaar (UID) No.	_____	_____	_____

Residential Address for Communication	1st Applicant Mr. / Ms/Master	2nd Applicant Mr. / Ms/Master	3rd Applicant Mr. / Ms/Master
Flat No./Bldg. Name	_____	_____	_____
Road / Street / Area	_____	_____	_____
Landmark / Town	_____	_____	_____
City / District	_____	_____	_____
Pin Code / State	_____	_____	_____

Other Details	1st Applicant Mr. / Ms/Master	2nd Applicant Mr. / Ms/Master	3rd Applicant Mr. / Ms/Master
PAN No./Form No. 60 Submitted Y./N	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tel. No (Residence)	_____	_____	_____
Mobile No.	_____	_____	_____
E-mail ID	_____	_____	_____
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth	____/____/____ DD / MM / YYYY	____/____/____ DD / MM / YYYY	____/____/____ DD / MM / YYYY

**Existing Bank Account's Details 1st Applicant**

**2nd Applicant**

**3rd Applicant**

Accounts With  
Patan Co-op. Bank Ltd.  
[1] Branch

[2] A/c. No.

Accounts With  
Other Banks  
[1] Bank

[2] Branch

[3] A/c. No.

1) _____	1) _____	1) _____
2) _____	2) _____	2) _____
1) _____	1) _____	1) _____
2) _____	2) _____	2) _____
3) _____	3) _____	3) _____

**Have you Availied Loan Facilities**

Do you wish to avail Loan for following..

[1] Housing

[2] Personal

[3] Consumer Durable

[4] Car Loan

[5] Any Other Loan

Yes / No		Yes / No		Yes / No	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5	

**Assets Ownership Details**

Flat / House

Commercial Property

Car

Two Wheeler

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Verification Documents Enclosed

**Identity Proof :**  Driving Licence  Election I. D. Card  PAN / GIR ID CARD

Passport  Governments . Employer's I-Card  Other (specify)

**Residence Proof**  Ration Card  Electricity Bill  Telephone Bill

Passport  Driving Licence

**Society / Trust :**  Resolution obtained  Bye laws obtained

**Checklist**  Registration Certificate obtained

**In case of Minor Account**

Minor's Details

Relation with Minor

The Minor's account will be operated by Mr./Mrs. \_\_\_\_\_

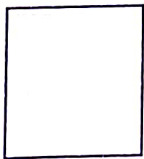


Minor's Date of Birth [ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ]

Guardian's Name [ \_\_\_\_\_ ]

Mother  Father  Other - Specify [ \_\_\_\_\_ ]

**Yours faithfully,**

**Photograph/s**

1.		2.		3.	
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**Signature (s) / Thumb Impression (s) of the Account Holder (s)**

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**Introduction Details**

Name of Introducer	[Mr./Ms./M/s. _____]
Address for Communication	[ _____ ]
SB / CD / A/c. No.	[ _____ ] At the Branch [ _____ ] At the Bank
Customer ID. No.	[ _____ ]
Signature of Introducer	[ _____ ]

[Pin Code : \_\_\_\_\_ Tel No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_]

I Certify that the applicant's is/are known to me since \_\_\_\_\_ Months / Years and I confirm the address of the applicants as stated in this application.

Form Scrutinized & Signature of introducer verified as per records, Account opened in Branch records.

Account Opened by Staff No.: _____	Asst. Accountant / Accountant Staff No.: _____	Manager / Sr. Manager / AGM Staff No.: _____
Account Opened on: ___ / ___ / _____		

**NOMINATION FORM**

NOMINATION under Section 45ZA of the Banking Regulation Act., 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposit.

I/We Mr./Ms. \_\_\_\_\_ residing at \_\_\_\_\_

hereby nominate the following person to whom in the event of my/our minor's death, the amount of deposit, Particulars of which are as given below, may be returned by Patan Co-operative Bank Ltd., \_\_\_\_\_ Branch  
Whether Nominator(s) agree(s) to have name of the Nominee on Pass Book / Statement of A/c. FDR  Yes  No

A/c Type	A/c Number	Name of Nominee	Nominee's Address	Relation	Age

If Nominee is Minor his / her Date of Birth is :  /  /   
 \*\* As the Nominee is a Minor on this date I/We appoint \_\_\_\_\_ aged \_\_\_\_\_ years, residing at \_\_\_\_\_ to receive the amount of the Deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Witness : (in case of thumb impression/s two witness are required.)		Signature(s) / Thumb impression (s) of the Account holder (s)
Witness 1-Name :	Witness 2-Name :	
_____	_____	1. _____
Address of Witness : 1	Address of Witness : 2	2. _____
_____	_____	3. _____
_____	_____	4. _____
Signature :	Signature :	
Place : _____	Place : _____	

**For Office Use : Nomination Registration Number [ \_\_\_\_\_ ]**

**Other Personal Details Religion**

- [1] Hindu [2] Sikh
- [3] Christain [4] Muslim
- [5] Jain [6] Other (specify)

**Caste**

- [1] Other - General
- [2] SC [3] ST
- [4] Nomadic Tribe
- [5].OBC (Specify)

**Residence**

- [1] Company Owned
- [2] Fully Owned Pvt. Housing
- [3] Living with Parents/  
Family Owned [4] Others
- [5] Rented House

**Marital Status**

No. of Dependents  
(Specify No) Spouse +  
parents + Children = ]Total]

**Annual Income**

**Profession / Occupation**

- [1] Salaried [2] House  
wife [3] Businessman
- [4] Doctor [5] Engineer
- [6] Architect [7] IT Prof
- [8] Consultant [9] Journalist
- [10] Other (Specify)

**Employer's & Business**

**Details**

**Name of Company :**

**Address :**

Service (in No. of Years)

Emp. No. / Ticket No.

Designation :

Office Telephone No.:

**Employed With**

- [1] Public Ltd. Co.
- [2] Private Ltd. Co.
- [3] Govt. Sector
- [4] Other (Specify)

**Educational Qualifications**

- [1] Graduate
- [2] Others / under Graduate
- [3] Post Graduate
- [4] Professional [Specify]

**1st Applicant**

1	2	3	4
5	6		

1	2	3	4
5			

1	2	3
4	5	

Unmarried  Married

[ \_\_\_ + \_\_\_ + \_\_\_ = ]

Rs. \_\_\_\_\_

1	2	3
4	5	6
7	8	9
10		

**2nd Applicant**

1	2	3	4
5	6		

1	2	3	4
5			

1	2	3
4	5	

Unmarried  Married

[ \_\_\_ + \_\_\_ + \_\_\_ = ]

Rs. \_\_\_\_\_

1	2	3
4	5	6
7	8	9
10		

**3rd Applicant**

1	2	3	4
5	6		

1	2	3	4
5			

1	2	3
4	5	

Unmarried  Married

[ \_\_\_ + \_\_\_ + \_\_\_ = ]

Rs. \_\_\_\_\_

1	2	3
4	5	6
7	8	9
10		