

1. **SAVING ACCOUNT**
2. **CURRENT ACCOUNT**
3. **MINOR ACCOUNT**
4. **GENERAL ACCOUNT**

**THE NABAPALLI**

**CO-OPREATIVE BANK LTD.**

**BRANCH**

**NABAPALLI**

**NOAPARA**

**Head Office: NABAPALLI, BARASAT, KOLKATA-700126**

**ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUAL(SINGLE/JOINT) ACCOUNTS**

**ACCOUNT OPENING DATE:**

**CUSTOMER ID 1.**

**2.**

**3.**

**ONLY**

**OFFICE USE**

**A/c No:**

**COMPANY CUST ID:**

1. **SAVING ACCOUNT (INDIVIDUAL(SINGLE/JOINT)**

**Full Name in Capital letters (In Oder of first, middle and last name, leaving a space between words)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Prefix** | | | **First Name** | | | | | | | | | | | | | **Middle Name** | | | | | | | | | | | | | | **Surname** | | | | | | | | | | | | |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**B. CURRENT ACCOUNT**

**Full Name of the Company in Capital letters (Leaving a space between words)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Full Address in Capital letters (leaving a space between words)**

**Village** **Police Station**

**Post Office** **Dist**

**Municipality/Panchyat Word No**

**Land Mark Kolkata**

**Phone No : Land No:**

**Operating Instruction (Please tick in appropriate box)**

**Single(Self-Operated) Either or Survivor Any one or survivor/s Any one of The Three Jointly**

**Others (Place Specify) (**…………………………………………………………………………………………………..………………………………………**)**

**COMPANY PAN ID CARD: YES NO PAN ID NUMBER:**

**Facilities Required (Please tick in appropriate box)**

**Statement of Account Required**

**Cheque book**

**Current Deposit**

**Issued Cheque Book Series**

\*Service charge will apply

**Yearly Monthly Weekly Daily**

**To**

**Date of Issue:**

**SMS SERVICE FACILITIES (Please tick in appropriate box): YES NO**

**WHETHER WILLING TO NOMINATE (Please tick in appropriate box): YES NO (IF YES PLASE FIKK DA-I FROM)**

Page No : 1

**DOB OF MINOR A/C HOLDER:** ….…..../….…..../……………………… **RELATIONSHIP WITH MINOR:** ………………………………………..

**NAME OF THE GUARDIAN OF MINOR:** ………………………………………………………….…………………………………………………………….…

**ACCOUNT OPENING AMOUNT (Rs) IN WORD**

**DEBIT CARD SERVICE FACILITIES (Please tick in appropriate box): YES NO**

**Know Your Customer (KYC)**

PHOTO

**Application Form- Applicant from I Individual**

**CUSTOMER ID:**

**PERSONAL DETAILS**

1. **Name of the first Applicant. (Same as ID Proof).**
2. **Name of the Father/Husband (Same as ID Proof).**
3. **Name of the Mother (Same as ID Proof).**

****

1. **Address (Some as Address Proof)**

**Village Police Station**

**Post office Dist**

**Municipality/Panchyat Ward No**

**Land Mark Kolkata**

1. **(A) Date of Birth. (B). Annual Income Rs:**
2. **Marital Status. Married Unmarried Divorce**
3. **Gender. Male Female Others**
4. **Religion. Hindu Muslim Christian Others**
5. **Mobile Number Land Phone No**
6. **Occupation Service Self-Employed Business Retired Government Sector**

**Doctor House wife Student Others**

**PROOF OF IDENTITY**

1. **Passport Number Passport Expiry Date**
2. **Voter ID Card Number**
3. **PAN ID Card Number**
4. **Driving Licence Ex Date**
5. **Aadhaar Card Number(UID)**
6. **Others**

**PROOF OF ADDRESS (Citified copy of any one of the following Proof of address (POA) need to be submitted)**

1. **Passport Driving Licence Aadhaar Card(UID) Voter ID**

**Govt/Defence ID Telephone Bill Bank Statement Ration** Card

**Electric Bill Letter from Employer Councilor Certificate Others**

**Customer Signature/Thumb impression (in my presence** ……**)**

**Date**

Page No. 2

**Know Your Customer (KYC)**

PHOTO

**Application Form- Applicant from II Individual**

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**PERSONAL DETAILS**

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3. **Name of the Mother (Same as ID Proof).**

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**Date**

Page No. 3

**Know Your Customer (KYC)**

PHOTO

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**PERSONAL DETAILS**

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****

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**Customer Signature/Thumb impression (in my presence** ……**)**

**Date**

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NOMINATION UNDER SECTION 45Z OF THE BANKING REGULATION ACT, 1949 AND RULE 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES, 1985 IN RESPECT OF THE BANK DEPOSITS.

**FORM DA -1: NOMINATION**

I/We @ Name(s)……………………………………….……………………………………………………………………………………………………………………………….

R/O………………………………………………………………………………………………….……………………………………………………………………………

Nominate the following person to whom in the event of my/our/minor’s death, the amount of the deposit in the account may be returned by **The Nabapalli Co-operative Bank LTD.,** …………………………………. Branch.

**DEPOSIT**

**Nature off Account:**

**Account Number:**

**Additional Details, if any:**

**DETAILS OF THE NOMINEE**

**Name:**

**Address:**

**Relationship with Depositor, if any:**

**Age:**

**Date of Birth:**

**(If nominee is minor)**



\*As the nominee is a minor on this date, I/We appoint Mr./Ms…………………………………………………………………………………….. Age…………Years (…………/………./……………… ) Address ..………………………………………………………………….………………………………………………………………………………………………………………..

……………………………………………………………….………… 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.

Place:

Date:

@3rd Signature

@2nd Signature

@1st Signature/#Thumb impression (**in my presence**……………………………..**)**

@Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

\*Strike out if nominee is not a minor.

**WITNESS 2**

**Name**

**Address**

**Signature**

**WITNESS 1**

**Name**

**Address**

**Signature**

**For office Use only**

**Nominee No.**

**Account Head: 1 Saving Account**

**2. Current Account**

**Account Number :**

**Seal with Signature of**

**Officer/Asst. Manager/ Dy. Manager**

#Thumb impression(s) shall be attested by two witnesses: otherwise it shall be witnessed by one witness

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In Appendix II to the income tax rules, 1962 after form No. 59A the following Forms shall be inserted namely.

“Form No.-60”

(See third proviso to of rule 114B)

Form of Declaration to be filled by a person who does not have either a permanent account umber of General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B



1. Full Name and Address of the Declarant:
2. Name : …………………………………………………………………………………………………………
3. Father/Husband Name : …………………………………………………………………………………………………………
4. Address : …………………………………………………………………………………………………………
5. Particulars of transaction
6. Amount of the transaction
7. Are you assessed to Tax
8. If yes, Yes/No
9. Details of Ward/Circle/Range where the last return of Income was filed?
10. Reasons for not having permanent account number/General Index Register Number?
11. Details of the documents being produced in support of address in column(1) verification

I/We/Our……………………………………………………………………………………………………….. do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the …………………………………………………………. Day of …………………………………………20

Date: ………/…………/….…….………

**Signature/ Thumb impression**

(In my presence ………………..)

Place: …………………………………….

Instructions: Documents which can be produced in support of the address are:

1. Ration Card
2. Passport
3. Driving License
4. Identity Card issued by institution.
5. Copy of the electricity bill or telephone bill showing residential address
6. Any document of communication issued by any authority of Central Government, State Government of local bodies showing residential address
7. Any other documentary evidence in support of his address given in the declaration.

**Seal with Signature of**

**Department Officer/**

**Asst. Manager / Deputy Manager**

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