



ACCOUNT OPENING FORM FOR INDIVIDUALS
THE VAIKOM URBAN CO-OPERATIVE BANK LTD. No. 1193

Account No.

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Name of the Branch

--	--	--	--	--	--	--	--	--	--

Date

--	--	--	--	--	--	--	--

Please (✓) type of account required

Savings Account <input type="checkbox"/>	with cheque book <input type="checkbox"/>	Term/Special Term Deposit Amount									Current Account <input type="checkbox"/>				
	without cheque book <input type="checkbox"/>		Period						months	Multi Option deposit <input type="checkbox"/>					
	Minimum Balance Rs.														
Requiring Deposit Account	Period							months	Linkage with						
			Monthly Instalment									SB		CA	

FULL NAME (IN BLOCK LETTER)

Mem No.

--	--	--	--	--	--	--	--

DATE OF BIRTH

DD MM YYYY

a.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Mem No.

--	--	--	--	--	--	--	--

b.

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Mem No.

--	--	--	--	--	--	--	--

c.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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PAN/GIR Number
(If an assessee)
or From 60/61 of
income Tax Rules

a									
b									
c									

NATIONALITY (Other than Indian)

A

B

C

Photograph of
all persons
opening the
account

--

--

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Specimen Signature

A
B
C

Signature and name of verifying Official

Name
Name
Name

MODE OF OPERATION

Self only

Any one Survivor

Former of Survivor

Jointly

Either of Survivor

Any other specify

ADDRESS WITH TEL/FAX/MOBILE/E-MAIL ETC

A																				
B																				
C																				

I/We agree to abide by the Bank's rules relating to the conduct of the above accounts/services/products

Yours faithfully,

A

B

C

PARTICULARS OF INTRODUCTION/IDENTIFICATION (A or B)

A. If the applicant(s) is/are already a customer of the branch, please give account No.

B. Name and Address of Introducer.....

Introducer's account No. Since

I certify that I have known Mr./Mrs./Miss..... For the last..... Months/Years and confirm his/her/their occupation and address stated in his/her/their application to open the account

.....
Signature of Introducer

.....

Verifying Officer

Name.....



THE VAIKOM URBAN CO-OPERATIVE BANK LTD. No.1193

..... BRANCH

Form 60

(See third provision to rule 114 - B)

Form of declaration to be filed by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in cash in respect of transaction specified in clause (a) to (h) of rule 114 B

Account No.

--	--	--	--	--	--	--	--	--	--	--	--

1 Full Name and Address of the declarant.....
.....
.....

2 Particulars of transaction :

3 Amount of the transaction : Rs.....

4 Are you assessed to tax : Yes/No

5 If yes

(i) Details of Ward/Circle/Range where the last return of income was filed ?

(ii) Reason for not having Permanent Account Number/General Index register Number ?

6 Details of the document being produced in support of address in column (1)

Verification

Ido hereby declare that what is stated above is true to the best of my knowledge and belief

Verified today, theday of.....20

Date.....

Place..... Signature of declarant

Instruction : Document which can be produced in support of the address are :

- (a) Ration Card
- (b) Passport
- (c) Driving Licence
- (d) Identity Card Issued by any institution
- (e) Copy of the electricity Bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of Central Government State Government or Local bodies showing residential address

Nomination

Form DA 1

Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985 in respect of bank deposits

I/We.....

(Name and address)

nominate the following persons to whom in the event of my/our/minor's death the amount of deposit particulars where of are given below, may be returned by the Vaikom Urban Co-operative Bank Ltd.

.....Branch

DEPOSIT

Nature of	Distinguishing Account No.	Additional details if any

NOMINEE

Name	Address	Relationship with depositor if any	Age	If nominee is minor his date of birth

As the nominee is minor on this date, I/We appoint Sri./Smt/Kum.....

.....to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor death during the minority of the nominee

Place
Date

Name, Signature and address of witnesses

Signature Thump impression of depositor

NOMINATION FACILITY

The Vaikom Urban Co-operative Bank Ltd.

We acknowledge receipt of nomination made by you in favour of Sri./Smt/Kum.....

.....Aged.....Years

in respect of your.....Account Number

Branch.....

Yours faithfully

Date.....

Branch Manager

THE VAIKOM URBAN CO-OPERATIVE BANK LTD. NO. 1193

VAIKOM (RBI Licensed No. ACD KR - 181 - P)
Email : Vaikom ucb@gmail.com



CUSTOMER INFORMATION FORM

To

The Manager Branch

I hereby submitting my personal information for the relationship with the bank.

Date Customer ID (to be filled in by the Branch)

Title: Mr./Mrs./Ms/others _____ First Name

Middle Name Last Name

Alias Name Age Date of Birth

Nationality Nativity Gender: M F

Marital Status Married Single Widow

<u>Religion</u>	<u>Category</u>	<u>Qualification</u>	<u>Occupation Group</u>
Hindu <input type="checkbox"/>	General <input type="checkbox"/>	School <input type="checkbox"/>	Pvt. Sector <input type="checkbox"/>
Muslim <input type="checkbox"/>	OBC <input type="checkbox"/>	Graduate <input type="checkbox"/>	Public Sector <input type="checkbox"/>
Christian <input type="checkbox"/>	SC <input type="checkbox"/>	PG <input type="checkbox"/>	Co-op. Sector <input type="checkbox"/>
	ST <input type="checkbox"/>	Professional <input type="checkbox"/>	Business <input type="checkbox"/>
		Diploma <input type="checkbox"/>	Self Employed <input type="checkbox"/>
		Others:..... <input type="checkbox"/>	Retired Person <input type="checkbox"/>

Occupation/Designation _____ Institution/Department _____

<u>Income Source/s</u>			<u>Asset Owned</u>		
Salary <input type="checkbox"/>	Pension <input type="checkbox"/>	Interest <input type="checkbox"/>	House <input type="checkbox"/>	TV <input type="checkbox"/>	
Wages <input type="checkbox"/>	Business <input type="checkbox"/>	Professional Fees <input type="checkbox"/>	Car <input type="checkbox"/>	Computer <input type="checkbox"/>	
Rent <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Nil <input type="checkbox"/>	Two Wheeler <input type="checkbox"/>	Network <input type="checkbox"/>	

Others:..... Monthly Income _____ Guardian/Parent/Spouse _____

Area Details Relationship: _____

Area: _____ Amsham _____ Desham _____

Village: _____ Ward _____ Panchayath/Municipality/Corporation _____

Land Details : Land Type: _____ Cent/Acres: _____ Survey No: _____ Resurvey No: _____

UID PAN

Is NRI (If Yes Country Name) _____ Staff ID

Land Phone No. Mobile No.

Email Id _____

Introduction
Introducer Name Customer ID

Relationship with the Introducer (if any)

I confirm that I personally know the applicant detailed above for the last months/years and confirm his/her identity, occupation and address/es

Signature of the introducer

Address (Present)

House _____

Place _____

Area/Via _____

Post _____

District _____

Pin code _____

Land Mark _____

Address (Permanent)

House _____

Place _____

Area/Via _____

Post _____

District _____

Pin code _____

Land Mark _____

Office Address

Office Name _____

Building _____

Door No. _____

Place _____

Post _____ District _____ Pin code _____ Phone No. _____

Proof Submitted

<u>Proof Document</u>	<u>Issuing Authority</u>	<u>Type of Proof</u>	<u>Doc No.</u>	<u>Issue Date</u>	<u>Valid upto</u>
Election ID	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving License	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pan Card	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Leaving Certificate	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Statement	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ration Card	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Certificate	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Bill	<input type="checkbox"/> _____	ID <input type="checkbox"/> Age <input type="checkbox"/> Address <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Family Details : Total Members Male Female Employed Unemployed NRI's

<u>Name</u>	<u>Relation</u>	<u>Occupation</u>	<u>Country</u>	<u>Contact No.</u>
1				
2				
3				
4				

External Accounts Details

Account Type _____ Account No _____ Bank's Name _____ Signature _____

For Office Use only

Address Proof Age Proof ID Proof Photo Introduction verified
 KYC Norms Complied Yes No Risk Rating Low Medium High

Complied all the above

Authorised Signatory

FOR OFFICE USE

- 1 Applicant(s) interviewed and purpose ascertained (description)
- 2 Introducer called at the branch & interviewed by.....
- 3 Introducer did not call at the branch but confirmation obtained by.....
- 4 Particulars of identification.....(xerox copy of the document obtained)

OPEN THE ACCOUNT

ACCOUNT No.

REJECT GIVE REASONS

Branch Manager/Authorised Official**Assistant****Officer**

- 5 Account opened on date.....Opened by Assistant (Name.....
- 6 Letter of thanks sent to customer on & Introducer on
- 7 Acknowledgement received from customer on.....Introducer on
- 8 Nomination form entered in register & its serial No.....
- 9 TDR/STDR No..... dated.....Amount.....Period.....
- 10 Threshold limit Rs..... Branch Manager/Authorised Official

Account transferred to.....Branch on

Account closed on Signature of Officer.....

PERSONAL INFORMATION

- 1 Occupation
- | | | |
|---|--|--|
| 1 <input type="checkbox"/> Salaried | 2 <input type="checkbox"/> Self empl./Professional | 3 <input type="checkbox"/> Business |
| 4 <input type="checkbox"/> Student | 5 <input type="checkbox"/> Retired | 6 <input type="checkbox"/> Agricultural & Allied |
| 7 <input type="checkbox"/> Others (specify) | | |
- 2 If self employed
- | | | |
|-------------------------------------|-----------------------------------|---|
| 1 <input type="checkbox"/> Doctor | 2 <input type="checkbox"/> Lawyer | 3 <input type="checkbox"/> Engineer |
| 4 <input type="checkbox"/> Business | 5 <input type="checkbox"/> CA | 6 <input type="checkbox"/> Trade/Dealer |
| 7 <input type="checkbox"/> Others | | |

3 Source of Funds.....

- (i) Annual Income
- 1 Rs.20000/- 2 20000 to 50000
- 3 50001 to 1 lakh 4 100001 to 5 lakh
- 5 500001 to 10 lakh 6 above 10 lakh

(ii) Annual turn over.....

4 PERSONAL

Date of Birth

DD		MM		YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 Marital Status 1 Married 2 Unmarried

7 Any relative settled abroad, if yes please mentioned their name and address

1 Name.....Address.....

2 Name.....Address.....

DEALING WITH OTHER BANKS

8 Name of the Bank and Branch

9 Type of accounts/facilities

EXISTING CREDIT FACILITIES

- 10 Car loan 1 Yes 2 No 11 Customer loan 1 Yes 2 No
- 12 Credit Card 1 Yes 2 No 13 Education loan 1 Yes 2 No
- 14 Housing loan 1 Yes 2 No 15 SBF/SSI/C&I 1 Yes 2 No
- 16 Agri. Cash Credit 1 Yes 2 No 17

ASSETS

Total Rs.....(approximate)

Place.....

Date.....

Signature of the Customer