

**UMA CO-OPERATIVE BANK LTD.**

"Jay Complex", Old N. H. No. 8, Nizampura, BARODA - 2

## ACCOUNT OPENING FORM FOR INDIVIDUALS

Branch: \_\_\_\_\_

[illegible][illegible]

**Date:**   |   |

I/We request you to open my/our deposit account with your branch/bank as under: (Tick (✓) relevant type of account)

Type of Account	Type of Account
<input type="checkbox"/> Savings Bank A/c	<input type="checkbox"/> Term Deposit A/c (FD / QFD / UBN / RD)
<input type="checkbox"/> Current A/c	<input type="checkbox"/> Other A/c

I tender the sum of rupees as under for

☐ Saving / Current A/c - Rs.

☐ Term Deposit : FDR / QFD / UBN.

Rs \_\_\_\_\_ for the term \_\_\_\_\_ Year / Month / Days @ \_\_\_\_\_ % P.a.

☐ Recurring Dep. : Rs. \_\_\_\_\_ P m. For \_\_\_\_\_ Month @ \_\_\_\_\_ % P.a.

**FULL NAME, in CAPITAL Letters** (In the order of Title (Mr./Mrs./etc.first, middle, and last name, leaving a space between words)

M/F

[illegible]

Mother's Name : | | | | | | | | | | | | | | | | | | | | | |

Date of Birth (dd/mm/yyyy)

PAN (if not available please attach Form 60/61)

[illegible]

	Occupation *	Status **	Annual Income (in Rs.)	Relationship with 1 <sup>st</sup> applicant	Nationality	Father's/Husband's Name
1						
2						
3						
4						

\* Please choose from the following:

Salaried	Self Employed	Professional	Politician	Housewife	Student	Defence Staff
Retired	Stock Broker	Agriculture	Antique Dealer	Arms Dealer	Business	Others

\*\* Please choose from the following (If Staff / Ex-Staff, mention E.C. Number):

Minor	Sr Citizen	Staff (EC No. )	Ex-Staff (EC No. )	Pensioner	Other /General
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<b>Name of the Guardian</b> (In case of Minor): (Attach Proof for minor's DOB)	<b>Relationship with minor</b> (✓ tick one)				
	<b>F &amp; NG</b>	<b>M &amp; NG</b>	<b>Legal*</b>	<b>De facto</b>	<b>Others</b>

**Facilities required (Please mark ✓ in appropriate box/es):**

Cheque Book <input type="checkbox"/>
Issued Cheque Series No. _____ to _____ Date of Issue: _____

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

**Form 60**

Are you a Tax Assessee ☐ Yes ☐ No **if Yes**

a) Details of Ward / Circle / Range where the last return of income was filed: \_\_\_\_\_

b) Reason for not having PAN No: \_\_\_\_\_

**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.

Verified at \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_ 20

Date \_\_\_\_\_ Place \_\_\_\_\_ Signature of the Declarant.

**KYC IDENTIFICATION DOCUMENT SUBMITTED BY APPLICANT**

(Any one document from each of the following two lists subject to Bank's satisfaction)

<b>LIST - I</b> <b>(Latest/ recent photo identification documents)</b>	<b>LIST - II</b> <b>(Lates / recent documents showing address proof)</b>
1. Passport	1. Passport
2. Driving License with photograph	2. Driving License with address, Voter's Identity Card
3. Voter's Identity Card	3. <b>Telephone Bill, Electricity Bill</b> , Ration Card
4. PAN Card, Government ID Card	4. Bank account statement (with address)
5. Identity Card / Confirmation from employer	5. Income / Wealth Tax assessment order (with address)
6. Letter from recognized public authority or public servant verifying the identity (photo) of customer	6. Letter from employer / Any document of communication issued by any authority of Central / State Government or local body showing residential address.
7. Confirmation letter from employer / other Bank verifying therein photograph of the customer along with other things.	7. Any documentary evidence in support of residential address acceptable to the Bank.
8. Any other document with photograph evidencing identity of the applicant's acceptable to the Bank.  (For married woman, proof of identity with her maiden name, if supported with a verified true copy of marriage certificate is acceptable as valid identity proof.)	8. In case of married women address proof of the groom is acceptable

**For Office Use**

<b>Sr.No</b>	<b>Description</b>	<b>Name of Authorised Staff</b>	<b>Signature</b>
1	Applicant interviewed & purpose ascertained by		
2	Document/s of identification/Address Proof listed above were verified with original by		
3	Letter of thanks sent to A/c. holders and Introducer on _____		
4	<b>Money Laundering Risk Classification</b> [ ] Low [ ] Medium [ ] High		

**KYC CERTIFICATION:**

<p>I have met the account opener/s Mr./Ms. _____ Mr./Ms. _____ Mr./Ms. _____ in person and hereby confirm that KYC Norms are fully complied with and further confirm that -</p> <p>i) The introducer has visited the branch ii) The signature of the introducer is verified and his/her Accounts more than six months old and KYC Compliant. <b>iii) Zerox copies of all KYC documents are verified with original thereof and found in order.</b></p> <p>_____ Signature of Head of the Department</p> <p>Date: _____</p>	<p>I have verified the documents submitted and confirm that KYC Norms are fully complied with.</p> <p>_____ Signature of Branch Manager/ Accountant</p> <p>Date: _____</p>
<p>Specimen Signature No. _____</p>	



# UMA CO-OPERATIVE BANK LTD.

Residential address				
	First Applicant	Second Applicant	Third Applicant	Fourth Applicant
Flat No./Bldg Name				
Street/ Road & Area/ Locality				
City and District				
Pin Code				
Tel No. / Fax No.				
Mobile				
Permanent Address (If different from Residential Address)				
	First Applicant	Second Applicant	Third Applicant	Fourth Applicant
Flat No./Bldg Name				
Street/ Road & Area/ Locality				
City and District				
State and Country				
Pin Code				
Tel No. / Fax No.				
Mobile				

**OTHER INFORMATION: (✓ tick one)**

**Education :** ☐ Non Matric ☐ SSC/HSC ☐ Graduate ☐ Post Graduate

**Monthly Income (Rs.):** ☐ Upto 5000/- ☐ 5001 – 10000 ☐ 10001 – 20000 ☐ 20001 – 50000 ☐ 50001 – 1 lac ☐ Above 1 lac

**Expected Annual Turnover in the A/C: Rs.** \_\_\_\_\_

**If salaried, employed with: (✓ tick one)**

☐ Proprietorship ☐ Public Ltd. ☐ MNC ☐ Partnership ☐ Public Sector ☐ Pvt. Ltd. ☐ Government ☐ Others (Pl. Specify)

**If Professional: (✓ tick one)**

☐ Doctor ☐ Architect ☐ CA / CS ☐ IT Consultant ☐ Engineer ☐ Lawyer ☐ Others (pl. Specify)

**If Business: (✓ tick one)**

☐ Manufacturing ☐ Real Estate ☐ Antique ☐ Service Provider ☐ Trader ☐ Arms Dealer ☐ Agriculture ☐ Stock Broker ☐ Others (Pl. Specify)

**DECLARATION (Please mark ✓ in appropriate boxes) :**

☐ I / we declare that I / we do not enjoy any credit facilities with other bank/s.

☐ I / we declare that I / we have following deposit accounts and / or credit facilities with your / other banks branches:

Bank & Branch	Place of Bank / Branch	Type of Account / Facility	Amount	Account No.

**TERMS & CONDITIONS & DECLARATION (Please mark ✓ in appropriate boxes) :**

- I have read, understood and agree to abide by the Banks' rules relating to the conduct of the above accounts along with applicable changes if any.
- I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority.
- I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.
- I / We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.
- I / We also agree to maintain the minimum / quarterly average balance which the Bank may prescribe as the minimum / quarterly average balance to be maintained to avail the facilities and agree to pay the charges if minimum / quarterly average balance is not maintained and any other charges stipulated by the Bank from time to time.
- I / We shall fill up separate pay-in-slips prescribed by the Bank for various time deposit schemes. I/We understand that the Term deposit shall be under auto-renewal scheme of the Bank unless otherwise specified by me/us.
- I / We authorize Uma Co.Op. Bank to make references and enquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Uma Co.Op. Bank is empowered to exchange, share or part with all the information, date of documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Body / Such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information / date by such person/s or for furnishing of the processed information / data / produces there of other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.

**Full Signature (in running handwriting):**

\_\_\_\_\_  
Sole / First Applicant

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant

\_\_\_\_\_  
Fourth Applicant



# UMA CO-OPERATIVE BANK LTD.

Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account)

Name	
A/c. No.	Branch Name:
Tel No. Mobile	Type of A/c. SB / CA / CC / OD

I/We certify that, Mr. / Mrs. / Ms. \_\_\_\_\_ is/are known to me/us personally since last \_\_\_\_\_ months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

Date: \_\_\_\_\_ (Signature of the Introducer)  
Name Specimen Signature

1						1
2						2
3						
4						
Operating Instructions (Please mark ✓ in appropriate box):						3
Self	Either or Survivor	Former or Survivor	Jointly	Any one or Survivor/s	Others (Pl. Specify)	4

1 Recent Photo	2 Recent Photo	3 Recent Photo	4 Recent Photo
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Name: \_\_\_\_\_  
Bank Official in whose presence signed

Signature: \_\_\_\_\_

## Form DA-1 Nomination Form

Nomination under section 45ZA to 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 Uma Bank \_\_\_\_\_ Branch.

Deposit1			Nominee				
Nature of Deposit	Distinguishing No	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If Nominee is minor, his/her date of birth #

# As the nominee is a minor on 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 / minor's death during the minority of the nominee. Place: \_\_\_\_\_

Date : \_\_\_\_\_ # Strike out if nominee is not a minor.

@ Signature, Name and Address of Witness	*Signatures / Thumb Impressions of Depositors

\* Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.  
@ Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s).