



# The Udaipur Central Co-operative Bank Ltd.

Head Office : 185-186, Babu Bazar, Udaipur (Raj.) 313 001

Account Opening Form for Resident Individual Firms/ Trusts Corporate

The Branch Manager

The Udaipur Central/Co-operative Bank Ltd.

Branch Code

Date : / /

A/c No. :

Customer ID :

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

☐ Saving Bank A/c ☐ Current A/c ☐ Term Deposit A/c ☐ RD A/c ☐ SHG A/c ☐ No. Frill A/c

## MODE OF OPERATION

Self ☐ Any One ☐ Any Two ☐ Either or Survivor ☐ Former of Survivor ☐ Joint by All ☐ Anyone or Survivor ☐ Minor A/c ☐ HUF ☐

## PERSONAL DETAILS\* Please fill the form in Block Letter only Fields marked\* (star) are MANDATORY

Ist APPLICANT NAME : MIDDLE : SURNAME :

FATHERS/SPOUSE NAME : MOTHER'S NAME : Cust. Occupation :

DATE OF BIRTH : / / GENDER : ☐ MALE ☐ FEMALE MARRIED : ☐ YES ☐ NO MINOR : ☐ YES ☐ NO PAN NO. : or Form 6061 Attached

Customer ID (If Existing) : CAST : ☐ SC ☐ ST ☐ OBC ☐ GEN : ☐ HINDU ☐ MUSLIM ☐ SIKH ☐ JAIN ☐ CHRISTIAN

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FATHERS/SPOUSE NAME : MOTHER'S NAME : Cust. Occupation :

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\* If Senior Citizen, Please proof of Date of Birth\* If minor, Please fill-up minor Declaration section below

\* If PAN No. is not available, Attach form 60/61

## MINOR DECLARATION

Type of guardian : ☐ Father ☐ Mother ☐ Court Appointed

Full Name of Guardian :

I hereby declare that the date of birth of the minor who is my ..... is ..... and I am his/her natural and lawful guardian appointed by court order, dated ..... (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Date : / /

Signature of Guardian

## INSTRUCTIONS FOR Recurring Deposit (RD)/TERM DEPOSITS

PERIOD : ..... Year/Months/Days ..... ROI : ..... % AMOUNT ..... Maturity Value : .....

INTEREST APPLICATION : ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ On Maturity (Specify Date) : / /

INTEREST PAYMENT INSTRUCTION : ☐ Auto Revenwal ☐ Issue DD/Pay Order ☐ Credit our A/c No. : .....

## INITIAL DEPOSIT DETAILS

AMOUNT : ..... ☐ CASH ☐ Transfer from a/c no ..... Cheque No. ....

Date : / / drawn on ..... Bank ..... Branch .....

(All cheques for initial payment amount, will be drawn in favour of "The Udaipur Central Co-operative Bank Ltd.- Customer Name")\*\* will be accepted only with a self signed cheque amount to be deposited in saving/Current account .....

## COMMUNICATION ADDRESS PERMANENT/OFFICE/RESIDENTIAL ADDRESS

Ist Applicant

IInd Applicant

PERMANENT ADDRESS :

PHONE NO. : CITY :  
PIN CODE : MOBILE NO. :  
E-mail ID :

PERMANENT ADDRESS :

PHONE NO. : CITY :  
PIN CODE : MOBILE NO. :  
E-mail ID :

**KNOW YOUR CUSTOMER (KYC) DETAILS**

☐ Provide KYC document (Attach photocopies of the following documents and produce the original copies of these documents for verification.)

**1st & IInd Applicant****Name & Photo ID proof**

- ☐ Passport  
☐ Voter's ID  
☐ PAN Card  
☐ Driving Licence  
☐ Govt./Defence ID Card\*  
☐ ID cards of reputed employers  
☐ Letter from a recog. public authority or public servant

**Address proof**

- ☐ Telephone Bill  
☐ Bank a/c statement  
☐ Income/Wealth tax ass. order  
☐ Credit Card Statement  
☐ Electricity Bill  
☐ Letter from employer  
☐ Adhar No.  
☐ Consumer Gas Connection Card

ID No.                 ID No.

**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 agricultural 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.....

**NOMINATION DETAILS (FORM DA-1) (Only one individual nominee permitted)**

Nomination under sec. 45 ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I/We (name)..... (Address)..... Nomination the following person to whom in the event of my/our/minor's death the amount of deposit in the above account, may be returned by UCCB Ltd.

| Deposit           |                    |                             | Nominee         |                    |                             |     |  |
|-------------------|--------------------|-----------------------------|-----------------|--------------------|-----------------------------|-----|--|
| Nature of Deposit | Distinguishing No. | Additional Details (if any) | Name of Nominee | Address of Nominee | Relationship with depositor | Age | If Nominee is minor his/her date of birth <sup>*</sup> |
|                   |                    |                             |                 |                    |                             |     |  |

<sup>\*</sup> As the nominee is a minor on this date, I/We appoint Shri/Smt./Kumari..... (Name, Address & Age) to receive the amount on deposit on behalf of the nominee in the event of my/our/minors death during the minority of the nominee.

Place : .....

Date : .....

<sup>\*</sup>Strike out if nominee is not a minor.

| Signature, Name & Address of Witness | Signature/thumb Impression of Depositors |
|--------------------------------------|--|
|                                      |  |
|                                      |  |
|                                      |  |

**INTRODUCER DETAIL :**

1st Introducer .....

IInd Introducer .....

A/c No. :                 Signature A/c No. :                 Signature

**DECLARATION**

I/We have read and understood the Terms and Conditions (a copy of which I am in possession of) governing the opening of an account with UCCB Ltd. and those relating to various services including but not limited to Facility. I/We accept and agree to be bound by the said terms and Conditions including those excluding/limiting the bank's liability. I/We understand that the bank may, at its absolute discretion, discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the bank may debit my account for service charges as applicable from time to time.

A agree to maintain AQB of Rs. .... in my account.

Cheque Book Require : ☐ Yes ☐ No

|   |  |   |  |
|---|--|---|--|
| <b>1st Applicant</b>                          |  | <b>IInd Applicant</b>                         |  |
| Please paste Passport Size colour Photo here. |  | Please paste Passport Size colour Photo here. |  |

**DECLARATION BY THE BRANCH :**

I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The account may please be set up in ..... Enclosure Details (This Information filled up by the branch before sending AOF for automatic processing)

Number of Add-on Forms Enclosed : .....

Number of Pages of KYC documents Enclosed : .....

Branch Head/Authorized Signatory

Emp. Code No. : .....

Remarks :-

Date :   /   /   Emp. Code No. :

For CPU Use only :-

Received on ..... Received by .....

Scanned on ..... Scanned by .....

Verified on ..... Verified by .....

Remark .....