The Panipat Central Co-op. Bank Ltd; Branch _____

SPECIMEN SIGNATURE CARD

Type of A/c _____ A/c No. _____

Mode of Operation ☐ Self ☐ Either or Survivor ☐ Jointly

☐ Former or Survivor ☐ Any one or Survivor ☐ Other _____

Name of Firm/Company (In case of Current A/c)

FULL NAME & ADDRESS

1st Applicant Mr./Mrs./Ms. _____ S/o D/o W/o _____

Cust. ID _____ Add. _____

2nd Applicant Mr./Mrs./Ms _____ S/o D/o W/o _____

Cust. ID _____ Add. _____

3rd Applicant Mr./Mrs./Ms _____ S/o D/o W/o _____

Cust. ID _____ Add. _____

	Specimen Signature			PAN
1st Applicant				
2nd Applicant				
3rd Applicant				

1st applicant PHOTO

2nd applicant PHOTO

3rd applicant PHOTO

Nominee's Name _____

Checked & Verified

Allowed

Date.....

Acctt.

Br. Manager/A.M./Manager

THE PANIPAT CENTRAL CO-OP. BANK LTD;

ACCOUNT OPENING FORM

Branch_____

(For office use only) Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date ☐☐☐☐☐☐☐☐ (dd/mm/yyyy)

Type of Account

Saving Bank Account	☐	Recurring Deposit	☐
No-Frill Account	☐	FDR	☐
Current Account	☐	RITD	☐
PLOD/RD	☐	Others (please specify)	☐

Name of Firm/Company (In case of Current A/c)

PERSONAL DETAILS

Full Name :

1ST APPLICANT ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Sex : M/F ☐

Father/Husband Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mother Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ DOB ☐☐☐☐☐☐☐☐

Tel./Mob. No. ☐☐☐☐☐☐☐☐☐☐ Aadhar No. ☐☐☐☐☐☐☐☐☐☐☐☐

2ND APPLICANT ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Sex : M/F ☐

Father/Husband Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mother Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ DOB ☐☐☐☐☐☐☐☐

Tel./Mob. No. ☐☐☐☐☐☐☐☐☐☐ Aadhar No. ☐☐☐☐☐☐☐☐☐☐☐☐

3RD APPLICANT ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Sex : M/F ☐

Father/Husband Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mother Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ DOB ☐☐☐☐☐☐☐☐

Tel./Mob. No. ☐☐☐☐☐☐☐☐☐☐ Aadhar No. ☐☐☐☐☐☐☐☐☐☐☐☐

MAILING ADDRESS :

1st Applicant ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ PIN ☐☐☐☐☐☐

2nd Applicant ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ PIN ☐☐☐☐☐☐

3rd Applicant ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ PIN ☐☐☐☐☐☐

PAN No. (If not Available please fill Form 60/61)

1st Applicant ☐☐☐☐☐☐☐☐☐☐

2nd Applicant ☐☐☐☐☐☐☐☐☐☐

3rd Applicant ☐☐☐☐☐☐☐☐☐☐

Any one document from below list I.D./Residence Proof

Election ID Card	☐	ID Card of reputed Employer	☐
Driving Licence	☐	Electricity Bill	☐
PAN Card	☐	Telephone Bill	☐
Passport	☐	Salary Slip	☐
Govt./Defence ID Card	☐	Income/Wealth Tax Assessment Order	☐

If the Applicant is Minor :- (Please attach DOB Certificate)

Guardian's Name_____

Relationship with minor ☐ Father ☐ Mother ☐ By court order (if yes please affix a copy) ☐ Others (please specify)_____

MODE OF OPERATION

☐ Self ☐ Either or Survivor ☐ Jointly ☐ Former or Survivor ☐ Any one or Survivor ☐ Other_____

I/We wish to avail the SMS Alert facility : Mobile No._____ Yes ☐ No ☐

I/We wish to avail the ATM facility Card : Rupay Debit Card ☐ Kisan Credit Card ☐

I/We wish to avail Locker Facility : Yes ☐ No. ☐ If Yes Locker No.....

TERM DEPOSIT

☐ FDR ☐ RITD ☐ Recurring Deposit ☐ Period_____ ☐ Instaliment_____(for RD) ☐ Others (please specify)_____

please recover instaiment for the recurring deposits from my savings bank account. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Interest payout : ☐ Quarterly ☐ Monthly ☐ At maturity (Cumulative)

Senior citizen : ☐ No ☐ Yes DOB ☐☐☐☐☐☐☐☐ (please attach proof)

MATURITY/INTEREST PAYMENT INSTRUCTIONS

On maturity of Fixed Deposit

A) ☐ renew principal and interest* ☐ renew principal only ☐ issue DD/pay order B) ☐ await renewal instructions post maturity

*(same tenure at the rate of interest prevalling on maturity)

☐ Credit to account no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Repayment of Term/Fixed Deposit/RD

"We agree that clause repayable to E/S/anyone or survivor(s) includes the right to the survivor(s) to apply before the date of maturity for repayment or for credit facilities against security of the deposit."

For regular interest payment (fill only in case of monthly/quarterly interest payout and on maturity if the interest is not to be renewed with the principal)

☐ Credit to account no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ issue DD/pay order

Signature of Applicant

CURRENT ACCOUNT

I, the undersigned, declare that I am the sole proprietor, of the firm of_____ and am solely responsible for the liabilities of the firm. I further undertake that I shall advise you in writing of any change that may take place in the constitution of the firm resulting from taking a partner into my business, its sale or disposal or my ceasing to have any interest in the firm, if any of which events, I will be liable to you on any and all obligations and liabilities which may be outstanding against the firm's name in your books prior to or at the date of receipt by you of such notice and untill all such obligations and liabilities shall have been liquidated or discharged. It is further certified that I don't have any Current Account with any other Bank.

Signature

☐ Sole Proprietorship Account/Partnership Firm Acount Authority to operate on the account

I/We refer to the account opened by you in the name of ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

and declare as under, I the undersigned, am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall advice you in writing of any chage that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

yours faithfully

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature_____

For Partnership Firms Submit Partnership Deed (Duly Attested) (please sign without the stamp)

ACCOUNT OPERATION & DECLARATION

1st applicant	2nd applicant	3rd applicant
Signature	Signature	Signature

Applicant/guardian should also sign across photographs as well as in the space provided for signature.

INTRODUCTION DETAILS

☐ Introduction by existing C.B. Panipat account holder and Document confirming mailing address in the name of applicant

Name_____Type of Account_____Ph. No._____

Name of Branch_____ Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I confirm that I am an account holder with C.B. Panipat for over six months. I confirm that I personally know the applicant/s detailed herein for_____years and confirm his/her identity and address.

Signature of introducer_____ Signature verified_____

FOR BANK USE

Supervisor Incharge

Risk Level (Customer Profile) ☐ Level 1 (Low Risk) ☐ Level 2 (Medium Risk) ☐ Level 3 (High Risk)

I hereby certify that all the necessary KYC documents have been obtained/verified by me. I confirm that the documents are adequate to comply with KYC requirement of the Bank. I hereby confirm that I have verified UN list of terrorist & GOI advices & Bank's guidelines and confirm that applicant are not included in caution advices/black list Based on the account may be opened.

Allowed to open to Account_____

Branch Manager_____

KYC (Know you Customer) CERTIFICATE

KYC (Know you Customer)

1. **Occupation :** Salaried ☐ Self employed ☐ Business ☐ Student ☐ Retired ☐ Other (Specify)_____

2. **If self Employed :** Doctor ☐ Lawyer ☐ Engineer ☐ Business ☐ C.A. ☐ Other (Specify)_____

3. **Income :** Monthly Rs._____ Annually Rs._____

   Turnover (a) Monthly Turnover : Rs._____ b) Annual Turnover : Rs _____

4. **My Family & Me**

   a) Name of spouse Mr./Mrs._____ Educational Qualification of spouse_____

   b) Date of Birth of spouse ☐☐ (d d) ☐☐ (m m) ☐☐☐☐ (y y y y) Marriage Anniversary ☐☐ (d d) ☐☐ (m m) ☐☐☐☐ (y y y y)

   c) Mother Tongue_____

   d) Detail of Children

   1. Name_____ M/F DOB ____/____/____ Resident Non Resident Married Single

   2. Name_____ M/F DOB ____/____/____ Resident Non Resident Married Single

5. **Educational Qualification :** Illiterate ☐ Upto HSC ☐ Graduate ☐ Post Graduate ☐ Professional (Specify)_____

6. **Religion :** Hindu ☐ Muslim ☐ Sikh ☐ Christian ☐ Other (Specify)_____

7. **Category :** General ☐ OBC ☐ SC ☐ ST

8. **Organisation's Name**_____ **Designation/Profession**_____

9. **Dealing with other Bank** Yes ☐ No If Yes :- ☐

   a) Name of Bank & Branch :_____

   b) Type of Account_____

10. **Existing credit facility, if any :**

    Car Loan ☐ Home Loan ☐ Personal Loan ☐ Educational Loan ☐ Business/Agriculture ☐ Any other (specify)_____

ASSETS

Total Value Rs._____ (Approx.) Agricultural Land_____

a)	Vehicle	☐	Car	☐	Two Wheeler	☐	Other	☐	None
b)	House you live in	☐	Ancestral	☐	Owned	☐	Rental	☐	Employer's
c)	Life Insurance for	☐	Upto Rs. 1 lacs	☐	Upto Rs. 2 lacs	☐	Upto Rs. 5 lacs	☐	Above 5 lacs
d)	Other Investment	☐	Upto Rs. 1 lacs	☐	Upto Rs. 2 lacs	☐	Upto Rs. 5 lacs	☐	Above Rs. 5 lacs
e)	Any other Assets :	☐	Upto Rs. 1 lacs	☐	Upto Rs. 2 lacs	☐	Upto Rs. 5 lacs	☐	Above Rs. 5 lacs

DECLARATION :

I/we do hereby declare that information given in the application form is true to the best of my/our knowledge and belief.

_____ Signature of 1st Applicant

_____ Signature of 2nd Applicant

_____ Signature of 3rd Applicant

FORM DA 1-NOMINATION FORM

Nomination Facility : ☐ Required ☐ Not Required Nomination Registration No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Nomination : Nomination under Sec 45ZA of the Banking Regulations Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. (Form DA 1).

I/We_____(names) nominate the following person whom, in the event of my/our/minor's death, the amount of the deposit in the amount may be returned by **C.B. Panipat**_____Branch.

Name & Address of the Nominee	Relationship with the Depositor	Age	If Nominee is a minor his/her Date of birth

*As the nominee is a minor on this date, I/we appoint_____

_____(Name, Address, Age & Relationship with depositor, if any) to receive the amount of the deposit/insurance claim amount in the account on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Signature (Depositor)_____

Personal Details & Signature of the Witness (in case of illeterate Person)

(1) Name :_____Address:_____

_____

Signature:_____ **Signature of Account Holder**_____

Verified

A.M./B.M.

To be filled only by those who do not have either PAN/GIR : (select the appropriate form)

☐ **FORM NO. 60**

To be filled by person without PAN

1. Are you assessed to tax ? Yes ☐ No. ☐
2. **If yes,** (i) Details of Ward/Circle/Range where the last return of income was filed_____

   (ii) Reason for not having permanent account Number_____

☐ **FORM NO. 61**

To be filled by a person who has agricultural income and is not in receipt of any 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 above is true to the best of my knowledge and belief.

Verified at_____this the_____day of_____20___

Date

Place

Signtaure of declarant

Instructions :- Documents which can be produced in support of the address are :-
(a) Ration Card (b) Pass Port (c) Driving Licence (d) Identity Card Issued by an Institution (e) Copy of the electricity bill or telephone bill showing residential address (f) Anydocument or communication issued by any authority of Central Government or local bodies showing residential address. (g) Any other documentary evidence in support of this address given in the declaration (h) Voter Card.