



THE ANAND MERCANTILE CO-OP. BANK LTD.

Head Office : Maharshi Dayanand Marg, Anand-388 001 • Ph: 251224, 254800, 242812, 251390

Branch : Audhyogik Vasahat Branch, Anand • Ph. : 262524

E-mail: amcbl_anand@yahoo.co.in • Website: amcblanand.com

ACCOUNT OPENING FORM - INDIVIDUAL

For Office use only : Account No.:	<input type="text"/>	S.I. No. :	<input type="text"/>	Scheme Code :	<input type="text"/>
A/c to be opened at Branch :	<input type="text"/>	Branch Code :	<input type="text"/>	Date :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

SB A/c. <input type="checkbox"/>	CA/OD A/c. <input type="checkbox"/>	TD A/c. <input type="checkbox"/>	RD A/c. <input type="checkbox"/>	Other A/c. <input type="checkbox"/>
Scheme Name : <input type="text"/>				

1. Full Name: (In capital letters Only)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

Date of Birth	PAN (or FORM 60/61)	C/F ID (if existing)	Relationship with 1st Applicant
1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	or Form <input type="text"/>	<input type="text"/>
2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	or Form <input type="text"/>	<input type="text"/>
3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	or Form <input type="text"/>	<input type="text"/>

2. CORRESPONDENCE / MAILING ADDRESS :

<input type="text"/>	Postal Code : <input type="text"/>
City : <input type="text"/>	State : <input type="text"/> Country : <input type="text"/>

Permanent Address <input type="checkbox"/> Same as above	<input type="text"/>	Postal Code : <input type="text"/>
City : <input type="text"/>	<input type="text"/>	Country : <input type="text"/>

3. Please provide **Mobile Banking** / **SMS Banking** services to my mobile No. :

4. Please provide Statement through Email at : Weekly Monthly Quarterly Intervals on

<input type="text"/>	@ <input type="text"/>
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5. Photo & Signature :

For Office use only : Account No. <input type="text"/>	CPC <input type="text"/>
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Name of Account

Name 1	Name 2	Name 3
Please affix your latest Passport Size Photograph here	Please affix your latest Passport Size Photograph here	Please affix your latest Passport Size Photograph here
<input type="text"/>	<input type="text"/>	<input type="text"/>
CIF ID 1 <input type="text"/>	CIF ID 2 <input type="text"/>	CIF ID 3 <input type="text"/>

MODE OF OPERATION :

- Self
- Either or Survivor
- Jointly
- Former or Survivor
- Any one or Survivor/s
- Guardian
- Other (Pl. Specify)

6. 1st Account holder Type : Individual Minor Sr. Citizen Super Sr. Citizen NRI Other _____
 Staff (Emp. No. _____) Ex-staff (Emp. No. _____)

7. Declaration for Minor : Guardian CIF ID : _____ KYC No. _____

Type of Guardian : Father Mother : Court Appointed (Enclose copy of court order)

Full Name of Guardian Mr. Ms. _____

I hereby declare that the date of birth of the minor who is my _____ is ____ / ____ / ____ and I am his / her natural and lawful guardian / 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 shall indemnify the Bank against the claim of the abover minor for any withdrawal/ transactions made by me in his / her account.

DD MM YYYY

(Signature of Guardian)

8. Channel / Other Facilities : Cheque Book Rupay Debit Cum ATM Card
 Demat (Please fill up seperate form) E-Insurance A/c. (Please fill up seperate form)

9. Recurring Deposit: Installment Amount Rs. _____ No. of Installment Standing Instruction A/c. No. : _____

10. Introduction (Not required for Saving / Recurring / Deposit A/c. Optional for Current A/c.)

Name :		Account No. :
Address :		CIF ID :
		Branch Name :
Pin :	Mobile / Tel No.	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 openint account are correct to the best of my/our knowledge & belief.

(Signature of the Introducer)

11. NOMINATION DETAIL

FORM DA 1

Nomination under section 45ZA of the Banking Regulation Act 1948 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits

I/We _____ (Name and Address)

Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by The Kalupur Commercial Co-Op. Bank Ltd. _____ branch.

Nominee				
Name	Address	Relationship with A/c. Holder(s) if any	Age	if Nominee is a minor, her/his Date of Birth
				<input type="checkbox"/> DD <input type="checkbox"/> MM <input type="checkbox"/> YYYY
				<input type="checkbox"/> DD <input type="checkbox"/> MM <input type="checkbox"/> YYYY
				<input type="checkbox"/> DD <input type="checkbox"/> MM <input type="checkbox"/> YYYY

As the nominee is a minor on this date, I/We appoint Shri/Smt./kum. _____ (Nmae. Address and Age)

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

I/We do not wish to make a nomination.

Place : _____

Date : _____ Signature(s)/Thumb Impression(s) of A/c. Holder(s) _____

12. I/We declare that I/we enjoy/d not enjoy any Account / Credit Facilities with other banks. (Provide details, if any)

Bank & Branch	Place of Bank & Branch	Type of A/c Facility	Amount	A/c. No.

13. Form 60/61

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 filled : _____

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 _____

Date _____ Place : _____

Terms & Conditions:

I / we have read, understood and undertake to abide by banks rules for conduct of the accounts / services / products & charges.

- (I) I/we hereby agree with the terms and condition of the service and it is acceptable to me / us.
- (1) Interest will be credited as per RBI directives from time to time.
 - (2) Bank will take request for "stop payment" instruction, but the bank will not be responsible and liable if such cheque is paid inadvertently.
 - (3) Bank,, is empowered to refuse payment if signature does not match with the specimen signature.
 - (4) I/we undertake to keep the bank informed about change in my / our residence / occupation address, mobile number etc.
 - (5) Please issue cheque book and recover applicable charges from my / our account as per banks norms.
 - (6) I/we also agree to maintain the minimum / quarterly average balance which bank may prescribe as the minimum / quarterly average balance to be Maintained to avail the facilities and agree to pay the charges if the said balance is not maintained and any other charges stipulated by bank.
 - (7) I/we shall fill up separate pay-in-slips prescribed by bank for various fixed deposit schemes. I/we understand that the time deposit shall be under auto renewal scheme of the bank unless otherwise specified by me /us.
 - (8) I/we authorize bank to make reference and inquiries as may be deemed necessary in their discretion with regard to the information furnished in this application. Bank is empowered to exchange, share or part with all the information data or documents relating to me / our application inter se amount themselves or to other bank / financial institutions / agencies / person as many be deemed necessary or appropriate or as may be required for processing of such information / data or for furnishing of the processed information / products of other bank / financial institutions / credit bureaus / agencies / users registered with such agencies.
 - (9) Account in the name of minor can be opened by his guardian subject to birth date verification of minor.
 - (10) I / we agree to maintain prescribed minimum balance in my / our account linked to my / our demat account failing which bank is entitled to recover prescribed charges from my / our account.
 - (11) If the account becomes dormant due to non-operation for two continuous years, bank is entitled to recover prescribed charges from the account.
 - (12) Bank is entitled to close my / our account after giving 7 days notice, if bank is not satisfied by the conduct of operations in the account.
- (II) For Rupay Debit Card cum ATM card:
- (1) I/we accept full responsibility for my / our RuPay debit card and agree not to make any claims against The Anand Mercantile Co-Op. Bank in respect thereto.
 - (2) I/we have read and understood the terms and conditions governing the usage of RuPay debit Card. I/we accept to be bound by the said terms and conditions and to any changes from time to time by The Anand Mercantile Co-Op. Bank Ltd. I/we authorised The Anand Mercantile Co-Op. Bank Ltd. to issue a Rupay Debit Card Cum ATM card to the person/s as name mentioned in application of a/c opening from. I/we unconditionally and irrevocably authorize bank to debit my / our account annually or Debit Card charges / fees if any stipulated by the bank.
 - (3) I/we understand and undertake that the usage of the RuPay Debit Card shall be strictly in accordance with the exchanger control regulations and in event of any failure to do so. I/we will be liable for action under the Foreign Exchange Management Act (FEMA) 1999 and the amendments thereof stipulated by RBI from time to time.

(III) Mobile banking declaration:

I/we agree & abide by the terms and conditions of Mobile Banking available on website of bank www.amcblanand.com and agree that the bank shall not be held liable and absolved from liabilities whatsoever for loss to customer arising out of any reasons beyond the control of the bank including technology failure of network of any service provider and / or the bank's system and / or any breakdown, interruption, suspension or failure of the telecommunication equipment of the customer or the bank

I/we agree that

1. To download the Mobile Banking Application from the Play store of the Mobile OS vendor.
2. That transaction initiated through mobile banking application are irrevocable, bank shall not entertain any request for revocation of transaction or stop payment request for transaction initiated through mobile banking as the transactions are completely instantaneous and are incapable of being reversed.
3. Not to use mobile banking channel for transfer of funds for illegal activities.
4. To be responsible for the safe custody and security of mobile banking application. Downloaded on our mobile phones and immediately inform the bank about loss or theft of mobile phone for disabling of mobile banking services to prevent unauthorized usage.
5. To NOT share the login password and MPIN/TPIN with anyone, including bank's Staff / Associate / Representative.
6. To operate within the maximum transaction limit(s) permitted by the bank for mobile banking from time to time.
7. To be responsible for any loss caused arising out of usage of mobile banking.
8. To accept all changes / modifications / additions/removals of any of the extant terms and conditions governing mobile banking service.

I / we understand that change in any of the above terms & conditions will be notified by the Bank on its website: www.amcblanand.com and also will be displayed on the notice board of the branches. (one month in advance).

Signature :

(Sole applicant)

(Second applicant)

(Third applicant)

12. DAI Acknowledgment

DA1 ACKNOWLEDGMENT

Account No. _____ Name of Depositor_____

Nomination in favour of _____ dated _____ has been registered in the books of the Bank. Kindly note that in case of a nominee being a Non - Resident Indian, the repatriation of funds will be subject to the guidelines of RBI.

Place :

Date :

Officer

Date :

For Office Use Only :

I / We hereby certify that this account opening form is complete in all respect and relevant documents have been obtained and verified with original

A/c Canvassed by, Employee No.

Enclosure details by Branch :

No. of Addon forms enclosed

No. of KYC documents enclosed (Self Certified True Copies Notarised)

CPC request No.

Initial Deposit Rs. _____ Cash Cheque No. _____

Name : _____

Name : _____

Employee ID : _____

Employee ID : _____

Designation : _____

Designation : _____

Signature : _____

Signature : _____

