



**THE SHORANUR CO-OPERATIVE URBAN BANK LTD**  
**No. F. 1639, SHORANUR, Pin - 679 121**

**MAIN BRANCH**

**ACCOUNT OPENING FORM**

Branch  Account No.

Customer No.  Date

Member No.

Please tick (✓) type of account required Please open an account as per details below:

SAVING ACCOUNT <input type="checkbox"/>	TERM/SPECIAL TERM DEPOSIT <input type="checkbox"/>	CURRENT ACCOUNT <input type="checkbox"/>
Without Cheque Book <input type="checkbox"/>	Amount <input type="text"/> Int Rate <input type="text"/>	MULTIOPTION DEPOSIT SCHEME/REINVESTMENT PLAN <input type="checkbox"/>
With Cheque Book <input type="checkbox"/>	Period <input type="text"/> Days/Months/Year <input type="text"/>	
Minimum Balance Rs. <input type="text"/>	RECURRING DEPOSIT ACCOUNT	Period <input type="text"/> Days/Months/Year <input type="text"/>
Savings Bank Plus <input type="checkbox"/>	Period <input type="text"/> Months <input type="text"/> Interest Rate <input type="text"/>	Amount <input type="text"/>
	Monthly Instalment <input type="text"/> Maturity Amount <input type="text"/>	Linking with SB <input type="checkbox"/> CA <input type="checkbox"/>

FULL NAME ( IN BLOCK LETTERS) (Same as ID proof) A/c No

Mr.  Ms.  Mrs.  Others.....

DATE OF BIRTH DD MM Y Y Y Y

A   /   /

B   /   /

C   /   /

Mobile No  Phone No  NATIONALITY

PAN/GIR Number (If an assessee) A  B  Form 60/61  C

Gender  Male  Female

UID/Adhar No: A  B  C

Customer Type  Public  Staff  Senior Citizen  Minor  Others.....

Affix Photograph of all persons opening the account

A

B

C

Specimen Signature	Signature and Name of verifying Official
A <input type="text"/>	SS No. <input type="text"/>
B <input type="text"/>	SS No. <input type="text"/>
C <input type="text"/>	SS No. <input type="text"/>



5. Account Opened on (date) \_\_\_\_\_ Opened by Assistant (Name) \_\_\_\_\_  
Authorized Official (Name) \_\_\_\_\_

6. Letter of thanks sent to customer on \_\_\_\_\_ & introducer on \_\_\_\_\_

7. Acknowledgment received from customer on \_\_\_\_\_ & introducer on \_\_\_\_\_

8. Nomination form entered in register & its serial No. \_\_\_\_\_

9. TDR / STDR No. \_\_\_\_\_ Dt. \_\_\_\_\_ Amount \_\_\_\_\_ Period \_\_\_\_\_

Rate of Interest \_\_\_\_\_

Branch Manager / Authorized Official

10. Threshold Limit Rs. \_\_\_\_\_

Account transferred to \_\_\_\_\_ Branch No. \_\_\_\_\_  
Account closed on \_\_\_\_\_ Branch Manager / Authorized Official Signature

**PERSONAL INFORMATION**

**OCCUPATION**

1. OCCUPATION
- |                                      |   |  |                                      |
|--------------------------------------|---|--|--------------------------------------|
| 1. <input type="checkbox"/> Salaried | 2. <input type="checkbox"/> Self-employed./professional | 3. <input type="checkbox"/> Business             | 4. <input type="checkbox"/> Students |
| 5. <input type="checkbox"/> Retired  | 6. <input type="checkbox"/> Agriculture & Allied        | 7. <input type="checkbox"/> Other (specify.....) |                                      |
2. If self employed
- |                                    |   |                                      |                                      |
|------------------------------------|---|--------------------------------------|--------------------------------------|
| 1. <input type="checkbox"/> Doctor | 2. <input type="checkbox"/> Lawyer          | 3. <input type="checkbox"/> Engineer | 4. <input type="checkbox"/> Students |
| 5. <input type="checkbox"/> C.A.   | 6. <input type="checkbox"/> Trader / Dealer | 7. <input type="checkbox"/> Business | 8. <input type="checkbox"/> Others   |
3. Source of funds \_\_\_\_\_
4. Annual Income
- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> Upto Rs. 20,000/-              | 2. <input type="checkbox"/> From Rs. 20,001/-to 50,000     | 3. <input type="checkbox"/> From Rs. 50,001/-to 1 Lacs |
| 4. <input type="checkbox"/> From Rs. 1,00,0001/- to 5 Lacs | 5. <input type="checkbox"/> From Rs. 5,00,001/- to 10 Lacs | 6. <input type="checkbox"/> Above Rs. 10,00,000/-      |
5. Annual Turnover \_\_\_\_\_

**PERSONAL**

6. Date of Birth DD   MM   YY
7. Marital Status 1.  Married 2.  Unmarried
8. Educational Qualification
- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| 1. <input type="checkbox"/> Literate/Unliterate | 2. <input type="checkbox"/> Upto HSC | 3. <input type="checkbox"/> Graduate |
| 4. <input type="checkbox"/> Post Graduate       |                                      |                                      |
9. Name of spouse :  
10. Name of Father :  
11. Name of Mother :  
12. Guardian's Name (in case of minor) :

Religion  Hindu  Muslim  Christian  Others.....

Category  General  OBC  SC  ST  Others.....

13. Any relative settled abroad. If yes, please mention their names and address  Yes  No

1. Name \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

### DEALING WITH OTHER BANKS

14. Name of the Bank and Branch \_\_\_\_\_

15. Type of accounts / Facilities \_\_\_\_\_

### I) EXISTING CREDIT FACILITIES

16. Vehicle Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	17. Consumer Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Against Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	19. Education Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Housing Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	21. Business Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Agri Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	23. Other Term Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Agri. Applied Loan 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Total Rs. \_\_\_\_\_ (approximate)

### J) ASSETS

25. Vehicle	<input type="checkbox"/> Car	<input type="checkbox"/> Two Wheeler	<input type="checkbox"/> Other	<input type="checkbox"/> None
26. House you live in	<input type="checkbox"/> Ancestral	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Employer's
27. Life Policy for	<input type="checkbox"/> Upto Rs. 1 Lac	<input type="checkbox"/> Up to Rs. 2 Lac	<input type="checkbox"/> Up to Rs. 5 Lac	<input type="checkbox"/> Above Rs. 5 Lacs
28. Other Investment	<input type="checkbox"/> Upto Rs. 1 Lac	<input type="checkbox"/> Up to Rs. 2 Lac	<input type="checkbox"/> Up to Rs. 5 Lac	<input type="checkbox"/> Above Rs. 5 Lacs
29. Farm Equipments	<input type="checkbox"/> Tractor/trailor	<input type="checkbox"/> Pumpset / Pipe Line	<input type="checkbox"/> Thresher	<input type="checkbox"/> Other
30. Number of Farm Animals	<input type="checkbox"/> Buffaloes	<input type="checkbox"/> Cows	<input type="checkbox"/> Goats	<input type="checkbox"/> Bulluck (with cart)
31. Agricultural Land	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased		
	<input type="checkbox"/> Dryland	<input type="checkbox"/> Acreage _____		
	<input type="checkbox"/> Wetland	<input type="checkbox"/> Acreage _____		

32. Crops grown \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(Signature of the Customer)

**/ Nomination**

**1 Form No. DA 1**

Nomination under section 56P, 45 ZA of the Banking Regulation Act, 1949 and as Applicable Co-op. Bank nomination Rules 1985 section 2 (1) 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, particulars where of are given below, may be returned by \_\_\_\_\_  
(Name and address of branch/office in which the deposit is held)

**DEPOSIT**

Name of Deposit/Facility	Distinguishing Account No.	Additional details, if any

**NOMINEE**

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

( \_\_\_\_\_ /Name, Address and Age)

As the nominee is minor or this date, I/We appoint, Shri / Smt / Kum \_\_\_\_\_  
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.  
/ Strike out, if nominee is not a minor)

/Place :

/Date :

Name (s) signature (s) and address (es) of witness @	Signature (s) Thumb impressions (s) of depositor (s)*
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Where deposit is made in the name of a minor, the nomination should be signed by person lawfully entitled to act on behalf of the minor. / Thumb impression (S) shall be attested by two witnesses.

.....  
(Cut Here)

Shri / Smt. / Kum.  
Dear Sir / Madam

**NOMINATION FACILITY**

We acknowledge receipt of nomination made by you in favour of Shri / Smt / Kum. _____	
_____ Aged _____	Years in respect of your _____
_____ Account Number. (SB/CA/TDR/STDR etc.)	
Of form DA 1 date _____	Your faithfully
Branch _____	Branch Manager
Date _____	

**FORM No. 60**

[ See third Provision to rule 114B ]

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 payments in cash in respect of transaction specified in clauses (a) to (h) of rule 114B

- 1) Full name and address of the declarant
- 2) Particulars of transaction
- 3) Amount of the transaction
- 4) Are you assessed Yes / No
- 5) If yes,
  - i) Details of Ward / Circle / Range where the last return of income was filed?
  - ii) Reasons 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**

I, \_\_\_\_\_

do hereby declare that what is stated above is true to the best of my knowledge and behalf.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

**Signature of the declarant**

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

- a) Ration Card b) Passport. c) Driving Licence, d) Identify 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. G) Any other documentary evidence in support of his address given in the declaration.

**FORM No. 61**

[ See provision to clause (a) of rule 114 C ]

Form of Declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income tax in respect of transactions a specified in clauses (a) to (h) or rule 114B

- 1) Full Name and address of the declarant
- 2) Particulars of transaction on
- 3) Details of the document being produced in support of address in column(1) Yes / No

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

Date \_\_\_\_\_

Place \_\_\_\_\_

**Signature of the declarant**

**VERIFICATION**

I, \_\_\_\_\_

do hereby declare that what is stated above is true to the best of my knowledge and behalf.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

**Signature of the declarant**

**Instruction : Documents 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. G) Any documentary evidence in support of his address given in the declaration