



The Commercial Co-operative Bank Ltd; Jamnagar

Registered Office: 6th Floor, Anjaria Chambers, K. V. Road, Jamnagar – 361 001.

Account Opening Form for INDIVIDUAL Savings / Current / Term Deposit / Recurring

Title of Account : _____

Account No :

0	0	0	0	0	0	0	0				
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Date : / / 20



..... BRANCH

Account Master :**A/c Type - A/c. Status :**

1 Normal / Operative	9 Minor	20 Partnership
4 Trust	11 Association	24 Joint Account
5 Society	13 Senior Citizen	98 Others
8 HUF	16 Proprietorship	100 Individual

Mode of Operation :

1 Self	5 Any One	16 Karta of HUF
2 Either or Survivor	8 All Jointly	77 Guardian - Father
3 Former or Survivor	14 Power of Attorney	112 Others - Special Instruction

Minor Type		Account Category	
Date of Birth / Estd.		Member No.	
Pay in Account No.	A/c Type :	A/c. No.	
Cheque Book	Y / N	Other Branch Transfer A/c.	Y / N
PLR Link	Y / N	ATM	Y / N
TDS	Y / N		
Statement of A/c. Freq.	Monthly/Quarterly/Yearly	Email day in Freq.	

Verification Documents :

2 Driving License	6 Passport	10 Telephone Bill
3 Election I. D. Card	8 Ration Card	13 Gas Receipt
5 PAN Issued by IT	9 Electricity Bill	99 Others - Minor Birth Certificate

Form No. 60 :

	Sole / 1 st Holder	2 nd Holder
Are you a Tax Assessee ? Yes / No. If Yes	Yes / No.	Yes / No.
a) Details of ward / Circle / Range where the last return of Income was filled :		
b) Reason for not having PAN		

Form No. 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/We 1st _____ and 2nd _____ do hereby declare that what is stated is true to the best of my/our knowledge and belief.

Verified at _____ this the _____ day of _____ 20 .

SIGNATURE for Form- 60 or 61 - >		
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For Recurring : No. of InstallmentsMonth / Monthly Installments Amount Rs.....

Introducer Details :

Introducer	Y / N	Introducer Customer No.	
Introducer Signature. If Original Document Produced by person than NOT necessary			

GENERAL :

Details	Sole / 1st Holder	2nd Holder
CI No.		
Last Name - Surname		
First Name		
Middle Name		
Adhar Card No. - UID		
Flat No./ Bldg Name		
Road No.		
Land Mark		
Area		
City / Village		
Takula		
Pin		
District		
State / Country / Nationality	GUJARAT / INDIA / INDIAN	GUJARAT / INDIA / INDIAN
Phone No. with STD Code		
Mobile - 1		
Mobile - 2 / Fax		
E-mail Id		

Common Details :

Group Customer ID		
PAN No. / 60		
Introducer	Y / N	Introducer customer
TDS	Yes	Rate

Individual Details :

Gender / Date of Birth	M / F Date :	M / F Date :
Resident	Y / N	Y / N
Passport No. / valid up to	No. Dt.	No. Dt.
Share holder / No.	Y / N - No. :	Y / N - No. :

Proof Details :

Photo Submitted	Y / N	No. Of Photos :	Y / N	No. Of Photos :
Proof of Identity				
Proof of Address				

Information Sheet :

Details	Sole / 1 st Holder	2 nd Holder																																																												
Full Name																																																														
Father / Husband's Name																																																														
Occupation	1 Salaried 2 Housewife 3 Agriculture & Allied 6 Self employed / Professional : a) Doctor b) Lawyer c) Engineer d) Businessman e) CA f) Others 8 Student 11 Business 16 Retired 99 Others (Specify)	1 Salaried 2 Housewife 3 Agriculture & Allied 6 Self employed / Professional : a) Doctor b) Lawyer c) Engineer d) Businessman e) CA f) Others 8 Student 11 Business 16 Retired 99 Others (Specify)																																																												
Source of Fund																																																														
Monthly Income	1 Up to Rs. 20,000/- 2 From Rs. 20,001 to Rs. 50,000/- 3 From Rs. 50,001 to Rs. 1,00,000/- 4 From Rs. 1,00,001 to Rs. 10,00,000/- 5 Above Rs. 10,00,000/-	1 Up to Rs. 20,000/- 2 From Rs. 20,001 to Rs. 50,000/- 3 From Rs. 50,001 to Rs. 1,00,000/- 4 From Rs. 1,00,001 to Rs. 10,00,000/- 5 Above Rs. 10,00,000/-																																																												
Annual Turnover																																																														
Personal	Birth Date : / /	Birth Date : / /																																																												
Marital Status	Married / Unmarried	Married / Unmarried																																																												
Your Education Qualification	1 Up to HSC 2 Graduate 3 Post-Graduate 4 Professional	1 Up to HSC 2 Graduate 3 Post-Graduate 4 Professional																																																												
Your Spouse's Education Qualification																																																														
Family Members	<table border="1"> <thead> <tr> <th>Years-></th> <th>Up to 10</th> <th>11 to 20</th> <th>21 to 45</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Males</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Females</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Years-></td> <td>46 to 60</td> <td>Above 61</td> <td></td> <td></td> </tr> <tr> <td>Males</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Females</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Years->	Up to 10	11 to 20	21 to 45	TOTAL	Males					Females					Years->	46 to 60	Above 61			Males					Females					<table border="1"> <thead> <tr> <th>Years-></th> <th>Up to 10</th> <th>11 to 20</th> <th>21 to 45</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Males</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Females</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Years-></td> <td>46 to 60</td> <td>Above 61</td> <td></td> <td></td> </tr> <tr> <td>Males</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Females</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Years->	Up to 10	11 to 20	21 to 45	TOTAL	Males					Females					Years->	46 to 60	Above 61			Males					Females				
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Any relatives settled abroad :	Yes / No If yes, please mention their names and address																																																													
1 Name :	Address: _____																																																													
2 Name :	Address: _____																																																													
3 Name :	Address: _____																																																													
How many times you have been abroad in last three years :	Never / 1 to 5 times / above 5 times																																																													
Do you have a credit card :																																																														
1 st Holder Yes / No If yes, please mention Bank's Name :	_____																																																													
2 nd Holder Yes / No If yes, please mention Bank's Name :	_____																																																													
Dealing with Other Banks :	Yes / No If yes,																																																													
Name of the Bank & Branch :	1 _____ 2 _____																																																													
Type of account / facilities :	1 _____ 2 _____																																																													
Existing Credit Facilities, If any :	1 _____ 2 _____																																																													
Sole / 1st Holder		2nd Holder																																																												
Loans :		Loans :																																																												
1 Car Y / N 2 Housing Y / N		1 Car Y / N 2 Housing Y / N																																																												
3 Consumer Y / N 4 Against Security Y / N		3 Consumer Y / N 4 Against Security Y / N																																																												
5 Credit Cards Y / N 6 Education Y / N		5 Credit Cards Y / N 6 Education Y / N																																																												
7 Business Y / N 8 Others Y / N		7 Business Y / N 8 Others Y / N																																																												
Assets :		Assets :																																																												
Total Rs. _____ (approximate)		Total Rs. _____ (approximate)																																																												
Vehicle : Car / Two Wheeler / Others / None		Vehicle : Car / Two Wheeler / Others / None																																																												
House : Owned / Rented / Family / Employer		House : Owned / Rented / Family / Employer																																																												
Life Policy for : Up to Rs. 1 lacs/ 2 Lacs / 5 Lacs		Life Policy for : Up to Rs. 1 lacs/ 2 Lacs / 5 Lacs																																																												
Other Invt's : Up to Rs. 1 lacs/ 2 Lacs / 5 Lacs		Other Invt's : Up to Rs. 1 lacs/ 2 Lacs / 5 Lacs																																																												
Any other Assets : _____		Any other Assets : _____																																																												
Place :		Place :																																																												
Date :		Date :																																																												
Signature 1st Holder		Signature 2nd Holder																																																												

Form DA-1 Nomination Form :

Nomination under section 45ZA to 45ZF of the Banking Regulation Act,1949 and 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits, I / We nominate the following person 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 **THE COMMERCIAL CO-OPEARATIVE BANK LTD, JAMNAGAR**

Name of Nominee				Age :	
Relation with A/c Holder					
Address of Nominee					
Flat No./ Bldg Name			Road No.		
Land Mark			Area		
City / Village			Takula		
District			State	GUJARAT	
Pin			Country	INDIA	
Nationality	INDIAN	Phone		Mobile - 1	

As the nominee is a minor on this date, I / We appoint Mr. / Mrs. / Ms. _____ Address _____ Age _____ to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

SIGNATURE of Depositor- >		
Signature of Witness Mobile No.		

Where deposit is made 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 witness by one person, thumb impression(s) of depositor(s) should be witness by two person(s).

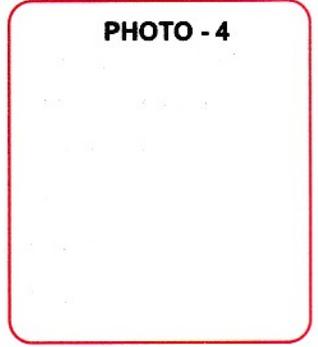
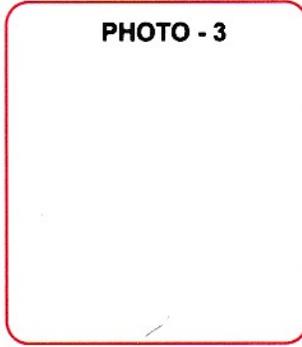
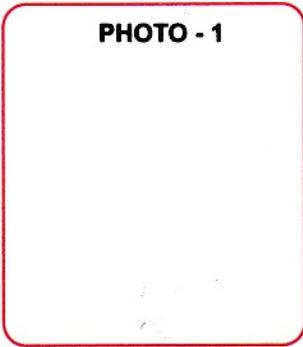
SMS Banking	Y / N		
ATM Card	Y / N	ATM Card No.	

Person - 1 : _____

Person - 2 : _____

Person - 3 : _____

Person - 4 : _____



No.	Name	Signature(s)
1	Person - 1 - CI No.	
2	Person - 2 - CI No.	
3	Person - 3 - CI No.	
4	Person - 4 - CI No.	

KYC Certification :

I have meet the account opener(s)

Mr. / Ms. _____ Mr./Ms. _____

Mr. / Ms. _____ & Mr./Ms. _____

in person and hereby confirm that KYC norms are fully complied with.

Date :

Officer

I have verified the documents submitted and confirm that KYC norms are fully complied with.
Account may be opened.

Date :

Manager