



KARAD URBAN BANK

THE KARAD URBAN CO-OPERATIVE BANK LTD. KARAD
(Scheduled Bank)

Head Office : 516/2 Shahu Chowk,
Shaniwar Peth, Karad 415 110.
E-mail : contact@karadurbanbank.com
Website : www.karadurbanbank.com

Branch _____

Date :

A/C No.

SAVING ACCOUNT OPENING FORM

- ▶ Please fill up information to serve you better.
- ▶ Please tick (✓) & fill in details where ever applicable.
- ▶ Please fill up information in BLOCK letters and use BLACK ink for signature.

To,
The Branch Manager,
_____ Branch

I / We would like to open a saving account with your branch and I / We initially deposit Rs.
(Rupees only) in cash.

Customer Type :

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> HUF	<input type="checkbox"/> Minor	<input type="checkbox"/> Staff	<input type="checkbox"/> Others
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Name and Specimen Signature of the Applicant/s :

Customer ID No.	Name	Specimen Signature / Thumb Impression (if illiterate)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(Applicant 1)		S / T1	S / T1
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(Applicant 2)		S / T2	S / T2
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(Applicant 3)		S / T3	S / T3
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(Applicant 4)		S / T4	S / T4

(If more than, above please attach separate sheet in above format.)

Signature/s of witness / es is / are necessary in respect of Attestation of Thumb impression.

• Witness :

1. Signature : 2. Signature :
 Name : Name :
 Address : Address :

If Minor : Yes No **Birth Date :**

(Minors Birth certificate/ Age proof is mandatory)

Guardian Customer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relation with minor	
Guardian's Name		Date of attaining majority	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Introducer's Details :

Introducer's Name	Introducer's Customer ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<p>I confirm that I am an account holder with The Karad Urban Co-Operative Bank Ltd. Karad..... Branch For months. I confirm that I personally know the applicant / s and confirm his / her identity and address.</p> <p>Introducer's Signature</p> <p>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"/></p>	<p>Bank Official's Signature</p> <p>(Verification)</p> <p>Ticket No</p>
<p>Signature verification of applicant / s maintaining account with another Bank :</p> <p>We hereby confirm that is an account holder of our branch and his signature (appended below) and address tallies as per our records.</p> <p>Signature</p> <p>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"/></p>	<p>Verification</p> <p>Signature of Authorized Signatory with rubber stamp</p> <p>.....</p>

• Mode of operation :

<input type="checkbox"/> Single	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Anyone	<input type="checkbox"/> Jointly all of us
<input type="checkbox"/> Any two/three/four/five	<input type="checkbox"/> Guardian for Minor	<input type="checkbox"/> Manager (Karta) for HUF	<input type="checkbox"/> Attorney / mandate holders	<input type="checkbox"/> @

@ Please fill up other mode of operation in the bracket.

• Media Type :

Passbook Statement....Frequency Daily Weekly Monthly Quarterly Half Yearly Yearly

Allowed Access from other Branch : Yes No

Cheque Book Facility required : Yes No



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• Nomination :

(Nomination Form DA - 1)

Required **Not Required** **As per Customer ID**

(If Nominee is other than customer ID Information, Please fill up the following Form)

Nomination under Sec.45 AZ of the Banking Regulation Act,1949 and rule 2(1) of the Banking Companies (nomination) Rules ,1985 in respect of bank deposit.

I/We (Name & Address).....

Nominate the following persons to whom in the event of my / our / minor's death, the amount of deposit in the account, particulars whereof are given below, may be returned by The Karad Urban Co-operative Bank Ltd; Karad,..... Branch

Sr. No.	Name	Relation	Nominee Birth date	Percentage %
			<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"/> <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"/> <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"/> <input type="text"/> <input type="text"/>	

As nominee is minor on this date I / We appoint (Name & Address)

..... to receive the amount of deposit in the account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

• Witness :

1. Signature : 2. Signature :

Name : Name :

Address : Address :

Customer Signature.....  **Bank Official's Signature**

Ticket No.

• Signature/s of the person/s Authorized for operation of Account

(Separate form of Authority letter / Mandate / Power of Attorney required for A/c operation authority given to other than applicant/s.)

1. Name of Authorised Signatory :

Designation :

Passing Limit :

Effective Date :

Valid up to :

2. Name of Authorised Signatory :

Designation :

Passing Limit :

Effective Date :

Valid up to :

Specimen Signature	Photo graph	Identity Size
Specimen Signature	Photo graph	Identity Size

Customer's Signature..... 

Date of Authority Letter / Resolution :

Authority Letter/Resolution enclosed : Yes No



KARAD URBAN CO-OPERATIVE BANK LTD

• Declaration

I/We the above named applicant/s do hereby solemnly / jointly state that the contents of said form above are true and correct to the best of my / our knowledge belief, information and documents given by me / us for the purpose of opening of Saving Account at The Karad Urban Co-operative Bank Ltd; Karad. _____ Branch are true, Genuine & correct. If any information given by me / us is false, I / We shall be held liable for punishment under law. I/We understand that certain particulars given by me/us are required under the operational guidelines governing Banking companies. I/We agree and undertake to provide any further information that The Karad Urban Co-operative Bank Ltd ; Karad may require from time to time.

Customer's Signature 

For Bank use Only

Check List

- ▶ Form duly filled : Yes No
- ▶ Signature Verified / Thumb Impression attested : Yes No
- ▶ IF PAN is not available : Form No.60 Form No.61
- ▶ Introduction obtained : Yes No
- ▶ Authority Letter / Resolution obtained : Yes No
- ▶ Power of Attorney / Mandate obtained : Yes No

• Mode of operation :

<input type="checkbox"/> Single	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Anyone	<input type="checkbox"/> Jointly all of us
<input type="checkbox"/> Any two/three/four/five	<input type="checkbox"/> Guardian for Minor	<input type="checkbox"/> Manager (Karta) for HUF	<input type="checkbox"/> Attorney / mandate holders	<input type="checkbox"/> @

@ Please fill up other mode of operation in the bracket.

• Identity Proof :

<input type="checkbox"/> Election Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Senior Citizen Card	<input type="checkbox"/> Identity Card (School / College/ Institution/Employer)	<input type="checkbox"/> Card issued by Govt
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• Residential Proof :

<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity/ Telephone Bill	<input type="checkbox"/> Employer's Letter	<input type="checkbox"/> Govt. Documents	<input type="checkbox"/> Income / Wealth Assessment Order	<input type="checkbox"/> Others
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• For Minor :

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Bonafide Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Domicile Certificate	<input type="checkbox"/> Other Proof
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(Please Verify the proof (identity, Residential, Age etc) is/are as per Customer ID Information and in case the same differs correction should be made immediately in Customer ID.)

All Documents as per Customer ID : Yes No if 'No' Customer ID information Correction made Yes No

Signature	Signature	Signature
Ticket No.	Ticket No.	Ticket No.
Compiled By	Verified By	Branch Manager

• Account Closed Date : **Bank Official's Signature**.....

Ticket No.

