



THE PAYYANUR CO-OP. TOWN BANK

LTD; No. C. 827

P. B. No. 13, PAYYANUR, Phone: 202930, 202950

Branch :

(For Branch use)

Account No.

ACCOUNT OPENING FORM

To,
The Branch Manager

.....Branch

I / We request you to open

☐

Savings A/c.

☐

Current A/c.

☐

Ordinary

☐

No Frill

I/we confirm that the Rules of Business and code of Bank's commitment to customers have been read by me/us and/or explained to me/us. I/we agree to copy with and be bound by RBI rules and Bank's rules and regulations governing such accounts from time to time. I/we also authorize the Bank to debit any charges in the account(s) related to account(s) or the value added services. I/we agree and understand that the Bank reserves the the right to reject any application or stop any of the services, without assigning any reasons.

In Case of Individuals

First Applicant Customer ID

First Name **Mr.** **Mrs.** **Ms.**

Middle Name

Last Name

Second Applicant Customer ID

First Name **Mr.** **Mrs.** **Ms.**

Middle Name

Last Name

Third Applicant Customer ID

First Name **Mr.** **Mrs.** **Ms.**

Middle Name

Last Name

Fourth Applicant Customer ID

First Name **Mr.** **Mrs.** **Ms.**

Middle Name

Last Name

Mode of operation

☐

Single

☐

Jointly

☐

Either or survivor

☐

Former of survivor

☐

Latter or survivor

☐

Anyone or survivor/s

Nomination

☐

Required

☐

Not required

Initial Deposit Rs. (in figures)

(in words)

Yours faithfully,

First applicant
(applicant signature)

Second applicant

Third applicant

Fourth applicant

Date.....

Introduction

I confirm that I am an account holder of Payyanur Co. Op. Town Bank for the past.....months/personally know the applicant for more thanmonths and confirm his/her identity and address stated above.

Name and Address of Introducer.....

Telephone No.

Account No.

Customer ID

Date :

Introducers Signature

In case of minor

Name of minor

Date of Birth

Name of Guardian

Customer ID

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Relationship with Minor ☐ Father ☐ Mother ☐ Guardian ☐ Others

Source of Funds ☐ Self Funds ☐ Minor's Fund

I..... hereby declare that I represent the said minor as Natural Guardian / Appointed by the court in all future transaction of any description in the above until the said minor attains majority. I shall indemnify the Bank against the claim of the above minor for any withdrawal / transaction made by him / her in his / her account.

Signature of Guardian with date.....

Declaration in case of No frill account

I / We hereby that my / our gross monthly income is not more than Rs. 50,000/-. I / We understand that if the value of my / our business connection including other liability products recurring deposits or term deposits exceeds Rs. 50,000/- this account will cease to be no frill A/c. and the account then will be treated as a nominal Savings Account governed by the terms and conditions applicable to such accounts and I / we shall abide by the 'Know Your Customer' norms as stipulated from time to time.

Signature

Facilities

Cheque Book : ☐ Required ☐ Not required ☐ Ordinary ☐ Multi City

Debit Card (ATM) ☐ Required ☐ Not required

If required, Name to be embossed on card;

First applicant

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Second applicant

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Third applicant

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Fourth applicant

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Credit Cards ☐ Required ☐ Not required

Internet Banking ☐ Required ☐ Not required

☐ Enquiry facilities like Enquiry account details, viewing transaction details etc.

☐ Financial transaction facilities like funds transfer, E-payment, Deposit opening, stop payment, etc.

☐ Any where Banking facility with at par cheque book ☐ Required ☐ Nor required

Mobile Banking ☐ Required ☐ Not required

Mobile No.

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SMS request ☐ Required ☐ Not required

Alert facility ☐ Required ☐ Not required

Tick the Alerts you want to receive on your mobile number. (Maximum 3 alerts)

E-mail ID to which alert to be sent.....

Account balance falls below ₹..... ☐

Remittance equal or above ₹..... ☐

Remittance of specified amount ₹..... ☐

Cheque book issue notification ☐

Loan Installment notification ☐

Withdrawal equal to or above ₹..... ☐

Withdrawal of specific amount ₹..... ☐

Account balance goes above ₹..... ☐

Deposit maturity notification ☐

Declaration

I/We understand that all the operations effected through my/our Debit Card at any of the ATM/POSEDC machines installed by Payyanur Co-op. Town Bank and/or installed by other Banks and permitted to be used by Debit Card holders of Payyanur Co-op. Town Bank is/are binding on me/us. I/We do hereby acknowledge the receipt of terms and conditions governing the network operation of Debit Card and I/we have agreed to the terms and conditions and also agree to abide by any amendments to the terms and conditions as may be stipulated by the Bank from time to time.

I declare that I have read and understood the document containing the 'terms & Conditions' and 'disclaimer' governing Payyanur Co-op. Town Bank's Internet & Mobile Banking services as provided and I accept the same. Further, I also agree that the transactions and requests executed in the above mentioned accounts through Internet, Mobile and Tele-Banking under my User ID and Password will be legally bind on me and I am responsible for maintainance of secrecy and confidentiality of the information passed on me by the Bank through the Internet/Mobile/E-mail/Telephone.

Yours faith fully

First applicant
(applicant signature)

Second applicant

Third applicant

Fourth applicant

For Branch use only

[illegible]

Signed before me

Introducers signature Verified.

Copies of Identity proof and address proof and address proof verifies with originals

PERMITTED TO OPEN THE ACCOUNT.

Place

Date _____

Authorized Signatory

Branch Manager

FORM 60

Form of declaration to be filled by a person who does not have either a Permanent Account Number or General Index Registration Number and who marks payment in cash in respect of transaction specified in clause (a) to (h) of Rule 114B.

Full Name and Address of declarant

Particulars of transaction - opening of	 account(s)
Amount transaction

Are you assessed to tax ? ☐ Yes ☐ No

i. Details of Ward / Circle /Range where the last return of income was filed.

ii. Reason for not having Permanent Account Number / General Index Register Number.

Details of documents being produced in support of address in column (1)

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

Verified today, the day of 20.....

Signature of Declarant

Place.....

FORM 61

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

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

Full Name and Address of declarant

Particulars of transaction - opening of account(s)

Details of documents being produced in support of address in column (1)

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

Verified today, the day of 20.....

Signature of Declarant

Place.....

NOMINATION

(Applicable to Accounts of Individual/Individuals)

FORM DA 1

(NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULE 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES 1985 IN RESPECT OF BANK DEPOSITS)

I/We

.....(Name & address)

Nominate the following person to whom in the event of my/our/minors death the amount of deposit, particulars whereof are given below, may be returned by Payyanur Co.op. Town Bankbranch (address of the branch where deposit is held)

Details of Deposit		Nominee			
Nature	A/c. Number	Name	Address	Relationship with depositor, if any	If nominee is a minor, date of birth and age

Additional details of any

*As the nominee is a minor on this date, I / we appoint Sri / Smt./Kum(age).....

(address)

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

Place

Date

**Signature(s)/Left hand thumb impression(s) of depositor/s

Name, Signature and address of Witness/es

1.

2.

*Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

**Thumb impression(s) shall be attested by two persons

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Branch :

(For Branch use)

Customer ID

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CUSTOMER IDENTIFICATION FORM*1. Name of Customer : ☐ Mr. ☐ Mrs. ☐ Ms.

Type of Customer :

☐ General☐ Staff☐ Retired Staff☐ Senior Citizen

*2. Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age

--	--	--

Male ☐Female ☐

3. Marital Status

☐ Married☐ Single☐ Divorced☐ Others

If Married, details of spouse

☐ Widowed☐ Divorced☐ Others

Name.....Date of birth.....

Occupation

4. Educational Qualifications

☐ Illiterate☐ Pre matriculate☐ Matriculate☐ Intermediate☐ Graduate☐ Post Graduate☐ Professional☐ Others

*5. Occupation

☐ Student☐ Salaried☐ Self Employed☐ Business☐ Retired☐ Daily Wages☐ Agriculturist☐ Ex-Serviceman☐ House wife☐ Others

If professional / Self employed

☐ Doctor☐ Engineer☐ Lawyer☐ CA☐ Others.....

6. Present Accommodation

☐ Own☐ Rental☐ Employer provided☐ Ancestral/Family☐ Others.....

7. Name of Father.....

Name of Mother.....

Occupation.....Occupation.....

*8. Permanent Address.....

.....Pin Code.....

Present Address.....

.....Pin Code.....

Official Address.....

.....Pin Code.....Tel. No. Res.....Office.....

Contact Details Mobile No.

Email ID

9. Physically Hadicapped

☐ Yes ☐ No

10. Aadhar No.

GIR/PAN No

Or Form 60 ☐Form 61 ☐

11. Religion

☐ Hindu☐ Muslim☐ Christian☐ Others

12. Community

☐ SC☐ ST☐ OEC☐ OBC☐ Others

13. Identity/Proof Attached

☐ PAN Card☐ Aadhar☐ Passport☐ Photo ID Card☐ Voter ID Card☐ Driving License☐ Govt./Defence ID Card☐ Employee card

Identity Proof No..... Issued at..... Issued Dt.Exp. Date.....

Identity Proof No..... Issued at..... Issued Dt.Exp. Date.....

Identity Proof No..... Issued at..... Issued Dt.Exp. Date.....

14. Address Proof ☐ Aadhar ☐ Electricity Bill ☐ Telephone Bill ☐ Ration Card ☐ Salary Slip

☐ Bank Account statement ☐ Credit card statement ☐ Others.....

15. Vehicles Owned ☐ Two wheeler ☐ Car ☐ Others.....

16. Source of Funds.....

17. Monthly income

☐ Upto Rs. 5,000 ☐ Above 5,000 upto 10,000 ☐ Above 10,000 upto 25,000
☐ Above 25,000 upto 50,000 ☐ Above 50,000 upto 1,00,000 ☐ Above 1,00,000 upto 2,00,000 ☐ Above 2,00,000

18. Annual Turn Over.....

19. Dealing with other Banks

Name of the Bank and Branch

Type of Account / Facility

A. ☐ SB ☐ Current ☐ OD/CC ☐ Loan
B. ☐ SB ☐ Current ☐ OD/CC ☐ Loan
C. ☐ SB ☐ Current ☐ OD/CC ☐ Loan

20. Existing credit facility in Payynur Co.op. Town Bank

☐ Agr. Loan ☐ Personal Loan ☐ Car Loan ☐ Business Loan
☐ Edu. Loan ☐ Housing Loan ☐ Consumer Loan ☐ Gold Loan

21. Total Assets (in lacs)

Total Liabilities (in lacs)

House / Flat.....

OD/CC.....

Landed Property.....

Bank Loan.....

Jewels.....

Private borrowings.....

Shares.....

Vehicles.....

Others.....

Total.....

I hereby declare that the information furnished above by me is true to the best of my knowledge and belief and I undertake to inform you any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I am/we are aware that, I/we may be held liable for it. I would like to share my personal/KYC details with Central KYC Registry.

Place

Date

Name & Signature of the applicant

<div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px;">(Photo)</div>	<u>For Branch use only</u>	
	CUSTOMER ID <div style="border: 1px solid black; width: 150px; height: 20px; display: flex;"><div style="width: 100%;"></div></div>	
	Document Received	<input type="checkbox"/> Self certified <input type="checkbox"/> True Copy <input type="checkbox"/> Notary Attested
	RISK CATEGORY	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH
Verified all documents attached with originals and the correctness of the information furnished above, as per KYC/AML guidelines		
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px auto; text-align: center;">Specimen Signature</div>	Place	
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px auto; text-align: center;">Specimen Signature</div>	Date	Authorized Signatory
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px auto; text-align: center;">Specimen Signature</div>		Branch Manager
		Office Seal