



# ABHYUDAYA CO-OPERATIVE BANK LTD.

(Multi - State Scheduled Bank)

Head Office : K. K. Tower, Off. G. D. Ambekar Marg, Parel Village, Mumbai - 400 012.

\_\_\_\_\_ **Branch**

**For Bank use only**

**BRANCH CODE**

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**Customer ID**

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**Group Customer**

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**ID Number**

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

**Account Type**

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

**Account No.**

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## ACCOUNT OPENING FORM NRE / NRO / FCNR DEPOSIT ACCOUNTS

The Manager,  
Abhyudaya Co-op. Bank Ltd.  
\_\_\_\_\_ Branch

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

I/We request you to open an account with you for which I/We fund the account as under.

Title of A/c. Mr./Mrs./Ms. \_\_\_\_\_

- Debit my/our Account No. \_\_\_\_\_ with Abhyudaya Co-op. Bank Ltd. \_\_\_\_\_ Branch  
Maturity Proceeds of my/our Account No. with Abhyudaya Co-op. Bank Ltd. \_\_\_\_\_ Branch.
- Enclosed Cheque/Draft/Traveller's Cheque No. \_\_\_\_\_ Currency \_\_\_\_\_ Amount \_\_\_\_\_  
drawn on \_\_\_\_\_ (Bank Name)
- Remittance from remitting Bank \_\_\_\_\_ Bank address \_\_\_\_\_  
and remittance reference no. \_\_\_\_\_ in currency \_\_\_\_\_ and amount \_\_\_\_\_
- Cash Deposit: Currency \_\_\_\_\_ Amount \_\_\_\_\_

	FIRST NAME	MIDDLE NAME	SURNAME
1 <sup>st</sup> APPLICANT			
2 <sup>nd</sup> APPLICANT			
3 <sup>rd</sup> APPLICANT			

	DATE OF BIRTH (DD/MM/YYYY)	PAN NO.	SEX (M/F)	RELATIONSHIP WITH FIRST APPLICANT
1 <sup>st</sup> APPLICANT				
2 <sup>nd</sup> APPLICANT				
3 <sup>rd</sup> APPLICANT				

Please attach Form 60 in case of non-availability of PAN No.

### IN CASE OF A MINOR

Minor's date of Birth (dd/mm/yyyy) \_\_\_\_\_ (submit copy of birth certificate) Attains Majority on \_\_\_\_\_

Name of parent/natural guardian \_\_\_\_\_

Address of the guardian \_\_\_\_\_

Relationship with minor  Father  Mother  By Court Order (If yes please attach a copy)  
 Others (Please specify)

Overseas Address (Compulsory)	Indian Address
.....	.....
.....	.....
.....	.....
.....	..... PIN CODE.....
Tel. Res..... Office.....	Tel. Res..... Office.....
Fax..... Mobile.....	Fax..... Mobile.....
Email ID.....	Email ID.....

Please Tick  the address to which the mails is to be sent)  Overseas  Indian

If already banking with us, please quote your Account No. & Branch.

**VERIFICATION DOCUMENTS : Please Tick**

- Photocopy of passport with valid visa or work permit  PAN Card or Form 60/61 in lieu of PAN Card  
 Driving Licence (laminated card) with Photograph  Employee ID Card  Photo Credit Card  
 Others (please specify)

**ACCOUNT DETAILS**

Type of Account to be opened	Account (Specify Currency in case of FCNR)	Period
<input type="checkbox"/> Non-Resident (Ordinary) Savings Bank A/c / Current A/c		NA
<input type="checkbox"/> Non-Resident (Ordinary) Term Deposit A/c (FD)		
<input type="checkbox"/> Non-Resident (External) Savings Bank A/c / Current A/c		NA
<input type="checkbox"/> Non-Resident (External) Term Deposit A/c (FD)		
<input type="checkbox"/> Foreign Currency (Non- Resident) A/c		
<input type="checkbox"/> Others		

**MANDATE FOR ACCOUNT OPERATION-ACCOUNT TO BE OPERATED BY & BALANCE PAYABLE TO :**

- Me  Either or Survivor  Former or Survivor  
 Anyone or any of Survivors  Jointly by all or Survivors  Others

**CHEQUE BOOK REQUIRED ?**

Applicable in case of SB/CD Account only  YES  NO

**DETAILS OF PASSPORT**

Applicants Name	Passport No.	Date & Place of Issue	Date of Expiry	Nationality
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				

**OTHER DETAILS**

- I/ We hereby declare that I am/ We are not related to any of the Directors of your Bank.  
 I/We hereby declare that I am / We are related to Mr/Mrs \_\_\_\_\_ Director of your Bank as \_\_\_\_\_ (Relation)

**FOR CURRENT ACCOUNT :**

Annual Expected Turnover - INR \_\_\_\_\_ lakh for the financial year \_\_\_\_\_

**FOR TERM DEPOSITS / RECURRING DEPOSITS :**

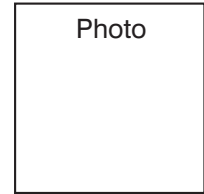
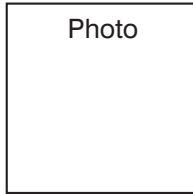
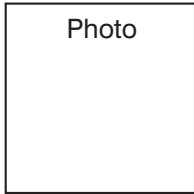
- On maturity  
 I/We authorize the Bank to automatically renew the deposit with accrued interest for the same period on the maturity date at the prevailing rate of interest unless otherwise informed by me/us.  
 I/We authorize the Bank to automatically renew the Recurring deposit with accrued interest for the same period in QICRIP Scheme on the maturity date at the prevailing rate of interest unless otherwise informed by me/us.  
 Issue DD/Pay Order  
 Renew Principal only for the same period at the prevailing rate of interest and credit interest to my Account \_\_\_\_\_
- For Interest payment  
 Credit to Account No. \_\_\_\_\_  Issue DD/Pay Order  By Cash

\*Please complete the nomination form attached herewith

**INTRODUCTION (to be made by Bank/Indian Embassy/High Commissioner / Consulate / Notary / Person known to the Bank)**

I hereby confirm the identity, occupation and address of the above named applicant's.

Signature of Introducer	Name of the Introducer
Address of Introducer	
A/c No. (if any)	



(Applicants should also sign across photographs)

Signature of Applicant 1

Signature of Applicant 2

Signature of Applicant 3

**For Bank use**

<b>Cus ID No.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**FOR BRANCH USE**

Letter of thanks sent to introducer / Customer on	Account opened and verified by Name :	Approved by Name :
Introducer contacted on	Signature with code No.	Signature with code No.

In the event of death of any of the joint depositors, prior to maturity of the deposit, the Bank will at the request of the surviving depositor or all the surviving depositors, be at liberty though not bound and at its absolute discretion to add/delete any name or to repay the deposit before maturity, or to grant an advance against the security thereof, on such terms as the Bank may in its absolute discretion decide and such repayment before maturity shall constitute a valid discharge to the Bank.

**DECLARATION IN CASE OF A MINOR ACCOUNT**

I hereby declare that the date of birth \_\_\_/\_\_\_/\_\_\_ of the minor who is my \_\_\_\_\_ and I am his/her natural guardian / lawful guardian appointed by the 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 indemnify the Bank against the claim of the above minor for any withdrawal/trasactions made by me in his/her account.

Signature of Guardian

**SEAFARER'S DECLARATION (Required In case of seafarers)**

(This declaration may be provided on a separate sheet in case there are more than one account holders who are seafarers)

I hereby declare and confirm that I am a Non Resident Indian (NRI), as per the definition under FEMA, 1999 and the Rules and Regulations made thereunder, and I am on contract with \_\_\_\_\_ (company) registered in \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_ (address of the principal). Request you to open an Non-Resident Account in my/our name on the basis of the submitted documents.

I also confirm that I will inform the Bank in the event my status of NRI is altered and take such necessary action as is require under FEMA.

Date :

Signature of Applicant

**PERSON OF INDIAN ORIGIN DECLARATION (To be signed in case the customer is a PIO)**

I hereby declare that I am a person of Indian origin and satisfy one of the following conditions. Please select from below mentioned choices as applicable to you.

- I held an Indian Passport.  
My mother/father/grandparents \_\_\_\_\_ is / was a citizen of undivided India.
- I am spouse of an Indian citizen.
- I am spouse of a PIO.

1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

3<sup>rd</sup> Applicant

## ADDITIONAL INFORMATION :

Please tick the boxes and fill in the required information under Applicant 1, 2 or 3.

<b>Education</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>Occupation</b>		<b>1</b>	<b>2</b>	<b>3</b>
1	Under Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Executive/Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Non - Executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Post Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Professional / Self-Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Marital Status</b>		<b>1</b>	<b>2</b>	<b>3</b>	6	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Seafarer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Monthly Income</b>		<b>1</b>	<b>2</b>	<b>3</b>	9	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Zero Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Length of Service / Business</b>		<b>1</b>	<b>2</b>	<b>3</b>
2	Less than USD 1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Less than one year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	USD 1,001 - USD 5,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1 year to 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	USD 5,001 - USD 10,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	3 years to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	More than USD 10,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	More than 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Company name, address and phone number :

1 .....

2 .....

3 .....

### Document Checklist

#### Documents required for opening NRO / NRE / FCNR account

1. Completed account opening form.
2. Photograph of the applicant/s affixed at the space provided for with signature across the photograph.
3. Attested photocopies of the passport of each applicant of relevant pages where identity details, date and place of issue, expiry date, photograph and signature appear.
4. Separate proof of Non- resident status if overseas Residence visa/permit or work permit is not included in the passport.
5. Proof of Indian Origin, if any, (e.g. PIO Card) in case of foreign passport holders.
6. In case of minors, please attach a photocopy of guardian's passport and guardian's photograph.
7. Address proof (Telephone Bill / Electricity Bill / Driving License / Residence Permit / Credit card bills / Overseas or Indian Bank account statement) must match the communication address furnished. Mariners required to submit Continuous Discharge Certificate and Seafarer's Declaration.
8. Where documents are mailed to branch they should be attested by banker abroad/Embassy/Notary Public.
9. Photo identity and address proof of the letter of authority holder, if any

## **Terms and Conditions**

1. I/We hereby declare that I am/we are Non-Resident of Indian nationality / Foreign national of Indian Origin.
2. I/We agree that the above account will be opened on the basis of these statements / declarations made by me / us and I / We also agree that if any of the statements / declarations made herein are found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me / us.
3. I/We request and authorize you to honor all cheques or other orders drawn by me / us on the said account and I / we request you to debit such cheques to the said account whether such account be for the time being in credit or overdrawn. In the matter of cheques lodged by me / us with you from time to time for collection or purchase where the cheques are payable at places where you have not established your branches, I/We request to collect them through any bank entirely at my / our risk and responsibility.
4. Where you purchase such draft / cheques and the same is lost in transit or otherwise, I/We hereby agree to reimburse to you the full amount of such draft / cheques, on demand.
5. I/We agree that if premature withdrawal is permitted at my / our request, payment of interest on deposit may be allowed in accordance with the prevailing regulations laid down by the Reserve Bank of India in this regard.
6. I/We agree that no claim will be made by me / us for any interest on the deposit /s for the period after the date/s of maturity of the deposits. I/We agree to abide by the provisions of NRO / NRE / FCNR (B) account schemes, RBI guidelines from time to time
7. I/We hereby undertake that in case of debits to the accounts for the purpose of investment in India and credits representing sale proceeds of investment, I/We would ensure that such investments / disinvestments would be covered either by the general or special permission of Reserve Bank of India. I/We hereby undertake to intimate to you about my / our return to India for permanent residence immediately on arrival. I/We hereby undertake not to make available to any person in India any foreign exchange against reimbursement in rupees or in any other manner.
8. I/We hereby declare that the transaction which will be put in my/our account by me / us or my / our Letter of Authority / Power of Attorney holder from time to time not involve, and is not designed for the purpose of any contravention or evasion of the provisions of the FEMA1999 or of any rule, regulation, notification, direction or order made there under.
9. I/We also hereby agree and undertake to give such information / documents which will reasonably satisfy you about this transaction in terms of the above declaration.
10. I/We also understand that if I/We refuse to comply with any such requirement or make any unsatisfactory compliance therewith, the Bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention / evasion is contemplated by me / us report that matter to Reserve Bank of India.
11. I/We agree to comply with and be bound by the Bank's rules and regulations in force from time to time.

Signature of Applicant 1

Signature of Applicant 2

Signature of Applicant 3

LETTER OF AUTHORITY  
TO OPERATE  
NON-RESIDENT (SAVINGS/CURRENT) ACCOUNTS  
(This facility is available for SB-NRO/NRE Accounts)

The Branch Manager  
Abhyudaya Co-op. Bank Ltd.,  
\_\_\_\_\_ Branch

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

Dear Sir/Madam,

**MY/OUR NON-RESIDENT SAVINGS/CURRENT \_\_\_\_\_(type) ACCOUNT NO. \_\_\_\_\_ WITH YOU.**

I/We hereby authorise you to honour all cheques / withdrawals drawn on the above account with the Bank, provided such cheques / withdrawals are signed by Mr./Mrs./Miss \_\_\_\_\_ whose signature/s duly confirmed by me/us is /are given below provided adequate balance is available in my / our account/s.

The aforesaid Mr./Mrs./Miss \_\_\_\_\_ is my Father/Mother/close relative ('close relative' means Husband, Wife, Brother or Sister or any lineal ascendant or descendant of the Individual) \_\_\_\_\_ (please specify) and he/she is authorised to operate the above account on my/our behalf, ONLY FOR LOCAL DISBURSEMENTS as per the rules governed by the Foreign Exchange Management Act (FEMA) 1999 / Reserve Bank of India guidelines issued there-under from time to time.

This letter of authority is not applicable for the purpose of investments in India / repatriation of funds on my/our behalf to third parties abroad.

I/ We agree to bear any losses, claims that may arise directly or indirectly on account of the Bank acting on this instruction/ mandate and the instruction given thereof by the said person.

This authority shall continue in force until I/ We shall have expressly revoked it by a notice in writing delivered to and acknowledged by you.

Yours faithfully,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of the Account holder/s

Specimen Signature & Photograph  
of letter of authority holder

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

AUTHORITY HOLDERS  
PHOTO DULY SIGNED  
ACROSS

Confirmed by Account holder(s)

**NOMINATION FORM**

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 \_\_\_\_\_ residing at \_\_\_\_\_

hereby Nominate the following person to whom in the event of my / our / minor's death, the amount of deposit, particulars of which are as given below may be returned by Abhyudaya Co-operative Bank Ltd.  
\_\_\_\_\_ Branch.

A/c. Type	A/c. Number	Name of Nominee	Nominee's Address	Relation	Age

If Nominee is a Minor his/her Date of Birth is : [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

\*\* As the Nominee is a Minor on this date, I/We appoint \_\_\_\_\_  
aged \_\_\_\_\_ years, residing at \_\_\_\_\_  
\_\_\_\_\_ to receive the amount of the 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 : (In case of thumb impression/s two witnesses are required.)

**Signature (s) / Thumb impression (s) of the Account holder (s)**

**Witness 1-Name :**

**Witness 2-Name :**

\_\_\_\_\_

\_\_\_\_\_

1. \_\_\_\_\_

Address of Witness :1

Address of Witness : 2

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature :

Signature :

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

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

**For Office Use : Nomination Registration Number [ \_\_\_\_\_ ]**