

**ABHYUDAYA CO-OPERATIVE BANK LTD.**

(Multi-State Scheduled Bank)

Head Office : K. K. Tower, Off. G. D. Ambekar Marg,
Parel Village, Mumbai - 400 012.**AOF-1**

Branch _____

Docket No.																				
1st Applicant Cust. ID																				
Group Cust. ID																				

ACCOUNT OPENING FORM FOR INDIVIDUALS

Type of Account																				
Account No.																				

To,
The Branch Manager,
Abhyudaya Co-op. Bank Ltd.,

Branch _____ Branch Code No: _____

Date : _____

Please fill in CAPITAL letters. Please tick (✓) the appropriate boxes.Please open a Bank Account as per details given below, for which I/We deposit _____/- (Rupees _____) Payment By Cash Cheque No. _____ Date : ____/____/20____

Drawee Bank _____ Branch _____ (cheque from own account with other bank)

TYPE OF ACCOUNT :

- SB SB YOUTH SB ZEROBAL PMJDYBSB PMJDYSSB OTHERS (SPECIFY) _____
- CD (Current Account for Individual)

Mode of operation :

- Self Either or Survivor Former or Survivor Any One or Survivor All Jointly
- Others (Specify) _____

In case of MINOR ACCOUNT (full details of Minor) :

Minor's Date of Birth : _____

The Minor's Account will be operated by Mr./Mrs. _____

Cust. ID No. _____ having relation with Minor as Father Mother Legal Guardian**Personal Details of Account Holder(s) :**1st Cust. ID No. _____ 2nd Cust. ID No. _____ 3rd Cust. ID No. _____

Applicant (Mr./Mrs./Ms./Mas.)

1st																				
2nd																				
3rd																				

Please offer following facilities :

- Cheque Book SMS/Tele-Banking RuPay Debit Card e-Statement Aadhaar Linked Facility
- Internet Banking Mobile Banking (Separate application form to be obtained for Internet/Mobile Banking) Others (Specify) _____

Name to be embossed on the RuPay Debit Card

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

I, Mr/Mrs/Ms. _____

would like to link my AADHAAR Card No. _____ to this account for receiving any kind of subsidies / benefits paid by various Government authorities for directly crediting it to my above mentioned account.

Signature / Thumb Impression of Applicant

Declaration in Case of a Minor Account :

I hereby declare that the date of birth DD/MM/YYYY of the minor who is my _____ and I am his/her natural guardian / lawful guardian appointed by the court order dated DD/MM/YYYY (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 should indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Signature / Thumb Impression of Guardian

Declaration :

- 1) I/We am/are not related to any of the Directors of your Bank.
OR
 I/We am/are related to Mr./Mrs/Ms. _____ (Director of your Bank) as _____ (Relationship).
- 2) I/We hereby declare that all the transactions routed through this account and funds involved will be owned by me/us. If funds owned by other party, which are routed through my/our account I/we undertake to inform the Bank immediately.
- 3) I/We hereby declare that, I/We the undersigned or their relatives have not been entrusted with prominent public functionary in a foreign country e.g. Heads of States or Governments, Senior Politicians, Senior Government / Judicial / Military Officers, Senior Executives of State Owned Corporations, Important Political Party Officials, etc. I/We hereby further declare that in case in the future, I or any of the undersigned or their relatives have been entrusted with prominent public functionary in a foreign country as stated above, I/We will immediately notify the Bank about the same.

4) The Bank's rules & regulations relating to account have been read & understood by me/us and I/we agree to abide by the said rules & regulations and any amendments made thereto from time to time as displayed on Bank's Website/Notice Board and those relating to various services including but not limited to RuPay Debit Card, SMS Banking, Mobile Banking, Internet Banking etc. I/We understand that the Bank may at its discretion discontinue any of the services completely or partially. I/We agree that the Bank may Debit to my/our account with service charges as applicable from time to time. I/We confirm that I/we am/are resident(s) of India.

5) I/We hereby declare that the information furnished above is true & correct to the best of my/our knowledge.

I/We have been explained about the benefits of the Nomination facility. Nomination required : Yes No

If Yes, the name of Nominee to be printed on Pass Book / Statement of Account. Yes No

NOMINATION (DA1Form)

* Nomination under section 45ZA of the Banking Regulation Act 1949, and rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985, in respect of the Bank deposits.

I/We _____
 _____ (please specify name/s & address/es), nominate the following person to whom the balance in the account may be paid by _____ Branch of Abhyudaya Co-op. Bank Ltd., in the event of my/ our/minor's death.

Name and Address of Nominee	Age	Relationship	D.O.B. if Nominee is a Minor

In case the Nominee is a Minor :

As the nominee is a minor on this date, whose Date of Birth is DD/MM/YYYY I / We appoint Mr./ Mrs. _____

(Name, Address and Age) 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.

#Signature (s) / Thumb Impression (s) of the Account Holder (s)

Witness Details (Two Witnesses in case of thumb Impression)

Witness No. 1

Name _____

Address : _____

Signature :

Place :

Date :

Witness No. 2

Name _____

Address : _____

Signature :

Place :

Date :

1 _____

2 _____

3 _____

If the account is in the name of minor alone, the Nomination should be signed by a person lawfully entitled to act on behalf of the Minor # Thumb Impression to be attested by two witnesses.

FOR OFFICE USE

Account Opened By :

Staff No. _____

Date: ____/____/____

Astt. Accountant/Accountant

Staff No. _____

In-charge/Manager/Sr. Manager/AGM

Staff No. _____

M - Maker C - Checker

Branch No.	KYC Complied		Photo Scanned		Sign Scanned		AOF-1 Scanned		Document send to CDEC	
	M	C	M	C	M	C	M	C	M	C
Date :										

CDEC	AOF-1 Accepted & Verified as per KYC & Updated in the systems				AOF-1 Not Accepted Reasons _____			
	M		C		M		C	
Date :								

13) Personal Information

Customer Profile :

Religion : Hindu Muslim Christian Sikh Parsi Jain Others _____
Caste : General SC ST OBC NT Others _____
Education : SSC Under Graduate Graduate Post Graduate Professional Others _____
Marital Status : Married Unmarried **Date of Marriage Anniversary :**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

No. of Dependents : Parents + Spouse + Children (Specify No.) _____ + _____ + _____ = _____
Occupation : Salaried Business/Professional House Wife Retired Student Others _____
Employed with : Government Limited Co. _____ MNC Others _____

Employers / Business Details:

Name of Organisation	Designation
Employee /Tkt. No.	No. of Years in Service / Business
Address	
City:	
District	State
PIN Code No.	Tel/Mob.
Fax	E-mail ID (Office)

Gross Annual Income: Upto Rs. 1 Lakh Above Rs. 1 Lakh- 5 Lakh Above Rs. .5 Lakh – 10 Lakh Above Rs.10 Lakh
Source(s) of Income: Salary/Pension Property/Rental Business/Profession Investments Others _____

Abhyudaya/Other Bank Accounts Details :

Bank	Branch	Type of Account
Bank	Branch	Type of Account

Assets (Optional) :

Vehicles: Two Wheeler Four Wheeler None Others _____
House Self Owned Relative Owned Rented/Leased Provided by Employer Ancestral
Investments: Shares Mutual Fund Gold Bank Fixed Deposit NSC/KVP PPF RBI Bond Property Others _____

Liabilities (Optional):

Car Loan Yes No **Housing Loan** Yes No
Consumer Loan Yes No **Education Loan** Yes No **Personal Loan** Yes No
Business Loan Yes No **Other Loan Please Specify** _____

Family Details (Optional) :

Spouse Name	Children Name	Children Name																																																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>S</td><td>U</td><td>R</td><td>N</td><td>A</td><td>M</td><td>E</td><td></td><td></td><td></td></tr><tr><td>F</td><td>I</td><td>R</td><td>S</td><td>T</td><td>N</td><td>A</td><td>M</td><td>E</td><td></td></tr><tr><td>M</td><td>I</td><td>D</td><td>D</td><td>L</td><td>E</td><td>N</td><td>A</td><td>M</td><td>E</td></tr></table>	S	U	R	N	A	M	E				F	I	R	S	T	N	A	M	E		M	I	D	D	L	E	N	A	M	E	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>S</td><td>U</td><td>R</td><td>N</td><td>A</td><td>M</td><td>E</td><td></td><td></td><td></td></tr><tr><td>F</td><td>I</td><td>R</td><td>S</td><td>T</td><td>N</td><td>A</td><td>M</td><td>E</td><td></td></tr><tr><td>M</td><td>I</td><td>D</td><td>D</td><td>L</td><td>E</td><td>N</td><td>A</td><td>M</td><td>E</td></tr></table>	S	U	R	N	A	M	E				F	I	R	S	T	N	A	M	E		M	I	D	D	L	E	N	A	M	E	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>S</td><td>U</td><td>R</td><td>N</td><td>A</td><td>M</td><td>E</td><td></td><td></td><td></td></tr><tr><td>F</td><td>I</td><td>R</td><td>S</td><td>T</td><td>N</td><td>A</td><td>M</td><td>E</td><td></td></tr><tr><td>M</td><td>I</td><td>D</td><td>D</td><td>L</td><td>E</td><td>N</td><td>A</td><td>M</td><td>E</td></tr></table>	S	U	R	N	A	M	E				F	I	R	S	T	N	A	M	E		M	I	D	D	L	E	N	A	M	E
S	U	R	N	A	M	E																																																																																						
F	I	R	S	T	N	A	M	E																																																																																				
M	I	D	D	L	E	N	A	M	E																																																																																			
S	U	R	N	A	M	E																																																																																						
F	I	R	S	T	N	A	M	E																																																																																				
M	I	D	D	L	E	N	A	M	E																																																																																			
S	U	R	N	A	M	E																																																																																						
F	I	R	S	T	N	A	M	E																																																																																				
M	I	D	D	L	E	N	A	M	E																																																																																			

Occupation: _____ DOB : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	D	D	M	M	Y	Y	Y	Y	Occupation: _____ DOB : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	D	D	M	M	Y	Y	Y	Y	Occupation: _____ DOB : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																			
D	D	M	M	Y	Y	Y	Y																			
D	D	M	M	Y	Y	Y	Y																			

I hereby irrevocably agree and undertake to abide by KYC norms and to submit documents / information to the Bank:
 Self attested Copies of documents for KYC updation. Inform the Bank in writing of changes in my residential/business address, Service/occupation /nature of business, within two weeks of such change. Any additional information as required with reference to my account and transactions.

Witness Details (Two Witnesses in case of thumb Impression)

Witness No. 1	Witness No. 2	
Name _____	Name _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> #Signature / Thumb Impression of the Account Holder
Address: _____	Address: _____	
Signature : _____	Signature : _____	
Place : _____	Place : _____	
Date : _____	Date : _____	

CIF-1 : KYC documents verified with originals & found in order.

CIF Processed By : _____	Asth. Accountant/Accountant Staff No. _____	In-charge/Manager/Sr. Manager/AGM Staff No. _____
Date: ____/____/____		

M - Maker	C - Checker	FOR OFFICE USE			
Branch No.	KYC Complied	Photo Scanned	Sign Scanned	CIF-1 Scanned	Document sent to CDEC
Date :	M	C	M	C	M
CDEC	CIF-1 Accepted & Verified as per KYC & Updated in the systems			CIF-1 Not Accepted Reasons	
Date :	M	C	M	C	