



# 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 \_\_\_\_\_

Date :        /        / 20

## SAVINGS ACCOUNT OPENING FORM

For Office use only

The Manager,

Please open my/our individual/joint Savings account  
in your Books at your Branch as per details given below,  
for which I/We handover Rs. \_\_\_\_\_  
[Rupees \_\_\_\_\_  
\_\_\_\_\_ ].

Customer Id Number																				
Group Customer Id Number																				
Type of Account																				
Account Number																				
ATM Card No.	504487																			

I/We declare that your Bank's rules and regulations governing all schemes/facilities have been read and understood by me/us. I/We accept them as well as any other changes made by the Bank from time to time and they are binding upon me/us.

I/We have also read & agree with the Service charges to be levied by the Bank from time to time.

I understand that in case of Joint Account ATM Card facility will be provided if the A/c, is operated only by Either or Survivor/Any One.

Account Type	<input type="checkbox"/> SBWEL	<input type="checkbox"/> SBYOUTH	<input type="checkbox"/> SB	<input type="checkbox"/> SBZROBAL	<input type="checkbox"/> SBNF	<input type="checkbox"/> SSB
Account Constitution	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Co-operative Society <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Others - Specify [ _____ ]					
Mode of Operation	<input type="checkbox"/> Self <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Any One <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Others - Specify [ _____ ]					
Society / Trust Name	_____					
Address	_____					
Registration No.	_____		PAN No.	_____	Tel. No.	_____

### Personal Details

#### 1st Applicant Mr./Ms./Master

#### 2nd Applicant Mr./Ms./Master

#### 3rd Applicant Mr./Ms./Master

Surname	_____	_____	_____
First Name	_____	_____	_____
Middle Name	_____	_____	_____
Designation in Society/Trust	_____	_____	_____

### Residential Address for Communication

Flat No./ Bldg. Name	_____	_____	_____
Road / Street / Area	_____	_____	_____
Landmark / Town	_____	_____	_____
City / District	_____	_____	_____
Pin Code / State	_____	_____	_____

### Other Details

PAN No. / Form No. 60 Submitted Y / N	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tel. No. (Residence)	_____	_____	_____
Mobile No.	_____	_____	_____
Email ID	_____	_____	_____
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY

Aadhaar (UID) No.	_____	_____	_____
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	1st Applicant	2nd Applicant	3rd Applicant
<b>Religion</b>	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Other(Specify)_____	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Other(Specify)_____	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Other(Specify)_____
<b>Caste</b>	<input type="checkbox"/> Other    General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Nomadic Tribe <input type="checkbox"/> OBC(Specify) _____	<input type="checkbox"/> Other    General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Nomadic Tribe <input type="checkbox"/> OBC(Specify) _____	<input type="checkbox"/> Other    General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Nomadic Tribe <input type="checkbox"/> OBC(Specify) _____
<b>Residence</b>	<input type="checkbox"/> Company Owned <input type="checkbox"/> Fully Owned Pvt. Housing <input type="checkbox"/> Living with Parents <input type="checkbox"/> Others <input type="checkbox"/> Rented House	<input type="checkbox"/> Company Owned <input type="checkbox"/> Fully Owned Pvt. Housing <input type="checkbox"/> Living with Parents <input type="checkbox"/> Others <input type="checkbox"/> Rented House	<input type="checkbox"/> Company Owned <input type="checkbox"/> Fully Owned Pvt. Housing <input type="checkbox"/> Living with Parents <input type="checkbox"/> Others <input type="checkbox"/> Rented House
<b>Marital Status</b> No. of Dependents (Specify No.) Spouse + Parents + Children = [Total]	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married ____ + ____ + ____ = <input type="text"/>	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married ____ + ____ + ____ = <input type="text"/>	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married ____ + ____ + ____ = <input type="text"/>
<b>Annual Income</b>	₹. _____	₹. _____	₹. _____
<b>Profession / Occupation</b>	<input type="checkbox"/> Salaried <input type="checkbox"/> Architect <input type="checkbox"/> House Wife <input type="checkbox"/> IT Prof. <input type="checkbox"/> Businessman <input type="checkbox"/> Consultant <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Architect <input type="checkbox"/> House Wife <input type="checkbox"/> IT Prof. <input type="checkbox"/> Businessman <input type="checkbox"/> Consultant <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Architect <input type="checkbox"/> House Wife <input type="checkbox"/> IT Prof. <input type="checkbox"/> Businessman <input type="checkbox"/> Consultant <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify) _____
<b>Employer's &amp; Business Details</b> Name of Company : Address :  Service (in No. of Years) Empl. No. / Ticket No. : Designation : Office Telephone No. :	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
<b>Employed with a</b>	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others (Specify) _____	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others (Specify) _____	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others (Specify) _____
<b>Educational Qualifications</b>	<input type="checkbox"/> Graduate <input type="checkbox"/> Others/Under Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional (Specify) _____	<input type="checkbox"/> Graduate <input type="checkbox"/> Others/Under Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional (Specify) _____	<input type="checkbox"/> Graduate <input type="checkbox"/> Others/Under Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional (Specify) _____

Existing Bank Account's Details	1st Applicant	2nd Applicant	3rd Applicant
<b><u>Accounts With Abhyudaya</u></b> [1] Branch _____ [2] A/c. No. _____ <b><u>Accounts With Other Banks</u></b> [1] Bank _____ [2] Branch _____ [3] A/c. No. _____	[1] _____ [2] _____ [1] _____ [2] _____ [3] _____	[1] _____ [2] _____ [1] _____ [2] _____ [3] _____	[1] _____ [2] _____ [1] _____ [2] _____ [3] _____
<b><u>Have you Availed Loan Facilities</u></b> <b>Do you wish to avail Loan for following ...</b>	<b>Yes / No</b> <input type="checkbox"/> Housing <input type="checkbox"/> Personal <input type="checkbox"/> Consumer Durable <input type="checkbox"/> Car Loan <input type="checkbox"/> Any Other Loan	<b>Yes / No</b> <input type="checkbox"/> Housing <input type="checkbox"/> Personal <input type="checkbox"/> Consumer Durable <input type="checkbox"/> Car Loan <input type="checkbox"/> Any Other Loan	<b>Yes / No</b> <input type="checkbox"/> Housing <input type="checkbox"/> Personal <input type="checkbox"/> Consumer Durable <input type="checkbox"/> Car Loan <input type="checkbox"/> Any Other Loan
<b><u>Assets Ownership Details</u></b> Flat / House Commercial Property Car Two Wheeler	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Verification Documents Enclosed</u></b>	<b><u>Identity Proofs :</u></b> <input type="checkbox"/> Driving Licence <input type="checkbox"/> Election I.D. Card <input type="checkbox"/> PAN / GIR ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Government's/Employer's I-Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Other (Specify) <b><u>Residence Proof :</u></b> <input type="checkbox"/> Ration Card <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <b><u>Society / Trust :</u></b> <input type="checkbox"/> Resolution <input type="checkbox"/> Bye laws <b><u>Checklist</u></b> <input type="checkbox"/> Registration Certificate		
<b><u>In case of Minor Account</u></b> The Minor's account will be operated by Mr./Mrs. _____			
Minor's Details  Relation with Minor	Minor's Date of Birth [ ____ / ____ / ____ ] Guardian's Name [ _____ ] <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Others - Specify [ _____ ]		
<b>Yours faithfully,</b>			
<b>Photograph/s</b>	1  Please Affix Passport Size Photograph with Signature Across	2  Please Affix Passport Size Photograph with Signature Across	3  Please Affix Passport Size Photograph with Signature Across
<b>Signature (s) / Thumb Impression (s) of the Account Holder (s)</b>	1	2	3

### Introduction Details

Name of Introducer  
Address for  
Communication

[Mr./Ms./M/s. \_\_\_\_\_]  
[ \_\_\_\_\_]  
[ Pin Code : \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Mobile No. : \_\_\_\_\_]  
[ \_\_\_\_\_ ] At the Branch [ \_\_\_\_\_ ]

SB / CD A/c. No.

[ \_\_\_\_\_ ] At the Bank

Customer ID. No.

I Certify that the applicant's is / are known to me since \_\_\_\_\_ Months / Years and  
I confirm the address of the applicant as stated in this application.

Signature of Introducer

[ \_\_\_\_\_ ]

### 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 deposit.

I/We Mr./Ms. \_\_\_\_\_  
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.

**Whether Nominator(s) agree(s) to have name of the Nominee on Pass Book / Statement of A/c. / FDR**

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 : \_\_\_\_\_

Address of Witness : 1

Address of Witness : 2

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

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

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

Signature :

Signature :

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

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

### For Office Use :

Form Scrutinized & Signature of Introducer verified as per our records. Account opened in Branch records.

Account Opened by

Asst. Accountant / Accountant



Manager / Sr. Manager / AGM

Staff No. : \_\_\_\_\_

Staff No. : \_\_\_\_\_

Staff No. : \_\_\_\_\_

Account Opened on : \_\_\_\_/\_\_\_\_/\_\_\_\_

Branch No.	M1 ACK	C1 KYC	M2 AML	M3 FORM SCAN	M4 PROC PEND	C2 QLTY CHCK	M5 SIGN SCAN	C3 SIGN ATH	M6 LTR
Branch No.	C1 KYC	M1 CM	C2 CMA	M2 AM	C3 AMA	M3 SS	C4 SSA	M4 LTR	

**ABHYUDAYA CO-OP. BANK LTD. Code No. 577**  
Per Pkt. 100 form 577/100000 Forms / S.E. / 6-2011