

Terms & Conditions : I/we confirm having received, read and understood (a) the accounts rules and hereby agree to be bound by the terms and conditions outlined in these rules govern the account(s) which I/we am/are opening/will open and (b) amendments to the rules made from time to time and those relating to various services availed by me/us and those relating to various services offered by the Bank and other facilities listed in this form. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time.
 I/we undertake that in the event of change in address due to relocation or any other reason, I/We shall intimate the new address to the bank within two weeks of such a change.

Date :

Place :

Signature / Thumb Impression of first / sole Applicant

Signature / Thumb Impression of second / sole Applicant

For Bank Use Only

Name & Code of the Branch

1. Account has been opened on
 2. I have explained the rules / regulations to the applicant :
 3. I have verified the introduction / the documents of identity proof / residence proof.
 4. ATM/...../..... has been issued and password has also been issued.
- Date : Officer (SS No.) Manager

Branch

FORM DA-1 : NOMINATION

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985 in respect of Bank Deposits.

I / We (Name (s))

R/o. nominate the

following person to whom in the event of my / our / minor's death, the amount of deposit in the account may be returned by Gandhi Co-operative Bank, Branch Office

DEPOSIT			NOMINEE				
Nature of Account	Account No.	Additional Details if any	Name	Address	Relationship with depositor, if any	Age	Date of Birth

* As the nominee is minor on this date, I/we appoint Mr. / Ms. Age

Address

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

Plate : 1. 2.

Date : @ **Signature (s) / # Thumb impression(s) of depositors**

@ Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

* Strike out if nominee is not a minor

WITNESSES

"Only thumb impression(s) shall BE ATTESTED BY TWO WITNESS. Signature of the account holders need not be attested by witnesses."

Name & Signature of the first witness	Name & Signature of the second witness
Name	Name
Signature.....	Signature.....
Address	Address
.....
Place Date	Place Date
Telephone No.	Telephone No.

Nomination Registered []

Nomination Regn. No.

The above mentioned nomination is registered at serial no. in respect of (type of Account) Deposit Account No.

Date

For
(Authorised Official)

SS



THE GANDHI CO-OPERATIVE URBAN BANK LTD.,

..... Branch



SAVING BANK ACCOUNT OPENING FORM (For full KYC Compliance)

Affix
Passport Size
Photo

Customer No.																				
A/c No.																				

First Applicant (Mr./Mrs./Ms./Mx)

1. SURNAME :

* NAME

2. Aadhar Number :

3. * Father / Husband / Guardian Name :

4. * Address : Present Address

Building : Door / House / Flat :

Street - Number & Name :

Area :

Village / City :

State :

Permanent Address

Building : Door / House / Flat :

Street - Number & Name :

Area :

Village / City :

State :

5. * Sex *6 (a) Date of Birth *6 (b) Place of Birth

7. a) Occupation : * (b) Category :

Email ID :

Telephone / Landline:

8. Mother Name

9. Request for **ATM / Debit Card** : Yes No SMS Alert : Yes No

10. Second Application(Mr./Mrs./Ms./Mx.):

* Mode of Operation : Singly Either or survivor Former or survivor Anyone or survivor Jointly

★ Please obtain separate opening form 2nd Applicant

*** Mandatory**

KYC Document :

11.1 Identification Proof :

Number :

Date of Issue (dd/mm/yy)

Issuing Authority

11.2 Identification Proof :

Number :

Date of Issue (dd/mm/yy)

Issuing Authority

12. PAN No.:

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I/we undertake that in the event of change in address due to relocation or any other reason, I/We shall intimate the new address to the Bank within two weeks of such a change.

Date :

Place :

Signature / Thumb Impression of first / sole Applicant

Signature / Thumb Impression of second / sole Applicant

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Branch

FORM DA-1 : NOMINATION

Nomination under Section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985 in respect of Bank Deposits.

I / We (Name (s))
R/o. nominate the following person to whom in the event of my / our / minor's death, the amount of deposit in the account may be returned by Gandhi Co-operative Bank, Branch Office

DEPOSIT			NOMINEE				
Nature of Account	Account No.	Additional Details if any	Name	Address	Relationship with depositor, if any	Age	Date of Birth

* As the nominee is minor on this date, I/we appoint Mr. / Ms. Age
Address

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

Plate : 1. 2.

Date : @ Signature (s) / # Thurm impression(s) of depositors

@ Where the deposit is made in the name of minor, the nomination is to be signed by natural/legal guardian of the minor to act on behalf of the minor.

* Strike out if nominee is not a minor

WITNESSES

*Only thumb impression(s) shall BE ATTESTED BY TWO WITNESS. Signature of the account holders need not be attested by witnesses."

Name & Signature of the first witness	Name & Signature of the second witness
Name	Name
Signature.....	Signature.....
Address	Address
.....
Place Date	Place Date
Telephone No.	Telephone No.

Nomination Registered []

Nomination Regn. No.

The above mentioned nomination is registered at serial no. in respect of (type of Account) Deposit Account No.

Date

For
(Authorised Official)

SS



_____ Branch

(To be completed once at the time of receipt of personal Data Form) (Tick ✓ in appropriate box wherever boxes are provided)

1) Name(s) of the Customer(s)	A=Applicant, AS=Authorized Signatory I=Illiterate, V=Visually impaired, P=physically challenged, O=Others
1	A <input type="checkbox"/> / AS <input type="checkbox"/> I <input type="checkbox"/> / V <input type="checkbox"/> / P <input type="checkbox"/> / O <input type="checkbox"/>
2	A <input type="checkbox"/> / AS <input type="checkbox"/> I <input type="checkbox"/> / V <input type="checkbox"/> / P <input type="checkbox"/> / O <input type="checkbox"/>
3	A <input type="checkbox"/> / AS <input type="checkbox"/> I <input type="checkbox"/> / V <input type="checkbox"/> / P <input type="checkbox"/> / O <input type="checkbox"/>

2) About the customer	Sole/First Customer		Second Customer		Third Customer	
i	Duration of stay at present residence. _____ Months / Years		_____ Months / Years		_____ Months / Years	
ii	Ownership of the residence (tick any)	Self acquired Family owned	Ancestral Leased	Self acquired Family owned	Ancestral Leased	Self acquired Family owned
iii	Sources of Income	Salary/Pension <input type="checkbox"/> Rents <input type="checkbox"/> Business/Profession <input type="checkbox"/> Agriculture <input type="checkbox"/> Investments <input type="checkbox"/> Others <input type="checkbox"/>	<input type="checkbox"/>	Salary/Pension <input type="checkbox"/> Rents <input type="checkbox"/> Business/Profession <input type="checkbox"/> Agriculture <input type="checkbox"/> Investments <input type="checkbox"/> Others <input type="checkbox"/>	<input type="checkbox"/>	Salary/Pension <input type="checkbox"/> Rents <input type="checkbox"/> Business/Profession <input type="checkbox"/> Agriculture <input type="checkbox"/> Investments <input type="checkbox"/> Others <input type="checkbox"/>
iv	Monthly Income	₹.		₹.		₹.

1 _____ 2 _____ 3 _____ (Signature(s)/Thumb impression(s) of the Customer(s))	Signature of the interviewing officer and Signature No
--	--

Decision of Authorized Officer or the Branch Head / Manager (For Office use only)

Accepted as Customer(s) :- 1) The applicant(s) is/are identified as per KYC-AML Guidelines. 2) Risk Categorization for the Customer(s) : Low , Medium , High (Check with the Risk Categorization Job Card). 3) Send Thanks Giving letters as per guidelines in force

(OR)

Recommended to reject the Application :- Reason : (i) Identity is not established beyond doubt , (ii) Documentary Proof of identity submitted is not satisfactory (iii) Required Documentary proof of Residential Address/Identity not submitted (iv) Activity of the applicant is not clearly explained (v) Source of income not clearly explained

(Signature of the interviewing officer and Signature No)

Decision of Branch Head/Manager (If the application is recommended for rejection) _____

Return original form and documents to the applicant keeping copies thereof for future reference.

(Signature of Branch Manager/Head and Signature No)

Decision of Authorized Officer or the Branch Head / Manager (For Office use only)

1) **Permitted to open _____ Account for applicant(s).**

The Applicant(s) is/are existing / new customer(s). New customer(s)/are identified now as per KYC-AML Guidelines.

Risk Categorization for the account : Low , Medium , High (Check with the Risk Categorization Job Card).

Threshold Limit for the Account is fixed as ₹ _____/- (For operative account)

The Account is permitted for restricted balance and credits into the account (For No-frills Account)

(OR)

Recommended to reject the Application since proper information is not submitted on the following point(s)

(i) Purpose of opening of account (ii) Type of transactions in the account (iii) Credits expected in the account

(ii) source of funds (v) Inland inward remittances . (vi) Foreign inward remittances . (vii) balance proposed to

be maintained in the account (viii) Any other (specify) _____

(Signature of Authorized officer and Signature No)

2) **Decision of Branch Head/Manager** (If the application is recommended for rejection) _____

Return original forms and documents to the applicant keeping copies thereof for future reference.

(Signature of Branch Manager/Head and Signature No)

Action taken

- i) Account is opened on (date) _____ A/c No : is _____ Specimen signature (s) of the Applicant(s) is/are obtained in the Specimen Signature Booklet in case of Savings Bank Account.
- ii) Existing Customer ID(s) is/are used (for existing Customer(s))
Customer Master(s) is/are now created (for New customer(s)) as under

No	Name Customer	Customer ID
1		
2		
3		

- iii) Specimen signature(s) of the applicant(s)/authorized signatory(ies) is/are scanned and linked to the operative account
(OR)
The application form and other documents are sent to the "**Bank Office**" for further action including scanning and linking of signature to the operative account.
- iv) Thanks Giving Letters is/are sent in duplicate as per guidelines.

(Signature of staff who opened the account and scanned and linked the specimen signature(s) to the account where scanning is done at the branch)

(Signature of officer who authorized the account opened and authorized linking of scanned specimen signature(s) to the account, where scanning is done at the branch)

Action taken at the Back office

All required action is completed including scanning and linking of specimen signatures of authorized signatories to the operative account on (date) _____. The application form and other documents are returned to the branch.

Date _____

Signature of authorized officer

Application and other documents are received at the branch on _____

Signature of authorized officer.

Note :- If any Thanks Giving letter is not acknowledged or returned, action should be taken as per Manual of Instructions.

Part-B : Optional Information

Information Provided by the applicant(s) about the account	
Type of account opened	Purpose of the account
Type of transactions	Cash <input type="checkbox"/> , Cheques <input type="checkbox"/> , Others <input type="checkbox"/>
Credits expected into the account per annum ₹.	Source of funds :
Whether Foreign inward remittance are expected? yes <input type="checkbox"/> No <input type="checkbox"/> If Yes amount p.a. ₹.	Whether inland inward remittance are expected ? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes amount p.a. ₹.
Whether Foreign inward remittance are expected? yes <input type="checkbox"/> No <input type="checkbox"/> If Yes amount p.a. ₹.	Balance proposed to be maintained in the account ₹.

1) About the family	Sole/First Customer	Second Customer	Third Customer
i) If married	Spouse Name :		
ii) Number of children	Sons Daughters	Sons Daughters	Sons Daughters
iii) Occupation of Spouse	Service <input type="checkbox"/> Business <input type="checkbox"/>	Service <input type="checkbox"/> Business <input type="checkbox"/>	Service <input type="checkbox"/> Business <input type="checkbox"/>
iv) Occupation of the children	Student <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/>	Profession <input type="checkbox"/> Others <input type="checkbox"/>	Student <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/>
v) Others if any staying with or dependent upon the customer.	Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/>	Sister <input type="checkbox"/> Others <input type="checkbox"/>	Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/>
vi) No of Dependents.			

I declare the above information with my explicit concern

- 1.
- 2.
- 3.

(Signature (s) of the Applicant (s))

(Signature of the interviewing officer and Signature No)



Estd : 1928

Phone : 2433379, 2436365

THE GANDHI CO-OPERATIVE URBAN BANK LTD.,

No.H.948



**TO BE OBTAINED ALONGWITH APPLICATION
FROM ACCOUNT HOLDER /S FOR THE PURPOSE OF C-KYC REGISTER**

1
Colour
Photograph of
The Account
Holder

2
Colour
Photograph of
The Account
Holder

Signature of Account Holder :

1. Name of the Branch & Code	
2. Name of the Account Holder - 1	
3. Customer ID	
4. Account Number	
5. Name of the Account Holder - 2	
Signature of the KYC Verifying Officer	Signature of Branch Manager / Authorised Person
Name :	Name :
Employee No. :	Employee No. :

Branch Seal :

Note :

This proforma to be obtained alongwith Application with photo and submit to Head Office with photo copies of KYC documents (duly verified with original & Signed) on the same day of opening of account

**ACCOUNTS OF INDIVIDUALS : KYC Requirements (indicative list)
(at least one document from each list)**

LIST 1	LIST 2
Documents accepted as proof of identity	Documents accepted as proof of residence
<ol style="list-style-type: none"> 1 Passport 2 PAN Card 3 Voter's Identity Card 4 Driving Licence 5 Job card issued by NREGA duly signed by an officer of the state Government (For Small Accounts) 6 The letter issued by UIDAI containing details of name, address and Aadhar Number 7 Identity card (subject to the bank's satisfaction) 8 Letter from a recognized public authority or public servant verifying the identity and residence of the customer to the satisfaction of bank. 9 Government / Defence ID Card 10 ID Cards of reputed public sector employers 11 Pension payment orders issued to the retired employees by Central/ State Government Departments, Public Sector Undertakings 12 Photo id cards issued by post offices 13 Photo identity cards issued to bonafide students by a University, approved by the University Grants Commission (UGC) and / or an Institute approved by All India Council for Technical Education (AICTE). or any Central / State Education Board or Government Agency. 14 Photo identity issued by any public authority having proper record of issuance of identity proof which is verifiable from records 15 Ex-Servicemen card with photograph 16 Bar council / Medical Association / ICAI / ICWAI / ICSI card with photograph 17 Student Identity Card with photo issued by reputed colleges with validity during the course period 18 Defense Dependent's Card with photograph 19 Married woman identity proof with maiden name, if supported with a verified true copy of marriage certificate 20 Credit card with photo together with statement of such card card, not more than three months old 21 Registered property document with photo identity 22 Arms licence issued by State / Central Government of India. 23 Freedom fighter's pass issued by Ministry of Home Affairs, Government of India with photograph of applicant 24 Employee state insurance card (ESIC) with photograph supported by latest month's pay slip. 25 Talati / Patwari (a local govt. official) attestation by way of putting rubber stamp and signature. Gram Sarpanch / Mukhiya attestation by way of putting rubber stamp and signature (For Small Accounts) 26 Photo Bank ATM Card 27 Kissan Photo Passbook 28 CGHS / ECHS Photo Card 29 Disability ID Card / handicapped medical certificate issued by the respective State / UT Governments / Administrations. 30 Ratio / PDS Card 	<ol style="list-style-type: none"> 1 Ration Card 2 Electricity Bill 3 Driving Licence 4 Bank account statement 5 Signed letter having photo from employer (to the satisfaction of the Bank) 6 Letter from any recognized public authority (to the satisfaction of the Bank) 7 Credit Card Statement - not more than 3 months old 8 Income / Wealth Tax Assessment Order 9 Signed Letter having photo from public sector employer on letterhead. 10 Letter from any recognized public authority having proper and verifiable record of issuance of usch certificates 11 Voter ID Card (only if it contains the current address) 12 Pension Payment Orders issued to retired employees by Government Departments / Public Sector Undertakings, if they contain current address 13 Copies of Registered Leave & License agreement / Sale Deed / Lease Agreement 14 Certificate and also proof of residence, incorporating local address as well as permanent address, issued by the Hostel Warden of the University / Institute, where the student resides, duly countersigned by the Registrar / Principal / Dean of Student Welfare. Such accounts hall however, be required to be closed on completion of education / leaving the University / Institute provided the constituent does not give any other acceptable proof of Residence to the Bank 15 Any person including a student residing with relatives, address proof of relatives, along with their identity proof, can also be accepted provided declaration is given by the relative that such a person / the student is related to him / her and is staying with him / her 16 In respect of officials of Central / State Governments and Public Sector undertakings, who are low risk customers for Bank, Branch Heads may verify the photo / identity and confirm residential address of such officials from independently verifiable sources, to their satisfaction, and permit opening of accounts. This facility is extended only to the Gazetted officers of Central / State Government and Senior Management and above functionaries of Public Sector Undertakings 17 Latest telephone bills from any telephone service providers and mobile service providers not more than 2 months old, postpaid 18 Consumer gas connection card / book / pipe gas bill 19 Certificate from ward / equivalent rank officer, maintaining election roll certifying address of the applicant 20 Post Office Savings Pass Book 21 Caste and Domicile Certificate with Communication address and photograph . 22 Certificate of address having photo issued by Village Extension Officer (VEO) / Village Head or equal or higher rank officer. Branch to confirm the authenticity of the certificate and that it has been issued by the person who is holding the said office 23 Court divorce order - Marriage annulment order issued by Court of law 24 Water bill (not older than 3 months) 25 Property Tax Receipt (not older than 3 months) 26 Insurance Policy 27 Signed letter having photo from banks on letterhead 28 Vehicle Registration Certificate 29 Registered Sale / Lease / Rent Agreement 30 Caste certificate having photo issued by state Govt. 31 Passport of Spouse 32 Passport of Parents (in case of minor) 33 Kissan Photo Passbook

NOTE :

1. If passport having current address is given as proof of identity, there is no need to give separate proof of address from list 2.
2. RBI has clarified that close relatives e.g. wife, son, daughter and parents, etc who live with their husband, father / mother and son as the case may be should be allowed to open an account the basis of utility bills (required for the verification of address) of a realtive with whom the prospective customer is living, along with a declaration from the relative that the said person is a relative and is staying with him / her.