People's Urban Co-operative Bank Ltd. No. 51

H.O. : Tripunithura. Phone : 2783446, 2776446

ACCOUNT OPENING FORM

Please fill the form in CAPITAL LETTERS Account No. :

Savings Account / Current Account / Fixed Deposits / Recurring Deposits

The Branch Manager, People's Urban Co-operative Bank Ltd. No. 51, Tripunithura Date :

Please open my Sole/Our Joint/Sole Proprietorship Account at your Branch :

DETAILS OF APPLICANT

NAME

1st Applicant : Mr./Mrs./M/s.

2nd Applicant : Mr./Mrs./M/s.

3rd Applicant : Mr./Mrs./M/s.

4th Applicant : Mr./Mrs./M/s.

Existing Cust. ID : 1st Applicant : 2nd Applicant :

3rd Applicant : 4th Applicant :

Firm name (for sole proprietorship)

ACCOUNT IN THE NAME OF MINOR (Strike off if not applicable)

Title First Name Middle Name Surname

Guardian's Name :

(In case applicant is minor)

Date of birth (of minor) : Date

Relationship with minor : Father : Mother : Other (Please specify)

I shall represent the minor in all future transaction of any description in the above account till the said minor attains majority, I shall indemnify the bank against any claims of the above minor of any withdrawals / transactions made by me in his / her account.

Signature of Guardian

INSTRUCTION FOR ACCOUNT OPERATION

☐ Single ☐ Either or survivor ☐ Former or survivor ☐ Anyone or survivor ☐ Jointly by all ☐ Others (please specify)

1st Applicant	2nd Applicant	3rd Applicant	4th Applicant
Signature	Signature	Signature	Signature

Applicant / guardian should also sign across photograph as well as in the space provided for signature.

INTRODUCTION DETAILS

☐ **Introduction by**

Name :

Cust ID :

Signature of introducer

☐ Self introduction Account No. :

KYC APPLICATION FORM

Entered On _____ Entry No. _____

Identity Details

Name of the Customer : _____

[as appearing in supporting identification document]

Father/Spouse Name : _____ [ ] Father [ ] Spouse

Gender : [ ] Male [ ] Female Marital Status : [ ] Married [ ] Unmarried

Date of Birth : _____ Age (as on Date) :

Nationality : _____ Status : [ ] Resident [ ] Non Resident [ ] Foreign National

PAN : _____ UID : _____

ID Source : _____ ID No. : _____

[ ] UID (Aadhaar) [ ] Passport [ ] Driving Licence [ ] Voter ID [ ] Others

Permanent Address : _____

_____

District : _____ Pin Code : _____

State : _____ Country : _____

Proof of Address : _____ Valid upto : _____

[ ] Passport [ ] Ration Card [ ] Driving Licence [ ] Voter Identity Card [ ] Bank Passbook [ ] Telephone Bill [ ] Electricity Bill [ ] Others

Residential Address : _____

_____

District : _____ Pin Code : _____

State : _____ Country : _____

Proof of Address : _____ Valid upto : _____

[ ] Passport [ ] Ration Card [ ] Driving Licence [ ] Voter Identity Card [ ] Bank Passbook [ ] Telephone Bill [ ] Electricity Bill [ ] Others

Accommodation Status : [ ] Owned [ ] Rented Conveyance : [ ] 2 Wheeler [ ] 4 Wheeler [ ] Others

Contact Details :

Mobile No. : _____ Residence Phone : _____

(Telephone nos should be prefixed with ISD and STD codes) (Telephone nos should be prefixed with ISD and STD codes)

Office phone No. : _____ Fax No. : _____

E-mail : _____

Occupation

Occupation : [ ] Agriculture [ ] Salaried [ ] Business Sector : [ ] Private [ ] Public [ ] Govt.

[ ] Student [ ] Household [ ] Professional [ ] Self Employed [ ] Others [ ] Retired [ ] Others

Office/Business Address _____

_____

District : _____ Pin Code : _____

State : _____ Country : _____

Income Details

Income Source : [ ] Agriculture [ ] Salary [ ] Business Annual Income Slab : [ ] Below 1 Lac [ ] 1-5 Lacs [ ] 5-10 Lacs

[ ] Profession [ ] Self Employment [ ] Others [ ] 10-25 Lac [ ] Above 25 Lac

Networth : _____ Networth as on : _____

Credit Card Limit : _____ Name of Bank : _____

Existing Bank A/c. No. _____ Name of Bank : _____

Other Details

Travel abroad Details : _____

_____

Passport No. : _____ Validity upto : _____

Purpose of A/c. Opening : Politically Exposed : [ ] Direct [ ] Related [ ] None

Any other Details : _____

_____

Declaration by Customer

I hereby declare that the details furnished above are true and correct to the best of my/our 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.

Place : _____ Date : _____ Signature : _____

INITIAL PAYMENT DETAILS (FOR SAVINGS / CURRENT / TERM DEPOSIT ACCOUNT)

Amount ☐☐☐☐☐☐☐☐ ☐ Cash ☐ Transfer from a/c. No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**Cheque No. ☐☐☐☐☐☐ dated ☐☐☐☐☐☐☐☐ drawn on ☐☐☐☐☐☐☐☐ Bank ☐☐☐☐☐☐☐

(All Cheques for Initial payment amount will be drawn in favour of PUC Bank ltd. Customer Name) will be accepted only with a self-signed cheque.

Amount to be deposited in Savings / Current / Term Deposit account ₹ ☐☐☐☐☐☐☐☐

☐ Internet Banking ☐ Mobile Banking ☐ SMS Banking ☐ ATM / Debit Card. Mob. No. to sent OTP ☐☐☐☐☐☐☐☐☐☐

OTHER DECLARATIONS

In case of insufficient balance in my Savings account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I/We understand that the Bank may, at its absolute. discretion, dlscontlnue any of the services completely or partially without any notice to me/us. I agree that the bank may debit my account for service charges as applicable from time to time (wherever applicable / amended as per the Schedule of charges/fees).

I/we hereby undertake that in the event of any change in my / our address due to relocation or any other reason, the new address details along with address proof will be submitted to the Branch within two weeks of such change.

For Current Account purpose

I/We declare that

☐ I/We do not enjoy any credit facilities with any other bank/s.

☐ I/We enjoy credit facility have current accounts with other bank/s (please attach details of such facilities separately)

☐ Current Account (If have Current Account with other bank) Name of Bank : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Facility ☐☐☐☐☐☐☐☐☐☐ Amount ☐☐☐☐☐☐☐☐

☐ Sole Proprietorship Account

I/We refer to the account opened by you in the name of ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

And declare as under, I the undersigned, am the sole proprietor of the firm and solely responsible for liabilities thereof, I shall advice you in writing of any change it may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

LINKING OF AADHAAR NUMBER TO MY ACCOUNT (DECLARATION)

☐ Please link my Aadhaar No. to my account (In caseof joint accounts, only the first holders Aadhaar number can be linked to the account Signature of all other holders to be obtained mandatorily for their consent) (Self attested copy of Aadhaar letter/Aadhaar to be attached)

AADHAAR Number ☐☐☐☐☐☐☐☐☐☐☐☐

FIXED DEPOSITS (FD) / RECURRING DEPOSITS (RD)

Tenure of Deposit : Day ☐☐ Month ☐☐ Year ☐☐ Rate ☐☐% Amount ☐☐☐☐☐☐☐☐

FD Interest Payment Instruction : ☐ Monthly ☐ Quarterly ☐ Annual ☐ At Maturity

☐ to S.B. a/c. No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ with ..... Branch

Senior citizens : ☐ No ☐ Yes Age ☐☐ Date of Birth ☐☐ ☐☐ ☐☐☐☐ Pls. attached proof

For TDS (please tick as applicable) : ☐ Tax to be deducted at source - PAN / GIR No. ☐☐☐☐☐☐☐☐☐☐ **DR**

☐ No tax to be deducted - Form 15 G/15H enclosed

ON MATURITY OF FIXED DEPOSIT

A) ☐ renew principal and interest ☐ renew principal only ☐ issue dd/pay order

(Same tenor at the rate of interest prevailing on maturity)

B) ☐ await renewal instructions post maturity

(In case of absence of specific instructions for renewal, interest will be paid at the applicable savings bank rate, if the deposit is not renewed threrafter)

In the case of automatic renewal, if the customer thereafter decides to prematurely close the Term Deposit penalty will be applicable as per bank's extant policy.

1st Applicant Signature	2nd Applicant Signature	3rd Applicant Signature	4th Applicant Signature

FOR OFFICE USE ONLY

KYC Norms complied, verified and account opened

Account No. : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Manager

(FOR THE USE OF JOINT ACCOUNTS)

For the use of joint account, we the undersigned, have opened joint account with an initial deposit of Rs..... in our joint names and it shall be maintained with further deposits and / or withdrawals from time to time. In the event of the death, insolvency or withdrawal of any of us, the survivor / survivors of us, shall have full control of any money then and legal representative / representatives of the deceased shall be entitled to claim any right in the said account adverse to the interest of the survivor / survivors the money, as it may stand to the credit in the account from time to time belongs to us jointly and no other person / persons has / have any interest whatsoever therein.

1. .....

2. .....

3. .....

(Signature of Joint account holder)

NOMINATION FORM DA I

Nomination under Sec. 45ZA read with sec. 56 of the Banking Regulations Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank deposits.

I / We .....

(Name(s) & Address(es)

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit in the account, particulars whereof are given below, may be returned by the People's Urban Co-operative Bank Ltd.

Branch _____

(Name of branch where account is held)

DEPOSIT

Nature of Deposit	Distinguishing Number	Additional details, if any

NOMINEE

Name & Address	Relationship with Depositor if any	Age	If nominee is a minor his/her date of birth

* As the nominee is a minor on this date, I/We appoint .....
(Name, address & Age)

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.

.....

* Name, Signature of witness & Address

\+ Signature(s) of depositor (s)

Place : .....

* Strike out if nominee is not a minor

\+ 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.

Date : .....

Particulars of Form DA I (if received) entered in Nomination Register Sl. No..... Dt.....

Customer advised on..... and acknowledgement received on.....

Open

Account opened Date..... No. of Cheque Book / F.D.R. issued From.....

To.....

BRANCH MANAGER CLERK ACCOUNTANT