



# YADRAV CO-OP. BANK LTD, YADRAV. यद्राव को-ऑपरेटिव्ह बँक लिमिटेड, यद्राव.

Parvati Co-op. Ind. Estate; Shamrao Patil Yadravkarnagar, Plot No. 102, YADRAV-416 145.  
Tal. Shirol, Dist. Kolhapur (M.S.) Phone No. : (02322) 252307, 252346, 225501, 227751

## SB/CURRENT ACCOUNT OPENING FORM / बचत (सेव्हिंग) / चालू ठेव खाते उघडण्याचा अर्ज

### Instructions :

A) Fields marked with \* "are mandatory fields"

Branch: \_\_\_\_\_

शाखा: \_\_\_\_\_

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

दिनांक: \_\_\_\_\_

D D M M Y E A R

A/c No.: \_\_\_\_\_

खाते क्र.: \_\_\_\_\_

I/We request you to open my/our Savings Bank Account with you with Cash Deposit of \_\_\_\_\_

(Rupees \_\_\_\_\_)

(रुपये \_\_\_\_\_)

Specimen Signature below should be signed in black ink / नमुना स्वाक्षरी काळ्या शाईने करावी.

₹ \_\_\_\_\_

) जमा करीत आहे/आहोत.

Title of Accounts: Ms. \_\_\_\_\_

खात्याचे शिर्षक मे. \_\_\_\_\_

(For CA only) \_\_\_\_\_

Sr. No.

अनु. क्र.

Mr./Mrs./Ms.

श्री./सौ./श्रीमती/कु.

Surname

आडनाव

First Name

प्रथम नाव

Middle Name

मधले नाव

1.

2.

3.

4.

Date of Birth (In case of minor) / जन्म तारीख (खातेदार अज्ञान असल्यास):

D D M M Y E A R

Customer No.: ग्राहक क्र.:			
Latest Photo फोटो (1)	Latest Photo फोटो (2)	Latest Photo फोटो (3)	Latest Photo फोटो (4)
Signature / सही	Signature / सही	Signature / सही	Signature / सही

### Operational Instructions / खात्यावर व्यवहार करण्याबाबत सूचना

- Self  Either or Survivor  Jointly or Survivor  All jointly  
 Any one of us or any one of the survivor or the last survivor  Special Instructions

Please offer me:

मला पुढील सेवा द्याव्यात:

- Cheque Book  Rupay/Platinum/International Debit Card  
 Mobile Banking  Internet Banking  SMS Banking  Other

Registered Mobile Number (All Banking Services)

\_\_\_\_\_

### PERSONAL DETAILS - For SB & Proprietorship CA

	Prefix	Surname	First Name	Middle Name								
Name* (Same as ID Proof):												
Maiden Name* (If any):												
Father/Spouse Name*:												
Mother Name*:												
Date of Birth*:	D	D	M	M	Y	E	A	R	Gender*:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Residential Status*:	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin								
Marital Status*:	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	Nationality*:	<input type="checkbox"/> Indian	<input type="checkbox"/> Others							

Religion :  Caste :

Blood Group:  Form 60/61 : Y/N

PAN\*  UID (Aadhaar No.)\*   
except Small Basic Saving A/c.

**CKYC \*Information about Family (Account Holder)** ① Father Name ② Mother/Wife Name ③ Son/Daughter name

Sr. No.	Name (only)	Age	Contact No.	Profession
①	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
②	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
③	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PROOF OF IDENTITY (PoI)\*** (One Certified Copy of any one of the following Proof of Identity (PoI) needs to be submitted)

Voter ID Card  NREGA Job Card  D D M M Y E A R

Passport Number  Driving Licence

Others (any documents notified by the central government)

**PROOF OF ADDRESS (PoA)\*** CURRENT/PERMANENT/OVERSEAS DETAILS  
(One Certified Copy of any one of the following Proof of Address (PoA) needs to be submitted)

House/Flat No./Shop No.  Building/Society Name

Landmark / Street / Survey No.

Village / City  District

State  Pincode

Proof of Address\*:  Passport  Driving Licence  Aadhaar Card  Voter Identity Card  
 NREGA Card  Others

Entity / Constitution Type\*:  
 Sole Proprietorship  Partnership  HUF  Private Limited Co.  Public Limited Co.  LLP  
 Trust  Society  Association  Foundation  Financial Institution  Liquidator  
 FPI Category I  FPI Category II  FPI Category III  Other

**PROOF OF IDENTITY (PoI)\*** (One Certified Copy of any one of the following Proof of Identity (PoI) needs to be submitted)

FIRM PAN  GSTIN

**DOCUMENT SUBMITTED\***

Certification of Incorporation or Formation/Registration Certificate  Memorandum and Articles of Association /Partnership Deed/Trust Deed  Resolution of Board/ Managing Committee  Official Valid Document in respect of person authorised to transact

Office Address: Office No.  Building/Society Name  Landmark / Street / Survey No.

Village / City  District

State  Pincode

**BANKING RELATION WITH OTHER BANK**

Name of Bank

Branch

SB/C/A/c. No.

**EMPLOYMENT DETAILS For SB**

Employment\*:  Private Sector  Public Sector  Govt. Sector OTHERS:  Retired  House Wife  Student

Name of the Employer:

Address

State	<input type="text"/>	Pincode	<input type="text"/>
Employee No. :	<input type="text"/>	Designation :	<input type="text"/>
Dept./Sector	<input type="text"/>		
Service Period (No. of years) :	<input type="text"/>	Date of Retirement (If applicable)	<input type="text"/>
Tel No. (Off.)	<input type="text"/>		
<b>IF SELF EMPLOYED, PROFESSION*</b> : CA <input type="checkbox"/> Engineer <input type="checkbox"/> Doctor <input type="checkbox"/> Trader <input type="checkbox"/> Lawyer <input type="checkbox"/> Software <input type="checkbox"/> Consultant <input type="checkbox"/> Other <input type="text"/>			
<b>IF IN BUSINESS*</b> : Public Ltd. <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="text"/>			
Office Address:	<input type="text"/>		
	<input type="text"/>		

**ENTITY DETAILS - For CA**

Name*	<input type="text"/>											
(Same as ID Proof):	<input type="text"/>											
Date of Incorporation or Formation*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Place of Incorporation of Formation*:	<input type="text"/>											
Date of Commencement of Business*:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Proof of Address*:	<input type="checkbox"/> Shop Act/ Ele. Bill					<input type="checkbox"/> Registration Certificate						
	<input type="checkbox"/> Certificate of Incorporation or Formation					<input type="checkbox"/> Others						

**CONTACT DETAILS** (Communication will be done on provided Mobile no. and Email ID)

Tel. Off./ Resi.	<input type="text"/>	<input type="text"/>	Mobile*	<input type="text"/>
Email ID*	<input type="text"/>			

**DETAILS OF RELATED PERSON** (In case of additional related persons, Please fill the following information)

Addition of Related Person	<input type="checkbox"/>	Customer No.	<input type="text"/>	CKYC No. (if Available)	<input type="text"/>
Related Person Type :	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Court Appointed Nominee	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative	<input type="checkbox"/> Beneficial Owner
Name*:	<input type="text"/>				
Mobile No.*	<input type="text"/>	E-mail ID*	<input type="text"/>		

**PROOF OF IDENTITY (PoI)\*** (One Certified Copy of any one of the following Proof of Identity (PoI) needs to be submitted)

PAN*	<input type="text"/>	UID (Aadhaar No.)* except Small Basic Saving A/c.	<input type="text"/>
Voter ID Card	<input type="text"/>		
Passport Number	<input type="text"/>	Driving Licence	<input type="text"/>

**Nomination Form - DA-1 / नामिनेशन (नामनिर्देशन) अर्ज - डीए-१**

Nomination/ नामनिर्देशन	Required/ हवे <input type="checkbox"/>	Not Required/ नको <input type="checkbox"/>	Name of the Nominee to be printed on Passbook/ नामनिर्देशन व्यक्तीचे नाव पासबुकावर छापवावे.	Yes/ होय <input type="checkbox"/>	No/ नाही <input type="checkbox"/>
I/मी/आम्ही नामनिर्देशन	<input type="text"/>				
Address/ पत्ता	<input type="text"/>				

Nominate following named person for my/our saving deposit as my/our nominee after my/our death and is entitled legally to receive the money as per Section 56 and Section 45 (ZA) of Banking Regulation Act, 1949 of Co-operative Banks (Nomination), Rules 1985 2 (1)  
 माझ्या/आमच्या मृत्यूनंतर खालील व्यक्तीस कायदेशीररित्या पैसे मिळण्यास बँकिंग रेग्युलेशन अॅक्ट १९४९ चे कलम ५६ व कलम ४५(ZA) तसेच सहकारी बँकांचे (नामनिर्देशन) नियम १९८५ चे कलम २ (१) नुसार खालील व्यक्तीचे नामनिर्देशन करीत आहे/आहोत.

Name & Address	Age	Date of Birth (if minor)	Relative with Depositor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* As the nominee is a minor on this date, I/We appoint Shri./Smt./Miss/\*आजच्या घडीला नामनिर्देशित केलेली व्यक्ती अज्ञान आहे, म्हणून माझ्या/आमच्या मृत्यूच्या वेळी मी/आम्ही श्री/श्रीमती/कुमारी

Address/ पत्ता	<input type="text"/>
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to receive the amount of the deposit on behalf of the nominee in the event of my/our death during the minority of the nominee. या व्यक्तीची अज्ञान व्यक्तीचे वाली म्हणून नेमणूक करतो. नामनिर्देशित केलेली व्यक्ती माझे/आमचे मृत्यूचे वेळी अज्ञान असल्यास ह्या व्यक्तीला रक्कम मिळावी.

**Signature (s) & Address of Witness (es)/**

साक्षीदारांच्या स्वाक्षरी व पत्ता

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

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

**Signature (s) Thumb (s) of Depositor (s)**

साक्षीदारांच्या स्वाक्षरी / अंगठा

1.

2.

**\*Notes** - 1) Only one person can be nominated per account. 2) 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. 3) If depositor is an illiterate, thumb impression shall be attested by two witnesses. 4) If the nominee is illiterate, (\*) Please do not fill.

**For Bank's Use Only / फक्त बँकेच्या वापरसाठी**\*Risk Category :  High  Medium  Low

A/c. Opened on / कर्मचारी क्र.: / /

Signature of Clerk \_\_\_\_\_

Signature of Officer / अधिकारी स्वाक्षरी \_\_\_\_\_

Name / नाव \_\_\_\_\_

\*Officer/AM/Manager/Branch Manager \_\_\_\_\_

**DECLARATION**

Kindly open current Account in the Firm's Name and we hereby abide by all the rules & regulations of the Bank from time to time. We also authorise you to share information of my account with CIBIL or any other RBI authorised credit information bureaus. I/We the undersigned, hereby declare that I am/we are the Sole Proprietor/ Only Partner of the Firm of \_\_\_\_\_ & am Solely/ are jointly & severally responsible for the liabilities thereof. I/we shall advise you in writing of any change that may take place in the Constitution/Partnership and I/all the present partners will be liable to you, on any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all obligation shall be liquidated the current A/c. will be operated in the name of \_\_\_\_\_ I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of 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. I/We would like to share my personal / KYC details with Central KYC Registry.

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

Date: 

D	D	M	M	Y	E	A	R
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Signature / thumb impression of Applicant

**For Business Account Opening (For KYC Form)**

(Any two of following Business proofs) / (खालीलपैकी कोणतेही दोन व्यावसायिक पुरावे देणे.)

- 1) Sales Tax Registration / GST Copy  2) Professional Tax Registration  3) Shop and Establishment License  4) Excise and Custom Registration  5) Import-Export Code Number  6) Firm's PAN Card  7) IT Return File duly acknowledged  8) Membership of other organisation, like Manufacturer's organisation, Builder's organisation, Textile Producer's organisation or Institute of Chartered Accountant etc.  9) Udyog Aadhar

**Documents Required / आवश्यक कागदपत्रे****Sole Proprietorship / Partnership**

- 1) Photographs of Sole Proprietor / All authorised Signatories. 2) Certified copy of Partnership deed (In case of Partnership Firm.) 3) Request letter to Open the account & Mode of operation signed by all partners on Letterhead. 4) PAN/Form 60 and Proof of Identity for Sole Proprietor / All Partners as mentioned above.

**Private Ltd./ Public Ltd. Company**

- 1) Certified copy of Memorandum and Articles of Association  
2) Certified copy of certificate of Incorporation  
3) Certified copy of certificate of commencement of Business (In case of Public Ltd. Co.)  
4) Resolution to open the account, Mode of operation & list of authorised signatories.  
5) Lists of all Directors and Addresses.

**HUF / हिंदू अविभक्त कुटूंब पद्धती**

- 1) Photographs of Karta & Co-parceners, HUF PAN Card  
2) Letter signed by karta & all major Co-parceners

**Trust/Club/Society/Association / ट्रस्ट/क्लब/सोसायटी/असोसिएशन**

- 1) Photographs of All authorised Signatories.  
2) Certified true copy of Trust Deed (For Trust)  
3) Certified true copy of bye - laws (For Club/Society/Association)  
4) Certified true copy of Certificate of Registration  
5) Resolution to open the account, Mode of operation & list of authorised signatories.

**List A - Proof of Identity (Any one - Tick the document obtained) Yes ✓ / No. X**

- |                              |                          |                          |
|------------------------------|--------------------------|--------------------------|
| 1. Passport                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Aadhar Card               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. PAN Card                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Driving Licence           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Photo Credit Card         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Defence ID Card           | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Govt. ID Card             | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Voters ID Card            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any other Proof (Specify) | <input type="checkbox"/> | <input type="checkbox"/> |

**Institution/Society/Trust/Other**

- |                             |                          |                          |
|-----------------------------|--------------------------|--------------------------|
| 1. Registration Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Board Resolution         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Buy - law - Xerox Copy   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Partnership Deed         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Shop Act Licence         | <input type="checkbox"/> | <input type="checkbox"/> |

**List B - Proof of Address (Any one - Tick the document obtained) Yes ✓ / No. X**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Passport                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Voters ID Card                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Latest Utility Bill                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Driving Licence                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Rent/Lease Deed                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Credit Card Stt.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ration Card                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Bank A/C Stt.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Employer's letter<br>with address             | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Letter from public Authority<br>with address | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Aadhar Card                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Any other proof (specify)                    | <input type="checkbox"/> | <input type="checkbox"/> |