

Contact No. : Mobile		Phone (Office)	
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E-mail ID _____ PAN / FORM-60/61

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Nature of Business _____ Date of Birth

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

Marital Status : Married / Unmarried / Other _____ Place of Birth _____
MAIDEN NAME (IF ANY) :

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

FATHER'S NAME / SPOUSE NAME (IN FULL)

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

MOTHER'S NAME :

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

 ANNUAL INCOME RS. _____ (APPX.)

(B) DETAIL OF PROP. / PARTNER / DIRECTOR / AUTHORISED PERSON / KARTA

(2) NAME :

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

ADDRESS : _____ NATIONALITY : _____

 Pin Code

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Contact No. : Mobile

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 Phone (Office)

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E-mail ID _____ PAN / FORM-60/61

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Nature of Business _____ Date of Birth

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Marital Status : Married / Unmarried / Other _____ Place of Birth _____
MAIDEN NAME (IF ANY) :

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FATHER'S NAME / SPOUSE NAME (IN FULL)

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MOTHER'S NAME :

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 ANNUAL INCOME RS. _____ (APPX.)

(B) DETAIL OF PROP. / PARTNER / DIRECTOR / AUTHORISED PERSON / KARTA

(3) NAME :

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

ADDRESS : _____ NATIONALITY : _____

 Pin Code

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Contact No. : Mobile

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 Phone (Office)

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E-mail ID _____ PAN / FORM-60/61

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Nature of Business _____ Date of Birth

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Marital Status : Married / Unmarried / Other _____ Place of Birth _____
MAIDEN NAME (IF ANY) :

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FATHER'S NAME / SPOUSE NAME (IN FULL)

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

MOTHER'S NAME :

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 ANNUAL INCOME RS. _____ (APPX.)

OPERATING INSTRUCTION

☐ Self ☐ Either of Survivor ☐ Former of Survivor ☐ Jointly or Survivor ☐ Any one or Survivor ☐ Other (PI Specify) _____

TERM DEPOSITS

Fixed Deposit / Recurring Deposit _____ Deposit Amount Rs. _____

Type of Deposit _____ Monthly Installment Rs. _____

Tenure _____ Days/Months/Years _____ No. of Installments _____

Please credit interest to my / our account No. _____ with _____ branch OR please issue pay order.
OR

I/We shall collect monthly / quarterly / half yearly interests in cash on the deposits OR Credit my / our account No. _____

With _____ (Separate Credit ECS Form is to submitted along with blank cheque)

Subject to the rules and regulations of the bank and Reserve bank of India, in case of the death any or the depositor/s, the payment of the deposit with interest to be made to the survivor/s even before maturity. YES / NO

(X) _____
Signature of Depositor

(X) _____
Signature of Depositor

(X) _____
Signature of Depositor

(X) _____
Signature of Depositor

IN CASE OF MINOR'S ACCOUNT UNDER GUARDIANSHIP / POWER OF ATTORNEY / OTHER LEGAL REPRESENTATIVEDate of Birth Relationship with Minor ☐ F & NG ☐ M & NG ☐ Legal ☐ De facto ☐ Others _____Name of the Guardian _____ Cust ID

Declaration by Guardian : I hereby declare that I am his natural guardian/lawful guardian appointed by the court order dated(copy enclosed). I shall represent the minor in all future transactions of any description in the above account until the minor attains the majority. indemnify the bank against the claim of the minor for any withdrawal/transaction made by me in his/her account further. I declare that money withdrawn from the account by me will be utilized for the benefit of the minor only.

Signature of the Guardian _____

DECLARATION	<p>I / WE AGREE TO COMPLY WITH THE BANK'S RULES IN FORCE FROM TIME TO TIME FOR CONDUCT OF THE ABOVE ACCOUNT. WE DECLARE THAT</p> <p><input type="checkbox"/> WE DO NOT ENJOY ANY CREDIT FACILITIES WITH ANY BANK.</p> <p>OR</p> <p><input type="checkbox"/> WE ENJOY THE FOLLOWING CREDIT FACILITIES WITH OTHER BANKS AT PRESENT.</p> <table border="1"><thead><tr><th>NAME OF THE BANK</th><th>NATURE OF FACILITY</th><th>AMOUNT</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <p><input checked="" type="checkbox"/> _____ Signature</p> <p><input checked="" type="checkbox"/> _____ Signature</p> <p><input checked="" type="checkbox"/> _____ Signature</p>	NAME OF THE BANK	NATURE OF FACILITY	AMOUNT									
NAME OF THE BANK	NATURE OF FACILITY	AMOUNT											
DECLARATION	<p><u>APPLICABLE IN CASE OF SOLE PROPRIETORSHIP FIRM :</u></p> <p>Dear Sir,</p> <p>I with reference to my application overleaf hereby authorise you to honour my signature as under on behalf of my said firm.</p> <p>I am responsible to the Bank for the liabilities of the firm with the Bank and Bank only recover its claims from my estate.</p> <p>I also request and authorise you until I gave you notice in writing to the contrary, to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipt for monies owing by you to me signed by me on behalf of my said firm and debit such cheque or bills notes and receipt to our said firm's a/c. whenever such a/c. for the time being in credit is overdrawn.</p> <p>Whenever any change occurs in the constitution of the said firm, I undertake to inform the Bank. The Bank will continue an account until I receive from the Bank an acknowledgment to that letter and until all my liability with the Bank are discharged.</p> <p>I agree to comply with and to be bound by the Bank's Rules for the time being in force for such accounts.</p> <p><input checked="" type="checkbox"/> _____ Signature</p>												
DECLARATION	<p><u>APPLICABLE IN CASE OF THE PARTNERSHIP FIRM</u></p> <p>Dear Sir,</p> <p>The undersigned are partners of the firm and as per instructions given overleaf, they are authorised to sign on behalf of the firm in manner as appears below and have full unrestricted authority to bind firm.</p> <p>We undertake with the intention of binding the firm as for the time being constituted by ourselves and our respective estate that :-</p> <p>(1) Whenever any change occurs in the said firm we shall give notice thereof to the above Bank at once in writing and that.</p> <p>(2) Until receipt of such notice by the above Bank and notwithstanding any provisions of the Indian Partnership Act 1932 the Bank shall be entitled to regard each of us and in case of death or insolvency of our estate as partners of the firm and accordingly entitled to honour our respective signature in the firms name as binding the firm and each of us and our respective estate and that.</p> <p>(3) Notwithstanding any provisions of the said Act or any change in the membership of the firm all acts purporting to be done on behalf of the firm before the Bank shall have received notice in manner aforesaid shall be binding on the firm and each of us and our respective estate shall continue until all liabilities. In respect of such act shall have been discharged.</p> <p><input checked="" type="checkbox"/> _____ Signature</p> <p><input checked="" type="checkbox"/> _____ Signature</p> <p><input checked="" type="checkbox"/> _____ Signature</p> <p><input checked="" type="checkbox"/> _____ Signature</p>												

VERIFICATION

I hereby declare that the details furnished above are true correct to the best of my/our knowledge and belief and I 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 would like to share my personal / KYC details with Central KYC registry.

SPECIMEN SIGNATURE

Name & C.I.D.	Specimen Signature
C.I.D. No.	
C.I.D. No.	
C.I.D. No.	
C.I.D. No.	

1st Applicable
Photo

2nd Applicable
Photo

3rd Applicable
Photo

4th Applicable
Photo

RISK USE CATEGORY	PURPOSE OF OPENING A/C : _____ SOURCES OF FUND : _____		
	APPROXIMATE ANNUAL INCOME: RS. _____ EXPECTED ANNUAL TURNOVER: RS. _____		
	(To be mentioned wherever possible with interaction with the a/c. holder) RISK CATEGORIZATION :- (TICK WHICHEVER IS APPLICABLE) (As per Bank's : <input type="checkbox"/> LOW RISK <input type="checkbox"/> MEDIUM RISK <input type="checkbox"/> HIGH RISK <input type="checkbox"/> HIGHER RISK KYC Policy)		
FOR OFFICE USE	ACCOUNT OPENED COMP. OPERATOR DATE :	KYC DOCUMENTS OBTAINED & VERIFIED WITH THE ORIGINAL (AUTHO SIGN OF BANK'S OFFICIAL)	SIGNATURE SCANNED COMP. OPERATOR DATE :

NOMINATION FORM (FORM DA-1)

Nomination under section 45ZA to 45ZF of the Banking Regulation Act 1949, (AACS)
and the Rule 2(1) of the Co-operative Bank (Nomination) Rules, 1985 in respect of bank deposits

Nomination Facility : ☐ Required ☐ Not Required

(If required, please fill up form DA-1)

I/We _____ name(s) and address(es) nominate the following persons to whom in the event
of my/our/minor's death, the amount of the deposit, particulars whereof are given below may be returned by SNC Bank _____ branch.

Deposit			Nominee				
Nature of Deposit	Distinguishing No	Additional Details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If nominee is minor his/her date of birth @

@ As the nominee is a minor on this date, I/We appoint Shri / Smt / Kumar

(Name, Address & Age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee

Place : _____

@ Strike out if nominee is not a minor.

Date

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Signature(s) / Thumb Impression(s)*

Depositor

Depositor

Depositor

Signature of First Witness *

Signature of Second Witness *

* Thumb impression(s) shall be attested by two witness and signature will be attested by one witness