

# NAVI MUMBAI CO-OP. BANK LTD.

Head Office : Block No. T-29 to T-33 & T-40 to T-46, 1st Floor, Additional Shop Cum Godown Complex, Dana Bazar, Phase-2, Sector - 19B, A.P.M.C., Vashi, Navi Mumbai - 400 703.

## ACCOUNT OPENING FORM

Branch  Date  Account No.   
1st Customer ID  2nd Customer ID  3rd Customer ID

Please fill in CAPITAL Letter. Please tick (✓) the appropriate boxes.  
Please open an account as per details given below

Deposit : Rs.  Mode : ☐ Cash ☐ Cheque ☐ Transfer From A/c. No.

Cheque No.  Date :  Bank :

Account Type :

☐ SAVING ACCOUNT ☐ CURRENT ACCOUNT ☐ TERM DEPOSIT ☐ RECURRING DEPOSIT  
☐ SMALL SAVING A/c. ☐ SOCIETY SAVING A/c. ☐ SPECIAL SCHEME :-

Customer Type :

☐ Individual ☐ Senior Citizen ☐ Minor ☐ HUF ☐ Society ☐ Proprietor  
☐ Partnership ☐ Company Pvt Ltd. ☐ Staff ☐ Member (No. )

1st Applicant's Name : ☐ Mr. ☐ Mrs. ☐ Miss ☐ Master ☐ M/s.

Surname First Name Middle Name

2nd Applicant's Name : ☐ Mr. ☐ Mrs. ☐ Miss ☐ Master ☐ M/s.

Surname First Name Middle Name

3rd Applicant's Name : ☐ Mr. ☐ Mrs. ☐ Miss ☐ Master ☐ M/s.

Surname First Name Middle Name

Guardian's / Proprietor's/ Partner's / Director's Name : 1)   
2)

## REQUEST FOR TERM DEPOSIT ACCOUNT

Type of Deposit : ☐ F.D. ☐ RIS ☐ MIS ☐ R/D ☐ <Special Scheme>

Period :  Days ☐ Months ☐ Years Interest Payment : ☐ Compound ☐ Monthly ☐ Quarterly

Effective Date :  Mode : ☐ Cash ☐ Account Transfer ☐ Pay Order

Interest Rate :  Maturity Date :  Maturity Amount :

Details of authorized Account for transfer of interest on FD/Monthly Installment of Recurring Deposit.

Type : ☐ SB ☐ Current ☐ Cash Credit / OD ☐ Others A/c. No.

Branch :  S.I. Date :

T.D.S. Exemption : ☐ 15-H ☐ 15-G

## MODE OF OPERATION

☐ Self ☐ Either or Survivor ☐ Any ☐ Jointly ☐ All Jointly ☐ Any other Instructions

Facilities Required : ☐ Cheque Book ☐ ATM cum Rupay Debit Card ☐ SMS Banking ☐ Internet Banking (As & when introduced)

## INTRODUCTION DETAILS

Introducer's Name :

Branch :  Type of Account :  Account No. :

I confirm that I am an account holder of your bank, operating account satisfactory for last more than 6 months and confirm the Identity, Occupation and Address of the applicant/s.

Introducer's Signature :

**Declaration of ATM :**

I/We declare that the above information is correct and I/We have read and hereby accept the ATM Cum Rupay Debit Card terms & conditions and to the amendments thereof. I/We hereby request the Bank to Issue me an ATM Cum Rupay Debit Card as requested and authorize the Bank to debit my/our above mentioned account for all withdrawals to be made using the card and also to recover the Bank's charges/fees as applicable from time to time

Name to be embossed on ATM Card :

New Card Number :

PHOTO

PHOTO

PHOTO

Specimen Signature

Specimen Signature

Specimen Signature

**NOMINATION FORM DA 1**

Nomination under Sec. 45ZA read with Section 56 of the Banking Regulations Act 1949 and Rule 2(1) of the Co-operative banks (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 deposit in the account, particulars whereof are given below, may be returned by **NAVI MUMBAI CO-OPERATIVE BANK LTD.**

\_\_\_\_\_ Branch.

Nature of Deposit & number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor, date of birth

\* As the nominee is a minor on this date, I/We appoint Shri /Smt /Kum \_\_\_\_\_ Age \_\_\_\_ Year \_\_\_\_ 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 are required only in case of applicant is illiterate and is affixing thumb impression)

Place :

Date :

**\*\*Signature(s)#Thumb impression(s) of Account Holder**

Signature of witness No. 1 \_\_\_\_\_ Signature of witness No. 2 \_\_\_\_\_  
Name(s) \_\_\_\_\_ Name(s) \_\_\_\_\_  
Address(es) \_\_\_\_\_ Address(es) \_\_\_\_\_

**\*\*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.#Thumb impressions shall be attested by two witness.**

Nomination Registration No. : \_\_\_\_\_ Acknowledgment of nomination received on \_\_\_\_\_

Signature & code no. Of Branch Official

Signature of account Holder/s

## Customer Information (KYC)

**for 1st Applicants/Partners/Directors, Proprietor**

Aadhaar No.   

Date of Birth :   

Pan No.   

**Residential Address :** \_\_\_\_\_

City : \_\_\_\_\_ Pin Code : \_\_\_\_\_ State : \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email : \_\_\_\_\_

**Native & Permanent Address :** \_\_\_\_\_

City : \_\_\_\_\_ Pin Code : \_\_\_\_\_ State : \_\_\_\_\_

**Business / Office Address :** \_\_\_\_\_

City : \_\_\_\_\_ Pin Code : \_\_\_\_\_ State : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Email : \_\_\_\_\_

### Additional Details

Monthly Income : Rs   

Net Worth (approx value)Rs.   

Marital Status : ☐ Single ☐ Married ☐ Other : \_\_\_\_\_

Religion : ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Other \_\_\_\_\_

Category : ☐ General ☐ OBC ☐ SC ☐ ST ☐ Other \_\_\_\_\_

Education : ☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Post Graduate ☐ Professional ☐ Other \_\_\_\_\_

Occupation : ☐ Service ( ☐ Private Sector ☐ Public Sector ☐ Government Sector )

☐ Others ( ☐ Professional ☐ Self Employed ☐ Retired ☐ House Wife ☐ Student )

☐ Business ☐ Not Categorised ☐ Occupation Type \_\_\_\_\_

Organization's Name : \_\_\_\_\_

Designation/Profession : \_\_\_\_\_ Nature Of Business: \_\_\_\_\_

### Banking Relations with other Banks :

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_ A/c. No.   

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_ A/c. No.   

Signature \_\_\_\_\_

## Certificate by Branch Head / Competent Official

The present address, contact number, T.D.S. Applicability and exemptions, have been cross-checked with the customer. Amendment, if any, are mentioned below :

I Certify that all Depositors and Guardian, if any, have signed in my presence. It has been checked with record of Depositors, Nominee and Guardian as available with us and wherever applicable the requisite documents are applicable been obtained. Declarations required as per Bank's Policy have been obtained separately & attached herewith, I, therefore, confirm that the Account be opened.

### Documents Enclosed

- |                      |   |
|----------------------|---|
| Photograph           | : <input type="checkbox"/> Latest passport size photograph  |
| Photo Identity       | : <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's I.D. Card <input type="checkbox"/> PAN / GIR ID Card                                      |
|                      | : <input type="checkbox"/> NREGA Card <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Any Other _____  |
| Residence Proof      | : <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Telephone Bill    |
|                      | : <input type="checkbox"/> Gas Connection Card <input type="checkbox"/> Bank A/C Passbook <input type="checkbox"/> Letter from employer <input type="checkbox"/> Any Other _____                        |
| Institutional Proof  | : <input type="checkbox"/> Gumasta License <input type="checkbox"/> Partnership Deed <input type="checkbox"/> M.A & A.A. <input type="checkbox"/> Trust Deed <input type="checkbox"/> Regd. Certificate |
| Authorisation Proof  | : <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Resolution   |
| <b>Risk Category</b> | : <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low  |



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

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

Signature of Officer \_\_\_\_\_

Signature of Manager \_\_\_\_\_

## Proprietorship / Partnership Concern :

To,

Navi Mumbai Co-op Bank Ltd.

Branch .....

Dear Sir,

I / We, the undersigned inform you that I/we am/are the sole Proprietor/Partners/Directors of the firms / company / Society / Association / Union / Trust etc. Named M/S. .... and I/We, Solely / Jointly and Severally responsible for liabilities thereof. I shall promptly advise you in writing of an change that may take place in the constitution of the firm and I/We will be liable to you for any obligation which may be standing in the firms/ company / society / association / union / trust etc. names in your books on the date of receipt of such obligation shall have been liquidated.

Address stamp :

Signatures with Stamp

Proprietor / Partners/ 1) \_\_\_\_\_  
Directors Name and 2) \_\_\_\_\_  
Signatures 3) \_\_\_\_\_

### Form 60 61 for Customers who do not have PAN.

Form of Declaration to be filled by a person who does not have PAN / GIR No. and who makes payment in cash in respect of transaction specified in Clauses (a) to (h) of Income Tax Rule 114B

1. Full Name and Address of the Declarant \_\_\_\_\_
2. Particulars of Transaction \_\_\_\_\_
3. Amount of Transaction Rs. \_\_\_\_\_
4. Are you assessed to Tax? ☐ Yes ☐ No
5. If Yes
  - i) Details of Ward / Circle / Range where the last return of Income was filled
  - ii) Reasons for not having PAN / GIR No.

\*\*Details of document being produced in support of address in Column No.(I)

#### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the day \_\_\_\_\_ of \_\_\_\_\_ at \_\_\_\_\_

Date :

Place :

Signature of Declarant

I / We declare and confirm That :

I / We have read the rules of the bank and agree to abide by the same. I / We agree to inform the bank whenever any change occurs my / our Address / Constitution / Partnership / Articles and / or Memorandum of association. I / We confirm that to the best of my / our knowledge and belief the above information is correct. I / We will indemnify you against any loss or damage you may suffer should any of the information prove to be incorrect.

Signature Of Account Holder/s