

THE YAMUNA NAGAR CENTRAL CO.-OPERATIVE BANK LTD.

YAMUNA NAGAR -135 001

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Supervisor Incharge

Account Number	<u>r </u>		Account Num	ber		Acco	ount Numbe	r
erm Deposit 1.		2.			3.			
FDR RITD Recurring			Installment_	(for R	D) O	thers (please	specify)	
lease recover instalment for the recurring		ings bank acco						
nterest payout : Quarterly	Monthly	/		ity (Comulative))			
Senior citizen : No	MATURITY / II	(please attachp	· ·	NSTRUCTIO	NS			
On maturity of Fixed Deposit	MATORITITI	TERESTI	AIMENTI	NOTROOTIC) NO			
A) renew principal and interest	renew principal on	nly issue	dd/pay order	В) 🔲 а	wait renewal	instructions p	ost maturity	<i>y</i>
same tenure at the rate of interest prevailing	g on maturity)					pecific instruct able savings b		
Credit to account no.					ed thereafter)	· ·		
for regular interest payment (fill only in ca	se of monthly/quarter	ly interest payo	ut and on matu				h the princi	pal)
Credit to account no.					ue dd/pay ord	der		
4. Please tick in the respective boxes if y		FACILITIES e following fac		D				
Cheque Book Collect from the E		h to my commun		Statemen	nt by E-mail	Mobile Ba	anking	Debit Card
Sweep-in-facility : Please clear my Che		•	oanon naarooo	0.0.0	,		g]20211 00110
funds from my/our Savings/Current Ac		y transferring						
Foreign remittances expected	Country Code No.							
Expected Annual Turnover in the account (For current account or	nly)			_			_
<10 Lacs 10 Lacs<50 Lacs 50 L	Lacs<1 Cr. 1Cr-<5 C	5 Cr<	10 Cr 1	0 Cr-<25 Cr	25Cr-<50Cr	50Cr-<1	00 Cr	>100 Cr
Interest Payment Frequency :		Monthly	Qu	ıarterly	Halfye	arly	Matu	rity
nterest/Maturity Payment Instructions :	Transfer to Savings	s/Current A/c No.		$\overline{}$			-	
By NEFT/RTGS								ш
Beneficiary Bank		Bra	ınch			Accoun	t No.	
	$\neg \neg \neg \neg$			$\Box\Box$				
	ACCOLL	NT OPERATION	ON & DECL	APATION				
1st applicant						0 1 1		
тэт аррисант		2nd a	applicant			3rd applica	nt	
Signature		Sig	nature			Signature)	
Applicant/guardian should also sign acro	ss photographs as we	ell as in the spa	ce provided fo	r signature.				
For Bank Use								
Risk Level (Customers Profile)		-		2 (Medium Ris		_evel 3 (High	•	
I hereby certify that all the necessary K requirement of the Bank. I hereby confirn			-				-	-
ncluded in caution advices/black list. Bas				lowed to open t	-			
							Branc	h Manager
	Α	DDITIONAL I	NFORMATIC	DN				
Name of Spouse-Mr./Mrs. :				_Education qua	lification of S	pouse		
Date of birth of spouse : d d m	m y y y y							
Mother Tongue:								
Details of children :								
1.Name	_Male/Female DOB:_		_ Resider	nt/ Non-res	sident I	Married/	Single	
2.Name	_Male/Female DOB:_		Resider	nt/ Non-res	sident I	Married/	Single	

Income : Mon	thly Annually	Assets (approxima	age value) : Rs	
Religion : Hindu Musl	im Christan	Sikh	Others	
Category: General OBC	sc Sc	ST	_	
Educational Qualification : Non-	-Graduate Graduate	Post Graduate	Others	
Occupation Type : Salaried Self	-employed Business	Retired	Student Others	
Organization's Name		signation/Profess	ion:	
PassportNo	*Other	rs		
PAN	OR Form 60/61			
Vehicle: Car	Two-Wheeler	Other		
Life Insurance Value: Upto 2 Lakh:	s Upto 5 Lakhs	Above 5 Lakhs		
House : Ancestral	Owned	Rented	Employers	
Name of the Bank/Financial Institution				
Existing Loans : Car Loan	Home Loan	Personal Loan	Educational Laon Business/Ag	riculture
Credit Card : Y/N If Y	es, Name of Issuing Bank/Inst	itution	_	
Name of other dealing banks :				
Form DA I - Nomination Form				
Nomination Registration No.				
Nomination : Nomination under Sec 45 ZA of the Deposits. (Form DA1)	e Banking Regulations Act, 1949 and	Rule 2(1) of the Banki	ng Companies (Nomination) Rules 1985 in respec	t of Bank
I/We	(r	names) nominate the fo	llowing person whom, in the event of my/our/mino	or's death.
the amount of the deposit in the amount may be	e returned by The Yamuna Nagar Cer	ntral Co Op. Bank I td	Bran	ch
	Totaliou by The Tamana Hagar Cor	<u> </u>	Dian-	
Name & Address of the Nominee	Relationship with the Depositor in	f any Age	If Nominee is a minor his/her Date of Birt	h
Name & Address of the Nominee	Relationship with the Depositor i	f any Age	If Nominee is a minor his/her Date of Birt	h
Name & Address of the Nominee	Relationship with the Depositor i	fany Age	If Nominee is a minor his/her Date of Birt	h
		f any Age	If Nominee is a minor his/her Date of Birt	h
*As the nominee is a minor on this date. I/we a	ppoint			
	opoint(Name	Address, Age & Relation	onship with depositor, if any) to receive the amour	
*As the nominee is a minor on this date. I/we a deposit/insurance claim amount in the account	opoint(Name	Address, Age & Relation	onship with depositor, if any) to receive the amour	
*As the nominee is a minor on this date. I/we a deposit/insurance claim amount in the account	opoint(Name on behalf of the nominee in the even	Address, Age & Relation	onship with depositor, if any) to receive the amour	
*As the nominee is a minor on this date. I/we and deposit/insurance claim amount in the account Signature (Depositor)	opoint(Name on behalf of the nominee in the even	Address, Age & Relation	onship with depositor, if any) to receive the amour	it of the
*As the nominee is a minor on this date. I/we a deposit/insurance claim amount in the account Signature (Depositor)	opoint(Name on behalf of the nominee in the even	Address, Age & Relation to f my/our minor's dea	onship with depositor, if any) to receive the amour th during the minority of the nominee.	it of the
*As the nominee is a minor on this date. I/we a deposit/insurance claim amount in the account Signature (Depositor)	opoint(Name on behalf of the nominee in the even	Address, Age & Relation to f my/our minor's dea	onship with depositor, if any) to receive the amour th during the minority of the nominee.	it of the
*As the nominee is a minor on this date. I/we a deposit/insurance claim amount in the account Signature (Depositor) Personal Details & Signature of the Witness (1) Name: Address:	opoint(Name on behalf of the nominee in the even	Address, Age & Relation to f my/our minor's dea	onship with depositor, if any) to receive the amour th during the minority of the nominee.	it of the
*As the nominee is a minor on this date. I/we a deposit/insurance claim amount in the account Signature (Depositor)	opoint(Name on behalf of the nominee in the even	Address, Age & Relation to f my/our minor's dea	onship with depositor, if any) to receive the amour th during the minority of the nominee.	it of the
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Branch Manager

3 (a) KNOW YOUR CUSTOMER	DETAILS:
Attach the copies of the documents opted for and produce the original copies of these of	locuments for verification.
Identity Proof : Passport Copy Voter ID Card	PAN CARD AADHAR CARD
Driving License ID Card Issued by Re	puted Employer Other Photo ID Card
Document Identification No. Issuing Authority	Place of Issue
Date of Issue Valid Up to	
	\Box
D D M M Y Y Y D D M M Y Y Y	
3 (b) KNOW YOUR CUSTOMER	DETAILS:
Residence Proof : Gas Connection Receipt Telephone Bill	Electricity Bill Bank a/c Statement Ration Card
Document Identification No. Issuing Authority	Place of Issue
Date of Issue Valied up to	
D D M M Y Y Y Y D D M M Y Y Y	Y
घोषणा–पत्र	
(केवलव र्तमान/भूतपूर्वब [*] कर टाप	ज्स दस्योंप रल ागू)
Ĥ,	पुत्र/पुत्री/पत्नी
पदनामशाखा	
इस बैंक की शाखा में अपना बचत	
खोला हुआ है। मैं यह घोषित करता/करती हूँ कि इस खाते में जो	·
किसी रिश्तेदार/मित्र/अन्य की नहीं है। मुझे इस खाते पर स्टाफ स	
दी जाये।	3,141
या आया	
स्थान :	हस्ताक्षर ————
<u>~ :-</u>	
दिनांक :	कर्मचारी का नाम

	n to be filled by a person who does not have nt Number and who enters into any transaction 4-B	Form of declaration to be filled by a person wincome and is not in receipt of any other income Tax in respect of transactions specifi	ome chargeable to
1. Full Name & Addres	ss of the declarant	Full Name & Address of the declarant	
(ii) Reasons for not have	tion	2. Particular of Transaction 3. Details of documents being produced in support o Column (1) I hereby declare that my source of income is from required to pay income-tax on any other income, if ar Date:	f address in Yes/No
	Signature of the Declarant	VERIFICATION	
is stated above is true	VERIFICATION do hereby delcare that what to the best of my knowledge and belief day of	I, do he is stated above is true to the best of my knowledge at Verified Today, the da	nd belief.
Place	Signature of the Declarant	Place Sig	nature of the Declarant
FORM No. 60	TO BE FILLED BY THOSE W	HO DO NOT HAVE PAN / GIR	FORM No. 61
	n to be filled by a person who does not have nt Number and who enters into any transaction 4-B	Form of declaration to be filled by a person with income and is not in receipt of any other income Tax in respect of transactions specifi	ome chargeable to
1. Full Name & Addres	ss of the declarant	Full Name & Address of the declarant	
(ii) Reasons for not have	tion	2. Particular of Transaction 3. Details of documents being produced in support of Column (1) I hereby declare that my source of income is from required to pay income-tax on any other income, if ar Date:	agriculture and I am no
	Oimatura of the Dail	VERIFICATION	
	Signature of the Declarant VERIFICATION		reby delcare that what
I,	do hereby delcare that what	is stated above is true to the best of my knowledge a	-
is stated above is true	to the best of my knowledge and belief.		v of

Verified Today, the ___

Date.....

Place.....

____day of _

Signature of the Declarant

Verified Today, the ____

Place.....

TO BE FILLED BY THOSE WHO DO NOT HAVE PAN / GIR

FORM No. 61

Signature of the Declarant

FORM No. 60

GAR		ATURE CARD		
Mod	de of Operation Self Eith	ner or Survivor Jointly		
	Former or Survivor Any o	ne or Survivor	Name of Firm/Compa	any (In case of Current A/
	Other	_		
	Name(s) & Addre			
ant		S/o,W/o		
cant		S/o,W/o		
ant	Name Signature	S/o,W/o	p,D/o PAN	Mobile No
ant	G	Occupation	PAN	Mobile No
ant				
ant				
ant				
	1st applicant PHOTO	2nd applicant PHOTO		3rd applicant PHOTO
		Checked & Verifie		Allowed
-11		Checked & verille	ed	Allowed
	me	Acctt.	ed	Branch Manager
	THE YAMUNA NAGAI	Acctt. R CENTRAL COOPERAT	VE BANK LTD., '	Branch Manager YAMUNA NAGAR-1
O.ORERADINA P. S.	THE YAMUNA NAGAI	Acctt. R CENTRAL COOPERATI ATURE CARD	VE BANK LTD., \ Type of A/c_	Branch Manager
O.ORERADINA P. S.	THE YAMUNA NAGAI SPECIMEN SIGN de of Operation Self Eith	Acctt. R CENTRAL COOPERAT ATURE CARD ner or Survivor Jointly	VE BANK LTD., ' Type of A/c_ A/c No	Branch Manager
O.OPERATION P. S. L.	THE YAMUNA NAGAI SPECIMEN SIGN de of Operation Self Eith Former or Survivor Any o	Acctt. R CENTRAL COOPERAT ATURE CARD ner or Survivor Jointly	VE BANK LTD., ' Type of A/c_ A/c No	Branch Manager YAMUNA NAGAR-1
O.ORERADINA P. S.	THE YAMUNA NAGAI SPECIMEN SIGN de of Operation Self Eith	Acctt. R CENTRAL COOPERAT ATURE CARD ner or Survivor Jointly one or Survivor	VE BANK LTD., ' Type of A/c_ A/c No	Branch Manager YAMUNA NAGAR-1
Mod	THE YAMUNA NAGAI SPECIMEN SIGNA de of Operation Self Eith Former or Survivor Any of Other Name(s) & Addrese	Acctt. R CENTRAL COOPERAT ATURE CARD ner or Survivor Jointly one or Survivor	VE BANK LTD., ' Type of A/c_ A/c No Name of Firm/Compa	Branch Manager YAMUNA NAGAR-1
Mod	THE YAMUNA NAGAI SPECIMEN SIGNA de of Operation Self Eith Former or Survivor Any of Other	Acctt. R CENTRAL COOPERATION ATURE CARD ner or Survivor Jointly one or Survivor ss	Type of A/cA/c NoName of Firm/Compa	YAMUNA NAGAR-1
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O.OPERATION P. S. L.	THE YAMUNA NAGAI SPECIMEN SIGNA de of Operation Self Eith Former or Survivor Any of Other Name(s) & Address Name Name Signature	Acctt. R CENTRAL COOPERAT ATURE CARD mer or Survivor S/o,W/o S/o,W/o Occupation	Type of A/cA/c NoName of Firm/Compa	YAMUNA NAGAR-1 any (In case of Current A/
Moderant ant cant	THE YAMUNA NAGAL SPECIMEN SIGNA de of Operation Self Eith Former or Survivor Any of Other Name(s) & Addres Name Name	Acctt. R CENTRAL COOPERATION ATURE CARD ner or Survivor Jointly one or Survivor S/o,W/o S/o,W/o	Type of A/cA/c NoName of Firm/Compa	YAMUNA NAGAR-1

Checked & Verified

Acctt.

Nomonee's Name____

Date _

Allowed

Branch Manager