



**THE ANGUL UNITED CENTRAL
CO-OPERATIVE BANK LTD.
ANGUL**

.....BRANCH

For Bank use only									
Branch Code					Customer ID				
Account No.									
Date									

I / We request you to open my / our deposit account with your Branch as under (Tick relevant type of account)

Savings Bank A/c Current A/c Recurring Flexi Deposit Reinvestment Term OSCB Term Other Deposit A/c

In case of Savings Bank Account (Please tick from the following) :

With cheque facility Without cheque facility No-Frills (Small Deposit) Zero Balance Others

In case of Fixed Deposits

Period	Amount	Int. Rate	Maturity amount	Auto renewal on Maturity (Prin. + Int.) Pl. tick ()	Auto Renewal on Maturity (Principal only)	Interest to be credited to Savings A/C - Pl. tick ()

In case of Recurring Deposits :

Months	Instalment Amount	Maturity Date	Maturity Value	On Maturity Amt. to be credited to Account

Operating Instruction : Through Cash Transfer from SB A/c CC A/c CD A/c

Mode of Operation : (Please mark tick in appropriate Box) :

Single Either or survivor Former or survivor Jointly Any one or survivor(s) Others (specify) On behalf of Minor

Service Required : ATM-cum-Debit Card Internet Banking SMS / Mobile Banking Tele Banking

Full Name (In Block Letters)

	1st Applicant / Proprietor / Partner / Director	2nd Applicant Partner / Director	3rd Applicant Partner / Director
First Name			
Middle Name			
Surname			

Name of Father / Husband (leave 1 box between 1st, 2nd & Sur-name)

Date of Birth

Relationship to 1st Applicant

PAN No. (If obtained) else 60/61 Form

Sex (tick) Male Female

Affix recent passport size colour photograph with signature across the Photo (enclose one more photo for passbook)			

Specimen Signature

Left Thumb Impression (Male) / Right Thumb Impression (Female)

	1st Applicant / Proprietor / Partner / Director	2nd Applicant Partner / Director	3rd Applicant Partner / Director
	Permanent Address		Permanent Address
Flat/Building			
Street/Road/Area/ Locality			
District			
Pin Code			
	Correspondence Address		Correspondence Address
Flat/Building			
Street/Road/Area/ Locality			
District			
Pin Code			
Telephone (Office)			
Telephone (Res.)			
Mobile No.			
e-mail Address			

Documents produced in support of proof of identity and Proof of address

Proof of Identity (Mention Paper enclosed)			
Proof of Address (Mention Paper enclosed)			

Personal details (Please tick) :

	1st Applicant	2nd Applicant	3rd Applicant
Educational Qualification :	Non Matric SSC / HSC Graduate Post Graduate Professional Others (Specify)	Non Matric SSC / HSC Graduate Post Graduate Professional Others (Specify)	Non Matric SSC / HSC Graduate Post Graduate Professional Others (Specify)
Occupation (Please tick)	Agriculture Self Employed Business Salaried Student Land Lord / Cultivator Politician Housewife Other (Specify)	Agriculture Self Employed Business Salaried Student Land Lord / Cultivator Politician Housewife Other (Specify)	Agriculture Self Employed Business Salaried Student Land Lord / Cultivator Politician Housewife Other (Specify)
Monthly Income (Please tick)	Upto Rs. 50,000/- >Rs. 50,000/- - Rs. 1.50 lakh >Rs. 1.50 lakh - Rs. 5.00 lakh > Rs. 5.00 lakh	Upto Rs. 50,000/- >Rs. 50,000/- - Rs. 1.50 lakh >Rs. 1.50 lakh - Rs. 5.00 lakh > Rs. 5.00 lakh	Upto Rs. 50,000/- >Rs. 50,000/- - Rs. 1.50 lakh >Rs. 1.50 lakh - Rs. 5.00 lakh > Rs. 5.00 lakh
Source of Income	Salary / Pension Business Investment Agriculture House Property Others (specify)	Salary / Pension Business Investment Agriculture House Property Others (specify)	Salary / Pension Business Investment Agriculture House Property Others (specify)
Status (Please tick)	Senior Citizen Staff Ex. Staff Pensioner Minor Others / Genral	Senior Citizen Staff Ex. Staff Pensioner Minor Others / Genral	Senior Citizen Staff Ex. Staff Pensioner Minor Other / Genral
Category (Please tick)	General OBC ST SC	General OBC ST SC	General OBC ST SC

Details on having A/c in any other Bank(s) if so give details.

Name of the Bank :

Branch :

Type of A/c (s) / Facility (ies) :

Account No. :

Name of the Bank :

Branch :

Type of A/c (s) / Facility (ies) :

Account No. :

Name of the Bank :

Branch :

Type of A/c (s) / Facility (ies) :

Account No. :



NOMINATION FORM

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposit.

I / We nominate the following persons to whom in the event of my/ our/ minor's death, the amount of deposit held in the account, particulars whereof are given below may be returned by AUCC Bank Branch.

DEPOSIT			NOMINEE				
Name of the deposit	Account number	Additional details (if, any)	Name of the nominee	Address of the nominee	Relationship with depositor	Age	If Nominee is minor, his/her DOB #

As the nominee is a minor on this date. I/We appoint Mr/Mrs/Miss (Name, Address and Age) to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place

Date

(Strike out if nominee is not minor)

*Signature(s)/ Thumb Impression of Depositor(s)	@Signature, Name and Address of Witness(es)
	Witness No. 1 (Name) : Address : Signature
	Witness No. 2 (Name) : Address : Signature

**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/Impression(s) of depositor(s) should be witnessed by two person(s), Signature (s) of depositor(s) should be witnessed by one person.*

Tear off from here

ACKNOWLEDGEMENT



**THE ANGUL UNITED CENTRAL
CO-OPERATIVE BANK LTD.
ANGUL**

Date :

_____ Branch

We acknowledge receipt of nomination made by you in favour of Shri / Smt./ Ms.
aged..... years in respect of your (Account type) vide Account No. on Form.

Yours faithfully,
Branch Manager

Minor (Date of his attaining Majority)

Name of Parent / Natural Guardian

DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN

Address of the Guardian

I hereby declare that the date of birth of minor is ____/____/____ and he/she is my _____ and I am his / her natural guardian / lawful guardian appointed by the court order dated _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attaining majority. I indemnify the Bank against the claim of above minor for any withdrawal / transaction made by me in his / her account

Signature of the Guardian

CUSTOMER INTRODUCTION

Introduction by Existing AUCCB Customer

Introduction well-known local authorities# or through staff members*

I / We confirm that I am / are an account holder with AUCCB for over 6 month and KYC compliant I / We certify that I / We have known Mr. / Mrs. / Ms. / Messrs _____ since last _____ months / years and confirm his / her / their identity, occupation / business and address state in this application to open an account .

I / We certify that I / We have known Mr. / Mrs. / Ms. / Messrs _____ since last _____ months / years and confirm his / her / their identity, occupation / business and address state in this application to open an account with AUCC Bank.

Name : _____

Name : _____

Customer ID : _____

Designation : _____

Account No. _____

Name of the Office : _____

Signature _____

Name of the Bank having A/c : _____

Account No. _____

Signature _____

DECLARATION

I / We am / are resident of India.

I / We am / are residents of India. I / We have read Account Rules and hereby agree to be bound by the terms and conditions outlined to these rules which govern the account which I / We am / are opening with AUCC Bank. I / We understand that Bank may at its absolute discretion to discontinue any of the service completely or partially in event of any violation of rules of Bank / BR Act/ 1949. I / we authorise AUCC Bank or its agents to make references and enquires as may be deemed necessary in their discretion with regard to information furnished in this application, which have been true. AUCC Bank and its agents are empowered to exchange, share or part with all information, data or documents relating to my / our application inter se among themselves or to other Banks / Credit Bureaus / Agencies / Statutory bodies as may be deemed necessary or appropriate.

I / we further hereby declared that the information furnished in this application form are true and correct to the best of my knowledge and belief.

Full signature

1st Applicant _____

2nd Applicant _____

3rd Applicant _____

Date _____

Date _____

Date _____

DECLARATION IN CASE OF "NO. FRILLS (SMALL DEPOSIT) ACCOUNT"

I/We am / are resident of India

As I / We do not possess required document to be fully KYC compliant, I/We certify that the address as mentioned and document furnished to open an account are true and correct, I/we also understand that the balance in the account at any time will be limited to Rs. 50,000/- and total transaction in the year will be restricted to Rs.1.00 lakh. As and when the balance or total transaction exceed these limits, AUCC Bank Account as a normal Savings Bank Account and normal KYC procedure as per Bank's extant guidelines will be followed. In the event of non-submission of required documents to the Bank, AUCC Bank has the right to freeze/ close the account I/We further hereby declared that the information furnished in this application form are true and correct to the best of my knowledge and belief.

Signature / LTI / RTC of Applicant

Date : _____



Form 60/61 (to be filled by those who do not have PAN)

Form - 60

Are you a Tax Assesses (Please tick mark)

Yes

No

If yes,

a) Details of Ward / Circle / Range where the last return of income filed

.....

b) Reason of not having PAN No.....

FORM - 61

(To be filed by a person who has only agricultural income and no other income chargeable to Income Tax)

I here by declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any.

Verification :

I, do hereby declare that what is stated is true to the best knowledge and belief.

Verified at this the day of 20

Date

Place

.....

(Signature of the Declarant)

FOR BANK'S USE ONLY

	Description	Name of the authorised officer and designation	Signature
1	Application Interviewed by		
2	Document(s) of identification / Address proof as required ave been verified with original by		
3	Letter of thanks sent to account holders / introducer on		
4	Money Laundering Risk classification (please tick the appropriate box and strike the rest. Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>		

I have met the account opener(s) Mr. / Mrs. / Ms. _____ in person and hereby confirm that KYC Norms are fully complied with and further confirm that.

- (i) a) The introducer has visited the Branch of Yes No
- b) The introducer has not visited the Branch but written confirmation obtained Yes No
- (ii) The signature of the introducer is verified and KYC compliant. Yes No

Signature of the Authorised Officer

Date : _____

I have verified the documents submitted and confirm that KYC Norms are fully complied with.

 Signature of the Branch Manager / Addl. Branch Manager / Senior most Officer