JAIN CO-OPERATIVE BANK LTD.

ESTD. 1939

Branch _____

SAVING FUND/CURRENT/OD/CCL ACCOUNT

ACCOUNT
NO. .....

PASSPORT SIZE PHOTO OF APPLICANT 1	PASSPORT SIZE PHOTO OF APPLICANT 2

SPECIMEN	SPECIMEN
Applicant 1	Applicant 2
1.	
2.	
3.	
4.	

Name in Full _____
(in block letter)

S/o D/o W/o Sh. _____

Address _____

_____

Gender : Male/Female/Other _____

Mob. No. _____ Ph. _____

PAN No. _____ GST NO. _____

Operation Instructions, if any _____

Introducer A/c No. _____

Name _____ Sign _____

Mob. No. _____ Ph. No. _____

VERIFIED
ACCOUNTANT/MANAGER

I nominate Sh./Smt. ..... Relationship .....

Witness ..... Signature

JAIN CO-OPERATIVE BANK LTD.

ESTD. 1939

Branch _____

SAVING FUND/CURRENT/OD/CCL ACCOUNT

ACCOUNT NO. .....

Applicant 1 (CUST_ID) _____

Name : _____

S/o, W/o D/o : _____

Address : _____

Gender : Male/Female/Other _____

DOB : _____

Occupation : _____

Aadhar No. : _____

PAN No : _____

Sign. : _____

Applicant 2 (CUST_ID) _____

Name : _____

S/o, W/o D/o : _____

Address : _____

Gender : Male/Female/Other _____

DOB : _____

Occupation : _____

Aadhar No. : _____

PAN No : _____

Sign. : _____

DATE OF A/C OPENING

OPENED BY _____ SIGN _____

VERIFIED BY _____ SIGN _____

MANAGER _____ SIGN _____

JAIN CO-OPERATIVE BANK LTD.

H.O. : 80, DARYA GANJ, NEW DELHI-110002

_____ BRANCH

FILE NO.
ACCOUNT
DATE

I/WE REQUEST YOU TO OPEN A CURRENT ACCOUNT WITH YOU FOR WHICH I/WE INITIALLY DEPOSIT RS._____ (RUPEES_____)

I / WE HAVE READ BANK RULES AND AGREE TO BE BOUND BY THEM.

☐ PLEASE ISSUE ME / US CHEQUE BOOK.

I / WE DECLARE THAT

☐ I / WE AM / ARE NOT OPERATING ACCOUNT WITH ANY OTHER BANK.

☐ I / WE AM / ARE OPERATING_____ ACCOUNT WITH_____ BANK _____BRANCH.

TITLE ACCOUNT

ADDRESS

TELEPHONE NO.

BUSINESS

NAME (S)

SPECIMEN INSTRUCTIONS

The account will be operated upon by cheques will be drawn by and balance payable to

SPECIMEN SIGNATURE (S)

NOMINATIONS (FOR PERSONAL ACCOUNTS ONLY)

NAME	AGE	ADDRESS FOR FIRST NOMINEE

FOR OFFICE USE

LETTER FOR THANKS SENT ON_____

INTRODUCER CONTACTED ON_____

VERIFIED

Authorised Signatory_____ Case No._____

Date A/c Opened _____

INTRODUCTION

I certify that have known Mr. / Mrs. M/s_____ Since the past_____ months/yrs. and confirm his/her occupation and address as stated in his application.

A/c No.

(Signature of Introducer)

DECLARATION TO BE GIVEN ON THE ANNEXURE

NOTE : SEPARATE SPECIMEN SIGNATURE CARD TO BE OBTAINED .

जैन को०-ऑपरेटिव बैंक लि०

प्रधान कार्यालय : 80, दरियागंज, नई दिल्ली-110002

_____ शाखा

फाईल सं०	
खाता सं०	
दिनांक	

मैं/हम आपके पास एक चालू खाता खोलने का अनुरोध करता हूँ/करते हैं, जिसके लिए मैं/हम प्रारंभ में रू०

(रूपये_____) जमा कर रहा हूँ/रहे है।

मैंने/हमने बैंक के नियमों को पढ़ लिया है, मैं/हम उनसे आबद्ध रहना स्वीकार करता हूँ/करते हैं।

☐ कृपया मुझे/हमें चैक बुक जारी करे।

मैं/हम घोषणा करता हूँ/करते हैं कि

☐ मेरा/हमारा किसी अन्य बैंक में चालू खाता नहीं है/हैं।

☐ मेरा/हमारा_____बैंक _____शाखा में _____खाता है।

खाते का शीर्षक

पता	विशेष अनुदेश
	खाते व परिचलन, चैकों का अहरण निम्नलिखित द्वारा किया जायेगा और शेष राशि उन्हें देय होगी।
टेलीफोन नं0	
कारोबार	
नाम	नमूना हस्ताक्षर

नामांकन (केवल व्यक्तिगत खातों के लिए)

नाम उम्र	प्रथम नामित व्यक्ति का पता

कार्यालय के प्रयोग के लिए

धन्यवाद पत्र दिनांक_____को भेजा

परिचयदाता से दिनांक_____को संपर्क किया

सत्यापित

प्राधिकृत हस्ताक्षरकर्त्ता_____ कोड नं०_____

खाता खोलने की तारीख_____

परिचय

मैं प्रमाणित करता हूं कि

श्री/श्रीमती/मैसर्स_____

को मैं पिछले_____महीनों/वर्षो से जानता हूँ। और इस आवेदन पत्र में बताये गये उनके व्यवसाय तथा पते की पुष्टि करता हूँ।

खाता सं0

(परिचयदाता के हस्ताक्षर)

घोषणा अनुलग्नक में दी जानी चाहिए

नोट : अलग से नमूना हस्ताक्षर कार्ड प्राप्त किया जाना चाहिए।

Dated:

The Branch Manager
Jain Cooperative Bank Ltd.
_____Branch
Delhi/New Delhi

Reg: Consent for downloading CKYCs record

I, hereby, give my consent for downloading my CKYC record from Central KYC Records Registry (CKYCRR).

Thanks;

Yours faithfully,

Sig.
Name
PAN
Mobile No.

Declaration (Please mark ✓ in appropriate boxes) :

[ ] I/we declare that I/we do not enjoy any credit facilities with other bank/s.
[ ] I/we declare that I/we have following deposit accounts and / or credit facilities with your / other banks branches :

Bank & Branch	Place of Bank/ Branch	Type of Account/Facility	Amount	Account No.

(Sole / First Applicant) (2nd Applicant) (3rd Applicant)

Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).

Name :			Account No.
Address :			Date of opening of the A/c.
			Customer ID :
Pin :	E-mail		Branch Name :
Tel No.	Mobile	Fax	Type of A/c. SB/ CA/ CC / OD

I/We certify that, Mr. / Mrs. / Ms. _____ is/are known to me/us personally since last _____ months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge & belief.

Form DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

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 jain Co-operative 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 minor on this date, I/We appoint Shri / Smt / Kumari _____ (Name Address and Age) to receive the amount of deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee

Place : _____
Date : _____

Strike out it nominee is not a minor.

@ Signature, Name and Address of Witness	*Signature / Thumb Impression of Depositors

*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.
@ Signature(s) of depositor (s) should be witnessed by one person, thumb impression (s) of depositor(s) should be witnessed by two person(s).

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

Form 60

	1. Yes/No	2. Yes/No	3. Yes/No
1. Are you assessed to tax?			
2. If Yes.			
i) Details of Ward/Circle/Range where the last return of income was filed?			
ii) Reasons for not having permanent Account No. / General Index Register No. ?			

Verification :

I/we ..... do hereby declare that what is stated above is true to the best of my knowledge & belief.

Date : Place : Signature's

KYC IDENTIFICATION DOCUMENT TO BE SUBMITTED BY APPLICANT

(Any one document from each of the following two lists subject to Bank's satisfaction)

LIST - I (Latest/ recent photo identification document
1. Passport (Must for NRI)
2. Driving License with Photograph
3. Voter's Identity Card.
4. PAN Card, Govt. ID Card
5. Identity Card/Confimation from employer
6. Any other document with photograph evidencing identity of the applicant/s acceptable to the Bank.

LIST-II (Latest/ recent documents showing address proof)
1. Passport
2. Driving License with address, Voters" Identity Card.
3. Telephone Bill, Electricity Bill, Ration Card.
4. Bank account statement (with address)
5. Any documentary evidence in support of residential address acceptable to the Bank.
6. In case of married women address proof of the groom in acceptable

For Office Use

Sr. No.	Description	Name of Authorised Staff	Signature
1.	Applicant interviewed & purpose ascertained by		
2.	Document/s of identification/Address Proof listed above were verified with original by		
3.	Letter of thanks sent to A/c. holders and Introducer on _____		

KYC CERTIFICATION :

I have met the account opener/s Mr./Ms. _____
Mr./Ms. _____ Mr./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.
OR
b) The introducer has not visited the branch but written confirmation obtained.

ii) The signature of the introducer is verified and his/her Account is more than six months old and KYC Compliant.

Date : Signature of Head of the Department

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

Signature of
Branch Manager / Dy. Manager

1st Applicant		2nd Applicant	3rd Applicant

JAIN CO-OPERATIVE BANK LTD.

H.O. 80, DARYA GANJ, NEW DELHI-110002

ACCOUNT OPENING FORM FOR INDIVIDUALS

Branch : _____

Account No.

Date : _____

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

TYPE OF ACCOUNT	SCHEME NAME	TYPE OF ACCOUNT	SCHEME NAME
Savings Bank A/c			
Current A/c		Term Deposit A/c	
		Any Other A/c	

FULL NAME, in CAPITAL LETTERS (in the order of first, middle and last name, leaving a space between words)

1.	Male	Female	Others
2.	Male	Female	Others
3.	Male	Female	Others

	Date of Birth (dd/mm/yyyy)	PAN (if not available, please attach Form 60/61)	Customer ID (If any existing)
1.			
2.			
3.			

	Occupation*	Marital Status	Annual Income (in Rs.)	Relationship with 1st applicant	Nationality	Father's / Spouse Name	Mother's Name
1.							
2.							
3.							

*** Please Choose from the following :**

SALARIED	SELF EMPLOYED	PROFESSIONAL	POLITICIAN	HOUSEWIFE	STUDENT	DEFENCE STAFF
RETIRED	STOCK BROKER	AGRICULTURAL	ANTIQUE DEALER	ARMS DEALER	BUSINESS	OTHERS

NAME OF THE GUARDIAN (In Case Of Minor) : (Attach Proof for minor's DOB)	Relationship with minor (✓ tick one)				
	F & NG	M & NG	Legal*	De facto	Others

*In case of legal guardian (guardian appointed by Court), enclose copy of the court order.

Name and Address of Employer		
First Applicant	2nd Applicant	3rd Applicant

Operating Instructions (Please mark ✓ in appropriate Box):

Self	Either or Survivor	Former or Survivor	Jointly	Any one Or Survivor/s	Others (Pl. Specify)

RESIDENTIAL ADDRESS			
	First Applicant	2nd Applicant	3rd Applicant
Flat No/Bldg Name			
Street/Road & Area/Locality			
City and District			
State and country			
Pin Code			
Tel No. Fax No.			
Mobile			
E-mail			

OTHER INFORMATION : (✓ tick one)

Education :

Non Martic	SSC/HSC	Graduate	Post Graduate

Annual Income (Rs.) :

Upto 250000	Upto 500000	Upto 750000	Upto 1000000	Upto 1500000	Above 1500000

Expected Annual Turnover in the A/c : Rs._____

If Salaried, employed with : (✓ tick one)

Private	Public / Private Ltd.	MNC	Government	Pensioner	Other (Pl. Specify)

If Professional : (✓ tick one)

Doctor	Architect	CA / CS	IT Consultant	Engineer	Lawyer	Other (Pl. Specify)

If Business : (✓ tick one)

Manufacturing	Real Estate	Service Provider	Trader	Retailer	Agricultural	Stock Broker	Other (Pl. Specify)