



ADARSH MAHILA MERCANTILE CO-OPERATIVE BANK LTD.

Head Office : 27-A/1, New Mandi, MUZAFFARNAGAR (U.P.)

ACCOUNT OPENING FORM FOR INDIVIDUALS

Name of Branch

Customer ID :

Account No. :

Date :

To, The Branch Manager, Please Open an account as per details given below :-

Nature of A/c	SB	Smart	RD	Current Acc.	FD/ FS	Type of Account	General	Staff	Pension	Senior citizen	Minor	Salary	Others (Specify)
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#Amount Rs. Period: Year Months Days Interest Rate : %

Interest Payment frequency (Pl. tick in the appropriate box)	On maturity	Annually	Half Yearly	Quarterly	Monthly	Credit Interest to SF/CA/ CC/OD Account No.
						Credit maturity proceeds to SF/CA/ CC/OD Account No.

TDS DETAILS	TDS, if applicable : Yes / No.		If no, exemption reference No.	
	PAN No.	If Yes, Whether Form 15 G/H* submitted : YES ☐ No ☐		
	* Form 15G for general category, 15H for Senior Citizen			

Instruction for Auto Renewal on maturity of deposit (Tick the relevant column)	Renew for Principal & Interest	Renew for Principal only	Period for which Auto renewal required..... No. of times.....
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TITLE OF THE ACCOUNT -

MODE OF OPERATION (Tick Whichever is applicable)

Self	Either or Survivor	Former or Survivor	Any one of us or Survivor (s)	Jointly	Any other (Specify)
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Name

Contact No. Mobile No.

SPECIMEN SIGNATURE / THUMB IMPRESSION		First Applicant Recent Photo with Signature across Photo
Customer's Sign.	Verifying Official	

Name

Contact No. Mobile No.

SPECIMEN SIGNATURE / THUMB IMPRESSION		Second Applicant Recent Photo with Signature across Photo
Customer's Sign.	Verifying Official	

Name

Contact No. Mobile No.

SPECIMEN SIGNATURE / THUMB IMPRESSION		Third Applicant Recent Photo with Signature across Photo
Customer's Sign.	Verifying Official	

ADDRESS :			
Present Residential / Office / Business Address			
	First Applicant	Second Applicant	Third Applicant
Email	Owned/Parental/Rental/Employer Provided	Owned/Parental/Rental/Employer Provided	Owned/Parental/Rental/Employer Provided
Nature (Delete not applicable)			
Present Residential / Office / Business Address			
Communication from the Bank required at ☐ present residential address or ☐ Office address			
CUSTOMER PROFILE			
Occupation Type* (Please select from list below)			
Classification** (Please select from list below)			
Annual income # (Please select from list below)			
Other than Business			
Annual turnover/Receipt For Business (Rs Lakh)			
* Please select from the following: i) Salaried (Govt./PSU sector) ii) Salaried Others iii) Retired- Govt./PSU sector iv) Retired- Others v) Politician vi) Student vii) Housefile viii) Doctors/Medical ix) Lawyer/Legal x) CA/CS xi) Engineer xii) Other professional (Specify) xiii) Business Trading (specify) xiv) Business Industry/Mfg (Specify) xv) Business others (specify) xvi) Agriculture/Allied Agri (specify) xvii) Others- Not working xviii) Any Other (specify). (Nature of business should be clearly specified). **Please select from the following : a) Minor b) Sr. Citizen c) Staff (PF No. illiterate i) Blind j) Pardanashin k) Physically Handicapped l) Others (Specify) # i) Up to Rs 50000 ii) Rs 50001 - Rs 1.5 lakh iii) > Rs. 1.5 lakh < R 5 lakh iv) Above Rs 5 lakh.			
8. KNOW YOUR CUSTOMER DOCUMENT (KYC) : We attach the copies of the documents opted for and produce the original copies of these documents for verification : A. For Identity Proof submit copy of any one : i) Passport ii) PAN Card iii) Voter ID Card iv) Identity Card (subject to the Bank's satisfaction) v) Driving license vi) Letter from recognized public authority or public servant verifying identity and residence of the customer to the satisfaction of the Bank vi) Aadhar card/ Letter issued by UIDAI containing name, address and Aadhar No. (Where applicable) B. For Proof of address submit copy of any one : i) *Electricity Bill ii) *Telephone Bill iii) *Bank account statements iv) \$ Ration Card v) Letter from recognized public authority to the satisfaction of the Bank vi) Letter from employer (Subject to satisfaction of Bank) (vii) Adhar Card (where applicable)			
NOMINATION DETAILS: (Please Tick) 1. ☐ As per Form DA-1 2. ☐ I do not wish to make nomination			
☐ DECLARATION IN CASE OF ILLITERATE " I hereby agree that the account will be operated by me, by personally calling at the counter and that the Bank will not be liable to pay, except as above. Contents of this letter have been explained to me. The rules of the business and other terms & conditions have also been explained to me and I have understood the same."			
☐ DECLARATION IN CASE OF MINOR Type of Guardian : ☐ Father ☐ Mother ☐ Court Appointed Full Name of Guardian : ☐ Mr. ☐ Ms _____ is my son/daughter. His/her date of birth is _____ I hereby declare that Master/Miss _____ (copy enclose). I shall represent the minor in all future transactions of any description until the said minor attains majority. I shall full indemnify the Bank against any claim of the above minor for any withdrawal transaction made by me in his/her account. Signature of Guardian > (For & on behalf of Minor)			

Employee PF Number : ☐ **DECLARATION IN CASE OF STAFF**

I hereby declare that I am the employee/ex-employee/spouse of the deceased employee of *AMMCO Bank and the amount deposited in the account belongs to me. The account is being maintained in joint names for the sake of convenience only. (The name of the staff/retired staff/spouse of deceased employee shall be first in case of joint accounts)

☐ **AFFIDAVIT IN CASE OF PARDANASHIN LADIES**

I am enclosing herewith a duly notarized affidavit stating my age, educational qualification, my intent to open a Saving Bank/Term Deposit Account and other personal details necessary for opening of account.

☐ **DECLARATION IN CASE OF INTERNET, ATM, SMS ALERTS AND TELE BANKING FACILITY**

I/We have read and understood and accepted the terms & conditions governing the use of Internet Banking, ATM facility, SMS Alerts and Telebanking Services. I/We hereby agree to abide by the said terms & conditions as in force from time to time.

☐ **DECLARATIONS/UNDERTAKINGS BY APPLICANTS**

I/We confirm having read and understood the Rules pertaining to various Accounts/Services. I/We confirm that the Citizen Charter/BCSBI Code have been provided to me/us. I/We do hereby agree to abide by the terms & conditions outlined in these rules which govern the account (s) which I/We am/are opening/to be opened by me/us from time to time with the Bank and amendments thereto made from time to time and those relating to various services/products including but not limited to ATM Card/Debit Card/Tele-banking/Internet Banking/SMS Alerts/Mobile Banking, etc. I/We agree that changes from time to time in the Bank's rules relating to my/our different accounts and/or other services would be made available to me/us on Bank's website and that I would be bound by such changes in terms & conditions pertaining to the different accounts/services.

☐ I/We understand that if I/we do not make any debit/credit transaction in my/our account continuously for two years, the account would be classified as Inoperative. Though credits/deposits in such account would be accepted by Bank, no cheques/debit instructions issued by me/us would be honoured without my/our making specific request for converting the account to Operative.

☐ I/We agree to abide by the Bank's rules relating to the conduct of the above Accounts/Services/Products.

☐ I/We declare that I am not recipient of contribution/donation/receipts from any banned organisation.

☐ I/We undertake to submit Form 15G/H in advance in the month of April every year.

☐ I/We am/are not enjoying any credit facility with other bank/any other branch of your bank and I/we undertake to inform you in writing, as soon as any credit facility is availed by me/us from any other branch of this Bank.

I/We hereby authorise you to honour all cheques/orders/bills/notes drawn on this account, which may be drawn by me/us, and to debit such cheques or orders to my account so long the amount is in credit or otherwise.

Please issue me/us a Pass Book and a cheque book for my/our use.

I/We agree to be bound by the Bank rules in force from time to time

Yours faithfully,

1st Applicant	2nd Applicant	3rd Applicant

Signature / Thumb Impression (Male : LTI & Female : RTI)

Nomination Form DA-1: Nomination under Sec.45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.

I/We nominate the following person to whom in the event of my/ our/minor's death the amount of deposit in the above account may be returned by AMMCO Bank,

Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, his/her date of Birth

As nominee is minor on this date, I/We appoint Mr./Ms.

(Name, Address & Age)

to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death the minority of the nominee.

Name, Signatures, Address of two witnesses, If thumb impressions obtained

	Signature(s) /Thumb Impression of Depositor(s)

Where deposit is made in the name of minor, nomination should be signed by a person Lawfully entitled to act on behalf of the minor.

ACKNOWLEDGEMENT OF NOMINATION

Nominatin received & registered on :

Registration No.

Customer ID

Account Number

Account Name

For AMMCO Bank

Authorised Signatory

FORM NO. 60/61 (PLEASE SEE THIRD PROVISIO TO RULE 114-B)

Declaration to be filled by a person not having either a PAN and who intends to make cash deposit in respect of transaction specified in clauses (a) to (h) or Rule 114 (B)

1. Full name & address of the declarant: (To be supported by Passport/Ration Card/ Employee ID/Driving Licence, etc.)	
2. Details of the Document produced in support of address in column 1:	
3. Transaction Particulars	Opening of _____ A/C
4. Amount of Transaction	
5. Are you Assessed to tax? : Yes/No Being Agriculturist/Income being not chargeable to IT	6. If Yes, details of Income Tax Ward/Circle/Range : _____ Reason for not having PAN Number : _____
Declaration by a person having agricultural Income only and no other income chargeable to Income Tax I hereby declare that my source of income is from agriculture and I am not required to pay IT on any other income (if any)	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 _____ 20 _____. Date : _____ Place : _____
Signature of Agriculturist	Signature of Declarant

FOR OFFICE USE ONLY

[illegible]

1. Applicant interviewed and purpose of opening of account ascertained (description)

2. a. Introducer called at the branch & interviewed. ☐ Yes ☐ No
b. Introducer did not visit the branch. ☐ Yes ☐ No
c. Letter of Thanks sent to Introducer ☐ Yes ☐ No
d. Letter of Thanks sent to Customer ☐ Yes ☐ No

3. Observation of the Official Opening the account

Threshold Limit Rs. How verified / Accepted

Classification of Account as ☐ Very High Risk (C-4) ☐ High Risk (C-3) ☐ Medium Risk (C-2) ☐ Low risk (C-1)

Open the Account (s) ☐ Reject (Give Reasons) ☐

Signature of the Authorized Official/Hall-In Charge
PA No.

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Signature of Branch Incumbent
PA No.

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SAVING BANK ACCOUNT RULES

Who can open Saving Bank Account ?

Saving Bank Account can be opened by:

- i) By a person in his/her own name.
- ii) By more than one person in their joint names (maximum three), payable to all of them jointly or to either or survivor, former/latte or survivor or any one of them. or to the survivor or any or more of the survivors amongst them, specific instructions in this regard are required to be given in writing at the time of opening the account.
- iii) By a literate minor of the age of 10 years and above in his/her own name of furnishing a certificate regarding date of his/her birth. Account may also be opened in the name of minor under the guardianship of his/her father or mother.
- iv) By a society, club, association, trust, charitable/educational institution, provided it is not a trading or business concern;
- v) By the societies/ institutions/ associations, which are not liable to pay income tax under the Income Tax Act, 1961;

Requirement for opening of Account

- a) Two latest photographs (in case of minors-photograph of guardian if account is desired under guardianship otherwise of minor of age of 10 years and above subject to submission of proof of age).
- b) PAN Card/Form 60/61
- c) Proof of identify (Any one of these i.e. Passport, PAN Card, Driving Licence, Voter ID Card, Armed Forces ID Card, Ration Card, ID Card of any Accredited Institution)
- d) Proof of residence (Any one of these i.e. Utility Bills viz. electricity bill, landline telephone bill etc., Ration Card, Photo Credit Card/ Debit Card, Current Bank Statement, Professional License with Photograph. Persons who are not able to submit any of the documents as above can submit an evidence of address for the close relatives like mother, father, son, wife etc. along with a declaration that the person (prospective customer) wanting to open an account is a relative and is staying with him/her).

General Rules

- (i) Savings accounts are mainly personal accounts and are not meant for business transactions. The operation in this account shall be as per rules of the bank.
- (ii) Maximum of 100 withdrawals per year are allowed in the account. For additional withdrawals bank may charge per transaction charges as prescribed.
- (iii) There are no restrictions for number of credits in the account.
- (iv) Cheques and other instruments drawn in favour of the account holder are only accepted for collection. Third party cheques and instruments are not collected as a general rule. Customers should cross such cheques before depositing these in the bank.
- (v) Only one account can be opened at the branch per person However the customer can open one or more accounts as joint accounts with others.
- (vi) Customers are required to maintain requisite minimum balance in the account failing which charges as applicable are levied. Brochure on "Minimum Information on Tariff Schedule and Services Rendered Free of Charge" can be obtained from the branch.
- (vii) For compliance of RBI guidelines, Customer Identification Data (including photographs) is updated periodically after the account is opened. Customers are required to submit the desired papers/ photograph (s) as requested by the branch from time to time.
- (viii) A Savings Bank account falls into In-operative category if there are no operations in the account for continuous period of two years. Once the account is categorized as inoperative, debit transactions are not allowed without changing the status of account to Operative for which specific request from the account holder is required.

Interest

Interest is calculated at quarterly on daily products as per RBI guidelines.

Service Charges :

Service charges are presently recovered from customers for the following:

- * Non-maintenance of minimum balance
- * Standing instructions
- * Stop Payment instructions
- * Issuance of certificate
- * Closure of account within 12 months of opening of account

Other information available at the branch is booklet form/ as brochure :

1. Time norms for common transactions.
2. Design and security features of all the banknotes.
3. Policy documents relating to Cheque Collection, Grievance Redressal Mechanism, Security Repossession and Compensation.
4. The complete service charges, including services rendered free of charge.
5. Fair Practice Code/The Code of Bank's Commitment to Customers.

FATCA /CRS SELF CERTIFICATION / DECLARATION FOR INDIVIDUALS

A) Are you a tax resident of any country other than India? Yes No

If yes, please fill the details below: at 6(a) and sign below at 6 (b)

If no, please sign the declaration certification below at 6(b)

6.(a) Please indicate all countries in which you are resident for tax purposes and associated details)

Country/(ies) of tax resident #	ISO 3166 counter code of jurisdiction of residence*	Tax identification no. (TIN) % Or equivalent	Identification type (TIN or other %- PI, Specify)	Residence Address for tax purpose (including city, state, country and PIN code	Address type :- 1. Residential or business 2. Residential 3.business 4.regd office.
Place / city of birth				ISO 3166 country code of birth	

To also include USA where the individual is a citizen / green card holder of USA.

% In case Tax Identification no. is not available, kindly provide functional equivalent \$

6(b) Certification: Under penalty of perjury, I / we certify that : i / we understand that AMMCO Bank is relying on this information for the the purpose of determining the status of the account holder named above for compliance with FATCA / CRS. AMMCO Bank is not liable to offer any tax advice on FATCA or CRS OR its impact on the account holder. I shall seek advice from professional Tax advisor for any tax questions.

I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. I agree that as may be required by domestic regulation / Tax authorities, AMMCO Bank may also be required to report, reportable details to CBDT or other authorities / agencies or close or or suspend my account, as appropriate. I have understood the information, requirements of this form (read along with the FATCA / CRS Instructions) and hereby confirm that the information provided by me on this form including the taxpayer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA / CRS Terms and conditions and hereby accept the same

Signature