



**THE SIRSI URBAN
SAHAKARI BANK LTD., SIRSI**

**ACCOUNT OPENING FORM / ACCOUNT UPDATION FORM
FOR RESIDENT INDIVIDUALS**

CUST. ID :

FOR SAVINGS ACCOUNT (INDIVIDUAL / JOINT) AND CURRENT ACCOUNT / CUSTOMER A/C (INDIVIDUAL)

To,
The Branch Manager
The Sirsi Urban Sahakari Bank Ltd., Sirsi
Please open my/ our Account at your Branch

Branch Name : _____

Please fill all the details in CAPITAL LETTERS and in BLACK INK only. Field with * are MANDATORY.

FOR OFFICE USE ONLY												
DATE	D	D	M	M	Y	Y	Y	Y	CUSTOMER ID*			
									ACCOUNT NO.:			
Member	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Share Account No.							

ACCOUNT OPTION :

Savings (Specify category) (Product No. _____) **Current** (Specify category) (Product No. _____)

INDIVIDUAL DETAILS (DETAILS FOR JOINT HOLDERS TO BE GIVEN SEPARATELY)

Mr./Ms Messers *	*NAME INDIVIDUAL (IN THE ORDER OF FIRST, MIDDLE & LAST NAME) (Leave space between words)													
*FATHER'S NAME														
MOTHER'S NAME														
SPOUSE NAME														
ADHAAR ID :						PAN NO.:				FORM 60/61 (ENCLOSED)				
										<input type="checkbox"/> Y <input type="checkbox"/> N				
DATE OF BIRTH / Date of Incorp.*				MINOR A/C		MARITAL STATUS		NATIONALITY*		RELIGION		GENDER*		
				<input type="checkbox"/> Y		<input type="checkbox"/> M <input type="checkbox"/> UM						<input type="checkbox"/> M <input type="checkbox"/> F		
MOBILE NO.:						CASTE :								
						Email ID :								
TEL NO.:	RES	S	D	C	O	D	E	OFF	S	D	C	O	D	E

***MAILING ADDRESS : FIRST INDIVIDUAL/BUSINESS UNIT**

CITY/TOWN												
DISTRICT												
STATE												
						PIN CODE						
						COUNTRY						

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)

CITY/TOWN												
DISTRICT												
STATE												
						PIN CODE						
						COUNTRY						

Note : For joint holder/s additional SB Joint Applicants Separate form to be attached.

IF MINOR ACCOUNT

Name of the Parent /Guardian _____

Relationship Father Mother By Court order (enclose a copy)

I shall represent the minor in all transactions of any description in the above account till the said minor attains majority. I shall fully indemnify the bank against any claim of the above minor for any withdrawal / transaction made by me in his /her account.

Signature of the Guardian

INITIAL PAYMENT DETAILS

Rs. _____ Rs. in words _____

Cash (Please make cash remittance only at the branch. Please do not handover cash to unauthorized persons)

OPERATING INSTRUCTIONS

Single Either or Survivor Former or Survivor any one or Survivor PA Holder By _____

Jointly by all Minor A/c Operated by Guardian Mandate Holder By _____

INTRODUCER'S DETAILS :

Introduction by existing Account Holder

NAME: _____

Customer ID: _____

Account No. _____

I confirm that I personally know the applicant's detailed herein for more than 6 months and confirm his / her / their identity and address.

**FOR BANK USE : **

Signature of Introducer

Name, Code and Signature of the Manager / Officer who verified the introducer's signature.

SERVICES REQUIRED

1) CHEQUE BOOK FACILITY Yes No 2) E-MAIL STATEMENT YES No

3) A/C STATEMENT FREQUENCY (CURRENT A/C) M Q HY Y

4) CONSENT TO COMMUNICATE NEW PRODUCTS / OFFERS (THROUGH E-MAIL/SMS/POST): YES NO

5) SMS ALERTS : YES NO (6) ATM Debit Card Facility Yes No (7) Mobile Banking : YES NO

GST PROVISIONAL ID : _____

ARN NUMBER : _____

ACCOUNT NO. :

Application No. 1
Please paste colour photo here.
Please do not use pins.
staples or tape

Application No. 2
Please paste colour photo here.
Please do not use pins.
staples or tape

Application No. 3
Please paste colour photo here.
Please do not use pins.
staples or tape

Application No. 4
Please paste colour photo here.
Please do not use pins.
staples or tape

CUSTOMERID	CUSTOMERID	CUSTOMERID	CUSTOMERID
NAME:	NAME:	NAME:	NAME:

Signature (with seal)	Signature (with seal)	Signature (with seal)	Signature (with seal)
-----------------------	-----------------------	-----------------------	-----------------------

(USE BLACK INK AND SIGN WITHIN THE BOX ONLY)

(Incase of LTI) Witness No.1

Witness No.2

KYC AND RISK PROFILE CERTIFICATION																				
APPLICANT NO.	PROOF TYPE	NAME OF THE DOCUMENT	NUMBER	ISSUE DATE						EXPIRY DATE										
				D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	
1.	IDENTITY PROOF																			
	ADDRESS PROOF																			
2.	IDENTITY PROOF																			
	ADDRESS PROOF																			
3.	IDENTITY PROOF																			
	ADDRESS PROOF																			
4.	IDENTITY PROOF																			
	ADDRESS PROOF																			

We have persued the Original Documents and as per KYC norms all are correct. Further to know about the customer, we have enquired locally and /or personally visited the places of addresses given by the customer, to ascertain the correctness. All the signatories have signed before me. I authorize opening of the account. Also we certify that according to the nature of Business / activity, this account may be treated under the below selected risk category:

RISKLEVEL LOW MEDIUM HIGH

Expected level of turnover :
(In a quarter)

Rs.

CANVASSED BY	CODE NO.

DATE :

SIGNATURE OF THE MANAGER

PERSONAL INFORMATION OF THE APPLICANT

NAME OF THE APPLICANT			NO. OF DEFENDENTS
FAMILY MEMBERS	DOB	RELATIONSHIP	OCCUPATION
1.			
2.			
3.			
QUALIFICATION <input type="checkbox"/> UNDER GRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> ILLITERATE			
EMPLOYED WITH <input type="checkbox"/> STATE GOVT. <input type="checkbox"/> CENTRAL GOVT. <input type="checkbox"/> PUBLIC LTD. <input type="checkbox"/> PRIVATE LTD. <input type="checkbox"/> MNC <input type="checkbox"/> OTHER's (Specify.....)			
NATURE OF BUSINESS <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> TRADING <input type="checkbox"/> SERVICES <input type="checkbox"/> RETAILING <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> MONEY SERVICES <input type="checkbox"/> AGENCY <input type="checkbox"/> STOCK BROKER <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> NGO/NPO <input type="checkbox"/> JEWELS/ GEMS / PRECIOUS METAL DEALER <input type="checkbox"/> OTHERS (Specify)_____			
TYPE OF PROFESSION <input type="checkbox"/> DOCTOR <input type="checkbox"/> ENGINEER <input type="checkbox"/> BANKER <input type="checkbox"/> TEACHER <input type="checkbox"/> LAWYER <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONSULTANT <input type="checkbox"/> IT PROFESSIONAL <input type="checkbox"/> OTHERS (Specify)_____			
ANNUAL INCOME	SELF Rs.	SPOUSE Rs.	HOUSEHOLD Rs.
ASSETS OWNED <input type="checkbox"/> HOUSE <input type="checkbox"/> CAR <input type="checkbox"/> TWO WHEELER <input type="checkbox"/> GOLD <input type="checkbox"/> SILVER <input type="checkbox"/> LAND			
LOANS WITH OTHER BANKS <input type="checkbox"/> HOUSING <input type="checkbox"/> BUSINESS <input type="checkbox"/> CAR <input type="checkbox"/> TWO WHEELER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PERSONAL <input type="checkbox"/> JEWEL <input type="checkbox"/> PROFESSIONAL			
OTHER INVESTMENTS <input type="checkbox"/> DEPOSITS <input type="checkbox"/> INSURANCE <input type="checkbox"/> SHARES <input type="checkbox"/>			

SIGNATUTRE OF THE ACCOUNT HOLDERS :

NOMINATION DETAILS :

NOMINATION FORM DA-1	NOMINATION UNDER SECTION 45ZA READ WITH SECTION 56 OF THE BANKING REGULATION ACT 1949 AND RULES 2(1) OF THE CO-OPERATIVE BANK (NOMINATION) RULES. 1985 IN RESPECT OF BANK DEPOSITS.	NOMINATION REGISTRATION NO.
I/We _____ nominate the following person to whom in the event of my / our / minor's death, the amount of deposit in the account (s), particulars whereof are given below. THE SIRSI URBAN SHAKARI BANK. LTD., _____ in which the deposit is held.		
Account Type	Account Number	
NOMINEE NAME & AGE	NOMINEE ID :	RELATIONSHIP
DOB OF NOMINEE	ADDRESS :	
NOMINEE PAN No.: (Optional)		
2. As the nominee is a minor on this date, I/We appoint Shri / Smt./Kum.** _____ AGE _____	NAME/S AND ADDRESS/ES OF THE WITNESS/ES* 1. _____ 2. _____ 3. _____	
(Name, address & age) to receive the amount of deposit on behalf of the nominee in the event of my / our minor's death during the minority of the nominee)	SIGNATURE/S OF THE WITNESS/ES	SIGNATURE (S) THUMB IMPRESSION (S) OF THE DEPOSITOR (S)*
	1. _____	_____
	2. _____	_____

* Where the deposit is made in the name of a minor, the nominations should be signed by a person lawfully entitled to act on behalf of the minor. I** Strike out if the nominee is not a minor. Thumb impression(s) shall be attested by two witnesses.

PLACE _____ DATE _____

NOTE : The acknowledgement for Nomination Registered is attached to the last sheet of the Account Opening Form.

ACCOUNT NO. :

DECLARATION

We have read and understood the Terms and Conditions (a copy of which I / We am are in possession of) governing the opening of an account with SUCB and those relating to various services including but not limited to (a) ATMs (b) Anywhere Banking Convenience Plus. (2) I / We accept and agree to be bound by the said terms and conditions including ose / limiting the Bank's liability. (3) I / We understand that the Bank way, at its absolute discretion, discontinue any of the services completely or partly without any notice to me/us. (4) We agree that the Bank may debit my account for service charges as applicable from time to time (5) I / We confirm that am / are residents of India. (6) I / We agree to notify the bank in future if I / We avail any credit facility from any other bank and I / We authorize you to inform the existence of our account with you to the lending banker. (7) I / We also abide by the terms and conditions of the bank for offline transactions. (8) I / We shall be liable to you for any monies owing to you from time to time in case the account is overdrawn and / debit balance is caused including your commission, interest and other incidental charges. (9) In the event of death or insolvency or withdrawal of any of us the survivor/s shall have full control of any monies standing to my / our credit in our account with you the survivor/s will have full powers to operate the account / close the account (10) I / We request and authorize you to honor all cheques and other orders drawn or bills of exchange accepted or notes made on our behalf, to debit such cheques to our account with you whether such accounts be for the time being in credit or overdrawn. (11) I / We also request you to accept the endorsement signed by me / us on cheques / orders / bills or notes payable to us (12) The cheques / Bills presented by us in our account for collection are at our sole risk and responsibility and the bank may engage the services of courier / post office for sending the instruments for collection and the bank is not liable for any loss or damages in case the instruments are lost in transit. (13) I / We accept the Bank's right to take steps to close the account if frequent return of cheques for want of funds or any other undesirable features observed. (14) The floating rate of interest is subject to floating interest rate fixed by the bank on time to time and notified by the bank and no separate intimation or notice will be given to the Depositor. (15) Failure to maintain monthly / quarterly minimum average balance in the SB / CA attracts penal charges.

General : I / We have read the terms & condition of the Bank and pertaining to the Savings / Current accounts and anywhere banking, tele banking and ATM cum Debit Card facility. I / We have understood the same and agree to abide by such / any other terms and Conditions that may be in force from time to time. I / We also agree to abide by the Bank's Schedule of charges as applicable from time to time for savings / current accounts as published in the bank's web site / notice board. I / We also understand that the terms & conditions and the service charges are subject to change without any Personal notice. The information furnished / declaration given by me / us in this form is true and I / We shall be held responsible for any wrong / misleading information at all times. For the purpose of providing certain service, the Bank is / may be required to engage the service of specialized and other service providers / agents. I / We authorize the Bank to furnish any information regarding my / our account to these service providers / agents. I / We also understand that the continuation of the accounts is at the Bank's sole discretion, and in case of dissatisfaction with the conduct of the account, the bank has right to close the account after giving suitable notice or withdraw some / all services / concessions granted to me / us.

Core Banking : (1) The Bank shall facilitate payment and collection of cheques through all its branches while I / We shall have one account at the branch (for short *Home Branch*) Bank shall also accept cash from me / us or my /our representatives and pay in cash against presentation of cheques drawn by me / us in favour of myself / ourselves or third party to the credit or debit to my / our designated account with the Home branch as per the applicable limits for the account . The cash transaction will be on the same lines as is the case when deposits/ withdrawals take place at the home branch. (2) While the instruments for and on my / our behalf will be collected in local clearing, the credit in respect of the proceeds there under will be afforded at the home branch on and subject to realization at the respective centre(s) / branch(es). (3) The Bank will be entitled to debit by its home and any other branch(es) my / our account at its base branch against the cheques presented at various branches of the Bank. (4) My / our written intimation of "stop payment" to the various branches of the bank will be at my / our risk and I / We agree to grant a lead time of at least 24 hours for intimation of such "stop payment" instruments to all its branches. In case of any erroneous information which may emerge due to any communication error and if the "stop payment" is not carried out in good faith based on the said information, the Bank shall not be held responsible for the said act. (5) I / we agree at any given time to maintain the average balance in my / our account as applicable for the account and informed to us by the Bank. In the event of my / our failing to maintain the minimum balance and for conduct of the account not being satisfactory, the Bank will at its discretion be entitled to forthwith terminate the facility hereby granted to me / us or to levy service charges as mutually agreed upon. (6) I / We agree to inform my / our exiting bankers for the availment of any of the facility hereby granted to me / us. I / We also agree from time to time to furnish such information / details and the documents to the existing bankers and also to the Bank as is mandatory under the law in force from time to time or as the bank regards necessary and / or expedient under the Banking practice / procedure or to maintain the comity and fair-play between the Bank and other bankers. (7) The agreement herein contained shall not effect, prejudice or derogate from the Bank's rights and privileges under the law including the right to claim setoff, general and the bankers disposing or retaining lien or similar rights pertaining to my / our credit balance in the account with the Bank. (8) In the event of any malfunctioning and / or break - down in the working of the said network for the reasons beyond and control of the Bank, the benefits and the facilities hereby granted to me / us will stand suspended during such break - down in which case the Bank will not in any manner be liable and / or responsible to me /us for any damages / compensation and / or for any other consequences arising out of such suspension. (9) I / We agree to hold the Bank indemnified in case the bank suffers any loss in account of operation of the scheme for my / our benefit.

SIGNATURE OF THE DECLARANT / APPLICANT

GUARDIANS DECLARATION (MINOR ACCOUNTS)

*My Minor son / daughter, Master / Miss _____ has opened as SB Account with your bank with A/c No. _____ in his / her own name. I declare the date of birth of the minor is ____/____/____

*I have opened a joint SB A/c with your bank in the name myself and my minor son / daughter, Master / Miss _____ with A/c No. _____. I declare the Date of birth of the minor is ____/____/____

*I am his / her natural and lawful guardian. *I am the guardian appointed by the court vide order dated ____/____/____ (Copy enclosed).

For the sake of operational convenience, I have requested the bank to issue an ATM Debit Card to my minor son / daughter to be used by him / her . I will explain to the minor, the rules of operation of the Account as well as safeguards to be followed while using ATM Debit Cards I will suitably guide my son / daughter for safekeeping of the ATM Debit card and maintaining the secrecy of PIN number allotted to him / her. I will also explain the consequences of loss / misuses / abuse of the ATM card. I undertake to supervise the use of the ATM debit card by the minor and the account would be operated under my guidance and I will monitor the transactions done through ATM. I will not hold the bank responsible and liable for any transactions done by the minor and I undertake not to make any claim against the Bank for consequences arising out of unauthorized use / misuse / Abuse of the card. All the transactions done using the ATM Debit card will bind me, as if done by me only.

*Strike out whichever is not applicable

SIGNATURE OF THE GUARDIAN

