



THE NILGIRIS DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

Head Office / Branch

(for Bank use only)

DATE (DD/MM/YYYY)

Account Number

1st Applicant

2nd Applicant

3rd Applicant

Customer ID No.

Member No.

APPLICATION FORM FOR ACCOUNT OPENING

I/We request you to open an account with you for which I / We initially deposit(in words).....

CURRENT ACCOUNT

SAVING BANK ACCOUNT

With cheque facility

Without cheque facility

NO FRILL ACCOUNT

Other A/c

CUSTOMER'S TYPE

Individual

Individual - Staff

Minor

Individual Senior Citizen

HUF

Institutions

Private Ltd

Public Ltd

Govt Organisation

Co-op Society

SHG

Partnership Firm

Name of Customer (s)

	Name of Customer (s)	Date of Birth	PAN	Sex		
1st Applicant				M	F	TG
2nd Applicant				M	F	TG
3rd Applicant				M	F	TG

Father / Husband / Guardian Name

	Father / Husband / Guardian Name	Relationship	Community				
1st Applicant			OC	BC	MBC	SC	ST
2nd Applicant			OC	BC	MBC	SC	ST
3rd Applicant			OC	BC	MBC	SC	ST

Please paste a
Passport Size photo

1st applicant

Please paste a
Passport Size photo

2nd applicant

Please paste a
Passport Size photo

3rd applicant

	1st Applicant Specimen Signature	2nd Applicant Specimen Signature	3rd Applicant Specimen Signature
1			
2			

Permanent Address : Same as Address for Communication

1st applicant												
	TALUK					DISTRICT					PIN	
	MOBILE					LANDLINE					E-mail	

2nd applicant												
	TALUK					DISTRICT					PIN	
	MOBILE					LANDLINE					E-mail	

3rd applicant												
	TALUK					DISTRICT					PIN	
	MOBILE					LANDLINE					E-mail	

Mode of Operation

- Self Only
 Either or Survivor
 Former or Survivor
 Any one or Survivor
 Jointly
 Others

KYC IDENTIFICATION DOCUMENTS TO BE SUBMITTED BY APPLICANT(S)	
(Any one document from each of the following two lists subject to Bank's satisfaction)	
LIST 1	LIST 2
Latest Photo Identification Documents	Latest Documents showing address proof
1 Passport	1 Passport
2 PAN Card	2 Ration Card
3 Voter's Identity Card	3 Telephone Bill
4 Driving Licence	4 Letter From employer - Subject to Satisfaction of Bank
5 Identity card issued by the Govt / Public Authority / (Reputed Institutions subject to satisfaction of bank)	5 Bank Account Statement with Address
6 Letter from employer - subject to satisfaction of bank	6 Electricity Bill
7 AADHAAR / UIDAI CARD	7 Income Tax / Property Tax Assessment Order / Receipt
	8 Credit Card

Details of KYC documents submitted by the applicants

	IDENTITY PROOF			ADDRESS PROOF		
	1st Applicant	2nd Applicant	3rd Applicant	1st Applicant	2nd Applicant	3rd Applicant
Type of Document						
Document Number						
Issuing Authority						
Date of Issue						
Place of Issue						
Valid Upto						



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- ❖ I /we hereby declare that the rules governing the Deposits Account have been read by me / us and that I / We agree to be bound by the rules and by-laws of the Bank in force now.
 - ❖ I /we hereby declare that the Amount deposited in the account are of my / our own.
 - ❖ I /we declare that the account will be operated upon and the balance will be payable to myself / Either or Survivor / Anyone or depositors against joint discharge.
 - ❖ I /we hereby undertake the minimum balance of ₹.....in the account as and also agree to maintain the minimum balance as modified by the bank time to time.
 - ❖ I /we also agree that the bank has got every tight to close the account for non-maintenance of minimum balance and if cheques are issued by me /us without providing adequate funds.
 - ❖ I /we do agree to the condition that the rate of interest payable by the Bank on my /our Deposit Account shall be subject to the changes in the interest rates made by the Reserve Bank of India / Nilgiris District Central Co-operative Bank time to time.
 - ❖ In the event of my/our seeking pre-closure of term Deposits / Recurring Deposits, I/we agree that Bank shall apply the rules of Pre-closure of term Deposits / RD prevailing on the date of my/our request for such pre closure.
 - ❖ I/we agree that the clause repayable to either or Survivor / any one or more or survivors(s) includes the right to the survivors(s) to apply before the date of maturity for repayment or for credit facilities against the security to the deposit. I/we further agree that any one of us can renew the deposit in the same names
 - ❖ I/we do agree that, the rate of interest payable by the bank on my / our deposit for overdue period, if unrenewed on the due date shall be subject to the rules of the bank prevailing at the time of renewal
 - ❖ Please send /do not send due date notice to my/our address
 - ❖ I/we shall be liable to you for any monies owing to you from time to time in case the account is over drawn and / debit balance is caused including your commission interest and other incidental charges
 - ❖ 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 and the survivor/s will have full powers to operate the account/close the account.
 - ❖ For Current Account (Individuals only) *At present I/we do not enjoy any credit facility with any Banks / Branch. I / We undertake to inform you as when credit facilities are availed by me/us with other bank(s) Branch(es) of your Bank.
- *At present, I am / we are having account with the following other Bank (s) Branch(es) and enjoying credit facilities.
(*strikeout which is not applicable)

Name of the bank / Branch	Name of the Facility	Limit Sanctioned	Balance Outstanding	Alc No

Signature of the 1st Applicant

Signature of the 2nd Applicant	Signature of the 3rd Applicant
If Minor Account Holder	
Name of the Parent / Guardian	
<input type="text"/>	
Relationship with Minor	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> By Court Order (Enclose a copy)	

SIGNATURE OF THE PARENT /GUARDIAN

Head Office /.....Branch	
CUSTOMER PROFILE (To be obtained for each applicant separately)	Customer ID No. <input type="text"/>
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Dependants <input type="checkbox"/> Spouse <input type="checkbox"/> parents <input type="checkbox"/> No.of Children
Religion <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian	Others Please specify
Education <input type="checkbox"/> School Level <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Doctorate <input type="checkbox"/> Professional <input type="checkbox"/> Others	
Occupation <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> House Wife	Others Please specify
<input type="checkbox"/> Student	



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If Salaried Name of Organisation & Designation

If Self Employed - Nature of Business

Trading

Manufacturing

Services

Agriculture

Real Estate

Others Please specify

If Self Employed Professional

CA

Doctor

Lawyer

Stock Broker

Consultant

Engineer

ANNUAL HOUSE HOLD INCOME :

<input type="checkbox"/> 50,000	<input type="checkbox"/> 50,001-1,00,000	<input type="checkbox"/> 1,00,001-1,50,000	<input type="checkbox"/> 1,50,001-2,00,000
<input type="checkbox"/> 2,00,001-3,00,000	<input type="checkbox"/> 3,00,001-5,00,000	<input type="checkbox"/> 5,00,001-10,00,000	<input type="checkbox"/> Above 10,00,000

ASSET OWNERSHIP

VEHICLE TwoWheeler Car self Owned Company Car

RESIDENCE Self Company Provided Rented Purchased on Loan

PREFERRED INVESTMENT

Bank Deposit Mutual Funds Shares Company Deposit Real Estate Gold PPF

Properties Insurance Others

INSURANCE

Life Yes No Mediclaim Yes No Blood Group

SPOUSE DETAILS

Name	Occupation
Edu. Qualification	Date of Birth
Anniversary Date	
Mobile No.	Tel No.
Email	

BANKING ACTIVITIES

Account with other NDCC Branches Yes No

If yes Account No and Name of Branch

Account with other Banks Nationalised Private Sector Cooperative Foreign



THE NILGIRIS DISTRICT CENTRAL CO-OPERATIVE BANK LTD.

FORM DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation Act 1949 and Rule 2(1) 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 The Nilgiris District Central Co-op Bank Ltd.....Branch

Name and Address of the Nominee	Relationship with the Depositor	Age	If nominee is a minor his / her Date of Birth

As the nominee is a minor on this date, I/We appoint.....

(Name and address, Age & Relationship with depositor, if any) to receive the amount of the deposit claim amount on behalf of the nominee in the event of my / our minor's death during the minority of the nominee

Signature.....

Serial Number in the nomination Register	
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Signature of the Branch Manager
(Please affix office seal)

Acknowledgement for Form DA-1 Nomination Form

Received onnomination form NO. DA-1 for making nomination from
(Date)

.....in respect of
(Name of Deposit Holders) (Name / Type of the Account)

Deposit Account No.
Serial Number in the nomination Register
Date :

Signature of the Branch Manager
(Please affix office seal)