



**THE DECCAN CO-OPERATIVE URBAN BANK LTD.**

Saidabad, Hyderabad.

Date.....

**ACCOUNT OPENING FORM**

<b>A/C Number</b> <input type="text"/> <b>CID</b> <input type="text"/> <b>CID(Joint Holder-I)</b> <input type="text"/> <b>CID(Joint Holder-II)</b> <input type="text"/> <b>Account Type</b> <input type="checkbox"/> B <input type="checkbox"/> CA <input type="checkbox"/> FDC <input type="checkbox"/> MID <input type="checkbox"/> QID <input type="checkbox"/> RD	<b>For office Use Only</b> <b>CKYC Number</b> <input type="text"/> <b>Risk Categorization:</b> - Low Medium High <b>Risk Review</b> <table border="1"> <thead> <tr> <th>Date</th><th>Ins</th><th>Date</th><th>Ins</th><th>Date</th><th>Ins</th><th>Date</th><th>Ins</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Ins	Date	Ins	Date	Ins	Date	Ins																																
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**PERSONAL DETAILS**

**Name\***

**Father/Spouse Name\***

**Mother Name\***

**Date of Birth\***

<b>Name of the Guardian</b> <small>(In case of minor): (Attach Proof for minor's DOB)</small>	<b>Relationship with minor (✓ tick one)</b>				
	<b>F &amp; NG</b>	<b>M &amp; NG</b>	<b>Legal*</b>	<b>De facto</b>	<b>Others</b>

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

**Gender\***  Male  Female  Transgender **Citizenship\***  Indian  Others (Code.....)

**Marital Status\***  Married  Un-Married  Others

**PAN Number**  **Other(.....)**

**Occupation\***  **UID(Aadhaar)**

Operating Instructions (Please mark ✓ in appropriate box):

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

**JOINT ACCOUNT HOLDER DETAILS -I**

Name

Father/  
Spouse Name

Mother Name

Date of Birth\*

Gender\*  Male  Female  Transgender **Citizenship\***  Indian  Others(Code.....)

Marital Status\*  Married  Un-Married  Others

PAN Number  Other(.....)

Occupation\*  UID(Aadhaar)

**JOINT ACCOUNT HOLDER DETAILS -II**

Name

Father/  
Spouse Name

Mother Name

Date of Birth\*

Gender\*  Male  Female  Transgender **Citizenship\***  Indian  Others(Code.....)

Marital Status\*  Married  Un-Married  Others

PAN Number  Other (.....)

Occupation\*  UID(Aadhaar)

Contact Details

Tel.(Off)  Tel(Res)

Mobile No\*  Provider\*

Email Id-

**To be filled by those who did not have either PAN/GIR**

FORM NO. 60	FORM NO. 61
<p align="center"><b>[See second proviso rule 114B]</b></p> <p><b>Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B</b></p> <p>1. Full name and address of the declarant_____</p> <p>_____</p> <p>2. Particulars of transaction_____</p> <p>3. Amount of the transaction_____</p> <p>4. Are you assessed to tax? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. If yes,(i) Details of Ward/Circle/Range where the last return of income was filed_____</p> <p>(ii) Reasons for not having permanent account Number:_____</p> <p>6. Details of the document being produced in support of address in column (1)</p>	<p align="center"><b>[See proviso to clause (a) of rule 114C (1)]</b></p> <p><b>Form of declaration to be filed by a person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified in rule 114B</b></p> <p>1. Full name and address of the declarant_____</p> <p>_____</p> <p>2. Particulars of transaction_____</p> <p>3. Details of the documents being produced in support of Address in column (1): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.</p>
<p><b>Verification</b></p> <p>I, -----do hereby declare that what is stated above is true to the best of my knowledge and belief.</p> <p>Verified today, the-----day of-----20—</p> <p>Signature / Thumb Impression of Declarant</p>	<p><b>Verification</b></p> <p>I, -----do hereby declare that what is stated above is true to the best of my knowledge and belief.</p> <p>Verified today, the-----day of-----20—</p> <p>Signature / Thumb Impression of Declarant</p>

**Specimen Signature**

1<sup>st</sup> Applicant

PHOTO

2<sup>nd</sup> Applicant

PHOTO

3<sup>rd</sup> Applicant

PHOTO

1.....

1.....

1.....

2.....

2.....

2.....

3.....

3.....

3.....

## Nomination

Nomination, if required fill form DA-1, otherwise sign below.

I / We do not want to nominate any person in this account	(Signature / Thumb impression of the Depositor) *
<b>Form DA-1 (Nomination)</b>	
Nomination under section 45 ZA of the Banking Regulation Act, 1949 and Rules 1985 in respect of Bank Deposits I / We-----nominate following person(s) to whom in the event of my / our/Minor's death, the amount of deposit, particulars where are given below, may be returned by Deccan Coop. Urban Bank Ltd. Details of Deposit / Type of Deposit-----A/c No: ----- Details of the of the Nominee: Name: Mobile No: Relationship with the Depositor-----Age-----Yrs, Date of Birth of Nominee in case of Minor: Address:	Nomination Regd. No.          The above-mentioned Nomination Registered  (Authorized official)
Signature / Thumb Impression of Applicant (s)* * In case of thumb impression, two witness required  1 Address	2.   Address

### Terms and Conditions

- I hereby declare that the details which are stated above are true to the best of my knowledge and belief. I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts/services/products/Fee & charges which are displayed / contained in the brochures of the bank from time to time.
- I/We hereby certify that the saving bank Account would be used by me/us to route transaction of only non-business /non-commercial nature. In the event of occurrence of such transaction or any such transaction that may be construed as commercial/business/dubious or undesirable, the Bank reverse the right to unilaterally freeze operations in such account and/or close the account.
- I/We have been advised of Minimum Balance requirement for the account to be opened and given to understand that these requirements are subject to revision / change which will be acceptable to me/ us as a notice to that effect.
- I / We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.
- I / We understand that if the account is inoperative for 10Yrs, as per RBI directives that account will be closed and the balances will be transferred to RBI (DEA Fund)
- I / We request you to renew the subject term deposit on maturity with / without accrued interest at the prevailing rate of interest for a same period. This instruction shall hold good until revoked in the writing by me/us
- I / We understand that if the account if not linked with the PAN card then the thresh hold account balance is limited to below 50,000 (Either Debit or Credit)
- I / We have been advised that if I / We don't provide my/our mobile number, I /we will not be eligible for SMSs facility. For sending SMSs, Bank can debit Charges to my / our account. For any charges that are debited to account will include GST.
- I / We are aware that under the Income Tax rules, it is obligatory to deduct Tax at Source (TDS) on interest paid / accrued at an appropriate % of interest and remit the same to income tax Authorities. For such remittances an acknowledgement issued by the IT Department will be handed over to the depositor or I / We note to submit Form 15G or 15H (PAN-Holders) annually which may be uploaded to the Income Tax Department for their necessary use.

Place: Saidabad Date	1. 2. 3. Sgnature / Thumb Impression of First / sole applicant Second, Third applicant.
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### Attestation/For Office Use Only

Date  
Emp Name  
Emp Code  
Emp Designation

Signature

Stamp