



THE SARVODAYA CO-OP. BANK LTD. MUMBAI

(Reg. Number Mumbai / D.D.R. (2) / Bank (Other) / 101/1996-97)

6.7, Sheetal Apartment, S. P. S. Road, Bhandup (West), Mumbai - 400 078. Phone : 25953642, 25953047

Branch _____

Date : / / 20

SAVINGS ACCOUNT OPENING FORM

For Office use only

The Manager,

Please open my/our individual/joint Savings account
in your Books at your Branch as per details given below,
for which I/ We handover Rs. _____

(Rupees _____)

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Customer Id Number | | | | | | | | | | | | | | | | | | | | |
| Group Customer Id Number | | | | | | | | | | | | | | | | | | | | |
| Type of Account | | | | | | | | | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | | | | | | | | | |
| ATM Card No. | | | | | | | | | | | | | | | | | | | | |

☐ ATM Card ☐ Tele Banking ☐ SMS Banking ☐ Mobile Banking ☐ Internet Banking

I/We declare that your Bank's rules and regulations governing all schemes/facilities have been read and understood by me/us. I/We accept them as well as any other changes made by the Bank from time to time and they are binding upon me/us. I/We have also read & agree with the service charges to be levied by the Bank from time to time.

I understand that in case of Joint Account, ATM Card facility will be provided if the A/c. is operated only Either or Survivor/Any One.

Account Constitution

☐ Individual ☐ Joint ☐ Co-operative Society ☐ Trust ☐ Association ☐ Non Profit organisation
☐ Others - Specify [_____]

Mode of Operation

☐ Self ☐ Jointly ☐ Either or Survivor ☐ Any One ☐ Former or Survivor
☐ Others - Specify [_____]

Society/Trust Name

Address

Registration No.

PAN No.

Tel. No.

Personal Details

1st Applicant
Mr. / Ms./Master

2nd Applicant
Mr. / Ms./Master

3rd Applicant
Mr. / Ms./Master

Surname

First Name

Middle Name

Designation in Society/Trust

Residential Address for Communication

Flat No./ Bldg. Name

Road / Street / Area

Landmark / Town

City / District

Pin Code / State

Other Details

PAN No./ Form No. 60

Submitted Y/N

Tel. No. (Residence)

Mobile No.

Email ID

Sex

Date of Birth

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Female ☐ Male

☐ Female ☐ Male

☐ Female ☐ Male

Adhaar (UID) No.

| | 1 st Applicant | 2 nd Applicant | 3 rd Applicant |
|---|---|---|---|
| Religion | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Other (Specify) _____ |
| Caste | <input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Nomadic Tribe <input type="checkbox"/> OBC (Specify) _____ | <input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Nomadic Tribe <input type="checkbox"/> OBC (Specify) _____ | <input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Nomadic Tribe <input type="checkbox"/> OBC (Specify) _____ |
| Residence | <input type="checkbox"/> Company Owned <input type="checkbox"/> Fully Owned Pvt. Housing <input type="checkbox"/> Living with Parents <input type="checkbox"/> Others <input type="checkbox"/> Rented House | <input type="checkbox"/> Company Owned <input type="checkbox"/> Fully Owned Pvt. Housing <input type="checkbox"/> Living with Parents <input type="checkbox"/> Others <input type="checkbox"/> Rented House | <input type="checkbox"/> Company Owned <input type="checkbox"/> Fully Owned Pvt. Housing <input type="checkbox"/> Living with Parents <input type="checkbox"/> Others <input type="checkbox"/> Rented House |
| Marital Status No. of Dependents (Specify No.) Spouse + Parents+Children (Total) | <input type="checkbox"/> Unmarried <input type="checkbox"/> Married _____ + _____ = _____ | <input type="checkbox"/> Unmarried <input type="checkbox"/> Married _____ + _____ = _____ | <input type="checkbox"/> Unmarried <input type="checkbox"/> Married _____ + _____ = _____ |
| Annual Income | ₹ _____ | ₹ _____ | ₹ _____ |
| Profession / Occupation | <input type="checkbox"/> Salaried <input type="checkbox"/> Architect <input type="checkbox"/> HouseWife <input type="checkbox"/> IT Prof. <input type="checkbox"/> Businessman <input type="checkbox"/> Consultant <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Salaried <input type="checkbox"/> Architect <input type="checkbox"/> HouseWife <input type="checkbox"/> IT Prof. <input type="checkbox"/> Businessman <input type="checkbox"/> Consultant <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Salaried <input type="checkbox"/> Architect <input type="checkbox"/> HouseWife <input type="checkbox"/> IT Prof. <input type="checkbox"/> Businessman <input type="checkbox"/> Consultant <input type="checkbox"/> Doctor <input type="checkbox"/> Engineer <input type="checkbox"/> Other (Specify) _____ |
| Employer's Business Details Name of Company : Address : Service (in No. of Years) Empl. No. /Ticket No. : Designation : Office Telephone No. : | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |
| Employed with a | <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others (Specify) _____ | <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others (Specify) _____ | <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Private Ltd. Co. <input type="checkbox"/> Govt. Sector <input type="checkbox"/> Others (Specify) _____ |
| Educational Qualifications | <input type="checkbox"/> Graduate <input type="checkbox"/> Others/Under Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional (Specify) _____ | <input type="checkbox"/> Graduate <input type="checkbox"/> Others/Under Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional (Specify) _____ | <input type="checkbox"/> Graduate <input type="checkbox"/> Others/Under Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional (Specify) _____ |

Accounts with Sarvodaya Bank

[1] Branch [1] _____ [1] _____ [1] _____
 [2] Alc. No. [2] _____ [2] _____ [2] _____

Accounts with Other Banks

[1] Bank [1] _____ [1] _____ [1] _____
 [2] Branch [2] _____ [2] _____ [2] _____
 [3] Alc. No. [3] _____ [3] _____ [3] _____

Have you Availed Loan Facilities

Yes / No

Yes / No

Yes / No

Do you wish to avail Loan for following..

- | | | |
|---|---|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Housing | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Personal | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Consumer Durable | <input type="checkbox"/> Consumer Durable | <input type="checkbox"/> Consumer Durable |
| <input type="checkbox"/> Car Loan | <input type="checkbox"/> Car Loan | <input type="checkbox"/> Car Loan |
| <input type="checkbox"/> Any Other Loan | <input type="checkbox"/> Any Other Loan | <input type="checkbox"/> Any Other Loan |

Assets Ownership Details

| | | | |
|---------------------|--|--|--|
| Flat / House | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial Property | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Car | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Two Wheeler | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Verification Documents Enclosed

- | | | | |
|-----------------------------------|---|---|--|
| Identity Proof : | <input type="checkbox"/> Driving Licence | <input type="checkbox"/> Election I.D. Card | <input type="checkbox"/> PAN Card |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Government's Employer's I Card | <input type="checkbox"/> Aadhaar Card | <input type="checkbox"/> Other (Specify) |
| Residence Proof : | <input type="checkbox"/> Ration Card | <input type="checkbox"/> Electricity bill | <input type="checkbox"/> Telephone Bill |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Driving Licence | | |
| Society / Trust : | <input type="checkbox"/> Resolution | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> Bye laws |
| Checklist | <input type="checkbox"/> Registration Certificate | | |

In case of Minor Account

The Minor's account will be operated by Mr./Mrs. _____

Minor's Details

Minor's Date of Birth (____ / ____ / ____)

Guardian's Name [_____]

Relation with Minor

☐ Mother ☐ Father ☐ Other - Specify [_____]

Yours faithfully,

Photograph/s

| | | |
|---|---|---|
| <p>1</p> <p>Please Affix Passport Size Photograph with Signature Across</p> | <p>2</p> <p>Please Affix Passport Size Photograph with Signature Across</p> | <p>3</p> <p>Please Affix Passport Size Photograph with Signature Across</p> |
| <p>1</p> | <p>2</p> | <p>3</p> |

Signature (s) /
Thump
Impression (s)
of the Account
Holder (s)

Introduction DetailsName of Introducer
Address for
Communication

(Mr./Ms./M/s _____)

[_____]

[Pin Code : _____ Tel. No. : _____ Mobile No. : _____]

[_____] At the Branch [_____]

SB / CD A/c. No.

[_____] At the Bank ,

Customer ID. No.

I Certify that the applicant's is / are known to me since _____ Months / Years and

I confirm the address of the applicant as stated in this application.

Signature of Introducer

[_____]

NOMINATION FORM

Nomination under Section 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 Mr./Ms. _____

residing at _____

hereby nominate the following person to whom in the event of my / our / minor's death, the amount of deposit, particulars of which are as given below, may be returned by The Sarvodaya Co-operative Bank Ltd., Mumbai, _____ Branch.

Whether Nominator(s) agree(s) to have name of the Nominee on Pass Book / Statement of A/c. / FDR

| A/c. Type | A/c. Number | Name of Nominee | Nominee's Address | Relation | Age |
|-----------|-------------|-----------------|-------------------|----------|-----|
| | | | | | |

If Nominee is a Minor his/her Date of Birth is : [] [] / [] [] / [] [] [] []

**As the Nominee is a Minor on this date, I/We appoint _____

aged _____ years, residing at _____

_____ to receive the amount of the Deposit in the account on

behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Witness: (in case of thumb impression's two
witnessess are required.)Signature (s) / Thumb impression (s) of the
Account holder (s)

Witness 1-Name :

Witness 2-Name :

Address of Witness: 1

Address of Witness: 2

1

2

3

Signature:

Signature:

Place:

Date:

For Office Use :

Form Scrutinized & Signature of Introducer verified as per our records. Account opened in Branch records.

CRC

Account Opened by

Staff No. : _____

Officer

Staff No. : _____

Branch Incharge / Manager

Staff No. : _____

Account Opened on: _____ / _____ / _____