



**D. MODE OF OPERATION**  Self  Either or Survivor  Former or Survivor  Any one or Survivor  
 Jointly by all  Minor by guardian  As per resolution  Others.....

**E. FOR OTHER THAN INDIVIDUALS - AUTHORISED SIGNATORY DETAILS**

*Joint/Corp. Customer No.*

No. of Authorised Signatory Combinations

Authorised Signatory Details		Name	Designation
		Name	Designation
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....

Resolution if any:

Special Instructions if any:

**F. INITIAL DEPOSIT DETAILS**

Payment by

- Cash Deposit Amount Rs.....
- Cheque No.....Dated...../...../.....Rs.....Drawn on.....
- Debit my / our existing account. A/c No.....Rs.....

**G. FACILITIES / CHANNEL FACILITIES REQUIRED**

- Cheque Book  Passbook  Net Banking  Others
- Mobile Banking  SMS Alert  Mobile No.
- E-Passbook  EmailAlert Email ID.....
- DBT Aadhar No.    (Attach copy of Aadhar card)
- ATM Rupay Debit Card
- Name as desired on ATM Debit card   
(Maximum 18 letters only)

*Signature of the Account holder/s*

**H. MINOR DECLARATION**

Type of Guardian:  Father  Mother  Court Appointed  
 Full Name of Guardian  Mr.  Mrs.

I hereby declare that the date of birth of the minor who is my.....is...../...../..... and I am his/her natural and lawful guardian / Guardian appointed by court order, dated...../...../..... (copy enclosed). I shall represent the said minor in all future transactions of any description in the above Account until the said minor attains majority. I indemnify the bank against the claim of the above minor for any withdrawal / transactions made by me in his / her account

Place :.....  
 Date :...../...../ 20.....

*Signature of guardian*

**I. NOMINATION DETAILS (To be signed even if not required)**

Nomination

Required Form Filed

Not Required

**Form DA 1 (Only one individual nominee permitted)**

Nomination under section 45 ZA 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.....

Address.....

nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars where of are given below, may be returned by the Nilambur Co-operative Urban Bank Ltd. Branch.....

Name of nominee.....Address: same as primary applicant

If different from primary applicant

Relationship with depositor, if any.....Aged.....Years If nominee is a minor, his / her **date of birth**:...../...../.....

\*As the nominee is a minor on this date, I / We appoint Mr./Mrs. (Name).....Address.....

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

Signature of witness.....

Signature of Primary A/c holder A

Name.....

Signature of Joint A/c holder B

Place :.....

Date :...../...../ 20.....

Signature of Joint A/c holder C

\*Strike out, if nominee is not a minor

**J. APPLICANT/S DECLARATION**

- Rate of interest payable is as per Bank's/RBI/FEMA rules in force from time to time
- I/We understand that the bank may at any time and without notice to me/us combine and consolidate all or any of my/our accounts and set off or transfer any sum or sums standing to the credit of any one or more of such accounts in or towards the satisfaction of any of my/our liabilities to the bank on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.
- Unless and until modified or cancelled by filling a fresh nomination form/request for cancellation, a nomination once filed will continue to be applicable to the deposit when renewed, whether in part or in full or with additional amount or split up into different accounts, but without any change in the name and constitution of the account.
- If by error overdraft is created in my account, I undertake to pay the same with applicable rates of interests.
- If any mistake, the bank credits cash/cheques pertaining to other customers to my account(s), I undertake to inform the bank of the same and refund the same with interest and without any demur.
- I/We have read and understood the Terms and Conditions (a copy of which I am in position of ) governing the opening of an account with Nilambur Co-operative Urban Bank and those relating to various services including but not limited to ATMs / Debit card / Mobile banking / Phone banking / Net banking / Bill pay facility etc. I / We accept and agree to be bound by the said Terms and Conditions including those excluding / limiting the bank liability. I / We understand that the bank may, at its absolute discretion, discontinued any of the services completely or partially without any notice to me / us. I agree that the bank may debit my account for service charges as applicable from time to time. I / We am / are residence of India apart from this the current schedule of charges has been received by me and I agree with same. I agree to maintain minimum balance / AQB of Rs..... in my account. I / We agree to abide by the fees liable to be levied for issuance and maintenance of debit card from time to time.

**For Current Deposits**

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

**I/We agree to abide by the Banker's rules relating to the conduct of the above accounts / services / products.**

**I/We authorize the Bank / their representative to verify the details given here in accounts.**

Yours Faithfully,

**Signature Primary A**

**Signature Joint B**

**Signature Joint C**

(Signature of the depositor/s)

**K. DECLARATION BY ACCOUNT HOLDER/S IF JOINT ACCOUNT (Not mandatory)**

In the event of death of any of the account holders mentioned in case of joint account, the surviving account holder/s shall retain the right to close the Account.

*Signature Primary A*

*Signature Joint B*

*Signature Joint C*

(Signature of the depositors)

**L. SPECIAL / ADDITIONAL DECLARATIONS BY ACCOUNT HOLDER/S (if any)**

*Signature Primary A*

*Signature Joint B*

*Signature Joint C*

(Signature of the depositor/s)

**M. PARTICULARS OF INTRODUCTION / IDENTIFICATION (Not mandatory)**

A. If the applicant (s) is / are already a customer of the branch, please give account number.

B. Name and address of Introducer .....

Introducer's A/c No.

Since

"I Certify that I have known, **Mr./Mrs./Miss** .....for the last..... months/years and confirm his/her/their occupation and address stated in his / her their application to open the account".

(Signature of Indroducer)

(Branch Manager / Authorised Officer)

**FOR OFFICE USE ONLY**

1. Applicant(s) interviewed and purpose ascertained (description).....
2. Whether the duly filled and signed KYC Updation form & Xerox copy of the documents enclosed  Yes  No  
 Open the Account  Account No.   
Reject (Give Reasons).....
3. Account opened on (date).....
4. Nomination form entered in register & its serial No.....
5. Number of cheque books issued No..... From..... To.....
6. KYC updation form duly filled and particulars of identification

**Clerk**

**Accountant**

**Br. Manager / Authorised Officer**

Branch:.....

**KYC UPDATION FORM INDIVIDUAL**

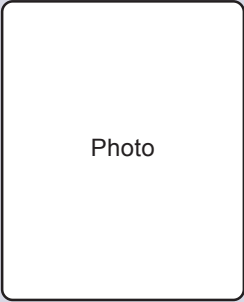
Resident  Non Resident  Auth. Sign of Corporate Account

E.KYC Reg. No  Date   **2** **0**

Customer No  Account No:

**Instructions**

1. Please fill in Block letters only. Please leave space between words.
2. Tick (✓) the appropriate boxes.
3. Please submit self attested documentary proof for kyc updation.
4. Request form to be submitted to the home branch where the accounting maintained or any other branch of the Nilambur co-operative urban bank.
- ★ 5. Separate KYC updation form should be attached for additional individuals.



*Signature*

**Please update my KYC in the bank records as per the details furnished below.**

1. **NAME OF CUSTOMER**  Title  Name

S/o., D/o., W/o.

PAN Card No.  Date of Birth

or  
If PAN is not available please admit form 60/61   
(Give details)

If Customer is a Member, Member Number

2. **CONTACT DETAILS**

Phone - Residence  Office

Mobile No  email

3. **PROOF OF IDENTITY** (Mandatory if KYC No. is not available. One certified copy of any one of the following needs to be submitted)

Aadhar  Driving License  Passport  NREGA Job Card  PAN Card

Voter ID Card  Others (Any document notified by Govt. of India)

Sl.No	ID Type	Document identification No	Issuing Authority	Place of Issue	Expiry Date
1					
2					
3					

4. **PERMANENT ADDRESS**  Tick (✓) if same as ID Proof submitted

Line 1

Line 2

Line 3

City  District

State  Pin

**5. PROOF OF ADDRESS** (Latest / Recent utility bills less than 2 months)

Electricity Bill    Telephone Bill    Post paid Mobile Bill    Water Bill    Address proof By Govt.

Sl.No	Particulars	Issuing Authority	Bill Date
1			
2			

**Ration card is not to be used as a document for establishing identity or proof of residence as per recent directive of the Government of India**

**6. PRESENT / COMMUNICATION ADDRESS**

Tick (✓) if same as Permanent Address

(If Address is different from then that of Address in proof of Identity)

Line 1

Line 2

Line 3

City  District

State  Pin

**7. PERSONAL DETAILS**

Gender:  Male    Female    Third Gender   Literate :  Yes    No

Marital Status:  Single    Married

If Married, Name of Spouse:.....Wedding Date:...../...../.....

Religion :  Hindu    Muslim    Christian    Others.....

Occupation :  Salaried    Professional.....    Self Employed / Business

Agriculture    Retired    Student    House Wife    Others.....

Source of Income :  Salary    Business    Agriculture    Pension    Others.....

Annual Income :  <1 Lakh    > 1 Lakh > 2.5 Lakh    > 2.5 Lakh < 5 Lakh

Above 5 Lakh   Rs.....

**8. APPLICANT DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and 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/we are aware that I/we may be held liable for it. I would like to share my personal/KYC details with Central KYC Registry.

**Signature Customer**

**FOR OFFICE USE ONLY**

Documents Received  Self-Attested    True copies    Notary

Risk Categorization based on Profile of the Customer  High    Medium    Low

Remarks

**All documents verified by**

**Clerk**

**Accountant**

**Br. Manager / Authorised Officer**