



JAMIA CO-OPERATIVE BANK LTD.

Regd. Off. : 334 E, Batla House
Jamia Nagar, New Delhi- 110025
Tel: 011-26322236/64558232
Website: www.jamiacoopbank.com

For Official Use Only

Customer ID (UIC)																				
Membership No.																				
Account Number																				
Nominee UIC																				

Account Opening Form For Firms/Corporates/Trusts/Societies/HUF/Others

To,
Branch Manager
Jamia Cooperative Bank Ltd.
New Delhi

Date:

D	D	M	M	Y	Y	Y	Y
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Branch:

Please Open a Bank Account as per details given below for which I/We deposit ₹/-
(Rupees in words)

Type of Account

- Savings Bank
 Current
 Fixed Deposit
 Recurring Deposit
 Others (Specify)

Account Category

- Basic
 Silver
 Gold
 Platinum
 Member A/c

Constitution

- Proprietorship
 Partnership Firm
 Private/Public Ltd. Co.
 Educational Institution
 Society /Association
 Public/Private Trust
 Limited Liability Patners
 NGO
 HUF
 Club
 Others (specify)

Mode Of Operation

- Proprietor
 Any One
 Jointly
 As per Resolution
 Others (specify)

Date of Establishment

D	D	M	M	Y	Y	Y	Y
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PAN

--	--	--	--	--	--	--	--	--	--

CIN/ Registration No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nature of Activity/Business

.....

Annual Turnover

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Annual Income

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Registered office address (Address Proof Attached)

Address for Communication, if different (Address Proof Attached)

State _____

State _____

Pin Code

--	--	--	--	--	--	--	--

Pin Code

--	--	--	--	--	--	--	--

Tel. No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tel. No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email ID _____

Email ID _____

Website _____

Website _____

Documents Attached

<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> MOA/AOA	<input type="checkbox"/> Trust Deed
<input type="checkbox"/> Bye-laws of society	<input type="checkbox"/> Copy of Registration Certificate	<input type="checkbox"/> VAT/ST Registration	<input type="checkbox"/> Board Resolution
<input type="checkbox"/> Others (specify)			

Existing Bank Accounts

A/c with Jamia Cooperative Bank Ltd
Branch
Account Number
A/cs with Other Banks
Name of Bank
Branch
Account Number

Personal Details of Authorized Signatories

1 st Authorized Signatory Name Mr./Mrs./Ms	2 nd Authorized Signatory Name Mr./Mrs./Ms	3 rd Authorized Signatory Name Mr./Mrs./Ms																								
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender																								
Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																			
D	D	M	M	Y	Y	Y	Y																			
D	D	M	M	Y	Y	Y	Y																			
Please Affix Passport size photograph	Please Affix Passport size photograph	Please Affix Passport size photograph																								
Signature	Signature	Signature																								

Details of Authorized Signatories

	1 st Authorized Signatory	2 nd Authorized Signatory	3 rd Authorized Signatory
Residential Address			
State			
Pin Code No.			
Tel. No.			
Mobile Number			
Email ID			

KYC Documents			
Identity Proof (Any of the following)	1st Applicant	2nd Applicant	3rd Applicant
PAN			
Aadhar Card No.			
Passport No.			
Voter ID Card no.			
NREGA/DL/Emp. Id Card			
Address Proof (Any of the following)			
Ration Card No.			
Latest Electricity Bill CANo.			
Latest Telephone Bill CANo.			
Bank account statement or passbook	Bank Name <input type="text"/> A/c <input type="text"/>	Bank Name <input type="text"/> A/c <input type="text"/>	Bank Name <input type="text"/> A/c <input type="text"/>
Latest Copy of LIC Insurance Premium receipt	LIC Policy <input type="text"/> Branch <input type="text"/>	LIC Policy <input type="text"/> Branch <input type="text"/>	LIC Policy <input type="text"/> Branch <input type="text"/>
Letter from employer certifying the current mailing address (only from private limited/ limited companies)	Name of Employer _____ Designation of Signatory _____	Name of Employer _____ Designation of Signatory _____	Name of Employer _____ Designation of Signatory _____
Existing valid registered lease agreement on stamp paper (in case of rented/ leased accommodation or shifting/transfer of residence)	ID of Landlord _____	ID of Landlord _____	ID of Landlord _____
Facilities Required			
<input type="checkbox"/> Cheque Book <input type="checkbox"/> Personalised Cheque Book <input type="checkbox"/> SMS Alerts <input type="checkbox"/> ATM Card <input type="checkbox"/> Internet Banking (view only) <input type="checkbox"/> E-statement (Frequency-Monthly/Quarterly) <input type="checkbox"/> Others (specify)			
FOR PROPRIETORSHIP CONCERNS			
<p>I, the undersigned, inform you that I am the Sole Proprietor of the firm named M/s. _____, and I am solely responsible for liabilities thereof. I shall promptly advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of receipt of such notice and until all such obligations shall have been cleared.</p> <p>Date _____ Signature _____</p>			
For Partnership Concern			
<p>Whenever any changes take place in our partnership, we undertake to promptly inform the Bank of the same in writing and our individual responsibility to the Bank will continue until all our liabilities with the Bank are discharged.</p> <p style="text-align: right;">Yours Faithfully</p>			
Name of Partner		Signature	

NOMINATION (DA1Form)

Nomination required:

Yes

No

I have been explained about the benefits of the Nomination facility; however, I do not wish to provide Nomination for this Account.

*Nomination under Section 45ZA of the Banking Regulation Act 1949, and rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985, in respect of the Bank deposits.

Whether nominator(s) agree(s) to have name of the nominee on pass book/Statement of Account Yes No (please tick appropriate box)

I/We, hereby nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit particulars of which are given below, may be paid by **Jamia Co-operative Bank Ltd**

A/c. type	A/c. Number	Name of Nominee	Nominee's Address	Relation	Age

If the Nominee is a minor, as on this date, Whose Date of Birth is:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

I/We appoint Mr./Ms. 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 detail (Two Witnesses in case of thumb Impression)

Witness No. 1 Name..... Address:.....
Witness No. 2 Name..... Address:.....
#Signature (s) /thumb Impression (s) of Depositor (s)

1.
2.
3.
Signature: Place: Date:

@ Please Put Tick in appropriate box wherever applicable.

Where Deposit is made by minor, the Nomination should be signed by a person lawfully entitled to act on behalf of the minor

Thumb Impression to be attested by two witnesses.

Declaration

I/We, hereby irrevocably agree and undertake to abide by KYC norms and furnish following Information along with documentary attenedce to the bank:

- Copies of documents for KYC updation with original for verification.
- Immediately inform the Bank in writing of change in my/our residential/business address, Service/occupation/nature of business.
- Any additional information as required with reference to my/our Account and transaction.
- The Bank rules & regulations relating to accounts have been read& understood by me/us and I/we agree to abide by the said rules & regulations and any amendments made thereto from time, to time as displayed on bank's Website/Notice Board and those relating to various services including but not limited to ATM Card, SMS Banking, Mobile Banking, Internet Banking etc.
- I/We understand that the Bank may at its discretion discontinue any of the service completely or partially. I/We agree that the Bank may debit my/our account with service charges, as applicable, from time to time.
- I/We confirm that I/we am/are resident of India.
- I/we am/are not availing any credit facility from any other bank OR I/we am/are availing following credit outstanding facilities as specified

Bank	Type of Credit Facility	Amount Outstanding	Tenure

8) I/we am/are not related to any of the directors of your bank OR
I/we am/are related to Mr/Ms. (Relationship). (Director) of your bank, as

9) I/We hereby declare that the information furnished above is true & correct to the best of my/our knowledge.

10) I/We have read, understood and agree to abide by the Bank's rules and agree to comply with and be bound by them as they are in force now and from time to time be in force for such accounts. I/We undertake to inform the Bank promptly in writing of any change in my/our constitution/partners/directors/constitution documents and any other material change.

11) I/We have read the terms and conditions for providing the aforesaid facilities and I/We agree to abide by and be bound by them as they are in force now and from time to time be in force for such facilities. I/We request you to provide me/us the card, the initial Password/PIN (Personal Identification Numbers) which I/We shall change periodically for maintaining secrecy of my/our account level information. I/We undertake to keep my password / PIN with myself/ourselves without giving any room for disclosure of the same to any third party. Further, I/We shall be responsible for any disclosure of my/our Password/PIN or Account Level Information to any third party and the Bank shall not be held responsible for any loss/damage caused to me/us on account of such disclosures. I/We shall be availing this facility at my/our request without any liability, either expressed or implied, to the Bank. The service charges, as applicable may be debited to my/our account.

12) All the points in declaration have been well explained to me by the bank.

Yours faithfully,

Signature (s) / Thumb Impression (s) of the 1 st Authorized Signatory	Signature (s) / Thumb Impression (s) of the 2 nd Authorized Signatory	Signature (s) / Thumb Impression (s) of the 3 rd Authorized Signatory
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Introducer Details

Name of Introducer Mr./Ms./ M/s.....

A/c. with Jamia Co-Operative Bank Ltd. Branch

Account Number UCIC/Membership no.:

Signature:..... Date:

For Bank Use only

Account Opened by: Cash Received by: Officer/ Assistant Manager/Branch Manager:
Employee Code. Employee Code. Employee Code.
Signature: Signature: Signature:

Other Information																											
Residence	<input type="checkbox"/> Owned by self <input type="checkbox"/> Owned by Family <input type="checkbox"/> Company Owned <input type="checkbox"/> Rented House <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> Owned by self <input type="checkbox"/> Owned by Family <input type="checkbox"/> Company Owned <input type="checkbox"/> Rented House <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> Owned by self <input type="checkbox"/> Owned by Family <input type="checkbox"/> Company Owned <input type="checkbox"/> Rented House <input type="checkbox"/> Others Specify.....																								
Religion	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Jain <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Jain <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Christian <input type="checkbox"/> Jain <input type="checkbox"/> Others Specify.....																								
Caste	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others Specify.....																								
Marital Status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married																								
If married, date of Marriage	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
No. of Dependent (Spouse+Parents+ Children)+.....+.....=.....+.....+.....=.....+.....+.....=.....																								
Annual Income	<input type="checkbox"/> Upto Rs.2.00 Lakh <input type="checkbox"/> Above Rs.2.00 Lakh to Rs.5.00 Lakh <input type="checkbox"/> Above Rs.5.00 Lakh to Rs.10.00 Lakh <input type="checkbox"/> Above Rs.10 Lakh (Specify).....	<input type="checkbox"/> Upto Rs.2.00 Lakh <input type="checkbox"/> Above Rs.2.00 Lakh to Rs.5.00 Lakh <input type="checkbox"/> Above Rs.5.00 Lakh to Rs.10.00 Lakh <input type="checkbox"/> Above Rs.10 Lakh (Specify).....	<input type="checkbox"/> Upto Rs.2.00 Lakh <input type="checkbox"/> Above Rs.2.00 Lakh to Rs.5.00 Lakh <input type="checkbox"/> Above Rs.5.00 Lakh to Rs.10.00 Lakh <input type="checkbox"/> Above Rs.10 Lakh (Specify).....																								
Profession/Occupation	<input type="checkbox"/> Salaried (Govt./Non-Govt.)- <input type="checkbox"/> Non-Govt. Specify_____ <input type="checkbox"/> Business/Profession (Specify)..... <input type="checkbox"/> House wife/ Retired/Student <input type="checkbox"/> Politician <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> Salaried (Govt./Non-Govt.)- <input type="checkbox"/> Non-Govt. Specify_____ <input type="checkbox"/> Business/Profession (Specify)..... <input type="checkbox"/> House wife/ Retired/Student <input type="checkbox"/> Politician <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> Salaried (Govt./Non-Govt.)- <input type="checkbox"/> Non-Govt. Specify_____ <input type="checkbox"/> Business/Profession (Specify)..... <input type="checkbox"/> House wife/ Retired/Student <input type="checkbox"/> Politician <input type="checkbox"/> Others Specify.....																								
Educational Qualification	<input type="checkbox"/> Engineer <input type="checkbox"/> Doctor <input type="checkbox"/> Architect <input type="checkbox"/> Lawyers <input type="checkbox"/> CA <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> Engineer <input type="checkbox"/> Doctor <input type="checkbox"/> Architect <input type="checkbox"/> Lawyers <input type="checkbox"/> CA <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Others Specify.....	<input type="checkbox"/> Engineer <input type="checkbox"/> Doctor <input type="checkbox"/> Architect <input type="checkbox"/> Lawyers <input type="checkbox"/> CA <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Others Specify.....																								

Asset 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

Form No. 60

[See second proviso rule 114B]

Form of declaration to be filled by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1 Full name & address of the declarant

.....
.....

2 Particulars of transaction

3 Amount of transaction.....

4 Are you assessed to Tax? Yes No

5 If yes,

Details of Ward / Circle / Range where the last return of income was filed.....

Reason for not having PAN.....

6 Detail of the document being produced in support of address in column (1)

I,

do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today

..... (Date)

Date: _____

Place: _____

Signature of the declarant

Form No. 61

[See second proviso to clause (a) of rule 114C (1)]

Form of declaration to be filled 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 144B

1 Full name & address of the declarant

.....
.....

2 Particulars of transaction

3 Amount of transaction.....

4 Are you assessed to Tax? Yes No

5 If yes,

Details of Ward / Circle / Range where the last return of income was filed.....

Reason for not having PAN.....

6 Detail of the document being produced in support of address in column (1)

I,

do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today

..... (Date)

Date: _____

Place: _____

Signature of the declarant