



Estd. 1998

THE ADARSH CO-OPERATIVE URBAN BANK LTD.

Branch Name: _____ Branch Code: _____

ACCOUNT OPENING FORM

A/c No.

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Type of Account:

SB ☐ CA ☐ FD ☐ RD ☐

Cust ID 1									
Cust ID 2									
Cust ID 3									
Cust ID 4									

DOCUMENTS REQUIRED

☐ INDIVIDUALS

- Any one OVD or deemed to be OVD's * and
- PAN Card or Form 60

OVD's (Officially Valid Documents)

- Passport
- Voter's Identity Card
- Driving Licence
- Job Card Issued by NREGA
- Letter Issued by UIDAI

Deemed to be OVD's

- ID card issued by Govt. Dept. PSU Scheduled Comm Bank & Public FI
- Letter Issued by Gazetted Officer.
- Utility bills-Electricity, telephone, postpaid mobile phone, piped gas, water bill.
- Property or Municipal tax receipt
- Pension or family pension payment orders issued to retired employees by Govt. Dept./PSU
- Letter or allotment of accommodation from employer (as stated in policy)
- Documents issued by Govt. Depts. of Foreign Jurisdiction or letter issued by foreign embassy or mission in India.

(*Bank reserves the right for calling additional information/document depending upon the risk categorisation of the customer)

☐ SOLE PROPRIETARY FIRMS

Legal Name Proof/Permanent Address Proof (Any two documents)

- Registration certificate.
- Certificate/License issued by the Municipal authorities.
- Sales (VAT, Service tax/CST) tax Return.
- CST/GST/VAT certificate (Whichever is Applicable)
- Certificate / Registration Document issued by sales tax/ service tax/ professional tax authorities.
- License / Certificate of practice issued by any professional body incorporated under a statute.
- Complete Income Tax Return.
- Utility bills such as Electricity, water & Landline telephone bills in the name of proprietary concern.
- IEC (Importer Exporter Code) issued by DGFT.

Senior Citizen's Account

In case age proof is not available in any of the above documents then any one from the following documents is required.

- Birth Certificate
- School Leaving Certificate
- Life Insurance Policy
- Pension Card

The Branch Manager

The Adarsh Co-operative Urban Bank Ltd.

Date : _____

Please open my/our/joint/sole proprietorship account at your _____ Branch

PERSONAL DETAILS

Applicant	Title	Name	Father's Name	Occupation
1st	Mr./Mrs./Ms.			
2nd	Mr./Mrs./Ms.			
3rd	Mr./Mrs./Ms.			
4th	Mr./Mrs./Ms.			

Applicant	Date of Birth (DD/MM/YYYY)	Sex (M/F/T)	Mother's Name	Marital Status	Spouse Name
1st					
2nd					
3rd					
4th					

Applicant	Anniversary Date	Place of Birth	Religion*	PAN No.	Relationship with First Applicant	Nationality	Education
1st							
2nd							
3rd							
4th							

* for statistical purpose only

Permanent Address of 1st Applicant[illegible]

Correspondence Address of 1st Applicant. If same as above tick here ☐

[illegible]**Permanent Address of 2nd Applicant**[illegible]

Correspondence Address of 2nd Applicant. If same as above tick here ☐

[illegible]**Permanent Address of 3rd Applicant**[illegible]

Correspondence Address of 3rd Applicant . If same as above tick here ☐

[illegible]**Permanent Address of 4th Applicant**[illegible]

Correspondence Address of 4th Applicant. If same as above tick here ☐

[illegible]**Firm Address (Business Address in case of Proprietorship account)**[illegible]

CUSTOMER PROFILE

1st Applicant

Occupation : Salaried ☐ Professional ☐ Business ☐ Pensioner ☐ Agriculturist ☐ Others ☐ Please specify _____

If Self Employed Professional, Nature of Business

Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others ☐ Please specify _____

If Salaried, employed with :

Govt. Sector ☐ Public Sector Undertaking ☐ Private Sector ☐ Others ☐ Please specify _____

If business, Nature of Business :

SME ☐ Stock Broker/Real Estate Agent ☐ Jeweller ☐ Retail Trader/Wholeseller ☐ Others ☐ Please specify _____

Whether Cash Intensive Business : Yes ☐ No ☐ (if yes, then which activity)

Restaurant ☐ Liquor Stores ☐ Cigarette Distributor ☐ Private Owned ATM ☐ Parking Garrage ☐ Others ☐ Please specify _____

Gross Annual Income : Upto Rs.4.99 Lac ☐ Rs. 5 lac to Rs.24.99 lac ☐ Rs. 25 lac to Rs. 49.99 lac ☐ Rs.50 lac to 100 lac ☐ Above Rs.100 lac ☐

Source of Funds : Salary ☐ Pension ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Rental ☐ Others ☐ Please specify _____

Approx Turnover : Upto Rs.25 lac ☐ Above Rs.25 lac to Rs.50 lac ☐ Above Rs.50 lac to Rs.100 lac ☐ Above Rs.100 lac to Rs.200 lac ☐ Above Rs.200 lac ☐

2nd Applicant

Occupation : Salaried ☐ Professional ☐ Business ☐ Pensioner ☐ Agriculturist ☐ Others ☐ Please specify _____

If Self Employed Professional, Nature of Business

Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others ☐ Please specify _____

If Salaried, employed with :

Govt. Sector ☐ Public Sector Undertaking ☐ Private Sector ☐ Others ☐ Please specify _____

If business, Nature of Business :

SME ☐ Stock Broker/Real Estate Agent ☐ Jeweller ☐ Retail Trader/Wholeseller ☐ Others ☐ Please specify _____

Whether Cash Intensive Business : Yes ☐ No ☐ (if yes, then which activity)

Restaurant ☐ Liquor Stores ☐ Cigarette Distributor ☐ Private Owned ATM ☐ Parking Garrage ☐ Others ☐ Please specify _____

Gross Annual Income : Upto Rs.4.99 Lac ☐ Rs. 5 lac to Rs.24.99 lac ☐ Rs. 25 lac to Rs. 49.99 lac ☐ Rs.50 lac to 100 lac ☐ Above Rs.100 lac ☐

Source of Funds : Salary ☐ Pension ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Rental ☐ Others ☐ Please specify _____

Approx Turnover : Upto Rs.25 lac ☐ Above Rs.25 lac to Rs.50 lac ☐ Above Rs.50 lac to Rs.100 lac ☐ Above Rs.100 lac to Rs.200 lac ☐ Above Rs.200 lac ☐

3rd Applicant

Occupation : Salaried ☐ Professional ☐ Business ☐ Pensioner ☐ Agriculturist ☐ Others ☐ Please specify _____

If Self Employed Professional, Nature of Business

Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others ☐ Please specify _____

If Salaried, employed with :

Govt. Sector ☐ Public Sector Undertaking ☐ Private Sector ☐ Others ☐ Please specify _____

If business, Nature of Business :

SME ☐ Stock Broker/Real Estate Agent ☐ Jeweller ☐ Retail Trader/Wholeseller ☐ Others ☐ Please specify _____

Whether Cash Intensive Business : Yes ☐ No ☐ (if yes, then which activity)

Restaurant ☐ Liquor Stores ☐ Cigarette Distributor ☐ Private Owned ATM ☐ Parking Garrage ☐ Others ☐ Please specify _____

Gross Annual Income : Upto Rs.4.99 Lac ☐ Rs. 5 lac to Rs.24.99 lac ☐ Rs. 25 lac to Rs. 49.99 lac ☐ Rs.50 lac to 100 lac ☐ Above Rs.100 lac ☐

Source of Funds : Salary ☐ Pension ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Rental ☐ Others ☐ Please specify _____

Approx Turnover : Upto Rs.25 lac ☐ Above Rs.25 lac to Rs.50 lac ☐ Above Rs.50 lac to Rs.100 lac ☐ Above Rs.100 lac to Rs.200 lac ☐ Above Rs.200 lac ☐

4th Applicant

Occupation : Salaried ☐ Professional ☐ Business ☐ Pensioner ☐ Agriculturist ☐ Others ☐ Please specify _____

If Self Employed Professional, Nature of Business

Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ IT Consultant ☐ Others ☐ Please specify _____

If Salaried, employed with :

Govt. Sector ☐ Public Sector Undertaking ☐ Private Sector ☐ Others ☐ Please specify _____

If business, Nature of Business :

SME ☐ Stock Broker/Real Estate Agent ☐ Jeweller ☐ Retail Trader/Wholeseller ☐ Others ☐ Please specify _____

Whether Cash Intensive Business : Yes ☐ No ☐ (if yes, then which activity)

Restaurant ☐ Liquor Stores ☐ Cigarette Distributor ☐ Private Owned ATM ☐ Parking Garrage ☐ Others ☐ Please specify _____

Gross Annual Income : Upto Rs.4.99 Lac ☐ Rs. 5 lac to Rs.24.99 lac ☐ Rs. 25 lac to Rs. 49.99 lac ☐ Rs.50 lac to 100 lac ☐ Above Rs.100 lac ☐

Source of Funds : Salary ☐ Pension ☐ Business Income ☐ Agriculture ☐ Investment Income ☐ Rental ☐ Others ☐ Please specify _____

Approx Turnover : Upto Rs.25 lac ☐ Above Rs.25 lac to Rs.50 lac ☐ Above Rs.50 lac to Rs.100 lac ☐ Above Rs.100 lac to Rs.200 lac ☐ Above Rs.200 lac ☐

TERM DEPOSIT

FIXED DEPOSIT

☐ Term Deposit Type _____ ☐ Recurring Deposit
Tenure YYYY/MM/DD ☐ Interest Payout ☐ On Maturity ☐ Yearly ☐ Quarterly ☐ Monthly
Amount Rs. _____ (Rupees _____) R.O.I. : _____
Interest Payout Account Details : _____

STANDING INSTRUCTION FORM

As and when an installment falls due in my Recurring Deposit Accounts No. _____
I hereby authorize the bank to debit my Savings/Current/SOD/OD Accounts No. _____ and transfer
the amount to the credit of my Recurring Deposit of Rs. _____ every month for _____ months.

Applicant's signature: 1. _____ 2. _____ 3. _____ 4. _____

MODE OF OPERATION

☐ Single ☐ Either or Survivor ☐ Former or Survivor ☐ Severally ☐ Jointly by All ☐ Others _____
(Please Specify)

MINOR ACCOUNT

Name of Parent/Guardian _____ Minor's Date of Birth _____
Relationship with Minor ☐ Father ☐ Mother ☐ (by court order if yes please affix a copy) ☐ Others (please specify) _____

I shall represent the minor in all future transactions of any description in the above account till the said minor attains majority. I shall fully indemnify the Bank against any claim of the above minor for any withdrawal/transaction made by me in his/her account for the benefits of the minor only.
Signature : _____
Guardian's Signature (If Applicant is a minor)

APPLICATION FOR e-BANKING SERVICES

Please tick the desired (✓) Cross the undesired (X) Do not leave any field BLANK

☐ Mobile Alerts ☐ Mobile Banking ☐ Toll Free Banking ☐ Internet Banking* View
☐ e-Statement(Frequency _____) ☐ Adarsh ATM cum Debit Card ☐ Cheque Book** ☐ E-Com Enable

1. In case of sole proprietorship account. E-mail ID for receiving e-statement can be different from the e-mail ID registered for Internet Banking.
2. Registration for Alerts is mandatory for digital banking. 3. ** Charges Applicable

Email ID (e-statement): _____
* Mobile No.(For Alerts): _____ * (Applicable only for numbers issued in India), Alternate Mobile No. _____

DECLARATION

(Applicable for Current Accounts)

☐ I/We declare that our firm do not enjoy any credit facility from any other bank(s).
☐ I/We declare that our firm enjoy credit facility from other bank as per detail given below:

Name of bank	Account No	Facility	Amount

(Please attach NOC from the respective bank)

☐ Sole Proprietorship Account
I/We refer to the account opened by you in the name of _____

and declare as under, I the undersigned am the sole proprietor of the firm and solely responsible for liabilities thereof. I shall 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 litigation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated

Yours faithfully

Name _____

Signature : _____
(Please sign without the firm's stamp)

GENERAL DECLARATIONS AND UNDERTAKINGS

- ◆ I/ We shall be bound by the terms and conditions in force from time to time relating to usage of Internet banking facility (view only) as set forth on the Website www.adarshbank.com or as may be amended from time to time as per the guidelines of Reserve Bank of India. I/We understand that it is the responsibility of the Account holder to protect and keep the user Id and Password safe and secure.
- ◆ I/We shall be responsible for the Registration of Mobile Banking with the Registered Mobile Number by downloading the Mobile Banking App. I/We understand that it is my/our sole responsibility for the transactions carried out through the Registered Mobile Number and the Bank is in no way responsible for the transactions made by the Account holder. Further it is noted that it is my/our sole responsibility to protect/ safe keeping of the Transaction PIN (TPIN) and any other information/ details, which the Bank may require to establish the identity of the Account holder/s for Mobile Banking.
- ◆ I/ we understand that applicable charges as per the Bank's rules will be levied if the minimum balance is not maintained in the account and consent for the same.
- ◆ I/we understand that the Bank is authorized to debit the account with Annual Maintenance Charges/ Service Charges/ Cash deposit/ Cash withdrawal charges/ Cheque return charges as per the rules in force or as may be amended from time to time.
- ◆ It is assured that the minimum balance in the Account shall be maintained. In case the minimum balance is not maintained, the Bank has the right to close the Account in case of continuous debit balance in the account and or frequent return of Cheques issued or ACH Returns (ECS).
- ◆ I undertake to notify the Bank any changes in the Mobile Number. or change of address to update the records in the Bank.
- ◆ As ours is a Proprietorship firm, we hereby undertake to notify the Bank in case of any changes in the Proprietorship, address, mobile No. etc., to update the records of the Bank.
- ◆ I/ we understand that the Bank shall not be responsible in case SMS / Email is not received due to incorrect mobile Number / Email address provided by me / us or on account of technical reasons.
- ◆ I/we understand that in case of auto renewal, interest rate prevailing on the date of auto renewal shall be applicable. In the case of Fixed deposit, the principal deposit amount shall be renewed. In the case of cumulative Fixed deposit, the entire maturity proceeds shall be renewed. I/We agree that the proceeds of the deposit will be paid as per existing bank's mode of payment on the due date if requested before the due date.
- ◆ I/we understand that in case of auto renewed deposit without any change in the existing mode of operation, the existing account opening form may be treated valid and continuing.
- ◆ I/We understand that premature withdrawal of deposit will be subject to penal rates as per bank policies.
- ◆ I/We understand that at the discretion of the Bank and as per the rules of the Bank, loan against the deposit may be given
- ◆ I/We agree that the instalment shall be debited on the date of opening of the recurring deposit account. Subsequent instalments shall be debited on selected day of the month
- ◆ I/We agree that in case of delay in payment of any instalment, I/We shall be liable to pay interest at the rate specified by Adarsh Bank for the period of delay.
- ◆ I /We understand that we are required to refer and go through the service charges/ deposit rates / any other charges as displayed on the notice board available in the branches, also on the Bank's website www.adarshbank.com. I/ we also understand to note that service charges/ deposit rates / any other charges are subject to change from time to time.

1st Applicant Name	2nd Applicant Name	3rd Applicant Name	4th Applicant Name
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>1st Applicant</p> <p>(Attach Passport Size Photo and Sign across)</p> </div>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>2nd Applicant</p> <p>(Attach Passport Size Photo and Sign across)</p> </div>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>3rd Applicant</p> <p>(Attach Passport Size Photo and Sign across)</p> </div>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>4th Applicant</p> <p>(Attach Passport Size Photo and Sign across)</p> </div>
1st Applicant Signature	2nd Applicant Signature	3rd Applicant Signature	4th Applicant Signature

Guardian's Signature (If applicant is a minor) * Please sign with black pen

NOMINATION FORM

Form DA1

Nomination Regn. No.

*Under Section 45 ZA of The Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985
I/We nominate the following person to whom in the event of my/our death the amount of balance in the account be returned to
Mr./Mrs./Ms. _____ Age : _____
Address _____

Date of Birth: _____ Relationship with depositor _____ As the nominee is a minor on this date,
I/We appoint the following person 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 (Appointee: Mr./Ms. _____
S/o. _____ Age. _____ Address _____

Signatures: 1.

2.

3.

4.

CUSTOMER SIGNATURE VERIFICATION CERTIFICATE

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1st Applicant

2nd Applicant

3rd Applicant

4th Applicant

The above said customer(s) / Applicant(s) has/have signed in my presence

(Sign of Br. Head / Ops. Head / KYC Compliance Officer)

INTRODUCTION DETAILS

Introducer's Name Mr./Mrs./Ms.

Address.....

.....A/c No..... Ph/Mobile No(s).....

I/We know the applicant(s) personally for the last years and recommend the applicant(s) to the Adarsh Co-operative Urban bank Ltd., for
opening an account.

Signature

RISK CATEGORIZATION1st Applicant ☐ LOW ☐ MEDIUM ☐ HIGH3rd Applicant ☐ LOW ☐ MEDIUM ☐ HIGH2nd Applicant ☐ LOW ☐ MEDIUM ☐ HIGH4th Applicant ☐ LOW ☐ MEDIUM ☐ HIGH**FOR BANK USE**KYC Requirements Complied ☐Permitted to open the account ☐

C KYC Number : _____

Maker

Cheker

Customer ID Created by _____

Account Opened by _____

Scanning by _____

Date :

BRANCH HEAD/
AUTHORISED PERSON

KYC COMPLIANCE OFFICER