



**The Visakhapatnam Co-operative Bank Ltd.**  
(Regd. No. MSCS/CR/1101/2014) (Multi State Co-operative Urban Bank)

**SEETHAMMAPETA BRANCH** Branch

For Bank Use only

Customer ID																				
Account No.																				

**SAVINGS BANK / CURRENT ACCOUNT OPENING FORM**

I / We request you to open ..... Account with you for which I / We tender herewith a Deposit of Rs. .... (Rupees..... only) by Cash / Cheque drawn on yourselves ..... Bank.

**FOR SAVINGS BANK ACCOUNT**

Name of the Applicant/s in full in Block Letters	1																			
	2																			
	3																			

**FOR CURRENT ACCOUNT**

Name of the Firm / Company																				
PAN No.																				
Date of Registration / Incorporation	(Copies of Partnership Deed / Registration Certificate / Memorandum of Association & Articles of Association to be enclosed, Board resolution / letter from Firm to be submitted)																			
Names of Partners / Director	1																			
	2																			
	3																			

**OTHER DETAILS / INFORMATION**

	Applicant / Partner / Director 1	Applicant / Partner / Director 2	Applicant / Partner / Director 3
S/o. / D/o. / W/o.			
PAN No. (If obtained) Else Declaration in Form 60/61			
Aadhaar No.			
SEX	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 <input type="checkbox"/>
Religion / Caste			
Nationality			
Date of Birth / Age			
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>
Address for Correspondence			
a) Permanent Address			
b) Present Address			
Telephone (Res.)			
Telephone (Office)			
Mobile No.			
E-mail address			

Occupation : (if Professional / Salaried Class, details of profession / employment. in case of business furnish nature of Business)			
<b>Income per Annum</b>			
Educational Qualification			

IN CASE OF A MINOR, Date of Attaining Majority (DD/MM/YYYY) :

Name of Parent / Natural Guardian	<b>DECLARATION BY THE GUARDIAN</b>		
Address of the Guardian :	I hereby declare that the Date of Birth of the Minor is ...../...../..... and the minor is my ..... ..... and I am his / her natural guardian / lawful guardian appointed by the Court Order, vide 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 any claim of the minor for any withdrawal / transactions made by me in his/her account.		
	<i>Signature of Guardian</i>		
CHEQUE BOOK :	Required <input type="checkbox"/>	Not Required <input type="checkbox"/>	

**INTRODUCTION BY EXISTING CUSTOMER OF THE VISAKHAPATNAM CO-OPERATIVE BANK LTD.**

I confirm that I am Account holder with THE VISAKHAPATNAM CO-OPERATIVE BANK LTD., I certify that I know Mr. / Mrs. .... for the last ..... years and confirm his / her occupation / business and address stated in this application to open the Account.

Customer ID : *Signature*

Account No. :

*(Branch to accept Introduction only from the Introducer who is our Bank Customer maintaining satisfactorily conducted operative Account of more than six months old)*

	Applicant / Partner / Director 1	Applicant / Partner / Director 2	Applicant / Partner / Director 3
Please affix Passport Size Photograph of the respective columns			

<b>MANDATE FOR ACCOUNT OPERATIONS For SB Account</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Former or Survivor
	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Jointly by all	<input type="checkbox"/> Others by Mandate/Power of Attorney

<b>For Current Account</b> (Board resolution / letter from Firm to be submitted)	Mode of operation by persons authorized to operate on behalf of the Firm / Company :	
	Singly by ..... as Managing Partner / Partner / Managing Director / Director	Jointly by a) ..... and b) ..... as Partner / Director

Since we have agreed and instructed the Bank to allow operations under "Either or Survivor / "Former or Survivor" / "Any one or Survivor", we hereby authorise the Bank to allow the withdrawal of the Balance outstanding in the account to the surviving depositor/s, in case of death of any one or more of the depositors, without seeking the concurrence of the legal heir/s of the deceased joint depositor/s.

✓	✓	✓
SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 2	SIGNATURE OF APPLICANT 3

NOMINATION FACILITY : <input type="checkbox"/> Yes REQUIRED* <input type="checkbox"/> NOT REQUIRED		* If required please complete nomination form below.	
<b>NOMINATION (Nomination Form DA-1) Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit.</b>			
I/We nominate the following person to whom in the event of my / our / minors death the amount of deposit in the above account may be returned by the Visakhapatnam Co-operative Bank Ltd., _____ Branch. As Nominee is minor of this date, I/ We appoint Mr./Ms./Dr. _____ to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee		Name & Address of Nominee	
		Nominee's Relationship with Depositor, if any :	
If nominee is minor, Date of Birth : (Strike out if nominee is not a minor)		Signature of Two Witnesses, if Thumb Impressions obtained	
		Signature of Depositor(s)	

<b>DECLARATION / UNDERTAKING by Applicant(s) - (Please tick as applicable and Delete whatever is inapplicable)</b>		
<input type="checkbox"/> I/We confirm that I/We am/are resident(s) of India. <input type="checkbox"/> I/We confirm having read/been explained and understood the Rules pertaining to various Accounts/Service as also the Citizens' Charter and I/We do hereby agree to be bound by the terms and conditions, outlined in these rules which govern the account(s) which I/We am/are opening with The Visakhapatnam Co-operative Bank Ltd., and amendments thereto made from time to time and those relating to various services.. I agree that I would be bound by changes in terms and conditions pertaining to the different accounts/services. <input type="checkbox"/> I/We understand that the Bank may at its absolute discretion discontinue any of the services completely or partially without any notice to me/us. <input type="checkbox"/> I/We agree that the bank may debit my account for service charges as applicable from time to time. <input checked="" type="checkbox"/> <b>I/We will take every care to keep the cheque book in my / our safe custody. I/We will also keep watch on the day to day transactions to detect early frauds, if any, committed by my/our agent/employee.</b> <input type="checkbox"/> Any Other. <input type="checkbox"/> I/We hereby declare that the information furnished above is true and correct to the best of my knowledge.		
✓	✓	✓
SIGNATURE OF APPLICANT 1	SIGNATURE OF APPLICANT 2	SIGNATURE OF APPLICANT 3

<b>FORM No. 60/61 (PLEASE SEE THIRD PROVISIO TO Rule 114B)</b>	
(Declaration to be filed by a person NOT having either a PAN and who intends to make Cash Deposit in respect of transaction specified in clause (a) to (h) of Rule 114B)	
1. Full name & Address of the declarant : (To be supported by Passport / Ration Card / Employee ID / Driving Licence etc.)	
2. Details of the Document produced in support of address in column 1 :	
3. Transaction Particulars :	Opening of _____ A/C
4. Amount of Transaction :	
5. Are you Assessed to Tax? : Yes / No* Being Agriculturist/Income being not chargeable to IT.	6. If Yes, Details of Income Tax Ward /Circle / Range : _____ Reason for not having PAN Number : _____
Declaration by a person having agri. income only and no other income chargeable to IT I hereby declare that my source of income is from agriculture and I am not required to pay IT on any other income (if any)	Verification : I ..... do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified, today, the _____ day of _____ 20____.
Signature of Agriculturist	Place : _____ Date : _____ Signature of the Declarant

**RISK CATEGORIZATION** : As per KYC Guidelines of RBI and Bank's Internal Guidelines, the above customer account is categorised as below :

- ☞ **Low Risk (Class 1)** : Salaraised Employees, Students, Small Traders, Self-Employed, Professionals, Agriculturist, Individual Service Providers (Goldsmith, Mechanist, Riggers, Welders, Porters, Coolie etc.)
- ☞ **Average Risk (Class 2)** : Companies, Partnership Firms, Association, Trust, Charitable Institutions, Corporate Groups, Hospitals etc.
- ☞ **Medium Risk (Class 3)** : NRIs/Non face to face customers, Client accounts opened by professional intermediaries.
- ☞ **High Risk (Class 4)** : Politicians, Political Parties, Missionaries, Politically affected groups.

**Risk Categorization based on the above by the Branch Manager / Official** : .....

*Signature of Branch Manager / Officer*

### KNOW YOUR CUSTOMER (KYC) NORMS

(KYC Compliance is mandatory for applicant / Partner / Director / Firm / Company and without this Mandatory Information Customer ID should not be opened. Branches to obtain photo copy with self attestation of any of one of the documents mentioned for proof of identity and proof of address. In case the address appearing in the document of proof of identity is the same as mentioned in the application, the same may be accepted as document for proof of address)

PROOF OF IDENTITY	Applicant / Partner / Director 1 No. and Date	Applicant / Partner / Director 2 No. and Date	Applicant / Partner / Director 3 No. and Date
1. PAN Card			
2. Passport (valid)			
3. Election Card			
4. Driving License			
5. Defense ID Card			
6. Card issued by Govt.			
7. Senior Citizen Card			
8. Other (Please specify)			

PROOF OF ADDRESS	Applicant / Partner / Director 1 No. and Date	Applicant / Partner / Director 2 No. and Date	Applicant / Partner / Director 3 No. and Date
1. Electricity Bill			
2. Telephone Bill			
3. Ration Card			
4. Passport (valid)			
5. Employer Letter**			
6. Govt. Document			
7. Income /Wealth Assessment Order			
8. Other (Please specify)			

\*\* Branches to accept Employer Letter only if it is from a well established and highly reputed company / Firm and not from any sundry employers of low profile with only limited outreach.

*Signature of Branch Manager*

### FOR BRANCH USE

Letter of thanks sent to introducer / customer on : .....			
Introducer Contacted on : .....			
Account Opened by :		Authorized by :	
Name :		Name :	
	Signature		Signature