



The Anantapur District Cooperative Central Bank Ltd.,

Head Office : Subash Road, Anantapur - 515001

Branch :: _____

The Branch Manager,

Date

Please open my sole/our joint/sole proprietorship account at your branch

PERSONAL DETAILS

	Title	First Name	Middle Name	Surname
1st applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guardian's Name _____ (In case applicant is minor)

Relationship with minor Father Mother By court order (if yes please affix a copy) Others (please specify) _____

	Date of birth (dd/mm/yy)	Sex M/F	Mother's maiden surname	Marital status	Relationship with first applicant	PAN/GIR*
1st applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*please fill form 60 in case of non-availability of pan/gir number

Firm name (for sole proprietorship)

	Mobile no.	Office phone no.	Email id	Existing Customer ID
1st applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Correspondence Address

Bldg./Road Name

Area City

Landmark (near/opposite) State Pin code

Country Phone(res): Fax no.

Permanent Address Same as above

Bldg./Road Name

Area City

Landmark (near/opposite) State Pin code

Country Phone(res): Fax no.

AADHAAR DETAILS

NAME	AADHAR NUMBER
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

INTRODUCTION DETAILS

Introduction by existing customer confirming the mailing address and identity of the applicant

Name

Cust ID Account No.

I confirm that i am an account holder of ADCCBank Ltd _____ Branch for over six months. I confirm that i personally know the applicant detailed herein for _____ years and confirm his/her identity and address

Signature of introducer _____ Signature verified (for bank use) _____

Self introduction

Signature & EIN No.

K Y C PARTICULARS

Address Proof and Photo Identity

- Passport Voter ID Driving Licence Ration Card Other Bank Pass Book
- Govt. Defence ID Card Telephone Bill Electricity Bill Pan Card
- Identity card / Document with applicant's Photo, issued by
 - a) Central Government / State Government and its Department
 - b) Professional bodies such as ICAI, ICWAI, ICSI & Bar Council etc to their members.

Office Use

Checked and verified with the Originals
Signature of Branch Head / Branch Manager

KYC No. _____

ACCOUNT OPTIONS

- Individual Institutions Societies Others (please specify) _____

INITIAL PAYMENT DETAILS (For Savings and Current Account)

Amount _____ dated _____ drawn on _____ bank, _____ branch
 Cash Transfer from a/c no. _____ Cheque no. _____
 Amount to be deposited in Savings / Current account ₹ _____

FIXED DEPOSITS (FD) / RECURRING DEPOSIT (RD)

- simple reinvestment recurring deposit period _____ installment _____ (for RD) others (please specify) _____
- please recover installment for the recurring deposits from my savings bank account. _____
- interest payout : Annual Quarterly Monthly Discounted At maturity (Cumulative)
- Senior citizens : No Yes (please attach proof)

Overdraft Against FD Account (minimum amount of FD is 10,000. available only on deposit of tenure 6 months and above)

MATURITY/INTEREST PAYMENT INSTRUCTIONS

On maturity of Fixed Deposit

- A) renew principal and interest* renew principal only issue dd/pay order
- B) await renewal instructions post maturity
- (Same tenor at the rate of interest prevailing on maturity)
- credit to 1st applicant's operative account _____
- (In case of absence of specific instructions for renewal, interest will be paid at the applicable savings bank rate, if the deposit is not renewed thereafter)

For regular interest payment (fill only in case of monthly/quarterly interest payout and on maturity if the interest is not to be renewed with the principal)

- credit to 1st applicant's operative account _____ issue dd/pay order

*In case of automatic renewal, if the customer thereafter decides to prematurely close the term deposit/renew it for a period shorter than the remaining period of the contract, premature penalty will be applicable as per Bank's extant policy.

For NEFT / RTGS Transfers

Credit to account no. _____ Beneficiary Name: _____
 Beneficiary Account Type Savings Account Current Account Loan Account Cash Credit NRE Account

Bank Name: _____ Branch IFSC Code: _____

Sweep in Savings Account : in case of insufficient balance in my savings account no. _____ please clear my cheque/allow withdrawal by transferring funds to my savings account by breaking units of my/our fixed deposits.

Minor Account : 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.

I/We wish to nominate existing Savings Account nominee for my FD/RD also.

Current Account

I/We declare that

I/We do not enjoy any credit facilities with any other bank/s

I/We enjoy credit facility/have current accounts with other bank/s (please attach details of such facilities separately)

Name of bank	Account No.	Facility	Amount

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 obligation 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 stamp)

Affix photo of the nominee
(Not Mandatory)

Nomination Registration No.

Nomination: Nomination under Sec 45ZA of the Banking Regulations Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. (From DA 1).

I/We _____ (names) nominate the following person whom, in the event of my / our / minor's death, the amount of the deposit in the amount may be returned by _____ Branch.

Name & Address of the Nominee	Relationship with the Depositor if any	Age	If Nominee is a minor his/her Date of Birth

* As the nominee is a minor on this date, I/We appoint _____ (Name, Address, Age & Relationship with depositor, if any) to receive the amount of the deposit / insurance claim amount in the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.
Signature (Depositors) _____

Personal Details & Signature of the Witness:

(1) Name: _____ (2) Name: _____
Address: _____ Address: _____
Signature: _____ Signature: _____

I do not wish to nominate

Signature: _____

ACCOUNT OPERATION & DECLARATION

"I/We confirm that I am/We are Residents of India. I/We hereby declare that the information furnished above is true & correct & to the best of my/our knowledge."

Single Either or survivor Former or survivor Anyone or survivor Jointly by all Others (please specify)

1st applicant

2nd applicant

3rd applicant

Signature

Signature

Signature

Applicant/guardian should also sign across photographs as well as in the space provided for signature.

Form Serial No. IN _____ Branch Copy
Name of the customer _____
Forwarded to CPU / RPU on _____

Form Serial No. IN _____ Customer Copy
(Please note this number till you get your customer ID)
Ack. date _____ Signature of bank official

CUSTOMER PROFILE FORMAT (INDIVIDUALS/SELF EMPLOYED)

Residential status Resident Non resident

Education Under Graduate Graduate Post Graduate Professional Other (Please Specify) _____

Occupation Service Retired Self employed Housewife Other (Please Specify) _____

If in service Name of organization _____

If self employed-nature of business Trading Manufacturing Services Agriculture Real estate Other (Please Specify) _____
 Since when in business specify Year Since _____ (Years)

If self employed professional CA Doctor Lawyer Stock broker Consultant Other (Please Specify) _____

Sources of Income Salary Business Agriculture Other (Please Specify) _____

Annual Income (Pl attach copy of latest IT return / form16 / salary slip) <₹ 60,000: ₹60,000 - ₹1 Lakh, ₹1 Lakh - ₹5 Lakh, >₹5 Lakh - ₹15 Lakh, >₹15 Lakh

Transaction profile i.e. value of transactions likely to be routed through the account in a month/ quarter/half year. In case of new firm sales tax return of the previous quarter or projected sales may be accepted. : < ₹ 50,000 < ₹ 1,00,000 < ₹ 10 lakh ≤ ₹ 100 lakh > ₹ 100 lakh

Details of branch offices/allied associate concerns and nature of their business : _____

Details of foreign collaboration if any. _____

Residence Owned Leased Other (Please Specify) _____ Marital Status Married Single

Whether Senior Citizen YES NO Religion _____

Caste SC ST OBC Open Category Other (Please Specify) _____ Minority YES NO

Signature

My Family & Me

Name of Spouse - Mr / Mrs. _____

Date of birth of spouse: Marriage anniversary :
d d m m y y y y d d m m y y y y

Other dates important to me : 1. Occasion _____
d d m m y y y y 2. Occasion _____
d d m m y y y y

Mother Tongue: _____

Details of children :

1 Name _____ Male/Female DOB: ___/___/___ Resident / Non-resident Married / Single

2 Name _____ Male/Female DOB: ___/___/___ Resident / Non-resident Married / Single

3 Name _____ Male/Female DOB: ___/___/___ Resident / Non-resident Married / Single

My Work Life

Office address : _____ City : _____ Pin :

Type of organisation : Public Ltd. Private Ltd. Public Sector Proprietary Partnership

My lifestyle

I like : Travelling Vacationing Reading Partying Sports/Games Eating out Yoga/Meditation Shopping Performing Arts
 Photography Collection Fine Arts Others _____

The Vehicle I drive: _____

My favourite cuisine: Home cooked food Indian Chinese Thai French Italian Mexican

My preferred vacation site: Hills Coastal Wild life trip Cruise Religious trip Health Resorts Family home

My preferred music: Vocal Indian Pop Remix Ghazals Western Traditional Religious Instrumental Others _____

Books/Newspapers I read: _____ Language in which I Prefer to read _____

Preferred topics: Fiction History Personalities Inspirational Literature Others _____

No. of times I travel in a year : Within India _____ Abroad _____

My favourite airline : Within India _____ Abroad _____ I normally travel for Business Leisure Both

Signature