



The Anantapur District Co-Operative Central Bank Ltd.,

Head Office : Subash Road, Anantapuramu - 515 001.

APPLICATION FOR OPENING OF A SAVINGS/CURRENT/CUMULATIVE/ TERM DEPOSIT ACCOUNTS

To: **The Branch Manager,**
ADCCBank Ltd,
Branch.

Date:

A/c No:

Product Name:

Dear Sir,

I/We request you to open in my/our name/s Savings/Current/Term Deposit/Cumulative Deposit Account in the books of the Bank. The rules and regulations of the Bank pertaining to the above account/products/channels, which are in force now have been read by me/us/and I/We have understood the same. I/We agree to abide by and be bound by the Bank's rules for the time being in force for such accounts/products/channels. I am/We are remitting herewith as my/our initial deposit.

Rs.....(Rupees.....)

1. PERSONAL DETAILS			
FIRM NAME (for sole proprietorships):			
INDIVIDUAL/PROPRIETOR'S DETAILS	FIRST NAME	MIDDLE NAME	SURNAME
1 st Applicant Mr./Mrs./Ms.			
Joint Applicant 1 Mr./Mrs./Ms.			
Joint Applicant 2 Mr./Mrs./Ms.			
Name of the Parent/Guardian (In case the applicant is a minor)			

MAILING ADDRESS : _____

PIN CODE _____ Telephone No. _____ Mobile No. _____

E-Mail _____

I/We enclose personal information form with photograph and signatures.

1 st Applicant	Joint Applicant 1	Joint Applicant 2
Affix recent Photograph	Affix recent Photograph	Affix recent Photograph

Please present any of these originals for reference and Return. A copy to be submitted for Branch Records.

A] FOR PROOF OF IDENTITY AND ADDRESS OF THE DEPOSITOR/ACCOUNT HOLDER(S)

Passport Copy / Photo Credit Card / Voter's ID Card / Employee ID Card / Gas Connection Receipt / Latest Electricity Bill / Driving License (laminated card) with Photograph / Latest Telephone Bill / Ration Card / PAN Card/AADHA CARD **Or** Form 60/61 in lieu of PAN Card

Introducer's Confirmation >> Any Other State/Central Govt. Document evidencing Address/Identity or Local Body/NGO/MFI or Tasiildar.

B] ADDITIONAL DOCUMENTS REQUIRED

- Proof of PAN / AADHAR CARD
- Proof of Age in case of **Senior Citizens**
- Latest passport size photograph (2 copies)

Note: (Including For Minor's Parents or Guardian / Individual Partners / Directors / Trustees / HUF Members / or Karta/Proprietor etc.,)

2. OPERATING INSTRUCTIONS FOR JOINT SB/ CURRENT ACCOUNTS:

I / We request and authorize you, until any one of us shall give you notice in writing to the contrary, to honor all cheques or other orders drawn or Bills of Exchange accepted or notes made on our behalf signed by 1)..... 2) of us jointly and/ or severally and to debit such cheques to our account with you whether such account be for the time being in credit or overdrawn. We also request you to accept the endorsement of 1) 2) of us jointly and/ or severally on Cheques, Orders, Bills or Notes payable to us. We shall be jointly and severally liable to you for any monies owing to you from time to time in case the account is overdrawn and/ debit balance is caused including your commission, interest at the appropriate rate and other incidental charges.

In the event of death, insolvency or withdrawal of any of us, the Survivor/ s of us shall have full control of any monies then and thereafter standing to our credit in our Account with you, and in that event the Survivor/ s will have full powers to operate the Account and/ or to close the Account.

Date :

Signature (s) of the Depositor (s)

3. MINOR'S ACCOUNTS

I hereby declare that I represent the said Minor as Natural Guardian/ appointed by the Court in all future transactions of any description in the above until the said Minor attains majority. I shall indemnify the Bank against the claim of above Minor for any withdrawal/ transaction made by me in his/ her account.

Relationship with the Minor:

Signature of the Guardian with Date:

4. OPERATING INSTRUCTIONS FOR TERM DEPOSIT ACCOUNT :**A. Repayable on maturity to:**

- 1) Either or Survivor 2) Former or Survivor 3) All/ Both of us/ Survivor/ s

B. Periodical Interest to be Paid to:

Credit interest to SB/ CA/ OD Account: with you/ your Branch or send by PO/DD.

C. Renewal of Maturity Proceeds:

1. Renew the deposit automatically every days/ months/ years including/ excluding interest earned on the basis of this application only, without insisting on production of deposit receipt till receipt of further instructions from me/ us.
2. Renew the deposit for a further period of days, months/ years for Rs..... and credit the balance/ interest amount to my/ our SB/ CA/ OD Account No..... with you/ yourbranch.
3. Credit maturity proceeds to my/ our SB/ CA/ OD Account No..... with you/ yourbranch.

D. Submission of Form 15 "H" / 15 "G":

Form No. 15 H / 15 G relating to exemption for Tax deduction at source enclosed YES NA

5. NOMINATION DETAILS:

I/ We nominate the following person to whom in the event of my/ our/ minor's death, the amount of the deposit outstanding in my/ our account, opened herewith, may be returned by you.

Name & Address of the Nominee		Age
Relationship with the depositor/ s, if any:		Date of Birth (if Nominee is a minor)

As the nominee is a minor on this date, I/ we appoint Mr./Ms.....aged years residing at to receive the deposit on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee (When a deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor)

Date :

Signature (s) of the Depositor (s)

6. AUTHORISATION FOR LOAN AGAINST DEPOSIT/ PREMATURE CLOSURE:

The Bank may, on receipt of a written request from all of us/ any of us/ survivor/ s of us, in its absolute discretion and subject to such terms and conditions as the Bank may stipulate. (a) grant loan/ advance/ against the security of this deposit to be made in our joint names (b) make premature payment of the proceeds of the deposit to all of us jointly/ any of us/ survivor/ s of us and none of the legal heirs of any of us has a right to question the said granting of the loan or premature/ payment made by the Bank.

I/We agree, undertake and authorize:

- ADCCBank or their agents to make references and enquiries relative to information in this application which ADCCBank or their agents consider necessary.
- To inform ADCCBank regarding change in my/our residence/employment and to provide any further information that ADCCBank may require from time to time.
- Bank to exchange, share or part with all the information relating to my/our loan/investment/credit facility details and repayment history information to other Banks/Financial Institutions/Credit Bureaus/Agencies Statutory Bodies as may be required and shall not hold ADCCBank liable for use of this information.

7. APPLICANTS SIGNATURE / THUMB IMPRESSION

I/We confirm the correctness of the information furnished in this application. I am/ We are agreeable to abide by the rules pertaining to the deposit in force from time to time.

1ST APPLICANT	JOINT APPLICANT 1	JOINT APPLICANT 2
Signature	Signature	Signature
Name:	Name:	Name:

8. ACCOUNTS OF DEPOSITORS USING THUMB IMPRESSION:

Attestor's Name and A/c. No.:

Full address of the Attestor:

Signature of the Attestor with date

9. INTRODUCER'S DETAILS (FOR NEW CUSTOMER)

I/ We know the depositor/ s since years. I confirm the identity and address of the applicant(s).

Name: Customer ID No. A/c. No.....

Date:

Signature of the Introducer

OR

Attach copy of anyone:

Valid Passport: Election ID Card : Pan Card : Employer's ID Card : Driving Licence :

10. RECEIPT OF DEPOSIT CERTIFICATE/ CHEQUE BOOK :

I/ We acknowledge receipt of Deposit Certificate/ Cheque Book.

Date :

Signature (s) of the Depositor (s)

(FOR BANK USE ONLY)

Signature of introducer verified and account is opened as per information furnished by depositor (s) exercising due diligence.

Date :

Account No.:

Officer II

Officer I/ Manager

FORM NO. 15G

[See rule 29C(2)]

Declaration under section 197A(1) of the Income-tax Act, 1961, to be made by an individual claiming receipt of dividend without deduction of tax

I, son/daughter/wife of. resident of... ..@ do hereby declare—

1. that I am a depositor in ANANTAPUR DISTRICT COOPERATIVE CENTRAL BANK Ltd., Branch

2. that the deposit in the said ADCCBank, particulars of which are given below, stand in my name and are beneficially owned by me, and the dividends/ Interest there from are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961:

Date of Deposit	Deposit Value	Type	Date of Maturity

3. that my present occupation is

4. that the tax on my estimated total income, including the dividends from the shares referred to in paragraph 2 above, computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on..... relevant to the assessment year- will be *nil*;

5. *that I have not been assessed to income-tax at any time in the past but I fall within the jurisdiction of the Chief Commissioner or Commissioner of Income-tax,

OR

that I was last assessed to income-tax for the assessment year by the Assessing Officer Circle/Ward/District and the permanent account number allotted to me is.....;

6. that I am resident in India within the meaning of section 6 of the Income-tax Act, 1961.

.....

Signature of the declarant

Verification

I, do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

Verified today, theday of.....,

Place

Signature of the declarant

Notes:

1. @ Give complete postal address.
2. The declaration should be furnished in duplicate.
3. *Delete whichever is not applicable.
4. Before signing the verification. The declarant should satisfy himself that the information furnished in the declaration is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961, and on conviction be punishable—
 - (i) in a case where tax sought to be evaded exceeds one lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine:
 - (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to three years and with fine.

[FOR USE BY THE PERSON TO WHOM THE DECLARATION IS FURNISHED]

1. Name and address of the company
2. Date on which the declaration was furnished by the declarant
3. Date of declaration, distribution or payment of dividends
4. Period in respect of which dividend has been declared
5. Amount of dividend paid

Forwarded to the Chief Commissioner or Commissioner of Income-tax.....

Place

Date

*Signature of the principal
officer of the company*

FORM NO. 15H

[See rule 29C(1A)]

Declaration under sub-section (1C) of section 197A of the Income-tax Act, 1961, to be made by an individual who is of the age of sixty-five years or more claiming certain receipts without deduction of tax

I, _____
*son/daughter/wife of _____ resident of _____
@ do hereby declare-

1. *that the shares/securities/sums, particulars of which are given in the Schedule below, stand in my name and are beneficially owned by me, and the dividend/interest in respect of such *securities/sums and/or income in respect of units is/are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961;

OR

*that the particulars of my account under the National Savings Scheme and the amount of withdrawal are as per the Schedule below:

SCHEDULE

Description and details of investment Amount	Investment Amount	Date of investment/opening of account	Estimated income to be received

2. that my present occupation is _____ ;

3. that I am of the age of _____ years and am entitled to a deduction from the amount of income-tax on my total income referred to in section 88B;

4. that the tax on my estimated total income, including *income/incomes referred to in the Schedule below computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on relevant to the assessment year _____ will be nil;

5. that I have not been assessed to income-tax at any time in the past but I fall within the jurisdiction of the Chief Commissioner of Income-tax _____ or Commissioner of Income-tax

OR

that I was last assessed to income-tax for the assessment year _____ by the Assessing Officer _____ Circle/Ward and the Permanent Account Number allotted to me is _____ ;

6. that I *am/am not resident in India within the meaning of section 6 of the Income-tax Act, 1961;

Signature of the declarant

Verification

I _____ do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

Verified today, the _____ day of _____

Place _____

Signature of the declarant

Notes :

1. @ Give complete postal address.
2. The declaration should be furnished in duplicate.
3. *Delete whichever is not applicable.
4. Before signing the verification, the declarant should satisfy himself that the information furnished in the declaration is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961, and on conviction be punishable-
 - (i) in a case where tax sought to be evaded exceeds one lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
 - (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to three years and with fine.

PART II

[FOR USE BY THE PERSON TO WHOM THE DECLARATION IS FURNISHED]

1. Name and address of the person responsible for paying the income, mentioned in paragraph 1 of the declaration	
Date on which the declaration was furnished by the declarant	
3. Date of *declaration, distribution or payment of dividend/withdrawal from account number under the National Savings Scheme.	
4. Period in respect of which *dividend has been declared/interest is being credited or paid/income in respect of units is being credited or paid	
5. Amount of *dividend/interest or income in respect of units/withdrawal from National Saving Scheme Account	
6. *Rate at which interest or income in respect of units, as the case may be, is credited/paid	

Forwarded to the Chief Commissioner or Commissioner of Income-tax, _____

Place _____

Date _____

Signature of the person responsible for paying the income referred to in Paragraph 1