



**BALASORE BHADRAK  
CENTRAL CO-OPERATIVE BANK LTD.**

**ACCOUNT OPENING FORM  
FOR INDIVIDUAL**

Account No.

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

Branch

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

Date 

--	--

 / 

--	--

 / 

--	--

Please tick (✓) type of account required

Please open an account as per detail below

Saving Account <table border="1"><tr><td></td></tr></table>		Term Deposit –F.D./R.I. <table border="1"><tr><td></td></tr></table>		Current Account <table border="1"><tr><td></td></tr></table>							
Without Cheque Book <table border="1"><tr><td></td></tr></table>		Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
With Cheque Book <table border="1"><tr><td></td></tr></table>		Period <table border="1"><tr><td></td><td></td><td></td></tr></table>									
Minimum Balance Rs. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Recurring Deposit Account		
	Period <table border="1"><tr><td></td><td></td><td></td></tr></table> Month										
	Monthly Installment <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

**INTRODUCTION**

**Self Introduction**

**Other Customer Introduction**

**Non branch Introduction**

Acct.Head.....

Acct. Head..... Introducer's Name.....

Acct. Head.....

Acct. Head..... Remarks.....

**FULL NAME (IN BLACK LETTER)**

**DATE OF BIRTH**

D D M M Y Y Y Y

A 

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

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

B 

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

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

C 

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

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

Marital Status ☐ Unmarried ☐ Married Senior Citizen ☐ If Yes (Pl. Attach Proof) ☐ No Sex ☐ M ☐ F

NATIONALITY (Other than Indian)

PAN/GIR Number if an assesses,

A 

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

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

on form 60/61 of income tax Rules.

B 

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

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

C 

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

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

A

B

C

**Affix Photographs of  
all persons opening  
the account**

--

--

--

Specimen Signature	Signature and name of verifying Off.
A.	
B.	
C.	

Nomination:

Nomination Required From Filled

--

Not Required

--

ADDRESS WITH TEL/FAX/MOBILE/E-MAIL ETC																																							
PLACE OF WORK																				RESIDENCE																			
A																																							
B																																							
C																																							

Any power of Attorney

POA Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_ Phone \_\_\_\_\_

Period From \_\_\_\_\_ dd \_\_\_\_\_ mm \_\_\_\_\_ yyyy

### REMARKS

I/We agree to abide the Banks rule relating to the conduct of the above accounts/services/products. I/We authorize the Bank/their representative to verify the details given herein for STDR/TDR Accounts. Unless you receive a demand for payment or instructions to the contrary on or before the date of maturity. Please renew/continue to renew the deposit for similar period(s) at the then prevailing rate of interest.

You faithfully,

A.

B.

C.

### PARTICULARS OF INTRODUCTION/IDENTIFICATION (A or B or C)

A. If the applicant's (S) is/are already a customer of the branch, please give account No.

B. Name and address of Introducer \_\_\_\_\_

Introducer's Acct. head / Introducer's Account No \_\_\_\_\_

since

"I certify that I have know, Mr./Mrs./Miss \_\_\_\_\_ for the last \_\_\_\_\_ months/years and confirm his/her their occupation and address stated in his/her their application to open account.

\_\_\_\_\_  
Signature of Introducer

\_\_\_\_\_  
Verifying Officer (SS No \_\_\_\_\_)

☐ A letter from the manager of your bank, verifying identity, signature and address

ELSE

☐ Copy of passport along with a self cheque

ELSE

☐ Provide one documents each from the following two groups (Please tick and attach photo copies).

**GROUP-II** ☐Electricity Bill (latest) or ☐Telephone Bill (latest) or ☐Cell Phone Bill (latest) ☐Bank Account Statement (latest) or ☐Credit Card statement (latest) or ☐Existing house lease agreement ☐Copy of insurance Premium receipt (latest) or ☐Letter from employer certifying current mailing address ☐Latest copy of NSC or any the Instruments giving current address ☐for salary Accounts (Any one of the following ☐Introduction of a designated company official

☐ Letter from the company authorizing the bank to open accounts of its employees as per list enclosed. ☐ ID Cards (In case of government employees)  
Ration card is not to be used as document for establishing identity or proof of residence, as per recent directives of the government of India.

Nature of	Distinguishing Account No.	Additional details if any

Branch Manager

**NOMINEE (S)**

Name	Address	Relationship with Depositor if any	Age	If nominee is a minor his date of birth

2. As the nominee is minor on the date, I/We appoint,  
Shri/Smt/Kumari \_\_\_\_\_

**(Name, Address and age)**

To receive the amount of the deposit on behalf of the nominee, in the event of my/our/minor's death during the Minority is the nominee. (Strike out if nominee is not a minor)

Place :

Date :

Name (S), Signature (S) and

Address (es) of witness (es)

**Signature (S) Thumb Impression (s) of depositors**

\* Where 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. Thumb impression (s) shall be attested by two witnesses.

**Form No. 60**

(See 3<sup>rd</sup> provision to rule 1148)

Form of declaration to be filled by a person who does not have either a permanent account number or General Index Number and who makes payment in cash in respect of transaction specified in class (s) to (h) of rule 1148.

- Full name and address of the declarant \_\_\_\_\_  
\_\_\_\_\_
- Particular of a transaction \_\_\_\_\_  
\_\_\_\_\_
- Amount of the transaction \_\_\_\_\_
- Are you assessed to tax ? ☐ Yes ☐ No
- If yes
  - Details of ward / circle / Range  
Where te last return to Income was filled? \_\_\_\_\_
  - Reason for not having permanent account number  
/ general Index Register Number ? \_\_\_\_\_
- Details of the documents being produced  
In support of address in column (1) \_\_\_\_\_

## 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 \_\_\_\_\_ 200

Date : \_\_\_\_\_

Place : \_\_\_\_\_

(Signature of the declarant)

### Instructions :- Documents which can be produced in support of the address are :

(a) Ration card (b) Passport (c) Driving License (d) Identity Card issued by any institution (e) Copy of the electricity bill / telephone bill showing residential address. (f) Any document or communication issued by any authority or Central Govt. State Government, or local body showing residential address. (g) Any other documentary evidence in support of his/her address given in the declaration.



## BALASORE BHADRAK CENTRAL CO-OPERATIVE BANK LTD.

BRANCH \_\_\_\_\_

### INFORMATION SHEET

(Annexure of Account Opening form)

To be obtained for each applicant Separately)

(Please tick the appropriate box)

Account /Customer No. 

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

Account Head : \_\_\_\_\_

Full Name \_\_\_\_\_

Father/Husband's Name \_\_\_\_\_

#### A) OCCUPATION

- |                     |                                      |                                                        |                                                   |                                      |
|---------------------|--------------------------------------|--------------------------------------------------------|---------------------------------------------------|--------------------------------------|
| 1. Occupation       | 1. <input type="checkbox"/> Salaried | 2. <input type="checkbox"/> Self Employed/Professional | 3. <input type="checkbox"/> Business              | 4. <input type="checkbox"/> Student  |
|                     | 5. <input type="checkbox"/> Retired  | 6. <input type="checkbox"/> Agriculture and Allied     | 7. <input type="checkbox"/> Other (Specify .....) |                                      |
| 2. If Self employed | 1. <input type="checkbox"/> Doctor   | 2. <input type="checkbox"/> Lawyer                     | 3. <input type="checkbox"/> Engineer              | 4. <input type="checkbox"/> Business |
|                     | 5. <input type="checkbox"/> C.A.     | 6. <input type="checkbox"/> Others                     |                                                   |                                      |
3. Source of funds \_\_\_\_\_
4. (i) Monthly Income
- |                                                         |                                                           |
|---------------------------------------------------------|-----------------------------------------------------------|
| 1. <input type="checkbox"/> Upto Rs. 20000              | 2. <input type="checkbox"/> Up to Rs. 20001 to Rs. 50000  |
| 3. <input type="checkbox"/> Upto Rs. 5001 to Rs. 1 Lakh | 4. <input type="checkbox"/> Upto Rs. 10001 to Rs. 5 Lakhs |
| 5. <input type="checkbox"/> Upto Rs. 500001 to 10 Lakhs | 6. <input type="checkbox"/> Above Rs. 1000000/-           |

(ii) Annual Turn Over . \_\_\_\_\_

#### GROUP CODE (INCOME GROUP)

Constitution : \_\_\_\_\_ (Individual / Joint / Institution / Proprietorship / Govt. / Others)

Category : \_\_\_\_\_ (Institution / Welfare Funds / Ex-Serviceman ./ Regd. Socy. / Pension A/c./ Mini Bank / NRI / Staff/Ex-Staff / Joint with staff / Affiliated Society / Minor / Minor with Guardian (Joint operated)/ Handicapped / Illiterate / Spouse of retired / deceased staff / Liquidator / Others/ Not applicable)

Activity : \_\_\_\_\_ (Doctor / Engineer / Teacher / Retired / Self Employed / Agriculturist / Business / Lawyer / Not Applicable)

Settlement Mode : \_\_\_\_\_ (Nominees / Jointly / Legal Heir / E or S / Any one or Survivor / Self / Not Applicable)

Operation Mode : \_\_\_\_\_ (Self / E or S / Former or Survivor / Jointly / Proprietor / Illiterate / LH Thumb Impression / Blind / Guardian / Authorised Signatory / Not applicable / Any one or Survivor)

Operational Remarks : \_\_\_\_\_

**B) PERSONAL**5. Date of Birth DD   MM   YY  6. Marital Status 1. ☐ Married 2. ☐ Unmarried7. Your Educational Qualification 1. ☐ Up to H.S.C. 2. ☐ Graduate 3. ☐ Post Graduate4. ☐ Professional (Please Specify) .....8. Your Spouse's Qualification 1. ☐ Upto H.S.C. 2. ☐ Graduate 3. ☐ Post Graduate

9. Family Members :

Age Group	Upto 10 Years	11 to 20 years	46 to 60 years	Above 61 years	Total
No of Males	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>
No of Females	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>

10. Any relative settle abroad ☐ Yes ☐ No if yes, Please mention their names and addresses.

1. Name Address

2. Name Address

3. Name Address

11. How many times you have been abroad in last three years ☐ Never ☐ 1 to 5 times ☐ Above 5 times12. Do you have credit card ☐ yes ☐ No if yes which \_\_\_\_\_**C) DEALING WITH OTHER BANKS**1. ☐ Yes 2. ☐ No, if yes

13. Name of the Bank and Branch \_\_\_\_\_

14. Type of accounts / facilities \_\_\_\_\_

**D) EXISTING CREDIT FACILITIES IF ANY :**

Account Head \_\_\_\_\_

Account No. \_\_\_\_\_

15. Car Loan \_\_\_\_\_ 1. ☐ Yes 2. ☐ No19. Housing Loan \_\_\_\_\_ 1. ☐ Yes 2. ☐ No16. Consumer Loan \_\_\_\_\_ 1. ☐ Yes 2. ☐ No20. Against Security \_\_\_\_\_ 1. ☐ Yes 2. ☐ No17. Credit Loan \_\_\_\_\_ 1. ☐ Yes 2. ☐ No21. Education Loan \_\_\_\_\_ 1. ☐ Yes 2. ☐ No18. Business/Agri \_\_\_\_\_ 1. ☐ Yes 2. ☐ No22. Others \_\_\_\_\_ 1. ☐ Yes 2. ☐ No**E) ASSETS : Total is \_\_\_\_\_ (approximate)**23. Vehicle \_\_\_\_\_ ☐ Car ☐ Two Wheeler ☐ Others ☐ None24. House you live in ☐ Ancestral ☐ Owned ☐ Rented ☐ Employer's25. Life Policy for ☐ Up to Rs. 1 Lac. ☐ Up to 2 Lacs ☐ Up to 5 Lacs ☐ Above lacs.26. Other investment ☐ Up to Rs. 1 Lac ☐ Up to 2 Lacs ☐ Up to 5 Lacs ☐ Above 5 lacs.27. Any other Assets : ☐ ☐ ☐

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**Signature of the Customer**