

THE MEHSANA JILLA PANCHAYT KARMACHARI CO-OP. BANK LTD. MEHSANA

Head Office : Nr. Mahatma Gandhi Shopping Centre, Rajmahel Road, Mehsana-384001

Phone : 02762-221378

Branch : _____

Date / /201

Account No. :

Customer ID :

C. KYC No. : _____

I/We request you to open my/our account with your Bank (Tick (✓) relevant type Account)

Type of Account : Saving ☐ Fix Deposit ☐ Recurring ☐ Current Account ☐
Personal Name ☐

| Name / પુરુનામ | Client ID No. | Specimen Signature |
|----------------|---------------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Minor ☐ Sr. citizen ☐ Staff ☐ Other / General ☐

Name of the Guardian (in case of minor)

Relation _____

Address / સરનામું

1. Permanent Address / કાયમી સરનામું Phone No./ ફોન _____

Ta. _____ Dist. _____ Pin _____

2. Correspondence Address / પત્ર વ્યવહારનું સરનામું _____

Please provide me Cheque book ☐ ATM Card ☐ Internet Phone Banking ☐ SMS service ☐

Introduction by existing The Mehsana Jilla Panchayt Karmachari Co-op. Bank Ltd. Mehsana Customer

Name _____ A/c Type _____

A/c. No. Branch _____

Mobile _____

I confirm that I am an account holder of The Mehsana Jilla Panchayt Karmachari Co-op. Bank Ltd. Mehsana for 6 months. I confirm that I have known Mr./Ms./M/s. _____ for last _____ months/years and confirm correctness of his / her / their identity, occupation and address stated in this application to open the account.

Signature of Introducer _____

(if impersonal, with rubber stamp)

A/C Opened by

Manager / Officer

નોમીનેશન ફોર્મ ડી.એ.૧ / Nomination Form DA 1

બેન્કીંગ રેગ્યુલેશન એક્ટ, ૧૯૪૮ કલમ-૪૫ ઝેડ.એ. અને બેન્કીંગ કંપનીઝ (નોમીનેશન) રૂલ્સ-૨ (૧), ૧૯૮૫ અન્વયે
Nomination under section 45 ZA of the Banking Regulation Act, 1948 and Rule-2 (1) of the Banking Companies (Nomina-
tion) Rules, 1985 in respect of Bank deposits.

હું / અમે / I / We _____

સરનામું / Address _____

નીચે જણાવેલ વ્યક્તિને નામાંકિત કરું છું / કરીએ છીએ, જેમને મારા / અમારા સગીરના મૃત્યુ થવાના પ્રસંગે
થાપણોની રકમ ધી મહેસાણા જિલ્લા પંચાયત કર્મચારી કો-ઓપ. બેન્ક લિ. એ પરત આપવી.

Nomination the following person to whom in the event of my / our minor's death the amount of the deposit,
particulars where of given below, may be returned by The Mehsana Jilla Panchayt Karmachari Co-op. Bank Ltd. Mehsana

નોમીની / Nominee

| Name | Address | Relationship with deposi- tor | Age | Date of Birth |
|------|---------|-------------------------------------|-----|------------------|
| | | | | |
| | | | | |

જો નોમીની ખાતેદાર હોય તો ખાતા નંબર

If Nominee is a Account Holder, No. _____

પ્રકાર :

Type : _____

આ તારીખે નોમીની સગીર હોઈ નોમીની સગીરવસ્થા દરમ્યાન મૃત્યુ થવાના પ્રસંગે નોમીની વતી થાપણની રકમ
મેળવવા હું / અમે _____ને નિયુક્ત કરું છું. / કરીએ છીએ.

I/We appointed _____to receive the amount of the
deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee.

સ્થળ / Place : _____

તારીખ / Date : _____

સાક્ષીની સહી : _____

નામ : _____

સરનામું : _____

ખાતેદાર (રો) ના હસ્તાક્ષર / અંગૂઠાનું નિશાન
Signature(s) Thumb Impression (s)
of Depositor's

To be obtained if Applicable

To be obtained if Applicable

FORM NO. 60

FORM NO. 61

(See third provision to rule 114B)

Form of declaration to be filed by a person who does not have a permanent
account number and who enter into any transaction specified in rule 114B

1. Full Name and address of the declarant

2. Particulars of transaction

3. Amount of transaction

4. Amount of assessed to tax ? Yes / No

5. If yes.

(i) Details of Ward / Circle / Range where the last return of income was
filed ?

(ii) Reasons for not having permanent account number / General In-
dex Register Number.

6. Details of the document 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 _____ 20

Date _____

Place _____ Signature of the declarant

(See provision to clause(a) of rule 114C (1))

Form of Declaration to be filed by a person who does not have agricultural
income and is not in receipt of any other income chargeable to income tax
in respect of transaction specified on clauses (a) to (h) of rule 114B

1. Full Name and address of the declarant

2. Particulars of transaction

3. Details of the document being produced in support of address in
column (1)

Yes / No

I hereby declare that my source of income is from agriculture and I am
not required to pay income tax on any other if any.

Date _____

Place _____

Signature of the declarant

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

Date _____

Place _____

Signature of the declarant

THE MEHSANA JILLA PANCHAYT KARMACHARI CO-OP. BANK LTD. MEHSANA

Account No. :

Customer Profile Form

Customer ID :

A PERSONAL DETAILS /

Full Name : Father's : Husband's Name : Mother's Name : Spouse Name : Occupation Religion : Caste Adhar No. : Pan Card No. : Birth Date Genders Child Name : Mobile No. : Sp Category : SC ☐ ST ☐ Minority ☐ OBC ☐ General ☐Marital Status Married ☐ Single ☐No. of Dependents : Spouse ☐ Parents ☐Children ☐ None ☐

| | | | |
|------------------------------|---------------------------------------|-----------------------------------|--|
| Educational Qualification | SSC <input type="checkbox"/> | HSC <input type="checkbox"/> | Post Graduate <input type="checkbox"/> Specify <input type="text"/> |
| | Udergraduate <input type="checkbox"/> | Graduate <input type="checkbox"/> | |
| | Professinoal <input type="checkbox"/> | Other <input type="checkbox"/> | |

B EMPLOYMENT DETAILS : Public / Pvt. Ltd. Co ☐ Govt. Sector ☐ Industry ☐
Manufacture ☐

D If Self employed / Professional Doctor ☐ CA ☐ Engineer ☐
Lawer ☐ Business ☐

E NET INCOME

Upto 5 Lakh ☐ 5 to 10 Lakh ☐ 10 to 15 Lakh ☐ 15 to 25 Lakh ☐ Above 25 Lakh ☐Plece : Signature :

THE MEHSANA JILLA PANCHAYT KARMACHARI CO-OP. BANK LTD. MEHSANA

SPECIMEN SIGNATURE CARD

Title of Account : _____

Account No. _____

Mr. / Mrs. : _____

Address _____

1. Name _____

Specimen Signature _____

Customer ID :

Pan No. :

Adhar No. :

PHOTO

1. Name _____

Specimen Signature _____

Customer ID :

Pan No. :

Adhar No. :

PHOTO

1. Name _____

Specimen Signature _____

Customer ID :

Pan No. :

Adhar No. :

PHOTO

1. Name _____

Specimen Signature _____

Customer ID :

Pan No. :

Adhar No. :

PHOTO

Operating Instruction / (ખાતા સંચાલનની સુચના)

Self ☐ Either or Survivor ☐ Jointly ☐ Any One ☐ Other (Specify) ☐

Date :

Officer / Manager