

• **B. Correspondence Address :**

| | |
|-----------------------------|---|
| Name | |
| Designation | |
| Property / Building Details | |
| Street / Road | |
| Lane / Locality | |
| City / Town | |
| PIN Code | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| District | |
| State | |
| Country | |

• **Contact Details :**

| | | | |
|--|---|----------------------|--|
| Residential Phone No. (With STD Code) | | Mobile No. | |
| 1. | <input type="text"/> <input type="text"/> | 1. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. | <input type="text"/> <input type="text"/> | 2. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Fax (With STD Code) <input type="text"/> <input type="text"/> | | Web site | <input type="text"/> |
| E-mail (Corporate) | | <input type="text"/> | |

| | | | |
|--|---|------------|----------------------|
| Birth Date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Age | <input type="text"/> |
| In case of Minor / Senior Citizens (i.e. 60 years or above) the Documentary evidence for age should be attached. | | | |

If Minor : Y N (Minors Birth Certificate / Age Proof is mandatory)

| | | | |
|----------------------|----------------------|---------------------|----------------------|
| Guardian Customer ID | <input type="text"/> | Relation with minor | <input type="text"/> |
| Guardian's Name | <input type="text"/> | | |

Introducer's Details :

| | |
|------------------------------|--|
| Introducer's Customer ID No. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|------------------------------|--|

Name

Address

Status

Introducer's Signature Bank Officer's Signature (Verification)

Ticket No.



• Customer Details & KYC Information :

| | | | |
|---------------------|--|-------------------|----------------------|
| PAN (5A+4N+1A) | <input type="text"/> | Annual income | <input type="text"/> |
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Un-Married | Anniversary Date | <input type="text"/> |
| Member | <input type="checkbox"/> Yes <input type="checkbox"/> No | Member No. | <input type="text"/> |
| Passport No. | <input type="text"/> | Place of issue | <input type="text"/> |
| Passport issue date | <input type="text"/> | Expiry date | <input type="text"/> |
| Driving License No. | <input type="text"/> | Identity card No. | <input type="text"/> |
| Nationality | <input type="text"/> | Election card No. | <input type="text"/> |
| Existing Banker | 1..... 2..... | | |

| | |
|-------------------|--|
| Occupation | <input type="checkbox"/> Service <input type="checkbox"/> Self Employed <input type="checkbox"/> Business / Profession <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Staff <input type="checkbox"/> Others |
|-------------------|--|

| | |
|-----------------|---|
| Religion | <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Parsi <input type="checkbox"/> Shikh <input type="checkbox"/> Others |
|-----------------|---|

| | |
|--------------|---|
| Caste | <input type="checkbox"/> Open <input type="checkbox"/> S.C. <input type="checkbox"/> S.T. <input type="checkbox"/> O.B.C. <input type="checkbox"/> Others |
|--------------|---|

| | |
|----------------------------------|--|
| Educational Qualification | <input type="checkbox"/> NON SSC <input type="checkbox"/> SSC/HSC <input type="checkbox"/> Under Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Others |
|----------------------------------|--|

| | |
|--------------------------------------|--|
| Salary Grade / Monthly Income | <input type="checkbox"/> Upto Rs. 5000 <input type="checkbox"/> Rs. 5001 to 10000 <input type="checkbox"/> Rs. 10001 to 20000 <input type="checkbox"/> Rs. 20001 to 30000 <input type="checkbox"/> Rs. 30001 to 50000 <input type="checkbox"/> Above Rs. 50000 |
|--------------------------------------|--|

| | |
|--------------|---|
| House | <input type="checkbox"/> Ancestral <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Provided by Employer <input type="checkbox"/> Others |
|--------------|---|

| | |
|----------------|---|
| Vehicle | <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Four Wheeler <input type="checkbox"/> Three Wheeler <input type="checkbox"/> Others |
|----------------|---|

| | |
|--------------------------|--|
| Other Information | <input type="checkbox"/> Personal Computer <input type="checkbox"/> Medical Insurance in force <input type="checkbox"/> Life Insurance |
|--------------------------|--|



• **Nomination :**

| Name | Relation | Nominee Birth date | Percentage % |
|------|----------|---|--------------|
| | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
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| | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

If nominee is a minor, Date of Birth

As nominee is minor on this date I appoint


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to receive the amount or deposit in the account on behalf of the nominee in the event of my / minors death during the minority of the nominee.

• **Witness :**

1) Signature

Name

Address.....

Customer's Signature..... 

2) Signature

Name


Address.....

Bank official's Signature.....

Ticket No.



• Specimen Signature & Photo :

| | | |
|--|--|---|
| <p>Specimen Signature </p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 150px; height: 130px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;">S1</div> </div> <div style="border: 1px solid black; width: 150px; height: 130px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;">S3</div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 130px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;">S2</div> </div> <div style="border: 1px solid black; width: 150px; height: 130px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;">S4</div> </div> </div> | | <p>Customer's Photo (with Bank Official's Signature & Seal)</p> <div style="border: 1px solid black; width: 130px; height: 110px; margin: 20px auto; text-align: center; padding-top: 40px;"> Identity Size </div> |
|--|--|---|

• If Customer is an illiterate :


| | | | | |
|---|--|--|--|---|
| <p>Left Hand Thumb Impression</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 130px; height: 90px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;">T1</div> </div> <div style="border: 1px solid black; width: 130px; height: 90px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;">T2</div> </div> </div> | | <p>Witness Signature</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 110px; height: 90px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;">W1</div> </div> <div style="border: 1px solid black; width: 110px; height: 90px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px;">W2</div> </div> </div> | | <p>Customer's Photo (with Bank Official's Signature & Seal)</p> <div style="border: 1px solid black; width: 130px; height: 110px; margin: 20px auto; text-align: center; padding-top: 40px;"> Identity Size </div> |
| <p>Witness</p> <p>1. Name</p> <p style="padding-left: 20px;">Address</p> <p>2. Name</p> <p style="padding-left: 20px;">Address</p> | | | | |

Signature/s of witness / es is / are necessary in respect of Attestation of Thumb impression.



Declaration

I the above named applicant do hereby solemnly state that the contents of said form above are true and correct to the best of my knowledge belief and information and documents given by me for the purpose of opening Customer ID at The Karad Urban Co-operative Bank Ltd; Karad.....Branch are true, Genuine & correct. If any information given by me is false, I shall be held liable for punishment under law. I understand that certain particulars given by me are required under the operational guidelines governing Banking companies, I agree and undertake to provide any further information that the The Karad Urban Co-operative Bank Ltd; Karad may require from time to time.

Customer's Signature.....

For Bank Use Only

Check List **Verify the following mandatory fields are filled duly.**

Name Address City / Town Birth Date PAN / Form No. 60 / 61

- ▶ Form duly filled : Yes No
- ▶ Signature Verified / Thumb impression attested : Yes No
- ▶ Photo copy obtained : Yes No
- ▶ IF PAN is not available : Form No.60 Form No.61

▶ Identity Proof :

Election Card Driving License PAN Card Passport Senior Citizen Card Identity Card (School/College/Institution/Employer) Card issued by Govt.

▶ Residential Proof

Ration Card Electricity / Telephone Bill Employer's Letter Govt. Documents Income / Wealth Assessment Order Others

▶ For Minor

Birth Certificate Bonafide Certificate School Leaving Certificate Domicile Certificate Other Proof

▶ In case of rejection for any of above, please give reasons

.....

▶ Remark / Observation (if any)

.....

Signature

Ticket No.

Compiled By

Signature

Ticket No.

Verified By

Signature

Ticket No.

Branch Manager

