



ত্রিপুরা স্টেট কো-অপারেটিভ ব্যাঙ্ক লিমিটেড

TRIPURA STATE CO-OPERATIVE BANK LIMITED

Head Office : Post Office Chowmuhani, Agartala, Tripura - 799001

Branch _____ (Branch Code _____)

ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUAL(S)

SAVINGS ☐ CURRENT ☐ RECURRING DEPOSIT ☐ FIXED DEPOSIT ☐ CASH CERTIFICATE ☐ TERM DEPOSIT ☐ OTHER DEPOSIT ☐
(Please tick ✓ and fill whenever applicable)

Customer ID (Mention If existing)				Account Number
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PERSONAL DETAILS

Customer Type :

Date / /

General Public ☐ Staff ☐ Senior Citizen ☐ Minor ☐ Physically Challenged ☐ (Select appropriate box with ✓)

	Name of the Applicant(s) In Block Letters	Father/Mother/Spouse Name	Date of Birth
1			
2			
3			

	Present Address	Permanent Address	Remarks/Landmark if any
1			
2			
3			

Purpose of opening the account : _____

Identification Documents :

Permanent Account Number (PAN)	Aadhar Card No.	Other Ids

Communication Information :

Mobile No.	Landline No.	E-mail ID

Individual / Joint No. of Joint Holder ☐ Male / Female/Others ☐ Married / Unmarried ☐ Maturity value ₹ -

Payment details :	Initial Deposit Amount/ ₹	Mode of Deposit for opening A/C : Cash / Cheque / Transfer from A/C No. (Strike out which is not applicable)	Date of Maturity / /
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Period for Term Deposit/Recurring Deposit _____ Days/ _____ month(s)/ _____ Year(s) RD monthly instalment : ₹ -

Introduction : I confirm that I am a KYC compliant account holder of this Bank for over six months and certify that I have known _____ for past _____ months/ _____ years and confirm his / her / their identity, occupation, and address. I also confirm that I know other depositor(s) as stated (In case of joint a/c). Relation with depositor : _____

Name of Introducer _____ Signature _____ Account No. _____

If the account is to be opened on self introduction description of the papers furnished. _____

Facilities Required : Cheque Book / Without cheque book. ATM Debit Card / SMS / Mobile Banking/Internet Banking (View / Transaction) (Strike out which is not applicable with signature)

Renewal Instruction : I/We authorize the Bank to automatically renew the matured Term Deposit with / without accrued interest for _____ days/ month/year at the prevailing rate of interest unless otherwise instructed by me, I/We opt for auto renewal of my Term Deposit for _____ times, Notice on maturity of Term Deposit either for payment/renewal shall be sent in Present/Permanent address. Or not required. (Strike out which is not applicable)

In case of Savings / Current Account : Minimum balance to be maintained in the SB / Current A/c. _____

Amount per unit of Fixed Deposit _____ Period of Fixed Deposit _____ days

Interest Payment frequency in case of Fixed Deposit : Monthly/Quarterly/Half yearly/Yearly (Strike out which is not applicable)

Standing Instructions : Please debit monthly installment of RD Account from my SB/CD Account No. _____

Please credit monthly / quarterly/Half yearly/yearly interest on Fixed Deposit to my Bank Account No. _____

Operation of account : Self/Joint / Either / Anyone / Former or Survivor / Guardian on behalf of minor/Others. _____

(Strike out which is not applicable)



*I know not anything else
But to keep the money in deposit*

Additional Information : (For KYC Purpose)

Principal Economic Activity : Agriculture / Service / Professional / Business / Pensioners / Others

Source of Wealth : Self Acquired / Inherited / Gifted / Others : Annual Income Rs. Net worth : Rs.

Educational Qualification :

Income tax paid during last two years :

For Current A/c : Annual Turnover (last yr.)

Estimated Turnover for present year

Particulars of Accounts with other banks : Declaration : I/We certify that I/We do not have any borrowal account with any other Bank / Branches.

I/We have borrowal account with (Mention the name of the Bank, Branch address & A/C No)

In case of Minor A/C : Date of birth Name of the Guardian

& Relationship with minor

Whether Natural/Legal Guardian

Declaration by guardian : I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account. Further I declare that the money withdrawn from the account will be utilized for the benefit of the minor only.

Signature

Nomination : DA1**Required/Not Required** (strike out which is not applicable with signature)

Nomination under Banking Laws (Amendment) Act, 1983, and as per 'Co-operative Bank's (Nomination) Rules, 1985 in respect of Bank Deposit. I/We nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the above account may be returned by Tripura State Co-op. Bank Ltd. branch (Solid)

Particulars of Nominee

Name	Address	Relationship with depositor/minor/any	Age	If nominee is minor his/her date of birth
In case the nominee is minor on this date.....(name, age, address) is 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.	Signature of the depositor Place Date	Name, Signature and address of the witness Place Date		

Declaration : The bank may, on receipt of a written application from Either / Anyone / Former or Survivor 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 the term deposit receipt to be issued in joint names or (b) make premature payment of the proceeds of the term deposit or (c) close the account without reference to the other depositors. The Bank will be fully discharged while closing the account in this manner.

I We agree to be bound by the Bank's rules and regulations governing account from time to time. I/We will maintain minimum balance in the account and on the event of fail in the minimum balance the Bank may realize the service charge. I/We certify that the above information is correct. Kindly allow me/us to open the account. Other information(s) are enclosed herewith :

1		Space for Photo (Paste Photograph with full face and sign across it in presence of the branch Officer)
2		
3		
Full Signature	Specimen Signature	

(Please sign in black ink inside the blocks)

Customer ID	Account Number

For Bank use only**Purpose of opening account****Classification : Low Risk / Medium / High Risk**

I/We hereby declare that this account opening form is complete in all respect and I/We have verified the introduction. All relevant documents have been obtained and verified with original.

Signature

PF No.

Signature of the Second Officer

PFNo.

Name of the Officer / Employee

Name of the Officer / Employee

1. Account opened on :

2. Letter of thanks sent to customer on :

3. Acknowledgement received from customer on :

4. Letter of patronage sent to Introducer on :

5. Reply received from the introducer on

(Please tear the below portion and hand over it to the customer)

We acknowledge nomination made by you in favour of

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