

## NAGPUR NAGARIK SAHAKARI BANK LTD.

(MULTISTATE SCHEDULED BANK)

# ACCOUNT OPENING FORM FOR RESIDENT INDIVIDUAL (SAVING BANKS, TERM DEPOSIT AND RECURRING DEPOSIT)

- Please fill the form preferably in BLACK ink only
- Please fill the form in CAPITAL LETTERS only

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

<ul> <li>Please tick (v) the appropriate boxes</li> </ul>								
<ul> <li>Fields marked (*) are mandatory</li> </ul>		Date:	D D	$\mathbb{N}$	M	Y	Υ	Υ
BRANCH:	Account No.:							
CIF ID:	CKYC No.:							
(1st Applicant)	(1st Applicant)							
CIF ID: (2 <sup>nd</sup> Applicant)	CKYC No.: (2 <sup>nd</sup> Applicant)							
CIF ID:	CKYC No.:							
(3 <sup>rd</sup> Applicant)	(3 <sup>rd</sup> Applicant)				- 1 - 1	l .		
I/We request you to open my/our deposit account with your branch	· · · · ·							
(A) PERSONAL DETAILS	, barne as arraerr							
• •	NAC January and a batter			10	C\			
Full Name in CAPITAL LETTERS (In order of FIRST, MIDDLE, LAST NA	ivit, leaving a space betwo	een words	same as	ם טו	root)			
1 Full Name (1st Applicant): *								
1. Full Name (1st Applicant): *								
2. Full Name (2 <sup>nd</sup> Applicant): *								
z. ruii Name (z. Applicant)								
3. Full Name (3 <sup>rd</sup> Applicant): *								
5.1 dii Name (5. Applicant).								
(B) TYPE OF ACCOUNT								
	it Description	- Dit						
* Savings Bank Account Term De	posit Recurrin	g Deposit						
(C) MODE OF OPERATION								
* Self Either or Survivor Former or Survivor	Jointly or Survivo	r	Any or	ie of ι	ıs or	any o	ne of	the
survivors or the last survivors	Any other (Pl. Spe	ecify)						
·	, , ,	,						
(D) SERVICES REQUIRED FOR SAVING BANKS (Fill for Saving Bo	inks Account Opening only	)						
		3 <sup>rd</sup> Applica	n+ 🗆	None				
	Z Applicant :	з Аррпса	п	None				
1. Cheque Book Yes No								
2. ATM-CUM-DEBIT Card Yes No								
3. SMS Alert / Net- Banking Yes No								
(E) MINOR DECLARATION (In case of Minor only)								
* Type of Guardian: Father Mother Court Ap	ppointed (enclose copy of o	court orde	r)					
*Full Name of Guardian:								
(with Title Mr/ Mrs. or else)								
			D 4 D	4 1/		\/	./	
I/We hereby declare that the date of birth of the minor who is my _		s D L		VI Y	Υ	Υ		and
I am his/her natural and lawful guardian/guardian appointed by cou	rt order, date DDD	VI M Y	YY	Υ	(cop	y end	losed	d).
I shall represent the said minor in all future transactions of any desc	·					-	rity,	
I/We indemnify the Bank against the claim of the above minor for an	ny withdrawals/transactior	ns made by	/ me in h	is/hei	acco	ount.		
Date: D D M M Y Y Y Y								

Signature of Guardian

(F) TERM /RECU	JRRING DEPOSIT (Fill for Term)	Recurring Deposits	only)		
* Kindly accept ₹	able) under scheme type	in your	Deposit scho	eme	
per annum.	able) under scheme type	101	days/months/years	with interest as	
Details of Basic A	account with Bank: Account No. m holding Account as mentioned s.	above with Nagpu	r Nagarik Sahakari Bank Ltd	] I.,	Branch
Date: D D	M M Y Y Y Y			Danasitar(s) Sign	
(G) NOMINATIO	ON DETAILS (FORM DA 1)			Depositor(s) Sign	lature
*Nomination und	der Sec. 45ZA read with section 50 e 1985, in respect of Bank deposi	<del>-</del>	gulation Act 1949 and Rule	2(1) of the Co-oper	rative Banks
I/We (name)			(Address)		
	llowing person(s) to whom in the		:		
returned by the N	Nagpur Nagarik Sahakari Bank Ltd	<u> </u>	Branch.	Relationship	, , , , , , , , , , , , , , , , , , , ,
Nature of Deposit & Account Number	Name of Nominee	Add	Address of Nominee		Age *If nominee is minor, his/her Date of Birth
*As the nemines	s a minor on this date, I/We app	voint (namo)			
(Address)	is a millior on this date, if we app	Joint (Harrie)		e) to recei	ive the amount of the
	f of the nominee in the event of n	ny/our/minor's dea	ath during the minority of the	he nominee.	
Date:	) M M Y Y Y Y				
Place:			**Signature(s) or # T	 humb impression(s	a) of Depositors
				· · ·	, e. 2 ep es : e :
Signature of first	witness Signature:		Signature of Second wit Name:		
Address:			Address:		
	ninee is not minor. 2. (**) Where deposit				
	umb impression(s) shall be attested by tw			orginea zy a person iawy	any chiaca to det en benan
(H) STANDING I	NSTRUCTIONS FOR RECURRIN	IG DEPOSIT			
Recurring Account account/s. The proceeds of FAccount No.		ith your Branch. I/\ y/quarterly interes	be recovered from my/our We agree to maintain suffici t of the above deposit be cr our branch.	ient balance in my/o	our above mentioned
Above instruction	ons will not be applicable if I/	'We avail Loan/O	D against these Deposits	s.	
Special Instruct	•••		0		
	ed for payment, this receipt shall	be automatically r	enewed on due date for the	e same period. I/We	e give my/our consent
for the same.  2 Interest Payme	ent is subject to TDS or any other	Transactions as ma	ny he levied hy Government	from time to time	
2. micrest rayille	and is subject to TDS of any other	Transactions as Illa	iy be levied by doverninelit	. ITOM CIME TO CIME.	
Date: D D	M M Y Y Y Y			Depositor(s) Signa	ature

## (I) DECLARATION CUM UNDERTAKING CUM SELF DECLARATION

Stamp & Signature:

- 1. I have read the copy of Terms & Conditions of the Account Opening Form given to me/us. The Terms & Conditions have been explained to me/us and having understood. I/We accept the same.
- 2. (Applicable in case of Term Deposit Accounts- (Strike out if not required))

I/We undertake that in case of term deposits with operating instructions "Either or Survivor", or "Former or Survivor" in line with the operating instructions of the application-cum-deposit slip, premature termination/payment will be allowed to the survivors in event of the death of the either of the depositors or former as the case may be on submission of the death certificate of the deceased depositors along with application without obtaining consent of the legal heirs of the deceased depositors.

Full Name of 1 <sup>st</sup> Applicant	Full Name of 2 <sup>nd</sup> Applicant	Full Name of 3 <sup>rd</sup> Applicant
Signature of 1 <sup>st</sup> Applicant	Signature of 2 <sup>nd</sup> Applicant	Signature of 3 <sup>rd</sup> Applicant
Place:	Do	ate: DDMMYYYYY
(J) FOR OFFICE USE ONLY		
Docume	nts received Self-certified Veri	fied from Original
2. Certified that copy of Terms & Conditions	signed by Customer obtained.  the operation of the account have been e presence. closed (If PAN No. is not available.)	process have been verified and found correct. Explained to the depositor (only in case of Illiterate
Checked found in order (Bank Official)		Approved by Branch Manager
Name & Designation:	Name	e:

Stamp & Signature: \_\_\_

### (K) TERMS AND CONDITIONS FOR OPENING OF DEPOSIT ACCOUNTS

- The Saving Banks Accounts should be used to route transactions of only no-business/non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and/or close the accounts.
- 2. Interest on the Saving Bank Deposit is calculated at a rate fixed by RBI from time to time. This interest will be paid half yearly calculated on the daily balance in the account.
- 3. The customer should maintain minimum balance as may be required from time to time in the account & communicated at the time of opening of the account. Changes in the bank/Service Charges or minimum balance requirements are displayed on the Notice Board of Branches & on the website. The non-maintenance of the minimum balance shall automatically entitle the Bank to levy the charges for non-maintenance of the average balance. In such an event, the Bank shall have the first right to set-off any available credit that may be available in the account including from amounts flowing into the said account from the collection proceeds or any deposits.
  Notwithstanding the above, if the Bank is of the opinion that if the customer does not maintain the minimum balance and/or if the account
  - remains a Zero Balance Account and/or the overall conduct of the account is not satisfactory, the Bank shall have a right to close the account by issuing fifteen days notice. In the event, if the said account is funded within fifteen days period the Bank may not exercise the said right of closure. If not, the Bank shall close the account without any further notice to the customer.
- 4. If there is no transaction in the account for 2 years, the account automatically gets classified as a 'DORMANT ACCOUNT' whereupon further debit transactions are not permitted in the ordinary course. A request for activation of the account has to be made by the customer in both cases.
- 5. Satisfactory conduct of the account entails maintaining stipulated minimum balance as well as sufficient balance to honour cheques issued to third parties. If there are high incidences to the contrary, the Bank reserves the right to close the account under intimation to the customer.
- 6. Any special instruction, both financial and non-financial in nature, like standing instructions, stop payment instructions, issuance of Cheque Books, Demand Draft, Pay Orders, issuance of duplicate card/PIN must be communicated in writing. Otherwise, it shall not be binding of the Bank to comply with such instruction. Charges as applicable will be liveable to the customer.
- 7. The Saving Banks Account entitles free access to NAGPUR NAGARIK SAHAKARI BANK LTD. ATMs and Internet Banking unless otherwise stated.
- 8. Any change of address should be immediately communicated in writing to the Bank along with Address Proof.
- 9. I/We agree to maintain a quarterly average balance in the regular Savings Account/failing which, the Bank may deduct charges as per rules prescribed schedule of charges.
- 10. The Bank at its option but at the risk and responsibility of the account holder may 1) Collect proceeds of the instrument lodged by the account holder from time to time. 2) Appoint an agent/s to collect the proceeds of the instrument lodged by the account holder and as such agent's appointed shall be the agent/s of the account holder to collect such Instrument. 3) Recover proceeds of instrument lodged by the account holder byway of bank draft /cheques or any other mandate In lieu of cash. 4) Take action / steps as deemed necessary to have proceeds of the instruments lodged. 5) The Bank is hereby empowered to recover the various charges, if any by debiting the same to the account holder.
- 11. I/We agree to comply with and be bound by the Bank's Rules for the time being inforce for the conduct of such account. I/We authorize the bank to collect bills, cheques, etc. for and on behalf of me/us and undertake to abide by and be bound by the Terms and Conditions in this behalf.
- 12. Our deposits are insured under the Deposit Insurance and Credit Guarantee Corporation of India (DICGC) scheme.
- 13. ATM Card: The usage of the ATM Card issued to customers will be in accordance with the rules and regulations. The Bank reserves the rights to suspend the services of ATM Card unilaterally without any prior notice or assigning any reason.
- 14. Internet Banking: The usage of the Internet Banking facility will be bound by the terms and condition (as given on the website) governing the Internet banking facility and the various services included under it. It is the duty of the account holder to project and keep the User ID and password protected, safe and secured. The account holder shall be fully responsible for any of the linked account getting debited asked on the instruction(s) given by him and the Bank will not be responsible or held responsible and any claim or demand will not be made against the Bank in this regard.
- 15. SMS Banking: The account holders are responsible for the registration of Mobile Banking for the Cell Phone Number/s mentioned. The charges associated with these services will be as applicable. Incase of mistake on part of the account holder or that of the mobile service provider in respect of these services. The Bankwill not be responsible and the account holders agree that no claimwill be made against the Bank.
- 16. I hereby declare that I or any of my relatives have not been entrusted with prominent public functions in a foreign country e.g. Heads of States or Governments, senior politicians, senior government/judicial/military/officers, senior executives of state owned corporations, important political party officials, etc. I hereby further declare that incase in the future, I or any of my relatives have been entrusted with prominent public functions in a foreign country as stated above. I will immediately notify the bank about the same."
- 17. An Account remain inoperative for a period of 10 years or more or unclaimed Deposits for a period of 10 years or more along with interest accrued such Amount Balances will be transferred to RBI DEAF Fund Alc asper RBI Guidelines.

I/We agree to abide by existing Rules, Terms and Conditions of all the schemes I accounts and facilities enumerated above and changed from time to time.

Signature	of Applicant(s):
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1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

3<sup>rd</sup> Applican

#### Disclaimer:

I/We am/are aware that NAGPUR NAGARIK SAHAKARI BANK ITD. does not seek any information relating to bgin id/password in any form including through e-mails from its customers. I/We agree and undertake that I/We shall never part with any sensitive information of my/our account especially through internet/email/phone medium. I/We further agree and confirm that NAGPUR NAGARIK SAHAKARI BANK ITD. shall not be liable for any bsses arising from my/our sharing/disclosing of bgin id, password, cards, card numbers or PIN (Personal Identification Number) to anyone, nor shall make claims on the bank for any unauthorized use. I/We shall take all precautions to protect my/our account details so as to avoid any unauthorized use.