PROUDLY® CO-OPERATIVE
www.primebankindia.com

# Prime Co-operative Bank Ltd.

Regd. Off. : "Prime House" Plot No. B-IND-123, Udyog Nagar Sangh, Central Road,. No. 9, Udhna, SURAT - 394 210

PRIME CO-OP BANK LTD. PRIME BANK your BANK FOR you

## ACCOUNT OPENING FORM

Branch _____

(Please fill this form in Capital letters and use black ballpen. Please tick appropriate boxes)

A/c No. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date |D|D|M|M|Y|Y|Y|Y|

I / We request you to open my / our deposit account with your branch / bank. (Tick (✓) relevant type of account)

☐ Saving Bank A/c ☐ Basic Saving A/c ☐ Current A/c ☐ Cash Credit / Over Draft

☐ Over Draft against FD / NOD ☐ Term Deposit A/c ☐ Recurring A/c ☐ Other (pl. specify) _____

## CATEGORY

☐ Customer ☐ Staff ☐ Pensioner ☐ Trust ☐ HUF Politically Exposed? ☐ Yes ☐ No

☐ Director Relative A/c ☐ Staff Relative ☐ Senior Citizen ☐ Student ☐ Others (Pl. specify) _____

Nature of Business / Occupation _____

## CONSTITUTION OF ACCOUNT

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| INDIVIDUAL | ☐ | PROPRIETORSHIP | ☐ | HUF | ☐ | PARTNERSHIP | ☐ | PVT. LTD. CO. | ☐ | ASSO. OF PERSON | ☐ |
| TRUST | ☐ | ASSOCIATION | ☐ | SOCIETY | ☐ | CLUB | ☐ | PUBLIC LTD. CO. | ☐ | OTHERS | ☐ |

**TITLE OF ACCOUNT** CID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

First Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Middle Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Surname |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

**ADDRESS OF INDIVIDUAL / FIRM**

Bldg./road name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Area |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| City |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

State |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Pincode |_|_|_|_|_|_|

Phone (Res.) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Phone (Off) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Gender M F T

E-mail ID _____ Mobile No. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of Birth |D|D|M|M|Y|Y|Y|Y| PAN / FORM-60/61 |_|_|_|_|_|_|_|_|_|_|

**2ND APPLICANT/ PROPRIETOR NAME** CID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

First Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Middle Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Surname |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

**3RD APPLICANT** CID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

First Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Middle Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Surname |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

## OPERATING INSTRUCTION

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Jointly ☐ Any one or Survivor ☐ Any Two ☐ Other (Pl. Specify) _____

## MATURITY / INTEREST PAYMENT INSTRUCTION

On maturity of Fixed Deposit

☐ Renew Principal & Interest ☐ Renew Principal only ☐ Issue DD/Pay Order

☐ Credit to A/c No. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

For regular interest payment (Fill only in case of monthly/quarterly interest payout on maturity if the interest is not to be renewed with the principal)

☐ Credit to A/c No. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| ☐ Issue DD/Pay Order

Drawn on _____ Bank's Name & Branch IFSC Code |_|_|_|_|_|_|_|_|_|_|_|

**FIXED DEPOSIT/RECURRING DEPOSITS**

Tenure |D|D|M|M|Y|Y|Y|Y| Interest Rate |_|_|.|_|_| FD Amount / Installment ₹ |_|_|_|_|_|_|_|_|_|_|

**STANDING INSTRUCTION DETAIL (If any)**

Debit Ac. No |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| on (Date) |D|D|M|M|Y|Y|Y|Y|

of every month beginning from |D|D|M|M|Y|Y|Y|Y| until |D|D|M|M|Y|Y|Y|Y|

## INITIAL PAYMENT DETAILS

₹ | | | | | | | Rupees (in words) _____

☐ Cash ☐ Cheque/DD/PO No. | | | | | | | ☐ Debit my / our A/c No. | | | | | | | | | | | | | | | | |

Date | D | D | M | M | Y | Y | Y | Y | Drawn on _____ Bank's Name & Branch

(Cheque should be crossed a/c payee and drawn payable to Prime Co-Op. Bank Ltd. A/c <customer name> will only be accepted.

## IN CASE OF MINOR'S ACCOUNT UNDER GUARDIANSHIP / POWER OF ATTORNEY / OTHER LEGAL REPRESENTATIVE

Date of Birth | D | D | M | M | Y | Y | Y | Y | Relationship with Minor ☐ F & NG ☐ M & NG ☐ Legal ☐ De facto ☐ Others _____

Name of the Guardian _____ Cust ID | | | | | | | | | | | | | | | | |

**Declaration by Guardian :** I hereby declare that I am his natural guardian/lawful guardian appointed by the court order dataed _____ (copy enclosed). I shall represent the minor in all future transactions of any description in the above account until the minor attains the mojority, I indemnify the bank agaist the claim of the minor for any withdrawal/transaction made by me in his/her account. Further, I declare that the money withdrawn from the account by me will be utilized for the benefit of the minor only.

Signature of the Guardian Ⓧ _____

## INTRODUCTION

☐ Introduction by existing Prime Bank Account holder

Name | First Name | Middle Name | Surname

Cust ID | | | | | | | | | | | | | | | | | A/c No. | | | | | | | | | | | | | | | | |

I / We certify that, Mr./Mrs./Ms./ M/s. _____ is/are known to me / us personally since last _____ months/years and confirm the occupation and address stated in this application form for opening account are correct to the best of my / our knowledge and belief.

| D | D | M | M | Y | Y | Y | Y |
Date

Ⓧ _____
Signature of Introducer

_____
Signature Verified (Sign ID Stamp)

## FACILITIES REQUIRED

☐ ATM / DEBIT CARD ☐ MOBILE BANKING ☐ NET BANKING ☐ MISSED CALL ☐ OTHERS _____

Please issue ATM / DEBIT CARD in the individuals name / name of the Sole Proprietor of the Proprietorship Firm.

Name of Individuals / Sole Proprietor | | | | | | | | | | | | | | | | | | | | | | | | | |

## TERMS, CONDITIONS & DECLARATION

I/We authorize Prime Co-op Bank Ltd. to issue Prime Co-op Bank Ltd. Debit cum ATM card to me/us. I/We acknowledge that the issue and usage of the governed by the terms and conditions as in force from time to time and agree to be bound by the same. I/We accept that the terms and conditions are liable to be amended by Prime Co-op Bank Ltd.from time to time. I/We further unconditionally and irrevocably authorize Prime Co-op Bank Ltd. to debit my/our account with an amount equivalent to the annual fee and charges for use of the Debit cum ATM/ I/We hereby confirm that this account will be operated singly and in case of Joint Accounts the operating instructions will not be jointly by all.

I/We undertake to strictly utilize the card in accordance with the Exchange Control Regulations as laid down by Reserve Bank of India from time to time. I/We confirm that the foreign exchange which will be used will be within the limits of the Business Travel Quota as per Foreign Exchange Management Act 1999. I/We will adhere to guidelines, which are issued by the Reserve Bank of India concerning the use of the foreign exchange. I/We have read and understood the terms and conditions (a copy of which I am in possession of governing the opening of an account with Prime Co-op Bank Ltd. and those relating to various services including but not limited to Debit cum ATM cards/Phone Banking/ Mobile Banking/ Internet Banking. I accept and agree to be bound by the said terms and conditions including those excluding/limiting the Bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I agree that the Bank may debit my account for service charges as applicable from time to time. I/We confirm that I/We am/are Residents of India. I/We declare that the information furnished above is true and correct and to the best of my/our knowledge.

## FATCA & CRS DETAILS

**For Individuals (Mandatory)** **Non Individuals investors including HUF should mandatorily fill separate FATCA/CRS details form**

| Sole/First Applicant/Guardian | | | 2nd Applicant | | | ☐ 3rd Applicant | | ☐ POA |
|---|---|---|---|---|---|---|---|---|
| Place & Country of Birth | PLACE | COUNTRY | Place & Country of Birth | PLACE | COUNTRY | Place & Country of Birth | PLACE | COUNTRY |
| Nationality ☐ Indian ☐ U.S. ☐ Other ..... | | | Nationality ☐ Indian ☐ U.S. ☐ Other ..... | | | Nationality ☐ Indian ☐ U.S. ☐ Other ..... | | |

Please indicate all countries other than India, in which you are a resident for tax purpose, associated taxpayer Identification Number and It's Identification type eg. TIN etc.
If TIN is not available or mentioned, please mention reason as : "A" If the country does not issue TINs to its residents; "B" & mentioned why you are unable to obtain a TIN; "C" If the authorities of the country of tax, residence entered above do not require the TIN to be disclosed.

| Country # | Tax Identification Number | Identification Type/ Reason | Country # | Tax Identification Number | Identification Type/ Reason | Country # | Tax Identification Number | Identification Type/ Reason |
|---|---|---|---|---|---|---|---|---|
| 1 | | | 1 | | | 1 | | |
| 2 | | | 2 | | | 2 | | |

## SPECIMEN SIGNATURE

| Name | Specimen Signature |
|---|---|
| | Ⓧ |
| | Ⓧ |
| | Ⓧ |

## AADHAR SIDDING

I submit my Aadhaar Number and voluntarily give my consent to :

- Seed my Aadhaar / UID number issued by the UIDAI, Government of India in my name with my aforesaid account.
- Map it at NPCI to enable me to receive Direct Benefit Transfer (DBT) from Government of India in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all Benefit Transfers in this account.
- Use my Aadhaar details to authenticate me from UIDAI.

**The particulars of the Aadhaar / UID letter are as under :**

Aadhaar / UID Number : |_|_|_|_|_|_|_|_|_|_|_|_|

Name of the Aadhaar Holder as in Aadhaar Card |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

I Have been given to understand that my information submitted to the Bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

Ⓧ _____

Signature / Thumb impresion of Account Holder

## CLOSE RELATIVE DECLARATION (To be filled if the applicant does not have any address proof in his/her name)

I hereby confirm that Mr./Mrs. (Applicant Name) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

who is desirous of opening an account with your Bank is my (Relationship) _____. He/She is residing with me since _____ (Month) _____(Years) at the below mentioned address :

Building Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| City |_|_|_|_|_|_|_|_|_|_|

State |_|_|_|_|_|_|_|_| Country |_|_|_|_|_|_|_|_| PIN Code |_|_|_|_|_|_|_| Phone Number |_|_|_|_|_|_|_|_|_|_|

The applicant does not hold a documentary address proof in his/her independent name. Since the applicant is residing with me, the address proof in my name is being provided to the bank for the purpose of address verification. I have no objection towards receiving any correspondence from the bank in the name of applicant at my above mentioned address.

Enclose herewith the below :

1. Self-attested (Document Name) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| as Identity Proof
2. Self-attested (Document Name) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| as Address Proof

Name of the Declarant |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Customer ID (If an Existing Customer) |_|_|_|_|_|_|_|_|_|_|_|_|

Ⓧ _____

Declarant Signature

## DECLARATION FOR CURRENT ADDRES (To be filled if, current address is different from the address in Aadhar)

Further I confirm that I do not have any proof of the above mentioned current address in my name due to _____

Hence I confirm my permanent address as under :

Building Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| City |_|_|_|_|_|_|_|_|_|_|

State |_|_|_|_|_|_|_|_| Country |_|_|_|_|_|_|_|_| PIN Code |_|_|_|_|_|_|_| Phone Number |_|_|_|_|_|_|_|_|_|_|

Please find _____

document/s as current address proof and I confirm that the attached address proofs are presently valid and true verification documents of myself. I will notify to the bank as and when there is change in my current address.

Name : |_| First Name |_|_|_|_|_|_|_|_|_|_|_|_|_| Middle Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Surname |_|_|_|_|_|_|_|_|_|_|_|_|_|

Place : _____

Ⓧ _____

Signature

## VERNACULAR DECLARATION (પ્રાદેશિક ભાષામાં હસ્તાક્ષર કરવા અંગેનું સંમતિ પત્રક)

**આથી હું નીચે સહી કરનાર આપને લેખિતમાં જણાવું છું કે અમને ખાતા ખોલવા અંગેની અરજી તથા અન્ય સંબંધિત દસ્તાવેજોની વિગતો તથા પ્રાઈમ કો. ઓપ. બેન્ક લિમિટેડનાં ધારા-ધોરણો, નીતિ-નિયમો મારી માતૃભાષા _____ માં વાંચી સંભળાવવામાં અને સમજાવવામાં આવ્યા છે અને તે સર્વે અમો સાંભળ્યા અને સમજયા છીએ. તથા અત્રે અમો લેખિતમાં સંમતિ આપીએ છીએ કે બેંકના સર્વે ધારા-ધોરણો અને નીતિ-નિયમો અમને માન્ય છે અને અમો તેનું પાલન કરવા બંધાયેલ છે. આ સંમતિ અમોએ અમારી સુધબુધ અવસ્થામાં અને કોઈપણ દાબ દબાણ વગર લખી આપેલ છે.**

Ⓧ _____

**સહી/અંગુઠાની નિશાન**

**સાક્ષી :**

૧. Ⓧ _____

**નામ :** _____

૨. Ⓧ _____

**નામ :** _____

## OTHER BANK DETAILS

I / We declare that, ☐ I / We do not enjoy Credit Facilities with other Bank/s ☐ I / We enjoy Credit Facility / have current accounts with other Bank/s

| Name of Bank & Branch | Account No. | Details of Facilities | Facility Amount |
|---|---|---|---|
| | | | |
| | | | |

**DECLARATION** I / We declare that informations furnished above is true and correct to the best of my / our knowledge.

Ⓧ _____
Signature of Applicant

## HUF DECLARATIOIN

As our HUF firm wishes to open an account with your bank in the said name |_____| we beg to say that the first signatory to this letter, i.e. |_____| is the karta of the joint family and other signatories are the adult co-parcenres of the said family.

We further confirm that the business of the said family is carried on mainly by the said karta as also the other signatories hereto in the interest and for benefit of the entire body of co-parceners of the joint family. We all undertake that the claims due to the bank from the said family shall be recoverable personally from all or any one of us and also from the entire family properties of which the first signatory the karta, including the share of minor co-parceners. In view of the fact that ours is not a firm governed by the Indian Partnership Act 1952, we have not got our said firm registered under the same act. We hereby undertake to inform the bank of the death or birth of a co-parcener or any change occuring at anytime in the membership of our joint family during the currency of the account.

Name & Signature of Karta _____ _____

Name & Signature of adult co-parceners _____ _____ Date of Birth

_____ _____

_____ _____

Name & DOB of minor co-parceners _____ _____ Date of Birth

_____ _____

_____ _____

## DETAILS OF TRANSACTION IN THE PROPOSED ACCOUNT

Expected value of transaction in a month ₹ _____ No. of Transaction in a month _____

Value of cash transaction in a month ₹ _____ No. of cash transaction in a month _____

## NOMINATION FORM (FORM DA-1)

**Nomination under section 45ZA to 45ZF of the Banking Regulation Act 1949, (AACS) and the Rule 2(1) of the Co-operative Bank (Nomination) Rules, 1985 in respect of bank deposits**

Nomination Facility : ☐ Required ☐ Not Required (If required, please fill up form DA-1)

I/We _____ name(s) and address(es) nominate the following persons to whom in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given below may be returned by Prime Bank _____ branch.

| Deposit | | | Nominee | | | | |
|---|---|---|---|---|---|---|---|
| Nature of Deposit | Distingushing No | Additional Details (if any) | Name of Nominee | Address of Nominee | Relationship with depositor (if any) | Age | If nominee is minor, His/Her DOB@ |
| | | | | | | | |

@ As the nominee is a minor on this date, I/We appoint Shri / Smt / Kumar _____
(Name, Address & Age) to receive the amount of deposit on behalf of the nominee in the event of my / our/ minor's death during the minority of the nominee.

@ Strike out if nominee is not a minor.

Place : _____

Date D D M M Y Y Y Y

Signature(s) / Thumb Impression(s) *

Ⓧ _____ Depositor Ⓧ _____ Depositor Ⓧ _____ Depositor

Ⓧ _____ Signature of First Witness *

Ⓧ _____ Signature of Second Witness *

* Thumb impression(s) shall be attested by two witness

## FOR OFFICE USE

Documents/Proof submitted listed above were verified with original ☐ Yes ☐ No

Signature Scanned by Initial : _____

Letter of thanks sent to account holder on Date_____ Date D D M M Y Y Y Y

_____ Account opened (Clerk)

_____ Authorised Signature with Signature Code

Date D D M M Y Y Y Y

I have verified the documents submitted and confirm that KYC norms of our banks are fully complied with

_____ Signature of Branch Head/Joint Manager with Signature Code

Date D D M M Y Y Y Y

Ptd. Dtd. 14-2-2020