	NKGSB Co-operative							
(Please fill up the form in block letters only)	lank)							
Employee Name : Code: Code:								
Br. CBS Code CKYC No. Application Date://								
Application Docket No. Entry Ref. No. Date:								
New Customer ID Account No.								
I/We request you to accept in Cash/Cheque a sum of Rs. (Rupees								
) and open an account with you as per details given belo	w:							
Type of Account : Savings Term Deposit								
Term Deposit: Rol (%) Amt (Rs.)								
Period: Day/s Month/s Year/s Year/s								
Maturity Instruction (Please tick any one box)								
Renew with interest Renew principle & Transfer interest to my / our A/c. No. with with	Br.							
Transier proceeds to myrodi Arc. No.	-							
Name of 1st applicant:								
Customer ID (If existing accountholder):	7							
Name of 2nd applicant:	_							
Customer ID (If existing accountholder):								
Name of 3rd applicant:								
Customer ID (If existing accountholder):								
Name of 4th applicant:								
Customer ID (If existing accountholder):								
Present Address (for this account):-	$\exists$							
PIN Code State								
Contact Number/s with City Code (for this account):- Resi.								
Mobile E-mail ID:								
LIST OF OVD - OFFICIALLY VALID DOCUMENTS (Kindly tick on the documents submitted by you)  Identity & Address Proof  Identity & Address Proof	_							
(i) Aadhaar issued by Unique Identification Authority (UIDAI) containing details of name, address, Aadhaar Number date of birth (ii) Valid Passy (iii) Driving License (iv) Voter's Identity Cards issued by Election Commission of India (v) Job cards issued by NREGA duly signed by an officer of								
Sate Government (vi) Any other documents as notified by the Central Government in consultation with the regulator.	Cite							
Address Proof (Anyone OVD)      (i) Telephone Bill- Latest 2 months (ii) Latest Electricity Bill (iii) Letter from Employer (to the satisfaction of the Bank)								
Applicable when the present address differs with that of list of OVD given above (iv) Sale Deed / Rent Agreement duly registered with the State Government or Similar Registration Authority								
All is in the Minor by quordi	00							
Mode of account operations : Self Either or Survivor Former or Survivor All jointly Minor by guardi	an							
Any one of us Any other instruction								
We hereby give our express consent that in case of death of any of the joint depositor/s, NKGSB Co-op Bank Ltd. is permitted to ma payment of deposits prematurely being principal along with the interest, to the surviving depositor.	ке							
We opt for survivorship benefit.	8							
	-							
Add-on services: VISA Debit Card RuPay Debit Card SMS Banking Mobile Banking Internet Banking Cheque Bo	ok*							
Name as desired on Debit Card:								
Specify Aadhar Card No. of 1st account holder  Preferred Mobile No. for SMS Banking								
Preferred E-mail ID for email correspondence								
- Telefred E-friain to for entain correspondence								
Recent Photo Recent Photo Recent Photo Recent Photo								
1st applicant 2nd applicant 3rd applicant 4th applicant								
1000000 1000000								

Specimen Signature

Specimen Signature

Specimen Signature

Specimen Signature



## Nomination Details (Form DA 1)

omination u/s 45 ZA read with section 56 of the Banking Regulation Act1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985, in respect of the Bank deposits.																								
I/We	nominate the following person/s to whom in the event of my / our death the amount of deposit																							
in the above account, may be retu	rned by	NKGSB	Bank	Ltd.		Ш						Branc	h											
Name & address of nominee								Rela	tionsh	nip w	vith c	lepos	itor			A	Age	* [	ОВ	of nor	mine	e if i	ninor	
* As the Nominee is minor on this	date I/V	Ve annoi	nt [	T		6	visiales	re liss	Ja			T			Т	T	T.				T	T		
	acto, w		PIN C	ode				T	Stat	e			7	to	rec	eive	the	amo	unt	of the	de	posit	in th	ie
account on behalf of the nominee	n the ev	ent of m	y/our/	mino	r's death	n duri	ng the	e mino	ority o	fthe	nom	inee.								7				1
☐ I/We do not want to make n	ominat	ion																					B	
Date													**S	ignat	ture	/s or	#thur	nb ir	npre	ssion	of de	epos	itor/s	
Witness																								
Name				T		T	Ade	dress	П	T	T		T		T						T	T	T	7
					PINC	ode			T			State	e [											Ī
															Sigi	n			Cure mo			-	FA.1457	Ī
**Where deposit is made in the name	of a min	or, the no	minatio	on sho	ould be si	gned	by a p	erson	lawful	lly en	titled	to act	on I				nor.							_
*Only thumb impression should be at INTRODUCTION DETAILS:	ested by	/ witness.																					1150	-
Introducer's Name	TI		T	T			П	T			Cu	st. No	b. :[					П	T	П		T		7
Branch:	Туре	of Accou	int							] A	Acco	unt N	0:[	T	T									
I know the applicant/s for the last [		mo	onths	/year	s. I confi	rm th	e Ide	ntity, C	occup	atio	n an	dAdd	ress	of th	ie ap	plica	ant/s			Ala I				
Date:					a									Г		72			A. 1011				4	
Introducer's Signature:					8				Si	ignat	ture	verifie	ed b	y : L			Br	anch	atte	etatic	an_		B	
* Cheque book will be sent to your	present	address	as pe	er ban	k record																			
Debit Card Declaration																								
I have read and understood the te those excluding/limiting the Bank																								
without any notice to me. I agree the																		SCIVI	Ce Ci	IIIpie	tery	oi p	aruan	У
General Banking Declaration																								
I/We have read the terms and cor and Mobile Banking. I/We have up																								
have also read the Bank's 'Schedu																								
service charges are subject to char responsible for the same at all tim																								
other service providers/agents. I	/We agr	ree that	the ba	ank n	nay/wou	ild be	e requ	uired t	to fur	nish	any	infor	mat	ion re	ega	rding	my/	our	acco	unt to	o the	ese s	ervic	е
providers/agents. I/We also understand that the continuation of the accounts is at the Bank's sole discretion, and in case of dissatisfaction with the conduct of													of											
the account, the bank has right to close the account after giving suitable notice or withdraw some/all services/concessions granted to me/us.  We confirm that all the Terms and Conditions and charge schedule for the Scheme code is explained to us in detail and accepted by us.													10											
Account conversion (For Salary										erio	d of	3 mo	_										STATE OF THE STATE	
automatically converted in to a n	ormal s	avings a	ccour	nt and	all the	char	ges w	vill be	appli	cable	e as	per n	orn	nal sa	avin	g ac	coun	t.						
I / We would like to receive inform	nation o	over SM	S or E	mail	about b	ank's	new	produ	uct la	unch	nes a	and pi	rom	otion	s.	*								
I/We hereby declare that the	nforma	ation an	d ded	clara	tion/s fo	urnis	hed	abov	e is/a	are t	true	and	cor	rect	to t	he b	est	of m	y/ou	ır kn	owle	edge		
₽ P			Ma											B										
Sign. of 1st A/c Holder			Date:					Si	an. c	of 3re	d A/	с Но	olde	r					Man	140				-
	1						1		3															
A														A										
. #			Na	me					(etc.)				Concess.	8					Man	18				_
Sign. of 2nd A/c Holder						1		Si	gn. c	of 4th	h A/	c Ho	olde	r										
																								200
					A					-	-				O STOPPED				88					A
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