



# दि नेव्हल डॉकयार्ड को-ऑप. बँक लि. मुंबई THE NAVAL DOCKYARD CO-OP. BANK LIMITED

Head Office : Naval Dockyard Lion Gate, Fort, Mumbai - 23.

## ACCOUNT OPENING FORM FOR : SAVING BANK ACCOUNT

DATE OF :

ACCOUNT NO.

### KNOW YOUR CUSTOMER • CUSTOMER'S RECORD OF PROFILE

Dear Sir,

Please open a SAVING BANK ACCOUNT in my/our name in the books of the Bank for credit of which I/We tender you Rs. \_\_\_\_\_

I/We agree to abide by the Bank's rules & regulation related to the conduct & operations of Saving Bank Account which are in existence & which may be changed from time to time by the Board of Directors.

I/We authorised the bank to verify the details given herein through any means/persons(s), as may be perceived necessary by the Bank. Kindly open an Account in my/our name(s) (Please sign. in BLACK ink)

Account will be operated and can be closed by  1) Male  2) Female  3) Third Gender

1) Self  2) Either or Survivor  3) Jointly or Survivor  4) Any one of us.

Standing Instructions to the Bank (if any) \_\_\_\_\_

Signature \_\_\_\_\_

First Name \_\_\_\_\_  
(Middle name) \_\_\_\_\_ (Surname)

Designation \_\_\_\_\_

Occupation \_\_\_\_\_

PAN No. \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

First Name \_\_\_\_\_  
(Middle name) \_\_\_\_\_ (Surname)

Designation \_\_\_\_\_

Occupation \_\_\_\_\_

PAN No. \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

First Name \_\_\_\_\_  
(Middle name) \_\_\_\_\_ (Surname)

Designation \_\_\_\_\_

Occupation \_\_\_\_\_

PAN No. \_\_\_\_\_

Address \_\_\_\_\_

Office Address \_\_\_\_\_

Office Address \_\_\_\_\_

Office Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

### FOR BANK'S USE ONLY

Information entered by : \_\_\_\_\_

Information verified by : \_\_\_\_\_

Signature scanned by : \_\_\_\_\_

Allowed to open  
Saving Deposit Account

Signature of officer

**Details of 1st Account holder    Details of 1st Account holder    Details of 1st Account holder**

Tel. No.(O) \_\_\_\_\_ Tel. No.(O) \_\_\_\_\_ Tel. No.(O) \_\_\_\_\_

Resi.: \_\_\_\_\_ Resi.: \_\_\_\_\_ Resi.: \_\_\_\_\_

Mobile : \_\_\_\_\_ Mobile : \_\_\_\_\_ Mobile : \_\_\_\_\_

**INTRODUCTION :**

I Certify that know Mr./Mrs./M/s. \_\_\_\_\_ for last \_\_\_\_\_ month/years. I hereby confirm his/her/its identity, occupation and address as stated in this application.

Name of the Introducer \_\_\_\_\_ Account Number \_\_\_\_\_

**Nomination DA-1**

Signature of the Introducer

**Nomination under section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Banks (Nomination Rules), 1985 in respect of bank deposits.**

I/We nominate following person/s to whom in the event of my/our death the amount of the deposit may be paid/returned by the Bank.

Name 1) \_\_\_\_\_ 2) \_\_\_\_\_

Address : \_\_\_\_\_

**Relationship with the Depositor**

Age : \_\_\_\_\_ if the nominee is Minor, Date of Birth \_\_\_\_\_ as the Nominee is a minor on this date, I/We appoint Shri / Smt. \_\_\_\_\_

Age : \_\_\_\_\_ Address \_\_\_\_\_

to receive the amount of deposit on behalf of the nominee, in the event of my/our death during the minority of the nominee.

Signature of the Depositor/s

**Witness :**

1. Mr./Mrs. \_\_\_\_\_ Signature 1. \_\_\_\_\_

2. Mr./Mrs. \_\_\_\_\_ Signature 2. \_\_\_\_\_

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

**Document to be Attached :**

Please (present any of the Original for reference and return.

A copy to be submitted DULY ATTESTED for branch record.

1) Passport Copy 2) Employee ID Card 3) Driving Licence 4) Voter's ID Card

5) Latest Electric Bill 6) Telephone Bill 7) Ration Card 8) Aadhar Card

B) ADDITIONAL 1) Proof of Age in case of Senior Citizen

2) Lates two passport size photograph's 3) PAN Card

**Name of account Holder(s) / Operator(s)**

1)	SPECIMEN SIGNATURE	
2)		
3		
4)		
5)		

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

Signature of the Officer