

Account Opening Form

Rajadhani Co-op. Urban Bank Ltd. Branch Savings Bank A/c No.

I /We request you to open a Savings Bank Account in my/ our name(s) in the books of the Bank.

Name in full (In Capital letters)	Occupation	Address of the First Depositor	PAN / GIR No.
1.
2.
3.
4.

Tel No.
Fax :

E-mail :

In case of minor's Account	Date of Birth	Name of Guardian	Relationship
In case of Joint Account Account to be operated by : Either or Survivor / Jointly / Former or Survivor			

I /We declare that the Bank's Savings Bank rules have been read by me / us and I /We accept them and amendments which may be made from time to time as binding upon me /us.
Kindly supply me / us with a Cheque Book, Pass Book for my / our use.

Declaration Signature.

I/We undertake to maintain the minimum balance in the account as required by the Bank.
We may have occasion from time to time to hand you for collection or negotiation Cheques, Drafts or Bills of Exchange (with or without documents attached) and we hereby agree to your forwarding the same to your branches/ collecting Agents for collection / negotiation through Registered Post or any other authorised independent carrier.
In the event of your having no independent collecting Agent at any Centre, we hereby authorise you to send such instruments / documents directly to the drawee bank itself by any of the above said authorised modes of transit.
In the event of loss of an instrument / document in transit or otherwise, I/we undertake to take up the matter with the drawer for obtaining duplicate / replacement instrument / or provide duplicate documents.
In case of any overdraft being created by wrong credits or in the Teller / ATM / ABB arrangement, I/We shall make good the same with interest as applicable.

KYC COMPLIED

Date : Signature of Depositor(s)
Manager

ACKNOWLEDGMENT

DA1
Account No..... Name of Depositor
Nomination in favour of
dated has been registered in the Books of the Bank.

For Rajadhani Co-op. Urban Bank Ltd.

Branch :
Date : Manager

INTRODUCTION

I know the applicant/s personally for a period of year(s) and confirm correctness of occupation and address as stated in the application.

Date :

Signature of Introducer

Name and S.B. A/c No.

FOR OFFICE USE

Introducer's signature verified and signed before me.

Date :

Authorised Officer

Approved

Manager

Nomination

I/We..... nominate the following persons to whom the balance in the account may be paid by Rajadhani Co-op. Urban Bank Ltd. in the event of my/minor's death.

Name and address of Nominee	Age	Relationship	Date of Birth, if nominee is a minor

In case the nominee is a minor

As the nominee is a minor on this date, I/We appoint Shri / Smt. / Miss..... (Name, Address and age) to receive the amount on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Place :

Date :

Signature / LTI of depositor(s)

Name(s) and signature of witness (In case of LTI)

1.

2.

Nomination Registered

Authorised Officer

Rajadhani Co-operative Urban Bank Ltd.

(H.O.: 3-4-1005/2/1, Indrani Complex, Barkatpura, Hyderabad-27.)
15-8-216/217, Sri Ram Complex, Dood Khana, Begum Bazar Branch, Hyderabad-12.

KNOW YOUR CUSTOMER - CUSTOMER'S RECORD OF PROFILE

To be filled in by applicant customer at the time of opening account as also by the existing customers

1. Name :
2. Spouse/Father's Name :
3. Present & Permanent Address :
4. Names of Son(s) Daughter(s) :
5. PAN :
6. Type of Account :

Account	A/c Number	Date of Opening the account
a) SB
b) CD
c) Term Deposit
d) Borrowal A/c.
.....

7. Age :

Date of Birth :

Below 20 years

Years 21-40

Years 41-60

Years 61 and above

8. Occupation

Service	Professional	Others
Govt. PSUs Private	Lawyer Doctor Information Technology Chartered / Cost Accountant Engineer Other Self-Employed	Pensioner Retired - Non Pensioner House Wife Student Farmer / Trader / Vendor / Business Others

9. Educational Qualification : Non-graduate Graduate Post Graduate Others
(Mention the qualification)

10. Nationality :

11. Accomodation:

Own

Rental

12. Conveyance : Owing two wheeler

Owing four wheeler

Owing

13. Telephone : Own Telephone (No.)

Not owning telephone

Rajadhani Co-operative Urban Bank Ltd.

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12. Conveyance : Owing two wheeler Owing four wheeler Owing

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14. Credit Card : Holder (Brand), Limit, Non Holder
15. Purpose of opening of account :
16. Source of funds : 16. Annual Income : Rs.
(eg. Salary, Business, etc)
17. If engaged in business
- a) Location of business premises : b) Estimated income : Rs.
- c) Other source of income : Rs. d) Total annual income Rs.
- e) Existing bank account, if any : f) Credit facility availed :
18. Passport : Holder (PP NO., Valid upto)
19. Details of foreign countries visited during last three years :
20. Any other information which you would like to record with bank :

I declare that the above particulars furnished by me/us are true and correct

Date : _____ Signature of the Applicant

FOR USE AT BRANCH

1. Indexed under :
2. Identify and genuineness of address verified as per instructions in force :
3. Risk perception Low / Medium / High / Exceptional
4. Remarks :
5. Risk Level threshold Limit Fixed Rs.

Date : _____ Authorised Signature

4. Record of updation : (Refer Table below)

Year	Date	Details of updation	Authorised Signature with Date
I Year
II Year
III Year