



# THE MAHARAJA CO-OPERATIVE URBAN BANK LTD.,

H.O. : 47-9-16, 3rd Lane, Dwarakanagar, VISAKHAPATNAM - 530 016, A.P., Ph : 0891-2721733, 2505888

ESTD : 1999

Branch : .....

Date : .....

CUSTOMER ID

SAVINGS / CURRENT NO.

## ACCOUNT OPENING FORM

The Branch Manager

**THE MAHARAJA CO-OP. URBAN BANK LTD.,**

I/We request you to open **Savings / Current** account with you for which I/We initially deposit Rs. ....

(Rupees ..... only) by Cash / Cheque on yourselves / ..... (Bank)

**Business Activity :** ..... **Estd. Since** ..... **(Date)**

TITLE OF ACCOUNT →

PROP. / 1<sup>st</sup> APPLICANT/  
PARTNER / DIRECTOR

2<sup>nd</sup> APPLICANT/  
PARTNER / DIRECTOR

3<sup>rd</sup> APPLICANT/  
PARTNER / DIRECTOR

SURNAME

NAME

S/o. / D/o. / W/o.

PAN No (If obtained) Else 60/61

Aadhar No.

Gender (Tick suitably)

MALE [ ] FEMALE [ ]

MALE [ ] FEMALE [ ]

MALE [ ] FEMALE [ ]

RELATIONSHIP TO 1<sup>st</sup> APPLICANT

\* \* \* \* \*

DATE OF BIRTH/AGE

CORRESPONDENCE /  
PERMANENT  
ADDRESS :

TELEPHONE (Office)

TELEPHONE (Res.)

MOBILE NO.

E-MAIL ADDRESS

REQUIRED

☐ Cheque book

☐ ATM Card

**IN CASE OF A MINOR** Date of his Attaining Majority (dd/mm/yyyy) :

Name of Parent / Nature guardian

Address of the guardian :

### DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN :

I hereby declare that the date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ of the Minor who is my \_\_\_\_\_ and I am his/her natural guardian / lawful guardian appointed by the Court Order dated \_\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transaction made by me in his/her account.

Signature of the Guardian →

Introduction by existing THE MAHARAJA CO-OP. URBAN BANK LTD., Customer: I/We confirm that I am / We are an account holder with THE MAHARAJA CO-OP. URBAN BANK LTD., for over 6 months. I/We certify that I/We have known Mr./Mrs./Miss/Messrs ..... since last ..... months / years and confirm his/her/their identity, occupation/business and address stated in this application to open the account.

Signature of Introducer →

Name .....

Customer ID .....

Account No .....

MANDATE FOR ACCOUNT OPERATIONS

- ☐ Single (Self-operated) ☐ Either or Survivor ☐ Former or Survivor  
☐ Anyone or Survivor ☐ Jointly by all ☐ Others

PROP./1<sup>st</sup> APPLICANT/  
PARTNER/DIRECTOR

2nd APPLICANT/  
PARTNER/DIRECTOR

3rd APPLICANT/  
PARTNER/DIRECTOR

Please affix  
Passport Size  
Photograph of the  
1<sup>st</sup> Applicant

Please affix  
Passport Size  
Photograph of the  
2<sup>nd</sup> Applicant

Please affix  
Passport Size  
Photograph of the  
3<sup>rd</sup> Applicant

1. ....

1. ....

1. ....

2. ....

2. ....

2. ....

3. ....

3. ....

3. ....

SIGNATURE OF 1<sup>st</sup> APPLICANT

SIGNATURE OF 2<sup>nd</sup> APPLICANT

SIGNATURE OF 3<sup>rd</sup> APPLICANT

NOMINATION FACILITY :

☐ Yes REQUIRED

☐ NOT REQUIRED

\* If required please complete nomination form below.

**NOMINATION** (Nomination Form DA-1) Nomination under Sec. 45ZA of the Banking Regulation Act, 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposit

I/We nominate the following person to whom in the event of my / our / minors death the amount of deposit in the above account may be returned by THE MAHARAJA CO-OP. URBAN BANK LTD., ..... Branch. As Nominee is minor of this date, I/We appoint Mr./Ms./ Dr. .... to receive the amount of deposit in the account on behalf of the nominee in the event of my/ our/minor's death during the minority of the nominee.

Name & Address of Nominee :

Nominee's Relationship with Depositor, if any

Nominee's Age

If nominee is minor, Date of Birth :  
(Strike out if nominee is not a minor)

Signature of Two Witnesses, if Thumb Impressions obtained

Signature of Depositor(s)

FOR BRANCH USE : Letter of thanks sent to introducer/customer on ..... Introducer contacted on .....

Account opened by

Signature

Account Authorised by

Signature



**COLLECTION OF STATEMENT**☐ Personally☐ By Courier☐ By Post☐ Any other mode**FREQUENCY OF ACCOUNT STATEMENT**☐ Monthly☐ Quarterly☐ Half yearly☐ Yearly**FILL IN FOR SOLE PROPRIETORSHIP ACCOUNT**

I the undersigned am the sole proprietor of the firm and am solely responsible for liabilities thereof. I shall advise you in writing of any change that may take place in the constitution of the firm and I will be liable to you on obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Signature

**FILL IN FOR A PARTNERSHIP FIRM**

We the undersigned are the only partners in the firm and are jointly and severally responsible for the liabilities there of as stipulated under Indian Partnership Act, 1932. We shall advise you in writing of any change that may take place in the partnership and all the present partners will be liable to you on any obligations which may be standing in the firm's name in your books on the date of the receipt of such notice and until all such obligations shall have been liquidated.

Signature (s)

**EITHER OR SURVIVORSHIP DECLARATION**

We the undersigned, having opened a SB/CA/TD/RD account with you, hereby agree that, during the currency of the said account either/ any one of us shall have full control of the moneys standing to the credit of our account and also declare that either/ any one of us will operate the account and that such operation shall not in anyway prejudice the interest of the bank.

Signature (s)

**FORM NO. 60/61 (PLEASE SEE THIRD PROVISIO TO Rule 114B)**

(Declaration to be filed by a person NOT having either a PAN and who intends to make Cash Deposit in respect of transaction specified in clause (a) to (h) of Rule 114B)

<b>1. Full name &amp; Address of the declarant:</b> (To be supported by Passport / Ration Card / Employee ID / Driving Licence etc.)	
<b>2. Details of the Document produced in support of address in column 1 :</b>	
<b>3. Transaction Particulars:</b>	Opening of _____ A/C
<b>4. Amount of Transaction :</b>	
<b>5. Are you Assessed to Tax? : Yes / No*</b> Being Agriculturist / Income being not chargeable to IT.	<b>6. If Yes, Details of Income Tax Ward /Circle / Range : _____</b> Reason for not having PAN Number : _____
Declaration by a person having Agri. income only and no other income chargeable to IT I hereby declare that my source of income is from agriculture and I am not required to pay IT on any other income (if any)	Verification: I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified, today, the _____ day of _____ 20 _____
Signature of Agriculturist	Place : _____ Date : _____ Signature of the Declarant



### DEALING WITH OTHER BANKS

	BANK(S') NAME	BANK(S') NAME	BANK(S') NAME
CARD (DEBIT/CREDIT)			
HOUSING LOAN			
VEHICLE LOAN			
EDUCATIONAL LOAN			
PERSONAL LOAN			
CONSUMER DURABLES/ PC LOAN			
LOAN AGAINST SHARES			
OTHER LOANS (IF ANY)			
DEPOSITS (PL. MENTION TYPE)			
SALARY ACCOUNT			
DEMAT			
E-PAY			
INTERNET BANKING			
CMS/RTGS			
OTHERS			

#### DECLARATION / UNDERTAKING by Applicant(s) - (Please tick as applicable and Delete whatever is inapplicable)

- ☐ I/We confirm that I/We am/are resident(s) of India.
- ☐ I/We confirm having read/been explained and understood the Rules pertaining to various Accounts/Service as also the Citizens' Charter and I/We do hereby agree to be bound by the terms and conditions, outlined in these "rules which govern the account(s) which I/We am/are opening with THE MAHARAJA CO-OP. URBAN BANK LTD., and amendments thereto made from time to time and those relating to various services.. I agree that I would be bound by changes in terms and conditions pertaining to the different accounts/services.
- ☐ 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/We agree that the bank may debit my account for service charges as applicable from time to time.
- ☐ **I/We will take every care to keep the cheque book in my/our safe custody. I/We will also keep watch on the day to day transactions to detect early frauds, if any, committed by my/our agent/employee.**
- ☐ Any Other:
- ☐ I/We hereby declare that the information furnished above is true and correct to the best of my knowledge.

#### CUSTOMER LETTER OF AUTHORITY FOR COLLECTION AND NEGOTIATION OF DD'S, CHEQUES, BILLS ETC

I/We may have occasion from time to time to hand you for collection or negotiation Cheques, Draft or Bills of Exchange (with or without documents attached) and I/we hereby agree to your forwarding the same to your agents for the time being for collection or negotiation. In the event of your having no independent Collecting Agent at any centre, I /We hereby authorise you to send cheques by mail directly to the drawee bank itself.

In addition to your ordinary right as holders of such Cheques, Drafts or Bill of Exchange, you are authorised to accept in payment there of a banker's cheque(s) on Visakhapatnam or other cities and in the event of such cheques not being paid on presentation, to debit the amount to my/ our account with all charges incurred thereon.

It is understood that these transactions are in all respects at my/ our entire risk and responsibility.

Incidental / Service charges, and charges for the MICR cheque books supplied to Savings Bank/ Current Account / Over Drafts Customers will be charged as per Bank's rules in force from time to time.

All Savings Bank/Current Account Customers who default in maintaining the minimum stipulated balances in their accounts will be levied charges as per Bank's rules in force from time to time.

.....  
SIGNATURE OF 1<sup>st</sup> APPLICANT

.....  
SIGNATURE OF 2<sup>nd</sup> APPLICANT

.....  
SIGNATURE OF 3<sup>rd</sup> APPLICANT