



राजे विक्रमसिंह घाटगे को-ऑप. बँक लि., कागल

मुख्य कार्यालय : ८३६/८३७, मेन रोड, कागल, जि. कोल्हापूर - ४१६ २१६
फोन : ०२३२५-२४५०५५, २४३४९२. ■ Email : kagalcoopbank@gmail.co



मेव्हिंग/चालू खाते उघडणेसाठीचा (वैयक्तिक/फर्म/ट्रस्ट/कंपनी/सोसायटी/HUF/) अर्ज

तारीख : शाखा :
ग्राहक क्र. : खाते क्र. :

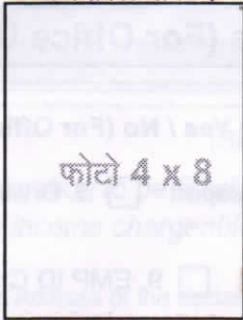
मा. शाखाधिकारी

कृपया खाली दिलेल्या माहितीप्रमाणे माझे खाते उघडणेत यावे ही विनंती.

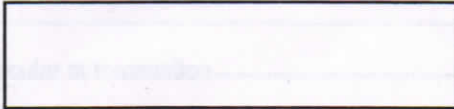
अर्जदार क्रमांक १ आडनाव नांव वडीलांचे / पतीचे नांव
(मराठी) :
(English)

अर्जदार क्रमांक २ आडनाव नांव वडीलांचे / पतीचे नांव
(मराठी) :
(English)

अर्जदार क्रमांक १

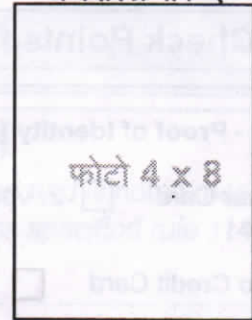


फोटो 4 x 8



सन्तुषा सही

अर्जदार क्रमांक २



फोटो 4 x 8



सन्तुषा सही

पत्ता	कायमचा पत्ता	सध्याचा पत्ता
सि.स.नं./अपार्टमेंट/सोसा.नं.		
मार्ग नांव/क्रमांक		
मु. पो. व तालुका		
जिल्हा/पिनकोड		
राज्य/देश		

व्यवहार करण्याच्या सूचना स्वतः कोणाही एकाचे सहीने दोहोपैकी एकाचे सहीने संयुक्त सहीने
 उत्तरजीवीच्या सहीने हिंदू अविभक्त कुटूंब कर्ता (H.U.F. Karta) पालन कर्ता

दूरध्वनी क्रमांक निवास : कार्यालय :
मोबाईल : फॅक्स नं. :
ई-मेल :

जन्म तारीख : वय :
पॅन क्रमांक : आधार क्र. :

(आवश्यक त्या ठिकाणी योग्य त्या कारणवर (✓) अशी खूण करावी.)

पत्ता	१. ग्राहकाने भरावयाची माहिती			
वडिलांचे / आईचे				
पतीचे / पत्नीचे नांव				
खातेदारांचा व्यवसाय	<input type="checkbox"/> शेती	<input type="checkbox"/> नोकरदार	<input type="checkbox"/> व्यवसाय	
	<input type="checkbox"/> विद्यार्थी	<input type="checkbox"/> गृहिण	<input type="checkbox"/> सेवानिवृत्त	<input type="checkbox"/> इतर _____
शैक्षणिक माहिती	<input type="checkbox"/> १० वी/१२ वी	<input type="checkbox"/> पदवीधर	<input type="checkbox"/> पदव्युत्तर	
धर्म	<input type="checkbox"/> हिंदू <input type="checkbox"/> मुस्लीम	<input type="checkbox"/> शीख <input type="checkbox"/> ख्रिश्चन	<input type="checkbox"/> बौद्ध <input type="checkbox"/> जैन	<input type="checkbox"/> इतर _____
जात	<input type="checkbox"/> सर्वसाधारण	<input type="checkbox"/> इतर मागास	<input type="checkbox"/> अनु. जाती	<input type="checkbox"/> अनु. जमाती
	<input type="checkbox"/> भटक्या जमाती	<input type="checkbox"/> विमुक्त जाती	<input type="checkbox"/> विशेष मागासवर्गीय	<input type="checkbox"/> इतर _____
लिंग	<input type="checkbox"/> पुरुष	<input type="checkbox"/> स्त्री	<input type="checkbox"/> इतर _____	
वैवाहिक स्थिती	<input type="checkbox"/> विवाहित	<input type="checkbox"/> अविवाहित	<input type="checkbox"/> घटस्फोटीत	<input type="checkbox"/> विधवा इतर _____
बँकेच्या इतर शाखेत	<input type="checkbox"/> आहे	<input type="checkbox"/> नाही	असल्यास तपशील : शाखा _____	
खाते आहे का ?	खाते क्रमांक <input type="text"/>			खाते प्रकार : _____

2 Check Points for compliance of KYC Details (For Office Use)

List A - Proof of Identity (Any one - Tick the document obtained) Yes / No (For Office Use)

1. Aadhar Card 2. Voters ID Card 3. PAN Card 4. Passport 5. Driving License
 6. Photo Credit Card 9. EMP ID Crad
 10. Any other Proof (Specify)

List B - Proof of Address (Any one - Tick the document obtained) Yes / No (For Office Use)

1. Aadhar Card 2. Passport 3. Voters ID Card 4. Latest Utility Bill
 5. Driving License 6. Rent/Lease Deed 7. Credit Card Stt.
 8. Ration Crad 9. Bank A/c..Stt. 10. Employees letter with address
 11. Letter from Public Authority with Address 12. Any other - Specify

रक्त गट A +ve A -ve B +ve B -ve O +ve O -ve AB +ve AB -ve

सभासद प्रकार अ वर्ग सभासद नं. नाममात्र सभासद

३. ओळख देणाऱ्याची माहिती

ओळख देणाऱ्याचे नांव
आडनांव	नांव
पत्ता	वडीलांचे/पतीचे नांव
शाखेचे नांव	खाते प्रकार
खाते क्रमांक
फोन क्रमांक	मोबाईल नं.
व्यवसाय
इतर ओळख देणाऱ्याचे नांव
व पत्ता
फोन क्रमांक	मोबाईल नं.
ओळख देणाऱ्याची सही	

४. ग्राहकाबद्दल इतर माहिती

वार्षिक उत्पन्न	<input type="checkbox"/> रु. ५०,००० पर्यंत <input type="checkbox"/> रु. ५०,००० ते १ लाख <input type="checkbox"/> रु. १ लाख ते ५ लाख <input type="checkbox"/> रु. ५ लाखाचे वर
स्वतः ची वाहने	<input type="checkbox"/> दुचाकी <input type="checkbox"/> चार चाकी <input type="checkbox"/> इतर
Declaration of ATM	I/We declared that the above information is correct and I/We have read and hereby accept the ATM CARD terms and conditions and to the amendments there of. I/We hereby request the bank issue me an ATM CARD as requested and authorise the Bank to debit my/our above mentioned Account for all withdrawals to be made using the card and also to recover the banks charges/fees as applicable from time to time. ATM Card Required <input type="checkbox"/> YES <input type="checkbox"/> NO

५. नामनिर्देशित व्यक्ती (Nominee)

बँक ठेवीकरिता बँकींग रेग्युलेशन अक्ट, १९४९ चे कलम ५४ व कलम ४५ झेड ए, तसेच को-ऑपरेटिव्ह बँकेचे (नामनिर्देशन) नियम १९८५ चे कलम २ (१) नुसार नामनिर्देशन मी/आम्ही माझ्या/आमच्या/अज्ञान व्यक्तीच्या मृत्यूनंतर ठेवीची रक्कम मिळण्यासाठी खालील व्यक्तीचे नामनिर्देशन करत आहे.

नाव पत्ता

..... ठेवीदारांशी असलेले नाते वय : वर्षे

नामनिर्देशित व्यक्ती अज्ञान असल्यास त्याची/तिची जन्म तारीख :

नामनिर्देशित व्यक्ती आज मितीस अज्ञान असल्यामुळे तो/ती सज्ञान होईपर्यंत माझ्या/आमच्या/अज्ञानाच्या मृत्यूनंतर नामनिर्देशित व्यक्तीच्या वतीने ठेवीची रक्कम मिळण्याकरिता मी.आम्ही

श्री./श्रीमती/कु. (नांव)

पत्ता :

वय : यांची नेमणूक करित आहोत.

* अज्ञान व्यक्तीच्या नावाने ठेव ठेवल्यास, अज्ञान व्यक्तीच्या वतीने व्यवहार करण्याचे कायदेशीर अधिकार असल्याचे व्यक्तीने नामनिर्देशन अर्जावर स्वाक्षरी करणे आवश्यक आहे. * नामनिर्देशित व्यक्ती अज्ञान नसल्यास खोडून टाकावे.

अशिक्षित करिता अर्ज वाचून दाखवणे	सदरच्या अर्जावर अर्जदार यांनी संपूर्ण अर्ज वाचून घेवून आणि त्यांच्या भाषेमध्ये समजून घेवून त्यानंतर वर नमूद तारखेस आपल्या सहा/दस्तूर केलेल्या आहेत.
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* रिझर्व बँकेच्या वेळोवेळी निघणाऱ्या आदेशानुसार अथवा बँकेने वेळोवेळी बदललेल्या नियमानुसार व्याजदर व इतर बदल खातेदारावर बंधनकारक राहतील.

.....
ठेवीदाराची स्वाक्षरी

6. DECLARATION

I/We declare and confirm that:

1. I/We have read the rules of the Bank and agree to abide by the same. I/we agree to inform the Bank Whenever any change occurs in my/our address/ constitution/Partnership/Articles and/ or Memorandum of Association. 2. I/We agree to maintain a minimum monthly average balance as per rules in our SB/CD a/c failing which the Bank may debit the charges as per rules 3. I/we confirm that to the best of my/our knowledge and belief the above information is correct. I/we Will indemnify you against any loss or damage you may suffer should any of the information prove to be incorrect. 4. Please issue cheque book containing _____ leaves.

I/We may have occasion from time to time to hand over to you for collection or negotiation or negotiation cheques, Drafts or bills of Exchange (with or without documents attached) and I/We hereby agree to you forwarding the same to you agents for the time being for collection or negotiation. In the event of your having no independent collecting agent at any center, I/We hereby authorise you to send cheques by mail directly to the drawee bank itself. I/We hold you harmless, free from responsibility and indemnified for any loss suffered by you in handling this business due to any cause whatsoever including delay in transit, presentation, payment or default by your agent and also from any misdelivery, non delivery or loss of documents in transit or at the destinations on account of any fault or neglect or for any reason whatsoever on the part of postal authority and/or agents employed by you for this purpose.

In addition to your ordinary as holders of such cheques, drafts or Bill of Exchange, you are authorised to accept in payment thereof banker's cheques payable at your station or other places and in the event of such cheques not being paid on presentation to debit the amount to our account with all charges incurred thereon, I/we confirm that you can present bill and receive the amount in respect at our entire risk and responsibility.

I/we also declare and confirm that I/we are not enjoying any credit facility With any other bank/financial Institution or any other branch of your Bank except the credit facilities declared and detailed in this application and I/we undertake to inform you, in writing, as soon as any other credi facility/facilities is/are availed of by me/us from any bank/financial institution/any other branch of your Bank.

I/we hereby declare that the above information is true and correct. I/we clearly understand that all the operations effects through my/our own ATM card at any of the ATM'S installed by RAJE VIKRAMSINH GHATGE CO-OP. BANK LTD., KAGAL and/or installed by other bank and permitted to be used by ATM card holders of RAJE VIKRAMSINH GHATGE CO-OP. BANK LTD., KAGAL are binding on me/us. I/we have read and understood the terms and conditions governing the network operation of ATM Card and I/we have agreed to terms/conditions as may be stipulated by RAJE VIKRAMSINH GHATGE CO-OP. BANK LTD., KAGAL from time to lime.

I/we understand and undertake that the usage of the ATM card shall be strictly in accordance with the Exchange Control Regulation and in the event of any failure to do so, I/we will be liable for action under foreign Exchange Management Act 1999, and the amendents thereof stipulated by the Reserve Bank of India. I/we understand that the bank may at its absolute discretion, discontinue any of the Service completely or partially without any notice to me/us. I/we agree that the bank my debit my account for service charges as applicable from the time to time. I/we accept full responsibility for my/our debit card and agree not to make any claims against RAJE VIKRAMSINH GHATGE COOP BANK LTD., KAGAL in respect thereto.

I/we understand, Information furnished herein above is true and authentic to the best of my knowledge.

मी/आम्ही या फॉर्ममध्ये भरलेली माहिती मातृभाषेमध्ये समजावून घेवून
मान्य असलेले फॉर्मवर आज मी/आम्ही फॉर्मवर आज रोजी सहाय्य केल्या आहेत.

ठेवीदार / ठेवीदारांच्या सहाय्य

1.
2.
3.

7. FOR BANKS USE ONLY (KYC Certification and Order for creation of customer ID)

Customer Risk Category : LOW / MEDIUM / HIGH

(A) I _____ Employee Code _____ met the applicant in person and hereby confirm that the true copies of following documents in support of identity and address of applicant have been verified by me from the originals and kept on record, the applicant has filld in this ID form in my presence.

1. Name and identification number of document in support of identity _____

2. Name and identification number of document in support of address _____

Date : _____

Enroll customer ID

(B) Introducer's signature verified & found correct. I have verified all the relevant Documents and Account Holder have Signed before me. Applicants and introducer have signed in my presence letter of confirmation of introduction

Ref. No. _____ Date _____ Sent & confirmation received on _____

signature of letter verified. Particulars of Form DA1 (if received) entered in Noination Register

Sr.No. _____ Date : _____

DATE :

CLERK

OFFICER

BRANCH MANAGER

FORM No. 60

(See 3rd Proviso to rule 114B)

Form of Declaration to be filled By a Person who does not have a Permanent account number and who enters into any transaction Specified in rule 114B

1. Full Name and Address of the declarant
2. Particular of transaction
3. Amount of the transaction
4. Are you assessed to tax? Yes No
5. If yes.(I) Details of Ward/Circle/Range Where the Last return to income was filled?.....

(II) Reason for not having Permanent account number/General Index Register Number?

6. Details of the document being Produced in Support of address In column (1)

Date :

Place :

.....
Signature of the declarant

OR

FORM No. 61

(See Proviso to clause (a) of rule 114C (1))

Form of Declaration to be filled By a Person who has agricultural income and is not in receipt of any other income chargeable to income-tax in respect of transactions specified rule 114B

1. Full Name and Address of the declarant.....
2. Particular of transaction
3. Details of documents being produced in support of address in column (1) Yes No

I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income if any

Date :

Place :

.....
Signature of the declarant

VERIFICATION (To be filled along with Form 60/61)

I do hereby declare that what is stated above is true to the best of my Knowledge and belief Verified today the

day of Place : Date :

.....
Signature of the declarant