

**SAVINGS ACCOUNT OPENING
APPLICATION FORM**





SAVINGS ACCOUNT OPENING APPLICATION FORM

Date : _____

To,
 The Manager
 Aishwarya Mutually Aided Co-operative Credit Society Ltd.
 Branch

Place : _____

Membership No. : _____

SB Account No. : _____

Dear Sir,

I/We, _____
 hereby request you to open a Savings Account in my/our names with your society.

I/We hereby submit to you the following details for opening a Savings Account with you.

1st A/c Holder

Full Name : _____

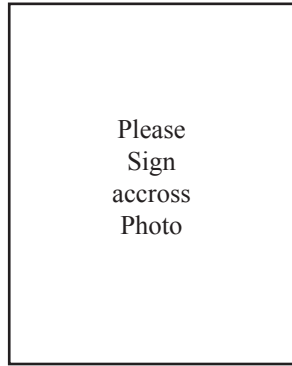
S/o. D/o. W/o. : _____

Date of Birth : _____

PAN No. : _____

Occupation : _____

Address : _____



Signature : _____

2nd A/c Holder

Full Name : _____

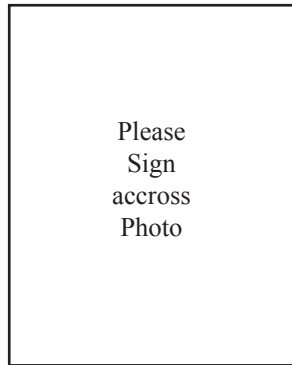
S/o. D/o. W/o. : _____

Date of Birth : _____

PAN No. : _____

Occupation : _____

Address : _____



Signature : _____

3rd A/c Holder

Full Name : _____

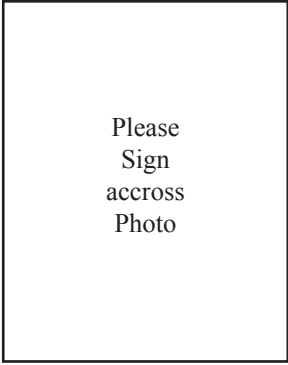
S/o. D/o. W/o. : _____

Date of Birth : _____

PAN No. : _____

Occupation : _____

Address : _____



Signature : _____

4th A/c Holder

Full Name : _____

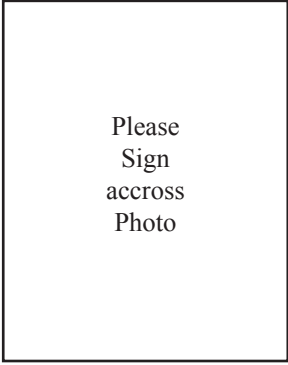
S/o. D/o. W/o. : _____

Date of Birth : _____

PAN No. : _____

Occupation : _____

Address : _____



Signature : _____

Mode of Operation :

Singly Jointly Either or Survivor _____

Nomination :

I/We hereby nominate Mr./Ms. _____

residing at _____

relationship _____ Aged _____ DOB _____

to my/our Savings A/c. No. _____ to receive the balance proceeds on my/our expiry.

As nominee is minor on this date, I appoint Mr./Ms. _____ Age _____

Relationship _____, to receive aforesaid balance proceeds on behalf of the nominee.

Signature (s) of Applicant _____

Witness name & Signature : _____

Declaration :

I/We hereby agree and confirm that the above furnished details are correct and bonafide. I/We agree to be jointly and severally liable to the society in the event of account going into debit. I/We authorise you to debit such account with all cheques purporting to be drawn thereon untill receipt of notice to contrary. I/We declare myself/ourselves liable on all such cheques and agree to comply with and to be bound by your society rules for the time being for conduct of such account. I/We understand that the society may at its sole discretion discontinue any of its services completely or partially without any notice to me/us. I/We understood the society's schedule of charges and agree that the society may debit my/our account for necessary charges or such other charges as applicable from time to time. I/We hereby certify that the KYC documents submitted for account opening are genuine and bonafide and if found invalid or fraudulent lateron I shall make good all the losses arising to the society.

	1st A/c Holder	2nd A/c Holder	3rd A/c Holder	4th A/c Holder
Signature	_____	_____	_____	_____
Name	_____	_____	_____	_____

Introduction :

I certify that I have known _____

Since last _____ Months / Years and confirm the personal details furnished above are correct. I also attest the signatures of the proposed a/c holders.

Name _____ A/c. No. _____ Signature _____

KYC Documents Submitted :

1st A/c Holder : _____	Memb. No. : _____
I.D. Proof : _____	Ref. No. : _____
Address Proof : _____	Ref. No. : _____
2nd A/c Holder : _____	Memb. No. : _____
I.D. Proof : _____	Ref. No. : _____
Address Proof : _____	Ref. No. : _____
3rd A/c Holder : _____	Memb. No. : _____
I.D. Proof : _____	Ref. No. : _____
Address Proof : _____	Ref. No. : _____
4th A/c Holder : _____	Memb. No. : _____
I.D. Proof : _____	Ref. No. : _____
Address Proof : _____	Ref. No. : _____

For Office Use : _____

I confirm having met the customer and verified the original KYC documents with proofs. A/c sourced with correct details.

I confirm having done the due diligence. A/c details and KYC documents verified with originals and found correct.

Emp. Name : _____

Emp. Name : _____

Emp. Sign. : _____

Emp. Sign. : _____

Emp. Code : _____

Emp. Code : _____