



GAYATRI BANK

The Gayatri Co-Operative Urban Bank Ltd.,

GCUB FR NO. 1001

ACCOUNT OPENING FORM

ACCOUNT TYPE

ACCOUNT NO.

To,
The Branch Manager, _____ Branch.

Please open Gayatri Nirbhaya Saving Bank/ Saving Vidyarthi/ No-Frill/ Gayatri Pariwar/ Current/ _____ Account in the under mentioned Name (s) in books of the Bank for credit of which I/We have deposited with you Rs. _____

Account Title

Constitution : Individual Joint Sole Proprietorship Partnership firm Public Ltd.,
 HUF Trusts / Clubs Society Private Ltd.

1) CID No. Aadhaar No. Fill in BLOCK letters

Full Name

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

Date of Birth Age Years, Occupation

Nationality: Indian / NRE, Sex : Male / Female Mother's Maiden Name

PAN / GIR No. OR Form 60 Form 61

Proof of identity: Adhar Card Driving Licence Passport Voter ID Card PAN Card

Govt./ Defence ID Card Letter form recognized public authority/ public servant
Confirming Identity by attesting the photograph(s) of applicants Card issued by reputed employer Other (Specify)

IDENTITY PROOF
1) Adhar Card 2) Passport
3) Voter ID Card 4) PAN Card
5) Govt./ Defence ID Card
6) ID Card issued by reputed employer
7) Driving Licence
8) Letter form recognized public authority/ public servant
Confirming Identity by attesting the photograph(s) of applicants

SPECIMEN SIGNATURE

2) CID No. Aadhaar No.

Full Name

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

Date of Birth Age Years, Occupation

Nationality: Indian / NRE, Sex : Male / Female Mother's Maiden Name

PAN / GIR No. OR Form 60 Form 61

Proof of identity: Adhar Card Driving Licence Passport Voter ID Card PAN Card

Govt./ Defence ID Card Letter form recognized public authority/ public servant
Confirming Identity by attesting the photograph(s) of applicants ID Card issued by reputed employer Other (Specify)

ADDRESS PROOF
1) Credit Card Statement
2) IT Assessment order
3) Electricity bill in the same name (or) with rent letter
4) Telephone Bill
5) Letter from reputed employer (or) Public Authority
6) Ration Card
7) Aadhaar Card

SPECIMEN SIGNATURE

PRESENT RESIDENTIAL ADDRESS	PERMANENT ADDRESS	PROOF OF ADDRESS
H.No. <input type="text"/>	H.No. <input type="text"/>	<input type="checkbox"/> Credit Card Statement
Street : <input type="text"/>	Street : <input type="text"/>	<input type="checkbox"/> IT assessment order
Town/ Village : <input type="text"/>	Town/ Village : <input type="text"/>	<input type="checkbox"/> Electricity bill in the same name (or) with rent letter
Mandal : <input type="text"/>	Mandal : <input type="text"/>	<input type="checkbox"/> Telephone bill
PIN : <input type="text"/>	PIN : <input type="text"/>	<input type="checkbox"/> Letter from reputed employer/ public authority
District & State <input type="text"/>	District & State <input type="text"/>	<input type="checkbox"/> Ration Card
Phone No. <input type="text"/>	Phone No. <input type="text"/>	<input type="checkbox"/> Aadhaar Card

3) a) Mode of Operation : Singly Jointly E or S Former or Survivor Later or Survivor Any one No. 1 with any Other (Specify) Mandate holder / GPA holder (Should Obtained Personal Information Letter cum Customer Due Degenes from Mandate holder/GPA holder)

b) Mode of Operation : For Minor's A/c's : By the Guardian/ By the minor for special Minor A/c(s) (above 12 yrs age)

4) Purpose of Account Opening : _____ 5) Nature of business (for Current Account) _____

6) Facilities Required: Cheque Book ATM/ Debit Card SMS Alerts to Phone No.

Mobile Banking/IMPS Aadhar Payment System

Nomination Required : YES / NO, If Yes..

a) I/We _____ nominate the under mentioned person as my/our nominee under section 45 ZA of the banking regulation Act 1949 and rule 2(1) of the banking companies (nomination) rules 1985 to receive the amount of deposit as mentioned below, which may be returned by The Gayatri Co-Operative Urban Bank Ltd., Branch: _____ in the event of my/our death.

Name : _____ **Age :** _____ (if Nominee is minor) **Date of Birth :** _____

Address : _____ **Relationship :** _____

b) As the nominee is a minor on this date I/We appoint _____

(name, address & Age) to receive the amount of the deposit on behalf of the nominee, in the event of my/our death if the nominee still remains as a minor at that time

c) Witness : (In Case of Illiterate Customer)

Name & Address : _____ **Signature**

For CURRENT ACCOUNT :

Name of the Authorised Signatories	M / F	Custome ID
1) _____	M / F	_____
2) _____	M / F	_____
3) _____	M / F	_____
4) _____	M / F	_____

Documents : Firm Registration Certificate from Competant Authority Proprietorship Letter Partnership Letter/deed Board Resolution Partnership Deed Memorandum & Articles of Association Any other (Specify) _____

Operative Instructions : As per Resolution As per Partnership Deed As per Details Mentioned.

- I/We declare that I/We am/are not enjoying any credit facility with any other bank and I/We undertake to inform you, in writing as soon as any credit facility is availed of by me/us from any other bank.
- I/We declare that I/We am/are enjoying credit facilities (both fund based and non-fund based) with other bank(s) as per details given here under.

Bank Name	Type of Facility	Bank Name	Type of Facility
1 _____	_____	2 _____	_____

DECLARATION :

I/We hereby declare that the information given above is true and correct to the best of my/our knowledge. I/We further declare that I/We accept the terms and conditions of the deposit scheme, facilities/services which are provided to me/us. I/We agree that the terms and conditions may be modified by the bank from time to time, which will be binding on me/us for conduct of the account. And I/We agree that the Bank may debit my/our account for insurance charges / any other charges as applicable from time to time.

Place :

Date :

1) _____ 2) _____

Signature(s) / Thumb Impression of the Applicant(s)

Please fill in for **HUF :**

As our HUF firm wishes to open an account with your bank in the said name : _____. We beg to say that the first signatory to this letter, i.e. _____ is the Karta of the Joint family and other signatories are the adult Co-parceners of the same family.

We further confirm that, the business of the said joint family is carried on mainly by the said kartha as also by the other signatories hereto in the Interest and for the benefit of the entire body co-parceners o the joint family. We all undertake that claims due to the bank from the said family shall be recoverable personally from all or any of us and also for the entire family properties of which the first signatory is the Karta, including the share of minor co-parceners.

In view of the fact that ours is not a firm governed by the Indian Partnership Act of 1952, we have not our said firm registered under the said act.

We hereby undertake to inform the bank of the death or birth of a co-parceners of any change occuring at any time in the membership of our joint family during the currency of the account.

Name & Signature of Karta

1) _____ Sd/- _____

Name & Signature of Adult Co-Parceners :

1) _____ Sd/- _____

2) _____ Sd/- _____

3) _____ Sd/- _____

4) _____ Sd/- _____

Name & Date of Birth of Minor Co-Parceners

1) _____ DOB _____

2) _____ DOB _____

3) _____ DOB _____

Please fill in for **PARTNERSHIP FIRM :**

Re: Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under : We, the undersigned are the only partners in the firm and are jointly responsible for liabilities thereof. We shall advice you in writing of any change that takes place in the partnership and, all the present partners will be liable to you on any 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.

Name of the Partners & Signatures :

1) _____ Sd/- _____

2) _____ Sd/- _____

3) _____ Sd/- _____

4) _____ Sd/- _____

5) _____ Sd/- _____

Please fill in for **A SOLE PROPRIETORSHIP ACCOUNT :**

Re: Opening of a new account in the name of _____

We refer to the captioned account opened by you and declare as under : 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 takes place in the constitution of the firm and I will be liable to you for any obligation which may be standing in the firm's name in your books on the date of the receipt of such notice and untill all such obligations shall have been Liquidated.

Yours faithfully

Name

Signature

INTRODUCTION : (by an existing The Gayatri Co-Op. Urban Bank Account Holder)

Name of the introducer: _____ A/c. No. _____ Operative since _____

I certify that I have known Mr./Mrs./Miss _____ due to my acquaintance as a Relative Spouse Friend Office Colleague Other Specify _____ for the last _____ years and confirm his/her/their occupation and Address stated in his/her/their application to open the account.

Signature of Introducer _____

Signature Verified by E.No. of Bank Official _____

CUSTOMER IDENTIFICATION PROCEDURE : A or B or C

The form is filled in completely Signature / Thumb Impression is affixed in my presence., I have verified the Form and the copies of Documentary Proof for identity and Present Address with relative originals. I have also verified the copy of PAN CARD / Passport wherever submitted. I have certified all document copies as VERIFIED and TRUE COPY.

- A) If the applicant(s) is / are already a customer of the branch (and has / have been subject to full KYC procedure) Please give account number SB/ CA _____
- B) Specified documents obtained / verified to ascertain the identity & proof of Current residential address of applicant(s) and held on record.
- C) Introduction as above is accepted for Customer identification since the customer is, for the reason mentioned below, unable to submit prescribed Documentary Proof for identity and Present Residential Address : (Customer Identification through introduction is permissible in exceptional cases only and the introducer should satisfy all requirements as per the guidelines in force.) Reason for the customer failing to submit Documentary Proof for identity and Address : _____

The Introducer Visited the Branch () / Not Visited the Branch ()

Verifying Officer with Staff ID No. _____

INTERVIEW OF CUSTOMER DUE DILIGENCE

Mandatory :

Full Name : _____ Father's / Husband's Name _____

Educational Qualifications : _____ Date of Birth :

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Occupation : _____ Telephone No. _____ Office : _____

Mobile Number :

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 E - Mail ID : _____

Full Address : _____

Source of Income : _____ Monthly Income : _____ Annual Turn Over : _____

Details of Existing Credit Facilities :

a) Availed From : _____ Nature : _____ Liability : _____

b) Availed From : _____ Nature : _____ Liability : _____

Total (Aproximate) value of Assets : _____

OPTIONAL : Marital Status : Married Single

Category : Gen SC ST OBC Minority (Specify) _____ (for Statistical Purpose only)

Name & Address of the Employer : _____

a) Source of Income : _____ b) Anticipated level / Nature of Activity : _____

Family Members : Adults : Males _____ Females _____ **Minors :** Males _____ Females _____

Relatives Settled at Abroad :

i) Name : _____ Address : _____

ii) Name : _____ Address : _____

Dealings with Other Banks :

Bank : _____ Branch : _____ Type of Account / Facilities : _____

Dealing with our Bank :

Branch : _____ CID No. _____ Type of Account / Facilities : _____

Photo Identity Type : _____ Number : _____

Address Proof Type : _____ Dated : _____

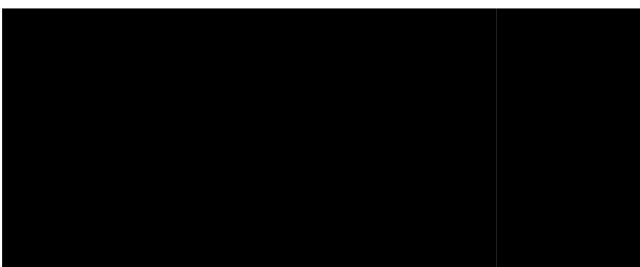
Introducer Name : _____ A/c No. : _____

I Hereby certify that the information provided above is True and Correct to the best of my knowledge.

Place :

Date :

Signature(s) / Thumb Impression of customer



Note : to be obtained seperately from each account holder in case of Joint account

Declaration FORM No. 60/61

Form of declaration to be filled by a person who does not have either a PAN of GIR and who makes payment in cash in respect of transaction specified in clause (a) to (k) of I.T. rule 114B

- 1) Full Name and Address of declarant :
- 2) Particulars of Transaction :
- 3) Amount of the Transaction :
- 4) Are you an Income Tax Assessee? :
- 5) If yes (i) Details of ward/circle where the last return of income filed :
(ii) Reasons for not having PAN / GIR
- 6) Details of the Document being produced in support of address in column (1) :

BEING AGRICUTURIST/INCOME BEING NOT CHARGEABLE TO IT

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)

I _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date :

Place :

Signature of Declarant

FOR OFFICE USE ONLY
(Decision of Authorised Officer)

Recommended to Accept as Customer

1) The Applicant(s) is / are identified as per KYC-AML Guidelines. 2) Risk Categorization for the Customer(s) : **Low** () **Medium** () **High** ()

Recommended to Reject the Application (Reasons)

1) Identity is not established beyond doubt () 2) Documentary Proof of Identity submitted is not satisfactory () 3) Required Documentary proof of Residential Address / Identity not submitted () 4) Activity of the Applicant(s) is not clearly explained () 5) Sources of Income not Clearly Explained.

Decision of Branch Head / Manager :

- 1) Open the Account
- 2) (If the application is recommended for rejection)
Return original forms and Documents to the applicant keeping copies there of for future reference.

Signature of Branch Manager / Branch Head

Action Taken :

Account is Opened on (Date) _____ Account No. _____ Specimen Signature(s) & Photo(s) of the applicants / Authorised Signatory are scanned and linked to the operative account.
Thanks giving letter is/are sent in duplicate as per guidlines.

Signature of the Staff who opened the account and scanned & linked the specimen Signature(s)

Signature of the Officer who authorised the account opening and specimen Signature scanning

Action Taken for Other Facilities:

Signature, Mode of operation verified. KYC complied. Above mobile number, Aadhaar Number, PAN Number are linked to Customer, The applicant is permitted to avail following services. Aadhaar Payment Services RuPay Debit Card Gayatri Mobile Banking Services Gayatri SMS Alerts.

Office Sign

Emp Code:.....

Office Sign

Emp Code:.....

Manager

Emp Code:.....