

Occupation Salaried Self Employed Retired Student House Wife Others (Specify) _____

Education Non Matric Undergraduate Grad./Post Grad. Gen (B.Sc. M.Com. etc.) Grad./Post Grad. Professional (BE,MBA,MBBS,CA etc.)

If Salaried, employed with Public Ltd. Co. Pvt. Ltd.Co. Govt. Sector Multinational Institution

Designation Clerk, Officer Junior Mgmt. Middle Mgmt. Senior Mgmt.

If Self Employed Professional CA Engineer Doctor Proprietorship Partnership

Annual Income(₹) NIL 1.00-60000.00 60000.01-120000.00 120000.00-600000.00 600000.01-1200000.00 >1200000.01

Permanent Address of 2nd Applicant (Guardian details in case of Minor A/c)

FLAT/BLDG.NO.

ROAD LANDMARK

CITY STATE COUNTRY I N D I A PIN CODE

NATIONALITY I N D I A N RELIGION CASTE : SC/ST/OBC/GENERAL _____

Membership No. No. of Shares Tel. No.
(with STD Code)

Mobile Number E-mail Address (e.g.rkpatil@gmail.com)

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D) IF YOU ARE OPENING TERM DEPOSIT ACCOUNT (Tick ✓ whichever is applicable)

Fixed Deposit RANJIT VIKAS PATRA Recurring Deposit (With interest without interest)

Amount _____ Tenure : _____ Years _____ Months _____ Days. Rate of Interest : _____

Payment of interest amount : Monthly Quarterly Half yearly Yearly On Maturity

By transfer to my/our account no. _____ with Arvind Sahakari Bank _____ branch.

Pay by pay order favouring _____ Bank _____ branch (Ac _____)

By ECS Bank _____ Branch _____ IFSC Code _____

MICR Code _____ Account No. : _____

TDS - To be deducted Yes No. Membership No. 15G/15H Submitted Yes No.

PAYMENT DETAILS Nominal or Regular

Cash Rs. _____ Transfer from account no. _____ With Arvind Sahakari Bank _____ branch

Cheque no. _____ drawn on _____ Bank, _____ Branch

dated _____ for Rs. _____

The cheque should be crossed A/c payee and drawn payable to Arvind Sahakari Bank A/c. _____ (Customer Name)*

I/We authorized Arvind Sahakari Bank to set standing instruction on my/our/A/c No. _____ for Recurring Deposit.

E) MINOR DECLARATION

Type of Guardian: Father Mother Court Appointed

Full Name of Guardian Mr. Ms.

I hereby declare that the date of birth of the minor who is my Son/Daughter Master/ Baby _____ is ___/___/_____ and I am his / her natural and lawful guardian / guardian appointed by court order, dated ___/___/_____ (copy enclosed). I shall represent the said minor in all future transaction 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 / transactions made by me in his / her account.

I declare that amounts withdrawn are for the benefit of Minor.

Date :

Signature of Guardian

F) MODE OF OPERATION*

Self Either of survivor Former or survivor Anyone or survivor Jointly by all
 Minor Operated by Self Minor A/c. Operated by Guardian Others _____

G) DEBIT CARD DETAIL

(Mobile No. Mandatory)

Card Required Y N Name as desired on Rupay Debit Card
 1st Applicant

Type of Rupay Debit Card Rupay Domestic (Chip) International Card (Chip)

(For second applicant kindly fill separate e-services form.)

H) CHANNEL FACILITY*

Cheque Book Required Y N Pass book Required Y N

| | 1 st Applicant | 2 nd Applicant | 3 rd Applicant | 4 th Applicant | | 1 st Applicant | 2 nd Applicant | 3 rd Applicant | 4 th Applicant |
|-----------|---|---|---|---|-----------|---|---|---|---|
| Banc@Cell | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | Banc@Cell | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Banc@Ease | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

TPFT (with Arvind Sahakari Banks) TPFT (with other Banks) (Third Party Fund Transfer)

I) For Salary Account

A) Letter from Employer verifying identity and permanent address OR

B) Introduction by a designated Company Official with full KYC

Employee Code Company Name:

Company Account No.:

(Any one of the following)

Signature with Company Seal

J) INTRODUCTION DETAILS Arvind Sahakari Bank Customer (Introducer's) Name

NAME :

ACCOUNT NO.:

BRANCH NAME:

I confirm that I am an account holder with Arvind Sahakari Bank Limited since _____ I confirm that I personally know the applicant/s detailed above for _____ month/year and confirm his/her identity, occupation and address.

Date : _____

Signature: _____

For Bank Use

Signature Verified : Yes Emp Code : Signature of the Officer _____
with Stamp

Date of A/c. Opened:

K) INITIAL DEPOSIT DETAILS

Payment by Cash/Deposit Amount ₹

Cheque Transfer Cheque No. Date :

Drawn on _____ Bank _____ Branch

Cheque to be filled up in case of initial payment by way of cheque or Transfer from an existing a/c in our Bank

Debit my / our existing account. Account No. Deposit amount Rs.

The cheque should be crossed A/c payee and drawn payable to "The Arvind Sahakari Bank Ltd. A/c. _____ (Customer Name)"

L) NOMINATION DETAILS (FORM DA1)

 Y N

Nomination under Section 45 ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2 (1) of the Co-operative Banks (Nomination) Rules 1985, in respect of the Bank deposits.

A) If Yes,

I/We (name) _____ (Address) _____

nominate the following person to whom in the event of my/our/mino's death the amount of deposit in the above account, may be returned by The Arvind SahakariBank Ltd. _____ Branch.

| Nature of Deposit & Number | Name & Address of Nominee | Relationship with Depositor, if any | Age | Date of Birth |
|----------------------------|---------------------------|-------------------------------------|-----|---------------|
| | | | | |

*As the nominee is a minor on this date, I/We appoint (name) _____

Address: _____

Contact No. _____ Mobile No. _____ Date of Birth _____

to receive the amount of the deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

** where the deposit is made in the name of minor, the nomination should be signed by the person lawfully entitled to act on behalf of the minor.

Nomination Registration No. _____

Place: _____ Date:

Signature _____
1st _____ 2nd _____ 3rd _____ 4th _____

Signature of witness No. 1 _____

Signature of witness No. 2 _____

Name(s) _____

Name(s) _____

Address(es) _____

Address(es) _____

Only thumb impression should be attested by two witness

B) If No.

I/We hereby decline to presently nominate any individual & understand the risks & consequences of my failure to give nomination.

Place: _____ Date:

Signature _____
1st _____ 2nd _____ 3rd _____ 4th _____

F) MODE OF OPERATION*

Self Either or survivor Former or survivor Anyone of survivor Jointly by all
 Minor Operated by self Minor A/c. Operated by Guardian Others

I/We am/are resident of India. Apart from this, the current Schedule of Charges has been received by me and I agree with the same. I agree to maintain Minimum Balance in my account.

Name _____ Name _____ Name _____ Name _____

Please Paste
Passport Size Colour
Photograph here

1st Applicant

Please Paste
Passport Size Colour
Photograph here

2nd Applicant

Please Paste
Passport Size Colour
Photograph here

3rd Applicant

Please Paste
Passport Size Colour
Photograph here

4th Applicant

M) DECLARATION BY THE BRANCH : I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please activated in system. Enclosure Details (This information must be filled-up by the branch before sending AOF for processing)

AML done/UN Terror list / PAN site checked : Y N

For **Arvind Sahakari Bank Ltd.**

Insta Kit issued : Y N

Branch Head/Authorised Signatory
PA/RP Stamp _____

Form

Sign.

PA/RP Stamp

1) Signed in Presence of : _____

2) Signature Authorised by : _____

3) AML/PAN site verified by : _____

Product Declaration obtained Yes

Yes No

N) You may convey promotional information through telephone calls / SMS / e-mail / Letters

Saving Bank - Rules and Regulations.

- The saving bank accounts should be used to route transactions of only non-business/non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such accounts and / or close the accounts.
- Interest on the Savings Bank Deposit is calculated at a rate fixed by RBI from time to time. This interest will be paid at half yearly rests on the daily balance in the account.
- The customer should maintain minimum Balance as may be required from time to time in the account and communicated at the time of opening of the account. Changes in the bank/services charges or minimum balance requirements are displayed on the notice board of the branches and on the website. The non-maintenance of the adequate balances shall automatically entitle the Bank to levy the charges for non-maintenance of the balance. In such an event, the Bank shall have first right to set-off any available t that may be available in the account including from amounts flowing into the said account from the collection proceeds or any deposits.
Notwithstanding the above. If the Bank is of the opinion that if the customer does not maintain the average quarterly balance and / or if the account remains a Zero balance account and/or the overall conduct of the account is not satisfactory, the Bank shall have a right to close the account by issuing fifteen days notice. In the event, if the said account is funded within fifteen days period the Bank may not exercise the said right to closure. If not, the Bank shall close the account without any further notice to the customer.
- If there is no transaction in the account for 2 year the account automatically gets classified as a dormant account whereupon further debit transaction are not permitted in the ordinary course. A request for activation of the account has to be made by the customer.
- Satisfactory conduct of the account entails maintaining stipulated minimum quarterly average balance as well as sufficient balance to honour cheques issued to third parties. If there are high incidences to the contrary., the Bank reserves the right to close the account under intimation to the customer.
- Any special instructions, both financial and non-financial in nature, like Standing Instructions, Stop Payment instructions, Issuance of cheque books, Demand Draft, Pay Orders, request for Hot listing ATM/DEBIT Cards, issuance of duplicate card / PIN must be communicated in writing. Otherwise, if shall not be binding on the Bank to comply with such instructions. Charges as applicable will be leviable to the customer.
- Availing of the Anywhere Branch Banking (ABB) facility and the At Par Cheque facility is contingent upon the limits and service charges stipulated for these facilities.
- Any change of address should be immediately communicated in writing to the Bank along with Address proof. I/We undertake to inform the Bank about any changes in the status of account holder/cocounts or disputes arising between the account holder or in respect of the above account and hereby indemnify the Bank and its officials against any loss or damage suffered or incurred by the Bank by reason of failure by me / us to inform the Bank about any changes/disputes.
- If/We agree to maintain a minimum balance as applicable from time to time in account failing which the Bank may deduct charges as per ratej prescribed in the schedule of charges.
- The bank at its option but at the risk and responsibility of the account holder may.
 - Collect proceeds of the instruments lodged by the account holder from time to time.
 - Appoint an agent/s to collect the proceeds of the instrument lodged by the account holder and as such agent's appointed shall be the agent/s of the account holder to collect such instrument.
 - Recover proceeds of instrument lodged by the account holder by way of bank draft / cheques or any other mandate in lieu of cash,
 - Take action/steps as deemed necessary to have proceeds of the instruments lodged.
 - The Bank is hereby empowered to recover the various charges, if any by debiting the same to the account holder.

*Account will be activated subject to KYC compliance and verification of documents

DECLARATION

I/ WE Confirm that I am/ we are residents of India. I/ we hereby declare that the particulars given above are true and correct. I/We have read and understood the Terms and Conditions and agree to the terms ft conditions governing the opening of an account with Arvind Sahakari Bank Ltd and those related to various services including but not limited to (a) Fixed Deposit (b) Recurring Deposit (c) Ranjit Vikas Patra (d) Rupay Debit Card (e) SMS services. I am/We are bound by the said Terms and conditions including those excluding / limiting the Bank's liability. I/We authorize Arvind Sahakari Bank Ltd to issue me a ATM/DEBIT CHIP Card. I/we declare and state that we will adhere to stipulated norms related to Debit Cards specified by the Bank. I/ We declare and state that the Bank may in its absolute discretion, discontinue any of the services completely or partially without any notice to me/ us. The Bank at its discretion may modify/ vary the terms and conditions without reference to me/ us and I we shall be bound by the same. I we state and declare that the mobile number mentioned in SMS Banking facility section belongs to me. I /we furnished and / or by reason of misuse of the SMS facility etc. I/we state and declare that in case I/we desire to discontinue any facility, I/we shall by a written notice inform the Bank about the same. I/we shall take all precautions to protect my / our account details, so as to avoid any unauthorized use. The Arvind Sahakari Bank Ltd. Shall not be liable for any losses arising from my/our sharing / disclosing Password, Cards Card Numbers or PIN (PERSONAL Identification Number) to anyone, nor shall make claims on the bank for any unauthorized use. I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct. I hereby agree to the bank merging my customer identification number across all my relationship with the Bank so that the Bank shall allot me an Unique Customer Identification Code as mandated by the Reserve Bank of India.

I /we have read and understood the terms and conditions as displayed on the Banks Website (www.arvindbank.com) and detailed in the terms and conditions limited to ATM/Rupay Debit Card/ SMS Banking. I/we accept and agree to be bound by the said terms ft conditions including those excluding /limiting the Bank's agree that the bank may debit my account for the service charges as applicable from time to time.

I/we understand and undertake that the usage of the Debit Card shall be strictly in accordance with the Exchange Control Regulation and in the event of any of India.

For Joint A/c with 'Either or Survivor' or Anyone or Survivor Mode of operation

We have to advise that Arvind Sahakari Bank may pay to anyone of us, any day either before or on due date, on or after due date and where no due date is fixed, on demand, the principal along with interest. Payment to any one of us is discharge to the bank from all of us, until you receive a notice contrary to it from both/all of us. In case of death of any one, amount is to be paid to the survivor(s)

Signature(s) or thumb impression of the 1st Applicant

Signature(s) or thumb impression of the 2nd Applicant

Signature(s) or thumb impression of the 3rd Applicant

Signature(s) or thumb impression of the 4th Applicant

Document Check List of Savings Bank A/c Opening

| Tick | Document | Photo ID | Address Proof |
|------|--|----------|---------------|
| | Valid Passport | ✓ | ✓ |
| | Pan Card | ✓ | |
| | Election/Voter's Card | ✓ | ✓ |
| | Valid Driving License | ✓ | ✓ |
| | Pension Payment Card | ✓ | |
| | Govt. ID Card | ✓ | ✓ |
| | Aadhar Card/ e-Aadhar Card | ✓ | ✓ |
| | Electricity Bill/Telephone Bill (<3 Month) | | ✓ |
| | Bank A/c Statement (From Initial Payment cheque issued) | | ✓ |
| | Registered & Valid Leave and License/ Rent Agreement together with Latest self attested Utility bill copy in the name of the owner of the Flat/Use and positive Address Verification Report/ Police Verification Report. | | ✓ |
| | Municipal Tax / Property Tax Bill (<6 month) | | |
| | Senior Citizen Card Issued by Central/ State Govt. | ✓ | |
| | Pension Payment Card issued by Central / State Govt. | ✓ | |
| | Ration Card containing IRIS scan and photograph/s of holder - (Ration Card without these additional details shall not be accepted as address proof) | ✓ | |
| | Receipt of payment of Life insurance Premium <3 month | | ✓ |
| | Declaration for Address Proof | | |

In case of non availability of any of the above documents, please contact the bank official for a detailed list of acceptable documents.

FORM NO. 60

[See second 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. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes No.
5. If yes, (I) Details of Word/ Circle/Range where the last return of income was filed _____
(II) Reasons for not having Permanent account number. _____
6. Details of the document being produced in support of address in column (1) _____

X
Signature of the declarant

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. Particulars of transaction _____
3. Details of the document 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 : _____

X
Signature of the declarant

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

_____, 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 : _____
*Form 60/ 61 additional copy to be submitted to the branch.

Signature of the declarant

Close relative declaration (To be filled by the applicant if he/ she do not have any address proof)

I hereby confirm that Mr./Ms. (*Applicant Name) _____ who is desirous of opening an account with you Bank is my (*Relationship) _____ He / she is residing with me since _____ (*month) _____ (*year) at *Building Name _____ *City _____
*State _____ *Country _____ * PIN Code _____ *Tel. Number _____

The applicant does not hold a documentary address proof in his/her independent name. Since the applicant is residing with me, the address proof in my name is being provided to the bank for the purpose of address verification. I have no objection towards receiving any correspondence from the bank in the name of applicant at my above mentioned address. I enclose herewith the below.

1. **Self-attested (*Document Name)** _____ **as identity Proof**
 2. **Self-attested (*Document Name)** _____ **as Address Proof**
- _____
Declarant Signature

Name of the Declarant _____ Cust ID (If an existing customer) _____

Signature Mismatch declaration

The signature on the ID Proof/Address/Cheque provided's different from my signature on the Account Opening Form. Please consider the signature on the Account Opening Form as my updated signature in your Bank record.

Old Signature as per documents/ Existing Cust ID _____

New Signature as per account opening form _____

Name Mismatch declaration

The following discrepancy exists in my name as appearing on the ID proof and Address Proof submitted by me for account opening purpose.

| Name as per ID Proof | Name as per Address Proof | Name Mentioned on AOF |
|----------------------|---------------------------|-----------------------|
| | | |

I hereby confirm that both the above documents belong to one and the same person and request you to open the account in my name as mentioned on the Account Opening Form

Account Holder Signature

FOR OFFICE USE : Branch Head approval to process account Opening form with following declarations :

- Close Relative Declaration
- Signature Mismatch Declaration
- Name Mismatch Declaration

Branch Head/Authorised Signatory
P.A. No. _____