



# Ramanagaram Urban Co-operative Bank Limited

AFFIX  
PHOTO  
HERE

Bank

Date:

A/C. No.

## 1. ACCOUNT CHOICE

### ACCOUNTS

☐ Savings

☐ Current

### TERMS DEPOSITS

☐ Fixed

☐ Khushal

☐ Cumulative

☐ RBD

(Any other specify) .....

## 2. CONSTITUTION

☐ Individual

☐ Joint Account

☐ Proprietary

☐ Trust

☐ Associates

☐ Private Ltd. Co

☐ Public Ltd. Co

☐ Partnership

☐ UCB/DCC Bank

☐ Co-op Societies

(Any other specify) .....

PAN No. ....

## 3. DEPOSITS

TERM DEPOSIT

AMOUNT Rs. @ %

Membership No.

In Words .....

Plan Period .....

..... Years ..... Months ..... Days

Occupation

FURTHER RENEWED UPTO

1. .... 2. ....

3. .... 4. ....

5. .... 6. ....

## 4 MINORS

Applicant's Date of Birth ..... DD MM YYYY

Guardian Name .....

Relationship ☐ Mother ☐ Father

(Any other specify) .....

## 5. STANDING INSTRUCTIONS

### FOR TERMS DEPOSITS

☐ RENEW THE TERM DEPOSIT FOR  
IDENTICAL PERIODS ON MATURITY

☐ PAY PERIODICAL INTEREST ON THE DEPOSIT

☐ MONTHLY ☐ QUATERLY

☐ HALF-YEARLY ☐ YEARLY  
TO THE CREDIT OF SB/CA/A/c. No.

OR

BY POST / PO / DEMAND DRAFT FAVOURING

Mr/Mrs/M/s .....

### FOR CUMULATIVE DEPOSIT

Debit my SB Account

No. ....

For credit of my CD Account

No. ....

## 6. NAME

1. Mr/Mrs/M/s .....Age .....

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

Occupation/Nature of Business .....

2. Mr/Mrs/M/s .....Age .....

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

Occupation/Nature of Business .....

3. Mr/Mrs/M/s .....Age .....

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

Occupation/Nature of Business .....

## 7. ADDRESS

1. First Name .....

.....

.....

City ..... Pin Code.....

Phone ..... Mobile.....

E-mail ID ..... Fax .....

2. ....

.....

.....

City ..... Pin Code.....

Phone ..... Mobile .....

E-mail ID ..... Fax .....

## 8. OPERATIONAL INSTRUCTIONS

FOR INDIVIDUALS-DATE OF BIRTH .....

☐ SINGLY

☐ SEVERALLY

☐ JOINTLY

☐ EITHER OR SURVIVOR

(Any other specify) .....

For Firms/companies/Trust .....

As per Partnership Deed Dated .....

As per Resolution Dated .....

Authorised Partners /Directors

DESIGNATION

## 9. KYC DOCUMENTS PROVIDED

	ID Name	ID Number	ID Date
ID Proof			
Address Proof			

## 10. INTRODUCTION (If Applicable)

NAME ..... A/c TYPE: .....

ADDRESS ..... A/c No. ....

CITY ..... PIN ..... Ph: .....

DATE .....

Signature of the Depositor / A/c Holder

1. .... 2. ....

3. .... 4. ....

SIGNATURE OF INTRODUCER

## 11. ACCOUNTS WITH US

I/WE ☐ Do not have any account with RUCB Ltd.

☐ Have the following Accounts with

Ramanagaram Urban Co-operative Bank Ltd.,

1. Name

A/c Type	Number

2. Name

A/c Type	Number

## 12. AUTHORISATION & DECLARATIONS

The bank based on this application from the authorized signatories mentioned under 'Operation', in the absolute discretion and subject to such terms and conditions as the bank may stipulate, make payment/ premature payment of the proceeds of the deposit at the time of closure of the account.

I/We request and authorize you to honor all cheques or other orders drawn by me/us and I/We request you to debit such cheques or other orders, bills of exchange and notes as also amounts of any dishonored bills, notes and cheques to this account, whether the account be for the time being in credit or overdrawn. In case I/We drawn cheques/cash in excess of our credit balance in the account with the bank as and when the necessity arises. I/We undertake to repay the amount overdrawn with interest immediately. The bank is hereby authorized to charge interest on the amount overdrawn as per the rules of the bank in force with or without any advice to me/us. I/We confirm the rules and regulations of the Bank and Reserve Bank of India in force for this scheme have been read by/to me/us and/ I/We agree to abide by the rules and regulations in force and which may be modified from time to time.

12A. I/We ensure to maintain sufficient balance in my/our accounts before issuing of Cheques to parties to avoid penalty under section 138 of Negotiable Instruments Act, failing which the bank shall be at liberty to close the account without further notice.

1. ....

2. ....

3. ....

4. ....

Signature of Depositor (s)

## 13. NOMINATION

NOMINATION FORM DAI (to be filled up by the Depositor for this Facility)

I/We .....

..... (Name & Addresses) nominate the following person to whom in the event of my/our/minor's death, the amount of deposit, particulars, there of given below, may be returned by the Ramanagaram Urban Co-operative Bank Ltd.,

.....  
(Name and address of Bank Office in which the deposit held.)



Nature of Deposit	Name	Address	Relationship with Depositor	Age	If Nominee is minor his/her Date of birth

2. As the Nominee is a minor on this date, I / We appoint

Specimen Signature of the nominee

Sri/Smt/Kumari ..... 1)

..... 2)

(Name, address and age) 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.

Place :

Date :

Signature (s) / Thumb Impression (s)  
of Depositor (s)

[only for Thumb impression (s)]

Witness :

1. ....

Nomination Register Details

2. ....

Number .....

Where Deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

Date .....

Note : The Bank should comply provisions of section 45 ZA-2 to 45 ZF read with section 56 of BR Act of 1949 and Co-operative Banks (nominations) rule 1985 and further guidelines issued by RBI from time to time.

#### ENCLOSURES Required as per KYC Norms

INDIVIDUALS	PARTNERSHIP	COMPANIES	TRUSTS / SOCIETIES
Copy of a PAN Card / DL / Passport / Voters ID. Recent Telephone Bill / Electric Bill Bank A/c Statement Ration Card Letter Issued by UIDAI containing Details Name, Address & Aadhar No. Photo ID Card Issued by Post Office Letter from any recognised Public Authority Letter from employer (Subject to satisfaction of Bank)	Certificate of Registration (If registered)  Partnership Deed  Power of Attorney (POA) given to partners to act on its behalf.  Copy of Recent Telephone Bill	Certificate of incorporation Memorandum of Association and Article of Association  Resolution of Board of Directors  Power of Attorney (POA) granted to transact the business on its behalf.  Copy of PAN Card  Copy of Recent Telephone Bill	Certificate of Registration (COR)  Resolution of Management body  Power of Attorney (POA) to transact on behalf of the trust  Copy of Recent Telephone Bill  Any Official documents to identify the persons connected with the trust.

Furnish Form 60 in lieu of PAN Card

Verified : Found to be in order Ledger Keeper	FOR BANK'S USE	Date :
		Membership No. :
		Customer ID :
Officer	Approved by Manager	Account No. :

**Form No. 60**  
**(See third provision of rule 114b)**

Form of Declaration to be filled by a person who does not have either a Permanent Account Number or General Index Register Number and who makes payment in Cash in respect of TRANSACTION specified in clauses (a) to (h) of the 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,

a) Details of Ward/Circle/Range where the last return of income was filed ?

b) Reasons for not having Permanent Account Number / General Index Register Number ?

6. Details of the document being produced in support of address in column (1)

Verification :

I, ..... Do hereby declare that what is stated is true to the best of my knowledge and belief.

Verified today, the ..... day of ..... 20 .....

Date :

Place :

**Signature of the declarant**

**Instructions :**

Documents which can be produced in support of the address are :-

A) Passport, B) Driving License

B) Copy of the Electricity Bill or Telephone Bill (BSNL) showing residential address.

C) PAN card Xerox

E) Any document of communication issued by an authority of Central/ State Government of Local bodies showing residential address.