



SS Bank
The Satara Sahakari Bank Ltd.
दि सातारा सहकारी बँक लि.

HO: Bhartiya Krida Mandir, 3rd Floor, Naigaon
Wadala Road, Wadala, Mumbai 400 031.
Tel. No.: 2412 4743 / 24146371 Fax. : 9122-2418 3319

BRANCH : _____

Date : / /

Savings / Term Deposit Account Opening Form [for Resident Individuals]

Customer Id Number		Type of Account		CKYC Number 1 _____ 2 _____ 3 _____
Group Customer Id Number		Account Number		

The Manager _____ Branch.
Please open my/our individuals/joint Saving/Term account in your Books at your Branch as per details below. For which I/We handover Rs. _____ [Rupees _____ only].

I/ We declare that our Bank's rules and regulations have been read and understood by me / us. I/We accept them as binding upon me/us. In case Term Deposit I/We confirm that in the absence of any instruction for encashment / renewal, the deposit shall be renewed for a further period of _____ days/months at the prevailing rate and likewise to be renewed till any specific instruction is given. Kindly issue certificate accordingly.

- GENERAL SR.CITIZEN MINOR
 Savings Recurring Deposit
 Term Deposit Under Scheme _____ for _____ days months @ _____%
 Individual Joint Co-operative Society
 Trust / Association Others - Specify [_____]

Account Type

Account Constitution

Society / Trust Name
Personal Details

	1st Applicant	2nd Applicant	3rd Applicant
Own NAME (Same as per ID proof)			
PREFIX			
FIRST NAME			
MIDDLE NAME			
LAST NAME			

ADDRESS FOR COMMUNICATION

FLAT NO/BLDG NAME			
ROAD/STREET/AREA			
LANDMARK/TOWN			
PIN CODE			

CONTACT DETAILS

MOBILE NUMBER			
PHONE NUMBER			
FAX NUMBER			
E-MAIL			

1st Applicant

2nd Applicant

3rd Applicant

MAIDEN NAME (IF ANY)
PREFIX
FIRST NAME
MIDDLE NAME
LAST NAME

FATHER /SPOUSE NAME
PREFIX
FIRST NAME
MIDDLE NAME
LAST NAME

MOTHER NAME
PREFIX
FIRST NAME
MIDDLE NAME
LAST NAME

NATIVE PLACE ADDRESS :

DATE OF BIRTH

- -

- -

- -

GENDER

MALE /FEMALE/TRANSGENDER

MALE /FEMALE/TRANSGENDER

MALE /FEMALE/TRANSGENDER

MARITAL STATUS
NO OF FAMILY MEMBERS (SPECIFY NO) SPOUSE PARENTS + CHILDREN

MARRIED / UNMARRIED/ OTHER

MARRIED / UNMARRIED/ OTHER

MARRIED / UNMARRIED/ OTHER

[+ _ +]

[+ _ +]

[+ _ +]

ANNUAL INCOME

CITIZENSHIP

INDIAN/ OTHER

INDIAN/ OTHER

INDIAN/ OTHER

IN CASE OF TERM DEPOSIT WHETHER FORM NO 15H /15G SUBMITTED

Yes No

Yes No

Yes No

Other Personal Details

Religion

- 1] Hindu 2] Sikh
- 3] Christian 4] Muslim
- 5] Jain
- 6] Other (Specify)

Caste

- [1] Other - General
- [2] SC [3] ST
- [4] Nomadic Tribe
- [5] OBC (Specify)

Residence

- [1] Company Owned Housing [3] Living with Parents / Family Owned [4] Mortgage [5] Rented House [6] Others

Profession /Occupation

- [1] Salaried [2] Businessman [3] Professional [4] Self employed [5] Retired [6] Housewife [7] Student [8] Politician [9] Other

Employed With a

- [1] Public Ltd. Co.
- [2] Private Ltd. Co.
- [3] Govt. Sector
- [4] Others

Employers & Business Details

Name of Company
Address

Service in No. of Years
Empl. No. / Ticket No.
Designation
Office Telephone No.

Educational Qualifications

- [1] Graduate
- [2] Others/Under Graduate
- [3] Post Graduate
- [4] Professional

1st Applicant

1	2	3
4	5	6

2nd Applicant

1	2	3
4	5	6

3rd Applicant

1	2	3
4	5	6

1	2	3
4	5	

1	2	3
4	5	

1	2	3
4	5	

1	2	3
4	5	6

1	2	3
4	5	6

1	2	3
4	5	6

1	2	3
4	5	6
7	8	9

1	2	3
4	5	6
7	8	9

1	2	3
4	5	6
7	8	9

1	2	3
4		

1	2	3
4		

1	2	3
4		

1	2	3
4		

1	2	3
4		

1	2	3
4		

1st Applicant

2nd Applicant

3rd Applicant

**PROOF OF IDENTITY (any one or two)
COPY OF PANCARD IS MUST.**

- PANCARD NUMBER
- AADHAR CARD NUMBER
- PASSPORT NUMBER
- PASSPORT EXPIRY DATE
- VOTER ID CARD NUMBER
- DRIVING LICENCE NUMBER
- DRIVING LICENCE EXPIRY DATE
- NREGA JOB CARD OR ANY OTHER DOCUMENT
- NOTIFIED BY
- CENTRAL GOVT.

PROOF OF ADDRESS

- 1) AADHAAR CARD
- 2) PASSPORT
- 3) DRIVING LICENCE
- 4) VOTER CARD
- 5) NREGA JOB CARD OR OTHER

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

ADDRESS

- 1) PERMANENT
- 2) OVERSEAS
- 3) CURRENT

1	2	3
---	---	---

1	2	3
---	---	---

1	2	3
---	---	---

ADDRESS TYPE

- 1) RESIDENTIAL/BUSINESS
- 2) RESIDENTIAL
- 3) BUSINESS
- 4) REGISTERED OFFICE
- 5) UNSPECIFIED

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

1	2	3	4	5
---	---	---	---	---

RESIDENTIAL STATUS

RESIDENTIAL INDIVIDUAL / NRI / OTHER

RESIDENTIAL INDIVIDUAL / NRI / OTHER

RESIDENTIAL INDIVIDUAL / NRI / OTHER

Existing Bank Account's Details

Account With Satara Bank

- [1] Branch
- [2] A/c. No.

Accounts With Other Banks

- [1] Bank
- [2] Branch
- [3] A/c. No.

[1] _____	[1] _____	[1] _____
[2] _____	[2] _____	[2] _____
[1] _____	[1] _____	[1] _____
[2] _____	[2] _____	[2] _____
[3] _____	[3] _____	[3] _____

Assets**Ownership Details**

Computer

 Yes No Yes No Yes No

Commercial Property

 Yes No Yes No Yes No

Mobile Phone

 Yes No Yes No Yes No

Car

 Yes No Yes No Yes No

Two Wheeler

 Yes No Yes No Yes No**1st Applicant****2nd Applicant****3rd Applicant****In Case of Minor Account**

The Minor account will be operated by Mr./Mrs _____

Minors Details

Minor's Date of Birth [____/____/____]

Guardian's Name [_____]

Relation with Minor Mother Father : Others - Specify [_____]**APPLICANT'S DECLARATION**

I/We hereby declare that the above information furnished by us is true & correct and best of our knowledge.
 I/We agree that the bank may debit account for service charges/incidental/minimum balance charges as applicable from time to time. I/we understand that the bank may at its absolute discretion discontinue any of the services completely or partly and / or close the account without any notice to me / us in case account operations are not satisfactory which include frequent dishonor of cheques/ dishonor of high value cheques etc. My/Our personal KYC details may be shared with central KYC Registry.

Date: _____

Place: _____

Signature _____

Introduction DetailsName of Introducer
Address for
Communication

[Mr./Ms./M/s. _____]

[_____]

[_____]

[_____ City _____ Pin Code _____]

SB / CD / A/c. No.

[_____] at the Branch [_____]

Customer ID. No.

[_____] at the Bank

I Certify that the applicant/s is / are known to me since _____ Months / Years and I confirm the address of the applicant as stated in this application.

Signature of introducer

[_____]

FOR OFFICE USE**Form Scrutinized & Signature of Introducer verified as per our records. Account opened in Branch records.**Society / Trust Checklist Resolution obtained Bye laws obtained Registration Certificate obtained

By Clerk / Officer

Staff No.: _____ / Officer Code : _____

Manager / Sr. Manager

Account Opened Dated : _____ / _____

Staff No.: _____ / Officer Code : _____

NOMINATION FORM

FORM - DA -1

Nomination under Section 45ZA of the Banking Regulation Act., 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposit

I/ We Mr./Ms./M/s _____ residing at _____

hereby Nominate the following person to whom in the event of my / our / minor's death, the amount of deposit, particulars of which are as given below, may be returned by The Satara Sahakari Bank Ltd. _____ Branch.

A/c. Type	A/c. Number	Name of Nominee	Nominee's Address	Relation	Age

If Nominee is a Minor his / her Date of Birth is : [] [] / [] [] / [] [] [] []

** As the Nominee is a Minor on this date, I /We appoint _____ aged _____ years, residing at _____

to receive the amount of the Deposit in the account on behalf of the Nominee in the event of my / our / minor's death during the minority of the nominee

Signature (s) Thumb impression (s) of Account Holder As

- 1) _____
- 2) _____
- 3) _____

Witness: (Only in case of thumb impression/s it shall be attested by two witnesses. Signature of a account holder need not be attested by witness.)

1) Witness : Name _____

2) Witness : Name _____

Address: _____

Address: _____

Signature : _____
Place : _____ Date _____

Signature : _____
Place : _____ Date _____

For Office Use : Nomination Registration Number [_____]

ACKNOWLEDGEMENT OF NOMINATION

We have noted the nomination in Nomination Register Sr. No. _____ Dt. _____ for your account no. _____

Branch Manager (_____ Branch)

Branch Seal



Account Type **SAVING BANK/TERM DEPOSIT**

Account No. :

Title of Account _____

<p>1 _____ Name</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>2 _____ Name</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>3 _____ Name</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<p>1 _____ Signature</p>	<p>2 _____ Signature</p>	<p>3 _____ Signature</p>

MANDATE FOR ACCOUNT OPERATION - ACCOUNT TO BE OPERATED

<input type="checkbox"/> Me	<input type="checkbox"/> Either or Survivor
<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Anyone or Any one Survivor
<input type="checkbox"/> Jointly by all Survivor	<input type="checkbox"/> Others

For Bank use only

Signature in the Presence of

Signature verified by

Approved by

APPLICATION FOR BANK'S FACILITIES

Please give me following facilities of the bank For our SB Account

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Cheque Book
- Rupay Card
- Internet Facility (View Only)
- SMS ALERT

I/We will maintain the minimum balance prescribed by bank

(Name & Sign.)

(Name & Sign.)

(Name & Sign.)

Date : ____/____/____

Stamp

FOR OFFICE USE ONLY

Name of the Branch : _____

KYC Checked

Officer's sign :	
Name:	
I.D.No.	
Date :	

Branch Manager sign :	
Name:	
I.D.No.	
Date :	

Received in Branch on:

Send to HO on:

Stamp

Centralised Account Opening Cell

Risk Category High Medium Low

Officer's sign :	
Name:	
I.D.No.	
Date :	

Manager sign :	
Name:	
I.D.No.	
Date :	

Received on:

Checked on:

Online authorised on: