



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

**Regd. Office :** Bhartiya Krida Mandir, 3rd Floor,  
 Naigaon Wadala Road, Wadala, Mumbai - 400 031.  
**Tel. No.:** 2412 4743 / 2414 6371 • **Fax :** 9122-2418 3319

**BRANCH :** \_\_\_\_\_

Date :        /        /

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

Customer Id Number	_____	Type of Account	_____	<b>CKYC Number</b>
Group Customer Id Number	_____	Account Number	_____	
			1 _____	
			2 _____	
			3 _____	

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.

Account Type	<input type="checkbox"/> GENERAL <input type="checkbox"/> SR. CITIZEN <input type="checkbox"/> MINOR <input type="checkbox"/> Savings <input type="checkbox"/> Recurring Deposit <input type="checkbox"/> Term Deposit    Under Scheme _____ for _____ days months @ _____%
Account Constitution	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Co-opertive Society <input type="checkbox"/> Trust / Association <input type="checkbox"/> Others-Specify [ _____ ]

**Society / Trust Name**  
**Personal Details**

	<u>1st Applicant</u>	<u>2nd Applicant</u>	<u>3rd Applicant</u>
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	_____	_____	_____
PINCODE	_____	_____	_____

**CONTACT DETAILS**

MOBILE NUMBER	_____	_____	_____
PHONE NUMBER	_____	_____	_____
FAX NUMBER	_____	_____	_____
E-MAIL	_____	_____	_____

	1st Applicant	2nd Applicant	3rd Applicant
<b>MAIDEN NAME (IF ANY)</b>			
PREFIX	_____	_____	_____
FIRST NAME	_____	_____	_____
MIDDLE NAME	_____	_____	_____
LAST NAME	_____	_____	_____
<b>FATHER / SPOUSE NAME</b>	_____	_____	_____
PREFIX	_____	_____	_____
FIRST NAME	_____	_____	_____
MIDDLE NAME	_____	_____	_____
LAST NAME	_____	_____	_____
<b>MOTHER NAME</b>	_____	_____	_____
PREFIX	_____	_____	_____
FIRST NAME	_____	_____	_____
MIDDLE NAME	_____	_____	_____
LAST NAME	_____	_____	_____
<b>NATIVE PLACE ADDRESS :</b>	_____	_____	_____
<b>DATE OF BIRTH</b>	DD MM YYYY	DD MM YYYY	DD MM YYYY
<b>GENDER</b>	MALE / FEMALE / TRANSGENDER	MALE / FEMALE / TRANSGENDER	MALE / FEMALE / TRANSGENDER
<b>MARITAL STATUS</b>	MARRIED / UNMARRIED / OTHER	MARRIED / UNMARRIED / OTHER	MARRIED / UNMARRIED / OTHER
<b>NO OF FAMILY MEMBERS (SPECIFY NO) SPOUSE PARENTS + CHILDREN</b>	[ ] + [ ] + [ ]	[ ] + [ ] + [ ]	[ ] + [ ] + [ ]
<b>ANNUAL INCOME</b>	_____	_____	_____
<b>CITIZENSHIP</b>	INDIAN / OTHER	INDIAN / OTHER	INDIAN / OTHER
<b>IN CASE OF TERM DEPOSIT WHETHER FORM NO 15H / 15G SUBMITTED</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Personal Details:**

**Religion**

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

**1st Applicant**

1	2	3
4	5	6

**2nd Applicant**

1	2	3
4	5	6

**3rd Applicant**

1	2	3
4	5	6

**Caste**

- (1) Other - General
- (2) SC (3) ST
- (4) Normadic Tribe
- (5) OBC (Specify)

1	2	3
4	5	

1	2	3
4	5	

1	2	3
4	5	

**Residence**

- (1) Company Owned
- (2) Fully Owned Pvt. Housing (3) Living with Parents / Family Owned (4) Mortgage (5) Rented House (6) Others

1	2	3
4	5	6

1	2	3
4	5	6

1	2	3
4	5	6

**Profession / Occupation**

- (1) Salaned (2) Businessman (3) Professional (4) Self Employed (5) Retired (6) Housewife (7) Student (8) Politician (9) Other

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

**Employed with a**

- (1) Public Ltd. Co.
- (2) Private Ltd. Co.
- (3) Govt. Sector
- (4) Others

1	2	3
4		

1	2	3
4		

1	2	3
4		

**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

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

AADHAAR 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.

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

**Account With Other Banks**

- (1) Bank
- (2) Branch
- (3) A/c. No.

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



**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 : \_\_\_\_\_ Signature : \_\_\_\_\_

Place : \_\_\_\_\_ Date \_\_\_\_\_ Place : \_\_\_\_\_ Date \_\_\_\_\_

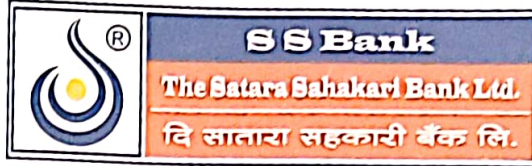
For Office Use : Nomination Registration Number [ \_\_\_\_\_ ]

**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 _____</p> <p style="text-align: center;">Name</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div>	<p>2 _____</p> <p style="text-align: center;">Name</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div>	<p>3 _____</p> <p style="text-align: center;">Name</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div>
<p>1 _____</p> <p style="text-align: center;">Signature</p>	<p>2 _____</p> <p style="text-align: center;">Signature</p>	<p>3 _____</p> <p style="text-align: center;">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  
Staff ID No.

Signature verified by  
Staff ID No.

Approved by  
Staff ID No.

# APPLICATION FOR BANK'S FACILITIES

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

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

Cheque Book

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:



4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Pin / Post Code\*  State / U.T Code\*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details  Same as Correspondence / Local Address details

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
State\*  ZIP / Post Code\*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email)

Tel. (Off)  -  Tel. (Res)  -  Mobile  -   
FAX  -  Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
Prefix  First Name  Middle Name  Last Name   
Name\*   
(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON\* (Please see instruction (H) at the end)

A- Passport Number  Passport Expiry Date  -  -   
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date  -  -   
 E- UID (Aadhaar)   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number   
 S- Simplified Measures Account - Document Type code  Identification Number

7. REMARKS (If any) (Please refer instruction F at the end)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

[Signature / Thumb Impression]

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :  -  -

Place :

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received  Certified Copies

KYC VERIFICATION CARRIED OUT BY

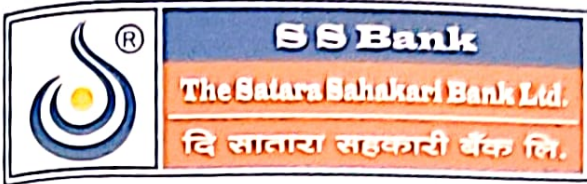
INSTITUTION DETAILS

Date  -  -   
Emp. Name   
Emp. Code   
Emp. Designation   
Emp. Branch

Name   
Code

[Employee Signature]

[Institution Stamp]



Cust. ID No.	
Group Cust. ID No.	
Branch Inward No.	

Date:

**Application for e-Channel Services**

To,  
The Branch Manager,  
Branch: \_\_\_\_\_

- For New Application     For Modification of following services
- Mobile Banking     e-Statement     ATM/RuPay Debit Card     SMS
- Internet Banking (View) Only

★ Bank's other Digital Payment Services :- (i.e. UPI, G-pay, Phone Pay, Paytm & Whatsapp Banking)

Dear Sir/Madam,

I/We request you to provide me/us with the above marked services. I/We are giving the required information as under:

Saving     Current     Others (Specify) \_\_\_\_\_

CUSTOMER ID No.	<input type="text"/>
Type of Account	<input type="text"/>
Primary Account No.	<input type="text"/>

**Applicant Name** (Please give the choice of Account holder, in case of Joint Account with operating instructions Single, E or S, A or S)

<input type="text"/>	<input type="text"/>	<input type="text"/>
SURNAME	FIRSTNAME	MIDDLENAME

**NAME OF FIRM/COMPANY/TRUST/HUF**

<input type="text"/>
----------------------

**1) SMS/Mobile Banking Registration Services**

SMS/Mobile Banking (A):

**2) e-Statement Facility**

Email id:

**3) RuPay Card Facility (Available for Individual/Proprietorship Customers Only)**

CARD REQUEST:     NEW     DUPLICATE

If Duplicate, Reason \_\_\_\_\_

Name to be embossed on the Card

<input type="text"/>
----------------------

**4) Internet Banking (View) Only Mobile Banking Services**

Accounts to be linked for Internet Banking - Please link my accounts given below:-

Sr. No	Customer ID	Account No.	Branch Name	Mode of Operation (tick one)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	Single / E or S / A or S
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Single / E or S / A or S
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	Single / E or S / A or S

E- Either, S- Survivor, A- Anyone

\*Facility not available if account is/are operated jointly by more than one person.

**Letter of Mandate for Internet Banking (View) only in case of Accounts / FIRM / Company**

Dear Sir,

I/We the undersigned are the joint account holders of account no. \_\_\_\_\_ along with Mr./Mrs. \_\_\_\_\_ (Name of the First Holder). I/We hereby authorize Mr. /Mrs. \_\_\_\_\_ to access view the said accounts for and/on my/ our behalf.

**Name(s) of Account holder(s)**

**Signature(s) of Account holder(s)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I/We declare that all information's provided above are true & correct. I/We have gone through the terms & conditions governing the operations & use of Mobile Banking/SMS/ Internet Banking (View) Only /e-statement facility/ 'ATM/RUPAY DEBIT CARD'. I /We hereby declare that particulars given above are correct and complete. I/We also hereby agree to bear the charges (if any) as revised from time to time by the Bank as its sole discretion.

I/We confirm to download the Mobile Banking software as directed by the Bank through Play Store Application mode. I / We confirm that I/We have read the "TERMS & CONDITIONS" related to Mobile Banking , appearing in Bank's website www.satarabank.net and the reverse of this application and accept the same in full unconditionally. I/We undertake to state that I/We will not share my/ own application password and /or main to anyone. The complete security of above password is my/own responsibility. I/We understand that I/We shall be required to initiate SMS or GPRS services for availing Mobile Banking facility and hence shall be liable to pay charges to my /our respective service provider as per applicable tariff plan.

I/We also understand that Bank would not be responsible / liable for any such charges levied by the service provider. Bank should not be held liable for non receipt of any of the above services provided due to incomplete information mentioned or any unknown reasons & Bye Laws of the Bank which are now in force or may hereafter come in force. I/We affirm, confirm and undertake that I/We have read and understood the Terms and Conditions for usage of the Internet Banking Services offered by The Satara Sahakari Bank Ltd. as displayed on the website www.satarabank.net and I/We agree to abide by them. I/We request you to issue the above mentioned services in the name(s) mentioned above for accessing above referred Account(s).

No	Type of Account	Constitution	Mode of Operation	Who is eligible for Mobile Banking facility
1	SB Account	Single	Single	The account holder
2	SB Account	Joint	E or S	As per choice of all account holders, Application to be signed jointly
3	SB Account	Joint	Jointly	NOT eligible
4	SB Account	Minor	Single Minor or Operated By Guardian	NOT eligible
5	NRE Account			NOT Eligible
6	Current Account & Cash Credit	In the name of SELF	Single	The Account holder
7	Current Account & Cash Credit	Account In the name of firm - Single	Single	The Account holder
8	Current Account & Cash Credit	Partnership Firm	Any one partner	The person authorized to operate. All account holders will sign the application.
9	Current Account & Cash Credit	Partnership Firm	Jointly operated	NOT Eligible

**Yours faithfully,**

**Name(s) of Account holder(s)**

**Signature(s) of Account holder(s)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The details mentioned in application form including the signature of customer & mode of operation of accounts is/are verified. The KYC norms are also adhered to while opening of account.

**FOR OFFICE USE:**

Services Provided		Mobile Banking	e-Statement	ATM / Rupay Debit Card	Internet Banking (View) Only	SMS
UPDATED IN CBS	Staff No.					
	Sign.					
SIGN VERIFICATION & UPDATION IS AUTHORISED BY	Staff No.					
	Sign.					

**C.E.O. / Gen. Manager / Sr. Manager / Manager**