

The Haryana State Coop. Apex Bank Ltd; Branch _____



SPECIMEN SIGNATURE CARD

Type of A/c _____ A/c No. _____

Mode of Operation Self Either or Survivor Jointly
 Former or Survivor Any one or Survivor Other _____

Name of Firm/Company (In case of Current A/c)

FULL NAME & ADDRESS

1st Applicant Mr./Mrs./Ms _____ S/o D/o W/o _____

2nd Applicant Mr./Mrs./Ms _____ S/o D/o W/o _____

3rd Applicant Mr./Mrs./Ms _____ S/o D/o W/o _____

	<u>Specimen Signature</u>	<u>PAN</u>
1st Applicant	_____	_____
2nd Applicant	_____	_____
3rd Applicant	_____	_____



Nominee's Name _____

Checked & Verified

Allowed

Date.....

Acctt.

Br. Manager/A.M./Manager



THE HARYANA STATE COOP. APEX BANK LTD;

ACCOUNT OPENING FORM

Branch _____

(For office use only) Account No.

Date

Type of Account

Name of Firm/Company (In case of Current A/c)

(dd/mm/yyyy)

Saving Bank Account	<input type="checkbox"/>	Recurring Deposit	<input type="checkbox"/>
No-Frill Account	<input type="checkbox"/>	FDR	<input type="checkbox"/>
Current Account	<input type="checkbox"/>	RITD	<input type="checkbox"/>
PLOD/RD	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>

PERSONAL DETAILS

Full Name :

1ST APPLICANT

Father/Husband Name

Male/Female Phone No. Date of Birth

2ND APPLICANT

Father/Husband Name

Male/Female Phone No. Date of Birth

3RD APPLICANT

Father/Husband Name

Male/Female Phone No. Date of Birth

MAILING ADDRESS :

1st Applicant

PIN

2nd Applicant

PIN

3rd Applicant

PIN

PAN No. (If not available please fill Form 60/61)

Any one document from below list I.D./Residence Proof

1st Applicant

Election ID Card

ID Card of reputed Employer

2nd Applicant

Driving Licence

Electricity Bill

3rd Applicant

PAN Card

Telephone Bill

Passport

Salary Slip

Govt./Defence

Income/Wealth Tax

ID Card

Assessment Order

If the Applicant is Minor :- (Please attach DOB Certificate)

Guardian's Name _____

Relationship with minor Father Mother By court order (if yes please affix a copy) Others (please specify) _____

MODE OF OPERATION

Self Either or Survivor Jointly Former or Survivor Any one or Survivor Other _____

TERM DEPOSIT

FDR RITD Recurring Deposit Period Installment (for RD) Others (please specify)
Please recover instalment for the recurring deposits from my savings bank account.
Interest payout: Quarterly Monthly At maturity (Cumulative)
Senior citizen: No Yes DOB (Please attach proof)

MATURITY/INTEREST PAYMENT INSTRUCTIONS

On maturity of Fixed Deposit
A) renew principal and interest* renew principal only issue DD/pay order
B) await renewal instructions post maturity
Repayment of Term/Fixed Deposit/RD
Credit to account no. Issue DD/pay order
For regular interest payment (fill only in case of monthly/quarterly interest payout and on maturity if the interest is not to be renewed with the principal)
Credit to account no. Issue DD/pay order

Signature of Applicant

CURRENT ACCOUNT

I, the undersigned, declare that I am the sole proprietor, of the firm of and am solely responsible for the liabilities of the firm. I further undertake that I shall advise you in writing of any change that may take place in the constitution of the firm resulting from taking a partner into my business, its sale or disposal or my ceasing to have any interest in the firm, if any of which events, I will be liable to you on any and all obligations and liabilities which may be outstanding against the firm's name in your books prior to or at the date of receipt by you of such notice and until all such obligations and liabilities shall have been liquidated or discharged. It is further certified that I don't have any Current Account with any other Bank.

Sole Proprietorship Account/Partnership Firm Account Authority to operate on the account
I/We refer to the account opened by you in the name of
and declare as under, I the undersigned, am the sole proprietor of the firm and solely responsible for liabilities thereof, I shall advise you in writing of any change that may take 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 until all obligations shall have been liquidated.
yours faithfully
Name Signature (Please sign without the stamp)
For Partnership Firms Submit Partnership Deed (Duty Attested)

ACCOUNT OPERATION & DECLARATION

1st Applicant 2nd Applicant 3rd Applicant
Signature Signature Signature
Applicant/guardian should also sign across photographs as well as in the space provided for signature.

INTRODUCTION DETAILS

Introduction by existing HARCO BANK account holder and Document confirming mailing address in the name of applicant
Name Type of Account
Name of Branch Account No.
I confirm that I am an account holder with HARCO BANK for over six months. I confirm that I personally know the applicant/s detailed herein for years and confirm his/her identity and address.
Signature of introducer Signature verified
Supervisor Incharge

KYC (Know you Customer) CERTIFICATE

KYC (Know you Customer)

1. **Occupation** : Salaried Self employed Business Student Retired Others (Specify) _____

2. **If self Employed** : Doctor Lawyer Engineer Business C.A. Others (Specify) _____

3. **Income** : Monthly Rs. _____ Annually Rs. _____

Turnover (a) Monthly Turnover : Rs. _____ (b) Annual Turnover : Rs. _____

4. My Family & Me

a) Name of spouse Mr./Mrs. _____ Educational Qualification of spouse _____

b) Date of Birth of spouse Marriage Anniversary

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c) Mother Tongue _____

d) Detail of Children

1. Name _____ M/F DOB ____/____/____ Resident Non Resident Married Single

2. Name _____ M/F DOB ____/____/____ Resident Non Resident Married Single

5. **Educational Qualification** : Illiterate Upto HSC Graduate Post Graduate Professional (Specify) _____

6. **Religion** : Hindu Muslim Sikh Christian Other (Specify) _____

7. **Category** : General OBC SC ST

8. **Organisation's Name** _____ **Designation/Profession** _____

9. **Dealing with other Bank** Yes No. If Yes :-

a) Name of Bank & Branch : _____

b) Type of Account _____

10. Existing credit facility, if any :

Car Loan Home Loan Personal Loan Educational Loan Business/Agriculture Any other (Specify) _____

ASSETS

Total Value Rs. _____ (Approx) Agricultural Land _____

a) Vehicle Car To Wheeler Other None

b) House you live in Ancestral Owned Rental Employer's

c) Life Insuranc for Upto Rs. 1 lacs Upto Rs. 2 lacs Upto Rs. 5 lacs Above 5 lacs

d) Other Investment Upto Rs. 1 lacs Upto Rs. 2 lacs Upto Rs. 5 lacs Above Rs. 5 lacs

e) Any other Assets Upto Rs. 1 lacs Upto Rs. 2 lacs Upto Rs. 5 lacs Above Rs. 5 lacs

DECLARATION

I/We do hereby declare that information given in the application form is true to the best of my/our knowledge and belief.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

FORM DA 1-NOMINATION FORM

Nomination Facility : Required Not Required Nomination Registration No.

"Nomination : Nomination under Sec. 45ZA of the Banking Regulations Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits. (Form DA 1).

I/We _____ (names) nominate the following person whom, in the event of my/our/minor's death

The amount of the deposit in the amount may be returned by **HARCO BANK** _____ Branch.

Name & Address of the Nominee	Relationship with the Depositor	Age	If Nominee is a minor his/her Date of Birth

"* As the nominee is a minor on this date, I/we appoint _____
 _____ (Name, address, Age & Relationship with depositor, if any) to receive the amount of the deposit/insurance claim amount in the account on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Signature (Depositor) _____

Personal Details & Signature of the Witness (in case of illiterate Person)

(1) Name : _____ Address _____

Signature : _____ **Signature of Account Holder** _____

Verified

A.M./B.M.

FORM NO. 60* (See third provision of rule 114B)

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

- Full Name and Address of the declarant _____
- Particulars of transaction _____ 3. Amount of Transaction _____
- Are you assessed to tax ? Yes/No. _____
- If yes, (i) Details of Ward/Circle/Range where the last return of income was filed ? _____
 (ii) Reasons for not having PAN/GIR ? _____
- Details of the document being produced in support of address in Column (1) _____

Signature of the Applicant/Declarant

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

Verified today, the _____ day of _____ year Place : _____

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

- (a) Ration Card (b) Pass Port (c) Driving Licence (d) Identity Card issued by an Institution (e) Copy of the electricity bill or telephone bill showing residential address (f) Any document or communication issued by any authority of Central Government or local bodies showing residential address (g) Any other documentary evidence in support of this address given in the declaration (h) Voter Card.