



ACCOUNT OPENING FORM FOR CO-OPERATIVE SOCIETY

(For Office Use Only)

Date

A/C Type SAVING / CURRENT

Customer ID : A/C No.:

A/C to be opened at : Branch Code: Module Code : Scheme Code :

DEPOSIT DETAILS

Payment by : Cash : Transfer : Cheque No. Date

Drawn on Bank Branch Debit my/our existing account.

A/C No.: Deposit Amount Rs. Risk Category :

- * Please fill the form preferable in "BLACK" ink only.
- * Please write your "NAME" as it appears in all your support documents.
- * Please fill the form in "CAPITAL LETTERS" only.
- * Specify the addresses along with City, State & PIN Code.
- * Please tick the appropriate boxes
- * Please countersign in full for any overwriting / alteration.
- * Promotional SMS accepted
- * Fields marked * are MANDATORY

To,
Branch Manager,
MUMBAI DISTRICT CENTRAL CO-OP. BANK LTD.

_____ Branch (Mumbai)

Dear Sir,

Please open a CURRENT Deposit Account in Society Name in the Book of the Bank for the SAVING

Credit of which we tender you Rs. /- We agree to comply with and be bound by the Bank's Rules, for the conduct to such accounts that are in force or may come into force from time to time here in after.

Please furnish a pass Book and also note Our signatures as under :

Date

Place :



Yours faithfully,

Signature of Authorised Signatory



Chairman / अध्यक्ष

OF OFFICE BEARER

(Surname / आडनांव)										(First Name / नांव)										(Middle Name / मधले नांव)									

Date of Birth/ जन्मतारीख					Gender (M/F) स्त्री/पु.		Married (Y/N) वैवाहित (हा/ना)		Pan Number*** पॅन नंबर					(Please ✓)				
D D M M Y Y Y Y					<input type="checkbox"/>		<input type="checkbox"/>							or <input type="checkbox"/> Form 60/61 attached				

Permanent Address of Chairman

CITY																									STATE																									PIN CODE																																																	
COUNTRY																																																		MOBILE																																																	
TEL (RES)																									TEL (OFF)																																																																										
E-MAIL																																																																																																			

Village Address of Chairman

CITY																									STATE																									PIN CODE																																																	
COUNTRY																																																																																																			

Office Address of Chairman

CITY																									STATE																									PIN CODE																																																	
COUNTRY																																																																																																			

Vice-Chairman / उपाध्यक्ष

(Surname / आडनांव)										(First Name / नांव)										(Middle Name / मधले नांव)									

Date of Birth/ जन्मतारीख					Gender (M/F) स्त्री/पु.		Married (Y/N) वैवाहित (हा/ना)		Pan Number*** पॅन नंबर					(Please ✓)				
D D M M Y Y Y Y					<input type="checkbox"/>		<input type="checkbox"/>							or <input type="checkbox"/> Form 60/61 attached				

Permanent Address of Vice-Chairman

CITY																									STATE																									PIN CODE																																																	
COUNTRY																																																																																																			
TEL (RES)																									TEL (OFF)																																																																										
E-MAIL																																																																																																			

Village Address of Vice-Chairman

CITY																									STATE																									PIN CODE																																																	
COUNTRY																																																																																																			

Office Address of Vice-Chairman

CITY																									STATE																									PIN CODE																																																	
COUNTRY																																																																																																			



Secretary / सचिव

OF OFFICE BEARER

(Surname / आडनांव)										(First Name / नांव)										(Middle Name / मधले नांव)									

Date of Birth/ जन्मतारीख					Gender (M/F) स्त्री/पु.		Married (Y/N) वैवाहीत (हा/ना)		Pan Number*** पॅन नंबर					(Please ✓)				
D D M M Y Y Y Y					<input type="checkbox"/>		<input type="checkbox"/>							or <input type="checkbox"/> Form 60/61 attached				

Permanent Address of Secretary

CITY										STATE										PIN CODE																			
COUNTRY										TEL (RES)										TEL (OFF)										MOBILE									
E-MAIL																																							

Village Address of Secretary

CITY										STATE										PIN CODE									
COUNTRY																													

Office Address of Secretary

CITY										STATE										PIN CODE									
COUNTRY																													

Treasurer / खजिनदार

(Surname / आडनांव)										(First Name / नांव)										(Middle Name / मधले नांव)									

Date of Birth/ जन्मतारीख					Gender (M/F) स्त्री/पु.		Married (Y/N) वैवाहीत (हा/ना)		Pan Number*** पॅन नंबर					(Please ✓)				
D D M M Y Y Y Y					<input type="checkbox"/>		<input type="checkbox"/>							or <input type="checkbox"/> Form 60/61 attached				

Permanent Address of Treasurer

CITY										STATE										PIN CODE																			
COUNTRY										TEL (RES)										TEL (OFF)										MOBILE									
E-MAIL																																							

Village Address of Treasurer

CITY										STATE										PIN CODE									
COUNTRY																													

Office Address of Treasurer

CITY										STATE										PIN CODE									
COUNTRY																													



Chairman
अध्यक्ष

Kindly register me for
SMS Banking / Net Banking

Mobile No.

Secretary
सचिव

Kindly register me for
SMS Banking / Net Banking

Mobile No.

Vice-Chairman
उपाध्यक्ष

Kindly register me for
SMS Banking / Net Banking

Mobile No.

Treasurer
खजिनदार

Kindly register me for
SMS Banking / Net Banking

Mobile No.

Full Name of Society Office Beares

Individual Signatures

Attested Documents Attached

Requirements for Opening Society's Current / Saving Account

1. An Application in the prescribed form and specimen Signature card duly filled in and signed by authorised members. These signature must be confirmed by the Chairman.
2. Certified true copy of Registration Certificate together with the Original for verification for return.
3. True Copy of Bye-laws, Certified by Chairman.
4. True copy of resolution of the General Body Meeting electing the Managing Committee together with the complete list of the Member's of Managing Committee for the Year.
5. True copy of resolution of the Board / Managing Committee electing office-bearers.
6. True copy of resolution of the Board / Managing Committee authorising to open an account and mode operations, thereof.
7. Membership application form Duly filled in and signed by Chairman under seal of the Society.
8. Resoution Regarding Membership of the Bank on Letter Head of The Society (Two Copies)
9. Two Photo of each authorised officials or Two Joint Photos of them.



(Chairman)

Please Paste
Passport Size Colour
Photograph here

(Vice-Chairman)

Please Paste
Passport Size Colour
Photograph here

(Secretary)

Please Paste
Passport Size Colour
Photograph here

(Treasurer)

Please Paste
Passport Size Colour
Photograph here

Specimen Signature
of Chairman

Specimen Signature
of Vice-Chairman

Specimen Signature
of Secretary

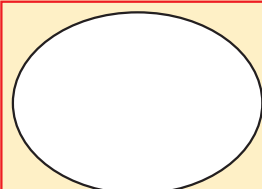
Specimen Signature
of Treasurer

DECLARATIONS BY THE BRANCH I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained, specimen signatures are signed before me/infront of me. The Account may please be opened. Enclosure Detail (This information must be filled-up by the branch before sending AQF for processing)

Mumbai District Central Co-op. Bank Ltd.

Number of Pages of
KYC documents enclosed

Branch Head/Authorised Signature



Name

EMP. No.

Date

Resolution of society for opening a Bank Account

Date

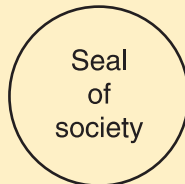
A certified copy of the Extract from the minutes of the meeting of the Board of Directors /Committee of Management of the Society of _____

duly convened, at which a proper quorum was present held on _____ of _____

We hereby certify that the following resolution of the Board of Directors / The Committee of Management of the Society _____
_____ was passed at the meeting of the Board / The Committee held on _____ and has been duly recorded in the minute book of the said _____ .

Resolved that an account for the Society be opened with Mumbai District Central Co-operative Bank Ltd. _____ Branch and that the said Bank be and is hereby authorised to honour Cheque / Draft / any other Mandate drawn by Society and to act upon any instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Society.

CERTIFIED TRUE COPY.



CHAIRMAN / SECRETARY

FOR BANK'S USE ONLY

Activity code No. _____

Introducer's Customer No.

Address of the applicant/s has been confirmed on the basis of _____

Photograph/s has/have been affixed and sign in my presence.

Applicant/Introducer has/have signed in my presence.

Introduction confirmation letter sent to the Introducer on _____

Confirmation received on _____ . Signature on confirmation letter verified.

Signature & code no. of Branch Official.