Customer Id :	1 Photo	2 Photo	3 Photo
Nomination No.			

Account No. | | | | | | | | | | | | | | |

தமிழ்நாடு தொழிற் கூட்டுறவு வங்கி லிட்.,
THE TAMIL NADU INDUSTRIAL CO-OPERATIVE BANK LTD.,

Head Office / ..... Branch

Account Opening Form for Individuals (Single / Joint)
(SB/CURRENT/RD/TERM DEPOSIT)

I/We request the Bank to open an account as per details below : Date : .....

Savings Account

With Cheque Facility ☐

Without Cheque Facility ☐

Current Account ☐

Term Deposits

Nature of Deposits	Amount Rs.	Period	Int. Payable	Rate of Int.	Mat. value Rs.	Mat. Date
Fixed Deposit						
Cash Certificate						
F.D. Tax Saving						
C.C. Tax Saving						
Recurring Deposit						

Name of operation	Single	Jointly	E or S	A or S	Others

Customer Name & Address *(All in BLOCK Letters)*

Name	Father / Spouse Name	Sex	Date of Birth	PAN / GIR No. @	Address Proof

@ In the absence of PAN / GIR No. the applicant should submit Form 60 as in Page 3

RESIDENTIAL ADDRESS	OFFICE ADDRESS
1	1
PIN : Phone : Mobile :	PIN : Phone : Mobile :
2	2
PIN : Phone : Mobile :	PIN : Phone : Mobile :
3	3

Copy of Passport / Latest Telephone / Electricity Bill / Income / Wealth Tax Assessment Order / Ration Card / Bank Account / Credit Card Statement / Letter from Employer (subject to the satisfaction of the Bank) should be submitted as proof of residence. **Please produce the original for verification**

1.	1.	1.
2.	2.	2.
Signature of Applicant 1	Signature of Applicant 2	Signature of Applicant 3

Standing Instruction :

Fixed Deposit	Credit Monthly / Quarterly Interest : S.B. / C.A. / POD / A/c. No. _____ Pay Order / Other Branch : _____
Recurring Deposit	Debit S.B. / C.A. / POD / A/c. No. _____ on Date _____/_____/_____ every month.

Signature of Applicant/s

Staff Declaration : I / We declare that the monies deposited or which may from time to time be deposited hereafter into above mentioned account in my/our name(s) belong to me / us.

Signature of Staff

In Case of Minor :

Name of Parent / Natural Guardian :

Address of the guardian :

DECLARATION IN A MINOR ACCOUNT OPERATED BY THE GUARDIAN :

I hereby declare that the date of birth ...../...../..... of the minor who is my ..... and I am his / her natural guardian / lawful guardian appointed by the court order dated ..... (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I Indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his / her account.

Signature of the Guardian

Introducer Details :

Introducer's A/c No. | | | | | | | | | | | | | | | Since | | | | |

Name : _____ Address : _____

_____ Pin : _____ Phone No. _____

I certify that I have known Thiru. / Tmt. / Selvi _____ for the last _____ months / years and confirm his/her/their occupation and address stated in his / her / their application to open the account. I also attest his/her signature(s)

Signature of the Introducer

★ **Operating Instructions for Joint SB / Current Accounts :** We request and authorise you, until any one of us shall give you notice in writing to the contrary. to honour all cheques or other orders drawn or Bills of Exchange accepted or notes made on our behalf signed by (1) ..... (2) ..... of us jointly and / or severally and to debit such cheques to our account with you, whether such account be for the time being credit or overdrawn. We also request you to accept the endorsement by (1) ..... (2) ..... of us jointly and / or severally on cheques, orders, bills or notes payable to us. We shall be jointly and severally liable to your for any monies owing to you from time to time in case the account is overdrawn and debit balance is caused including your commission, interest at the appropriate rate and other incidental charges. In the event of death, insolvency or withdrawal of any of us, the survivor/s of us shall have full control of any monies then and thereafter standing to our credit in our account with you and in that event the survivors/s will have full powers to operate the account and / or to close the account.

★ **Due Date Notice :** Please *send / *do not send due date notice to my / our above address (*strikeout which is not applicable).

★ **Tax Deductions at Source :** From No. 15G/15H for exemption from TDS is enclosed (for applicant seeking exemption from TDS).

★ **Pre closure :** In the event of my / our seeking pre-closure of term deposit/RD, I/We agree that the Bank shall apply the rules for pre-closure of term deposits/RD prevailing on the date of my/our request for such pre-closure.

★ **For Current Accounts (Individuals only) :**

(a) *At present I/We do not enjoy any credit facility with any Bank/Branch. I/We undertake to inform you as and when credit facilities are availed by me/us with other Bank(s) / Branch (es) of your Bank.

*At Present, I am / we are having account with the following other Bank(s) / Branch(es) and enjoying facilities.

Name of the Bank / Branch	Nature of Facility	Limit Sanctioned	Balance Outstanding	Securities

(*strikeout which is not applicable)

★ **Minimum Balance :** I/We hereby undertake to maintain a minimum balance of Rs. ..... in the account and also agree to maintain the minimum balance as modified by the bank from time to time. I/We also agree that the Bank has got every right to close the account for non-maintenance or minimum balance and if cheques are issued by me/us without providing adequate funds.

★ **Senior Citizens (Completed 60 years of age) :** Please provide copy of Secondary School Leaving Certificate / LIC Policy / Voter's Identity Card / Aadhar Card / Pension Payment Order / Birth Certificate Issued by the competent authority / Passport / any other relevant document providing proof for age.

NOMINATION (Nomination Form DA-1) Nomination under Sec. 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 nominate the following person to whom in the event of my / our minor's death the amount of deposit in the above account may be returned by the Bank. As nominee is minor on this date, I/We appoint Thiru/Tmt./ ..... to receive the amount of deposit in the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Name & Address of Nominee : _____

_____

Nominee's Relationship with Depositor : _____ Age of Nominee : _____ Years _____

If nominee is minor, date of birth : _____

_____
Signature of the Depositor

Nomination received and registered on : No _____ Date _____

_____
Authorised Officer

FORM No. 60

1. Full Name of the declarant :			
2. Particulars of transactions :			
3. Amount of Transactions :	Rs.	Rs.	Rs.
4. Are you assessed to Tax	Yes / No.	Yes / No.	Yes / No.
5. If Yes :			
(a) Details of Ward/Circle/Range where the last return of Income Tax was filed?			
(b) Reason for not having PAN / GIR No.			
6. Details of document *being produced in support of address in Col. 1			

I/We ..... do hereby declare that what is stated above is true to the best of my knowledge and belief.

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

Date :			
Place: **Signature(s)**			

FOR PROOF OF INDENTITY AND ADDRESS OF THE DEPOSITOR / ACCOUNT HOLDER(S)

✓ Passport Copy	✓ Photo Identity Card	✓ Voter's ID Card
✓ Employee ID Card	✓ Gas Connection Receipt	✓ Latest Electricity Bill
✓ Driving Licence (laminated card) with photograph	✓ Latest Telephone Bill	✓ PAN Card or Form 60 in lieu of PAN Card
✓ Introducer's confirmation	✓ Ration Card	
	✓ Aadhar Card	

✓ **Any other State / Central Govt. Document evidencing Address / Identity or Local Body / NGO / MFI**

"Total amount payable to any one Depositor in respect of his / her deposits with each Bank in the same right and capacity shall not exceed Rs. 1.00 lakh under DICGC Scheme"

Account No. | | | | | | | | | | | | | | |

FOR BANK'S USE

1. Applicant(s) interviewed and the purpose of opening account as ascertained is .....
   .....
2. Introducer called at the Bank/Branch and interviewed (or) introducer did not call at the Bank / Branch, but confirmation obtained by ..... (mode of confirmation) / particulars of identification verified with the originals and copies obtained.

   Signature of the : .....

   Name & CodeNo .....
3. Authorisation for Account Opening :

   ☐ Account may be opened ☐ Cheque Book may be / need not be issued

   Signature of the : .....

   Name & Code No. .....
4. Account opened on ..... (Date) by Mr. / Mrs. ..... (Name of the Staff / (Code No.) Customer ID No. .....
5. Verified the opening of the account and letter of thanks sent to the customer on ..... and to the introducer on .....
6. Acknowledgment received from customer on ..... and from introducer on .....
7. Passbook / Deposit Receipt No. ..... delivered to the customer on .....
8. The specimen signature(s) of the applicant/s was scanned and added to the account by ..... (Staff Name). Verified the scanning of the specimen signature(s) and adding to the account.
9. Nomination details entered in the system / Nomination Register on ..... vide Registration No. .....

Risk Classification and Fixing of Threshold Limit :

10. Potential activity expected in the Account (Monthly / Annual Turnover) Rs. .....
11. Source(s) of Funds: .....
12. Annual Income Rs. ..... The threshold limit is fixed at Rs. .....
13. Risk Classification : ☐ Low ☐ Medium ☐ High
14. Reasons for risk classification made :

Signature of the ..... Code No. .....

Name : ..... Date : .....

தமிழ்நாடு தொழிற் கூட்டுறவு வங்கி லிட்.,

THE TAMIL NADU INDUSTRIAL CO-OPERATIVE BANK LTD.,

..... *Branch / Head Office*

CUSTOMER PROFILE

(Annexure of Account Opening Form to be obtained for each applicant separately)

A/c No.	

Full Name :_____ Father/Husband's Name :_____

A. OCCUPATION

1. Occupation : ☐ Salaried ☐ Self employed/Professional ☐ Business ☐ Student
   ☐ Retired ☐ Agriculture & Allied ☐ Others(Specify.....)
2. If self employed : ☐ Doctor / C.A. ☐ Lawyer / Others ☐ Engineer ☐ Business
3. Source of Funds :
4. Monthly Income ☐ Upto Rs.20000/- ☐ Upto Rs.50000/- ☐ Upto Rs. 1 lakh
   ☐ Upto Rs.5 lakhs ☐ Upto Rs.10 lakhs ☐ Above Rs. 10 lakhs
5. Annual Turnover .....

B. PERSONAL :

6. Date of Birth: ☐☐ DD ☐☐ MM ☐☐☐☐ YY 7. Marital Status : ☐ Married ☐ Unmarried
8. Education Qualification : ☐ Upto HSC ☐ Graduate ☐ Post Graduate
   ☐ Professional (Pl. Specify .....)
9. Spouse's Qualification : ☐ Upto HSC ☐ Graduate ☐ Post Graduate
10. Family Members

Age Group	Upto 10 Years	11 to 20 yrs	21 to 45 yrs	46 to 60 yrs	Above 61 yrs	Total
No. of Males						
No. of Females						

11. Any relative settled abroad : ☐ Yes ☐ No. if yes, please mention their names and address :

Name	Address
1.	
2.	
3.	

12. How may times you have been abroad in last three years : ☐ Never ☐ 1 - 5 Times ☐ Above 5 Times
13. Do you have a Credit Card : ☐ Yes ☐ No. If yes, Name of the card : .....

C. DEALING WITH OTHER BANKS :

14. Name of the Bank and Branch : .....
15. Type of Accounts / Facilities : .....

D. EXISTING CREDIT FACILITIES :

16	Personal Loan :	☐ Yes	☐ No	20. Housing Loan	☐ Yes	☐ No
17.	Consumer Loan :	☐ Yes	☐ No	21. Against security	☐ Yes	☐ No
18.	Car Loan :	☐ Yes	☐ No	22. Education Loan	☐ Yes	☐ No
19..	Jewel Loan :	☐ Yes	☐ No	23. Others	☐ Yes	☐ No

E. ASSETS : Total Rs. ..... (approximate)

24.	Vehicle	☐ Car	☐ Two Wheeler	☐ Others	☐ None
25.	House you live in	☐ Ancestral	☐ Owned	☐ Rented	☐ Employee's
26.	Insurance Policy	☐ Upto Rs. 1 lakh	☐ Upto Rs. 2 lakhs	☐ Upto Rs. 5 lakhs	☐ Above Rs. 5 lakhs
27.	Other Investment	☐ Upto Rs. 1 lakh	☐ Upto Rs. 2 lakhs	☐ Upto Rs. 5 lakhs	☐ Above Rs. 5 lakhs
28.	Any other Assets				

Place .....

Date : .....

(Signature of the Customer)

NOMINATION ACKNOWLEDGEMENT RECEIVED

Signature of the Depositor / Account Holder

NOMINATION (Nomination Form DA-1) Nomination under Sec. 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 nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account may be returned by the Bank. As nominee is minor on this date, I/We appoint Thiru / Tmt. / ..... to receive the amount of deposit in the account on behalf of the nominee in the event of my / our minor's death during the minority of the nominee.

Name & Address of Nominee : _____

Nominee's Relationship with Depositor : _____ Age of Nominee : _____ Years _____

If nominee is minor, date of birth : _____

_____
Signature of Depositor

Nomination received and registered on : No. _____ Date _____

_____
Authorised Officer