MALDA DIST CENTRAL COOPERATIVE BANK LTD

Savings Account Opening Form – Other Than Individual

Account No														

Branch ________________________

Date________________

Dear Madam / Sir

Please open a savings account as follows:

A. Account Holder Name (Please use black ink and block letter and keep space between Name, Middle Name, and Last Name)

B. ADDRESS (Address proof documents to be attached. Change of address must be informed to the bank)

Registered Address					PHONE FAX MOBILE E-MAIL
	POST		DIST		PIN
City / Branch Office Address					PHONE FAX MOBILE E-MAIL
	POST		DIST		PIN

C. Constitution (Please √ which is applicable)

1. Cooperative Society		2. Govt. School		3. Govt. Sponsor School	
4. Private School		5. Govt. Sponsor College		6. Govt. Department.	
7. Public Sector Undertaken		8. Local Bodies		9. Panchayet Raj Institution	
10. Trade Union		11. Trust		12. Register Society	
13. Other Specify					

D. Registration Details:

1. Registration No		2. Place of Registration	
3. Registration Authority		4. Registration Valid up to	
5. Registration Last Renewed on		6. Audit Completed up to	

F. PAN / TAN / Professional Registration Details:

PAN										
TAN										
Prof. Tax Registration No.										

G. Address Proof KYC Document of Account : ____

H. Contact Person:

Name	**Designation**	**Tel. No**	**Mob. No**

I. Operator(s) Details as per order / Resolution Dated ________________________ (Certified copy to be attached):

Name of Authorised Signatories	**Designation**	**Single operations up to Rs**	**Joint operation / all operators operation**
1.			
2.			
3.			
4.			

J. Any other operation instruction:

K. KYC of Authorised Signatories:

1st Operator

NAME			
Address			
		PIN	
Mob No		**PAN**	
Proof of Address		**Proof of Photo Identity**	

2nd Operator

NAME			
Address			
		PIN	
Mob No		**PAN**	
Proof of Address		**Proof of Photo Identity**	

3rd Operator

NAME			
Address			
		PIN	
Mob No		**PAN**	
Proof of Address		**Proof of Photo Identity**	

4th Operator

NAME			
Address			
		PIN	
Mob No		**PAN**	
Proof of Address		**Proof of Photo Identity**	

We have readout the savings account rules of the bank and accept the rules for opening of savings account.

Yours truly

Name	**Stamp Size Photo**	**Signature with seal**	**CIF allotted by Bank**

For Office Use

The documents relating to opening of account has been verified and account is accepted

Signature of KYC verifying officer

A/C opening initiated by

Account opening approved by

Account No														